



UNCONFIRMED MINUTES

Audit and Risk Committee Meeting Tuesday, 21 March 2023

Date: Tuesday, 21 March 2023

Time: 3.00pm

Location: Council Chambers, York Town Hall, York

Order Of Business

| | | |
|-----------|---------------------------------------------------------------------------------|-----------|
| 1 | Opening | 3 |
| 1.1 | Declaration of Opening..... | 3 |
| 1.2 | Acknowledgement / Disclaimer | 3 |
| 1.3 | Attendance via Electronic Means | 3 |
| 1.4 | Standing Orders | 3 |
| 1.5 | Announcement of Visitors | 3 |
| 1.6 | Declarations of Interest that Might Cause a Conflict | 3 |
| 1.7 | Declaration of Financial Interests | 3 |
| 1.8 | Disclosure of Interests that May Affect Impartiality | 3 |
| 2 | Attendance | 4 |
| 2.1 | Members | 4 |
| 2.2 | Staff | 4 |
| 2.3 | Apologies | 4 |
| 2.4 | Leave of Absence Previously Approved | 4 |
| 2.5 | Number of People in the Gallery at Commencement of Meeting | 4 |
| 3 | Questions from Previous Meetings | 4 |
| 4 | Public Question Time | 4 |
| 4.1 | Written Questions – Current Agenda..... | 5 |
| 4.2 | Public Question Time | 5 |
| 5 | Applications For Leave of Absence | 5 |
| 6 | Presentations | 5 |
| 7 | Confirmation of Minutes of Previous Meetings | 5 |
| 8 | Announcements by Presiding Member Without Discussion | 5 |
| 9 | Officer's Reports | 6 |
| 9.1 | Road Risk Register | 6 |
| 9.2 | Risk Management Update as at 8 February 2022 | 12 |
| 9.3 | Compliance Audit Return 2022..... | 38 |
| 9.4 | Delegation Review - Tenders for Goods and Services and Contract Variations..... | 66 |
| 10 | Motions of which Previous Notice has been given | 79 |
| 11 | Questions from Members without Notice | 79 |
| 12 | Business of an Urgent Nature Introduced by Decision of the Meeting..... | 79 |
| 13 | Closure | 79 |

**MINUTES OF SHIRE OF YORK
AUDIT AND RISK COMMITTEE MEETING
HELD AT THE COUNCIL CHAMBERS, YORK TOWN HALL, YORK
ON TUESDAY, 21 MARCH 2023 AT 3.00PM**

1 OPENING

1.1 Declaration of Opening

Cr Denese Smythe, Presiding Member, declared the meeting open at 3.00pm.

1.2 Acknowledgement / Disclaimer

The Presiding Member advised the following:

"The York Shire Council acknowledges the Ballardong people of the Noongar Nation who are the Traditional Owners of this country and recognise their continuing connection to land, water, sky and culture. We pay our respects to all these people and their Elders past, present and emerging.

This meeting is being recorded on a digital audio and visual device to assist with minute taking purposes. The public is reminded that in accordance with Section 6.16 of the Shire of York Local Government (Council Meetings) Local Law 2016 that nobody shall use any visual or vocal recording device or instrument to record the proceedings of Council without the written permission of the presiding member.

I wish to draw attention to the Disclaimer Notice contained within the agenda document and advise members of the public that any decisions made at the meeting today, can be revoked, pursuant to the Local Government Act 1995.

Therefore members of the public should not rely on any decisions until formal notification in writing by Council has been received. Any plans or documents in agendas and minutes may be subject to copyright. The express permission of the copyright owner must be obtained before copying any copyright material."

1.3 Attendance via Electronic Means

Nil

1.4 Standing Orders

Nil

1.5 Announcement of Visitors

Nil

1.6 Declarations of Interest that Might Cause a Conflict

Nil

1.7 Declaration of Financial Interests

Nil

1.8 Disclosure of Interests that May Affect Impartiality

Nil

2 ATTENDANCE

2.1 Members

Cr Denese Smythe, Presiding Member; Cr Denis Warnick (from 3.56pm); Cr Kevin Trent; Mr Peter Carden; Ms Shona Zulsdorf

2.2 Staff

Chris Linnell, Chief Executive Officer; Alina Behan, Executive Manager Corporate & Community Services; Sinead McGuire, Executive Manager Infrastructure & Development Services; Sophie Fielder, Executive Support and WHS Officer; Anneke Birleson, Administration & Governance Coordinator; Vanessa Green, Council & Executive Support Officer

2.3 Apologies

Nil

2.4 Leave of Absence Previously Approved

Nil

2.5 Number of People in the Gallery at Commencement of Meeting

There were zero (0) people in the Gallery at the commencement of the meeting.

3 QUESTIONS FROM PREVIOUS MEETINGS

Nil

4 PUBLIC QUESTION TIME

Public Question Time is conducted in accordance with the Act and Regulations. In addition to this the Shire's *Local Government (Council Meetings) Local Law 2016* states –

6.7 Other procedures for question time for the public

- (1) A member of the public who wishes to ask a question during question time must identify themselves and register with a Council Officer immediately prior to the meeting.
- (2) A question may be taken on notice by the Council for later response.
- (3) When a question is taken on notice the CEO is to ensure that—
 - (a) a response is given to the member of the public in writing; and
 - (b) a summary of the response is included in the agenda of the next meeting of the Council.
- (4) Where a question relating to a matter in which a relevant person has an interest is directed to the relevant person, the relevant person is to—
 - (a) declare that he or she has an interest in the matter; and
 - (b) allow another person to respond to the question.
- (5) Each member of the public with a question is entitled to ask up to 2 questions before other members of the public will be invited to ask their questions.
- (6) Where a member of the public provides written questions then the Presiding Member may elect for the questions to be responded to as normal business correspondence.

- (7) The Presiding Member may decide that a public question shall not be responded to where—
- (a) the same or similar question was asked at a previous meeting, a response was provided and the member of the public is directed to the minutes of the meeting at which the response was provided;
 - (b) the member of the public uses public question time to make a statement, provided that the Presiding Member has taken all reasonable steps to assist the member of the public to phrase the statement as a question; or
 - (c) the member of the public asks a question that is offensive or defamatory in nature, provided that the Presiding Member has taken all reasonable steps to assist the member of the public to phrase the question in a manner that is not offensive or defamatory.
- (8) A member of the public shall have 2 minutes to submit a question.
- (9) The Council, by resolution, may agree to extend public question time.
- (10) Where any questions remain unasked at the end of public question time they may be submitted to the CEO who will reply in writing and include the questions and answers in the agenda for the next ordinary Council meeting.
- (11) Where an answer to a question is given at a meeting, a summary of the question and the answer is to be included in the minutes.

Public Question Time commenced at 3.06pm.

4.1 Written Questions – Current Agenda

Nil

4.2 Public Question Time

As there was no public in attendance and therefore questions asked, Public Question Time concluded at 3.06pm.

5 APPLICATIONS FOR LEAVE OF ABSENCE

Nil

6 PRESENTATIONS

Nil

7 CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

COMMITTEE RECOMMENDATION

Moved: Cr Kevin Trent

Seconded: Mr Peter Carden

That the minutes of the Audit and Risk Committee Meeting held on 6 December 2022 be confirmed as a correct record of proceedings.

CARRIED: 4/0

8 ANNOUNCEMENTS BY PRESIDING MEMBER WITHOUT DISCUSSION

The Shire President welcomed Ms Zulsdorf to her first meeting of the Shire of York's Audit & Risk Committee.

OFFICER'S REPORTS

9.1 ROAD RISK REGISTER

| | |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| File Number: | 4.0466 |
| Author: | Sinead McGuire, Executive Manager Infrastructure & Development Services |
| Authoriser: | Chris Linnell, Chief Executive Officer |
| Previously before Council: | 23 March 2021 (060321) 22 June 2021 (030621) 28 September 2021 (040921) 23 March 2022 (020322) 13 September 2022 (100922) |
| Disclosure of Interest: | Nil |
| Appendices: | 1. March 2023 Road Risk Register ↓ |

NATURE OF COUNCIL'S ROLE IN THE MATTER

Executive

PURPOSE OF REPORT

This report provides a review of the Road Risk Register (the Register) through regular reporting of the Register to Council through the Audit and Risk Committee (the Committee).

BACKGROUND

A key element in the Talis Report - 'Review of Delivery Against Road Design and Construction Guideline Standards, 2016' previously presented to Council, referenced road risk management in its Summary of Findings, as below:

"4. Assessment of Risks to Road Users

The failures to implement appropriate road management practices, particularly given the shortfall in required funding, has the potential to pose risks to road users associated with the failure to use detailed design when necessary, appropriate construction methods and a risk based maintenance strategy to make best use of the available funds. The risks to road users relate to the potential for increased crashes and increased vehicle operating costs associated with lower levels of service from the road system."

Taking on board the Talis comments and previous commitments, Officers developed the Register to assist in tracking road safety risks.

At its March 2021 meeting Council first considered the Register and resolved in part (060321):

"That Council:

- 1. Resolve to adopt the "Road Risk Register", with the understanding that it is a living document that will be updated on an as needs basis.***
- 2. Endorse the use of the Road Risk Register as a method of informing the budget process of the importance of road safety projects.***
- 3. Requests the CEO to present the first formal Road Risk Register to the Audit and Risk Committee in June 2021 and then every six months, commencing with the September 2021 Audit and Risk Committee meeting."***

Most recently, at its September 2022 meeting Council again considered the Register and resolved (100922):

“That, with regard to the Minutes and Recommendations of the Audit and Risk Committee Meeting held on 13 September 2022, Council:

- 1. Receives the Unconfirmed Minutes of the Audit and Risk Committee (the Committee) Meeting held on 13 September 2022, as presented in Appendix 1, and adopts the following recommendations of the Committee:***
 - a. Resolves to receive the Road Risk Register with the understanding that it is a living document that will be updated on an as needs basis.***
 - b. Notes that Officers will review the current system and provide options for future reporting.***
 - c. Requests the Chief Executive Officer to present the next review of the Road Risk Register to the Audit and Risk Committee at its March 2023 Ordinary Meeting.***
 - d. Receives the Shire of York Risk Register Dashboard Report as at 31 August 2022.***
 - e. Notes the progress made to date regarding the actions contained in the Risk Register and that Officers will review the current system and provide options for future reporting.***
 - f. Requests the Chief Executive Officer to present the next review of the Risk Register to the Audit and Risk Committee at its December 2022 Ordinary Meeting.***
 - g. Notes that Expressions of Interest for an external representative to the Audit and Risk Committee are currently open with a closing date of Friday 30 September 2022.***
 - h. Notes that all applications received for external membership will be presented to the Audit and Risk Committee’s December 2022 Meeting for consideration.”***

In accordance with point 1c of Council’s September 2022 resolution, the Register is presented to the Committee for consideration.

COMMENTS AND DETAILS

As outlined in the September 2022 report, a detailed assessment has been undertaken of the road and drainage asset classes. To date this includes video capture of the entire road network and visual inspections of a sample size of drainage assets. This has informed a subsequent assessment of the roads and drainage condition. This data will advise the Shire’s road and drainage asset management plans. These asset management plans will identify how roads and drainage assets can optimise performance, risks and costs. The asset management plans will provide the Shire with a comprehensive overview of the road and drainage network, identifying risks and associated actions for the Committee’s consideration and recommendation to Council.

As a result of this review, the Register information and format is expected to be significantly updated, integrated closely with the new road and drainage asset management plans. Due to the implementation of the new Enterprise Resource Planning platform, it is timely to undertake a review of the current risk identification and reporting system. Officers will review the current system and provide options to the Committee through a Workshop for future reporting.

The current Register is presented in Appendix 1.

OPTIONS

The Committee has the following options:

Option 1: The Committee could recommend to Council that it receives the review of the Register and its operation and reporting.

Option 2: The Committee could recommend to Council that it not receive the review of the Register.

Option 3: The Committee could recommend to Council that it not receive the review of the Register and request the Chief Executive Officer to include additional information (which is to be identified).

Option 1 is the recommended option.

IMPLICATIONS TO CONSIDER

Consultative

Whilst no formal consultation process has been undertaken in relation to development of the Register, the feedback and complaints received by the Shire relating to roads has been included in the Register, and this will continue to occur.

Strategic

Strategic Community Plan 2020-2030

Goal 4: Built for Lifestyle and Resilience

To have a built environment which supports community, economy, and the environment, respects the past, and creates a resilient future.

Policy Related

G19 Risk Assessment and Management

While a Road Risk Register is not specifically mentioned in the Policy, the Policy principals apply.

Financial

The timely management of road risks will reduce the Shire's exposure to civil action regarding road conditions. It will also assist in the forward planning of works to ensure the most efficient use of Shire resources.

Legal and Statutory

Civil Liabilities Act 2002

Risk Related

If no formal Register is kept there is a risk that road risks will not be enacted on in a timely and efficient manner.

Workforce

The scope of this report is managed within current operational capacity.

VOTING REQUIREMENTS

Absolute Majority: No

COMMITTEE RECOMMENDATION**Moved: Cr Kevin Trent****Seconded: Ms Shona Zulsdorf**

That, with regard to the Road Risk Register, the Audit and Risk Committee recommend to Council that it:

- 1. Resolves to receive the Road Risk Register, as presented in Appendix 1, with the understanding that it is a living document that will be updated on an as needs basis.**
- 2. Notes that Officers will review the current system and provide options for future reporting.**
- 3. Requests the Chief Executive Officer to present the Road and Drainage Asset Management Plans to the September 2023 Audit and Risk Committee Meeting.**

CARRIED: 4/0

| Shire of York Road Risk Register | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------|-----------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Damage Parameters: 1 Damage to Road 2 Geometric Clearance 3 Overgrown vegetation 4 Drainage 5 Damage | | | | Timing Parameters: 1 Within 6 months 2 From 6-12 months 3 From 12-24 months 4 From 24-36 months | | | |
| Type of Damage | Road Name | ROAD number | SLK From | SLK to | Damage Description | Proposed Remediation | Level |
| 4 | Allen Road | 4330040 | 5 | 5.5 | Wind row needs to be pulled across road | | 1 |
| 4 | Allen Road | 4330040 | 4.08 | 4.08 | Culverts need cleaned up LHS ONLY | Clean up culverts | 1 |
| 4 | Allen Road | 4330040 | 3.34 | 3.36 | LHS Drainage needs cleared out to allow for flow of water | Clear out Drain on LHS | 1 |
| 4 | Allen Road | 4330040 | 2.08 | 2.13 | LHS Drainage needs cleared out to allow for flow of water | Clear out Drain on LHS | 1 |
| 4 | Allen Road | 4330040 | 1.85 | 1.88 | LHS Drainage needs cleared out to allow for flow of water | Clear out Drain on LHS | 1 |
| 4 | Ashworth Road | 4330051 | 5.95 | 6.08 | RHS of Road Entire road needs to be lifted | Lift entire road running course so that drain can be inserted | 3 |
| 4 | Ashworth Road | 4330051 | 5.6 | 5.95 | RHS Needs Drain | Grade a drain into RHS shoulder | 3 |
| 1 | Ashworth Road | 4330051 | 2.72 | 5.6 | Requires seal | Road to have design and Sealed | 4 |
| 1 | Ashworth Road | 4330051 | 1.23 | 2.24 | Requires seal | Road to have design and Sealed | 3 |
| 4 | Bogging Road | 4330026 | 2.35 | 2.35 | Drainage scouring due to storm event | Reform drains-To be addressed November 2022 | 4 |
| 4 | Bogging Road | 4330026 | 0.84 | 0.84 | Storm damage to culvert crossing | Major repairs and upgrade of drainage required (multiple years)-Requires redesign-Structural Engineering Assessment Undertaken | 3 |
| 4 | Boyercurry Road | 4330015 | 4.15 | 5.25 | LHS Drain needs material brought back across road | Remove material to middle of road | 1 |
| 1 | Carter Road | 4330108 | 0.54 | 0.54 | RHS drainage needs to be cleared out to allow for flow of water. | Clear vegetation | 4 |
| 4 | Crawford Court | 4330164 | 0.14 | 0.14 | Drainage scouring due to storm event. | Reform and clear out drains | 1 |
| 4 | Cut Hill Road | 4330020 | 0.25 | 0.46 | Drainage LHS | Requires cleaning / Possible Rock protection | 3 |
| 4 | Cut Hill Road | 4330020 | 0.29 | 0.29 | Crossover Full | Requires cleaning | 3 |
| 4 | Cut Hill Road | 4330020 | 0.46 | 0.46 | Culvert RHS | Requires extension | 1 |
| 4 | Cut Hill Road | 4330020 | 0.57 | 0.57 | Culvert Both sides | Requires Extension/ Headwall added | 1 |
| 4 | Cut Hill Road | 4330020 | 1.6 | 1.75 | Shoulder scour | Requires cleaning / Possible Rock protection | 2 |
| 1 | Cubine Road | 4330038 | 0.2 | 1.6 | Widening and Reseal (currently 3.6m wide). Shoulder erosion at SLK 1.53. Lip on edge of seal. | Reseal and widen, upgrade drainage. Tree clearance required. Shoulder works have been undertaken by internal crews Nov 2021. | 4 |
| 1 | Cubine Road | 4330038 | 2.28 | 2.68 | Widening and Reseal (currently 3.6m wide). Lip on edge of seal. | Reseal and widen, upgrade drainage. Tree clearance required. Shoulder works have been undertaken by internal crews Nov 2021. | 4 |
| 1 | Doodenanning Road | 4330008 | 12 | 12.75 | Sealed jumpup | Nothing needed | 4 |
| 1 | Doodenanning Road | 4330008 | 7.35 | 10.05 | Sealed-Old | Reseal in 5 years | 4 |
| 1 | Doodenanning Road | 4330008 | 4.7 | 7.35 | Sealed | Nothing needed | 4 |
| 1 | Doodenanning Road | 4330008 | 3.9 | 4.7 | Sealed-Old | Reseal in 5 years | 4 |
| 1 | Doodenanning Road | 4330008 | 1.77 | 3.9 | Sealed | Nothing needed | 4 |
| 1 | Doodenanning Road | 4330008 | 0 | 1.77 | Sealed | Nothing needed | 4 |
| 2 | Knotts Road | 4330028 | 0 | 1.668 | Drainage not constructed to satisfaction | Construct drainage to standard. Drainage works planned March 2023. Adjustment to design required due to fibre optic cables | 1 |
| 2 | Knotts Road | 4330028 | 0 | 1.668 | Shoulders need to be uniform-both sides | Construct shoulders. Drainage works planned March 2023. Adjustment to design required due to fibre optic cables | 2 |
| 2 | Knotts Road | 4330028 | 0 | 0.2 | Water in the stopping zone | Need to review to ensure that water is either drained away/the stopping zone needs to be built up to ensure capability of raining | 2 |
| 1 | Knotts Road | 4330028 | 3.65 | 4.65 | Shoulders need to be uniform-both sides | Construct and seal Shoulders (Death on Road) | 2 |
| 4 | Mackie Siding | 4330022 | 0.48 | 0.48 | Significant damage to river crossing as a result of storm event. | Major repairs and upgrade of drainage required (multiple years). Concept designs presented to March 2023 OCM. | 4 |
| 1 | Mannavale Road | 4330002 | 6.35 | 12.6 | Widening and Reseal | Widen road by including shoulders and reseal entire road (Multiple years) | 3 |
| 3 | Mannavale Road | 4330002 | 5.92 | 5.92 | Reduced sight lines due to vegetation. | Tree pruning. | 2 |
| 0 | Marwick Road | 4330069 | 0 | 0 | N/A | N/A | 0 |
| 4 | Mokine Road | 4330010 | 0 | 0.85 | Drain needs to be cleared | clear drain on RHS Only | 4 |
| 1 | Mokine Road | 4330010 | 11.09 | 11.16 | Pavement failure. | Dip in road has been temporarily addressed by Shire roads team. Section of road to be cement stabilised to be scheduled by team. | 1 |
| 4 | Moore Road | 4330063 | 0 | 2.5 | Drainage needs cleared out | Requires cleaning | 4 |
| 4 | Moore Road | 4330063 | 1.95 | 1.95 | Culvert needs cleaning/Extension | Clean/ Extend | 3 |
| 4 | Moore Road | 4330063 | 1.74 | 1.74 | Culvert needs cleaning/Extension | Clean/ Extend | 3 |
| 0 | Penny road | 4330219 | 0 | 0 | N/A | N/A | 0 |
| 4 | Qualen West Road | 4330019 | 10.69 | 10.69 | Drainage scouring due to storm event. | Reform drain and shoulder. | 2 |
| 4 | Quellington Road | 4330006 | 1.64 | 1.81 | LHS Drain needs to clear the vegetation | Requires Cleaning | 3 |

| Shire of York Road Risk Register | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|----------|--------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------|
| Damage Parameters: 1 Damage to Road 2 Geometric/design 3 Overgrown vegetation 4 Drainage 5 Signage | | | | | Timing Parameters: 1 Within 6 months 2 From 6-12 months 3 From 12-24 months 4 From 24-36 months | | |
| Type of Damage | Road Name | ROAD number | SLK From | SLK to | Damage Description | Proposed Remediation | Level |
| 4 | Quellington Road | 4330006 | 1.88 | 2.21 | LHS Drain needs to clear the vegetation | Requires Cleaning | 3 |
| 4 | Quellington Road | 4330006 | 3.6 | 3.65 | LHS Drain needs to clear the vegetation | Requires Cleaning | 3 |
| 4 | Quellington Road | 4330006 | 4.3 | 4.3 | Culvert needs cleaning/Extension | Requires Cleaning | 2 |
| 1 | Quellington Road | 4330006 | 10.04 | 11.09 | Seal needs replacement Shoulder buildup | Road widening needs to go ahead | 2 |
| 1 | Quellington Road | 4330006 | 11.15 | 14.58 | Seal needs replacement Shoulder buildup | Road widening needs to go ahead | 2 |
| 1 | Quellington Road | 4330006 | 14.73 | 16.66 | Seal needs replacement Shoulder buildup | Road widening needs to go ahead | 2 |
| 1 | Quellington Road | 4330006 | 16.85 | 17.6 | Shoulders need to be uniform-both sides | Road widening needs to go ahead | 2 |
| 3 | Quellington Road | 4330006 | 17.6 | 19.34 | Tree trimming require on RHS | Trim trees | 2 |
| 4 | Spencers Brook York Road | 4330004 | 18.62 | 18.62 | Drainage scouring due to storm event. | Clear out drain on LHS. | 2 |
| 2 | Talbot Road | 4330003 | 4.4 | 4.4 | Geometric Issue LHS | Requires Redesign | 4 |
| 2 | Talbot Road | 4330003 | 4.53 | 4.53 | Flat Road surface/ Slick surface | Requires Redesign | 1 |
| 2 | Talbot Road | 4330003 | 4.71 | 4.77 | Incorrect Superelevation/transition LHS | Requires Redesign | 1 |
| 4 | Talbot Road | 4330003 | 4.8 | 4.8 | No Crossover LHS | Install Crossover | 3 |
| 4 | Talbot Road | 4330003 | 4.92 | 4.92 | No drainage LHS | Requires cleaning | 3 |
| 2 | Talbot Road | 4330003 | 5.1 | 5.1 | Incorrect Camber RHS | Reform to correct camber | 1 |
| 2 | Talbot Road | 4330003 | 5.1 | 5.1 | Shoulder Narrow | Increase Shoulder | 1 |
| 2 | Talbot Road | 4330003 | 5.1 | 5.1 | Embankment Steep | Increase embankment | 1 |
| 2 | Talbot Road | 4330003 | 9.77 | 10.12 | Narrowing of Road on Bend and Crest | Increase seal width to 7.2 metres | 1 |
| 2 | Talbot Road | 4330003 | 10.12 | 10.16 | Narrowing of Culvert | Increase Culvert width | 1 |
| 2 | Talbot Road | 4330003 | 10.16 | 11.52 | Narrowing of Road | Increase seal width to 7.2 metres | 3 |
| 2 | Talbot west road | 4330012 | 30.85 | 30.95 | Inter Section Redesign | Redesign intersection To today's standards | 1 |
| 4 | Trigg Road | 4330201 | 0 | 0.22 | Insufficient drainage causing damage to road. | Design drainage system, reconstruct road where required. | 4 |
| 4 | Wallaby Road | 4330030 | 0.2 | 0.2 | Culverts needs to be cleaned out. | Clear out Drain. | 1 |
| 4 | Wambyn Road | 4330014 | 3.18 | 3.22 | LHS Drain needs to clear the vegetation | Clear vegetation | 2 |
| 1 | Wambyn Road | 4330014 | 5.33 | 5.6 | Rocks jutting through road. | Resheet road to higher level, or redesign. | 3 |
| 4 | Waterfall road | 4330050 | 0 | 8 | Resheet required | Resheet Road- Works to be complete March 2022- | 2 |
| 4 | Wilberforce Road | 4330049 | 0 | 5.84 | River crossing still submerged as a result of August 2022 storm event. | Structural assessment has been undertaken by independent engineer once water levels subside to inform works. | 3 |
| 3 | York-Tammin Road | 4330001 | 33.2 | 33.5 | Both sides vegetation clearing | Clear vegetation | 4 |
| 1 | York-Tammin Road | 4330001 | 32.15 | 33.2 | Both sides Edge line - Seal | Extend shoulders and seal. Shoulder works complete, sealing works scheduled for March 2023. | 3 |
| 1 | York-Tammin Road | 4330001 | 31.15 | 31.5 | Both shoulders require rework and seal extension | Extend shoulders and seal. Shoulder works complete, sealing works scheduled for March 2023. | 3 |
| 1 | York-Tammin Road | 4330001 | 31.1 | 31.3 | Floodway needs work. Has small potholes throughout the area. | Rework pavement and reseal. Shoulder works complete, sealing works scheduled for March 2023. | 4 |
| 1 | York-Tammin Road | 4330001 | 29.3 | 29.6 | Stripping of sealed section | Reseal. Shoulder works complete, sealing works scheduled for March 2023. | 4 |

9.2 RISK MANAGEMENT UPDATE AS AT 8 FEBRUARY 2023

| | |
|-----------------------------------|-------------------------------------------------------------------------------------------|
| File Number: | 4.4274 |
| Author: | Alina Behan, Executive Manager Corporate & Community Services |
| Authoriser: | Chris Linnell, Chief Executive Officer |
| Previously before Council: | 28 June 2022 (020622) 27 September 2022 (100922) 20 December 2022 (141222) |
| Disclosure of Interest: | Nil |
| Appendices: | 1. Risk Dashboard and Profiles ↓ |

NATURE OF COUNCIL'S ROLE IN THE MATTER

Executive

PURPOSE OF REPORT

This report provides the Audit and Risk Committee (the Committee) with an update regarding progress on the Shire's Risk Management.

BACKGROUND

The Shire of York's Risk Assessment and Management Policy, in conjunction with the Risk Management Framework, sets out the Shire's approach to the identification, assessment, management and monitoring of risks.

Appropriate governance of risk management within the Shire provides:

1. Transparency of decision making
2. Clear identification of the roles and responsibilities of the risk management functions
3. An effective governance structure to support the Risk Management Framework

The Committee's role and responsibilities include:

1. Regular review of the appropriate and effectiveness of the Risk Management Framework
2. Support Council to provide effective corporate governance
3. Oversight of all matters that relate to the conduct of external audits
4. Must be independent, objective and autonomous in deliberations

It is essential to monitor and review the management of risks as changing circumstances may result in some risks increasing or decreasing in significance. By regularly reviewing the effectiveness and efficiency of controls and appropriateness of treatment/action options selected, it can be determined if the organisation's resources are being put to the best use possible.

An internal Risk Working Group (RWG) has been formed to enable Officers from across the organisation to meet regularly and monitor the progress against the Risk Improvement Plan, Risk Management Framework and Register. Further, the RWG is responsible for implementation of timely and effective remedial measures to address risk management deficiencies.

This report presents an update of risks identified and addressed across the organisation for consideration and recommendation to Council. The Committee last considered the Risk Management Update at its December 2022 meeting which was endorsed by Council at its December 2022 Ordinary Meeting where it resolved (141222):

“That, with regard to the Minutes and Recommendations of the Audit and Risk Committee Meeting held on 6 December 2022, Council:

- 1. Receives the Unconfirmed Minutes of the Audit and Risk Committee (the Committee) Meeting held on 6 December 2022, as presented in Appendix 1, and adopts the following recommendations of the Committee:***
 - a. Appoints Applicant 1 as the second external representative of the Audit and Risk Committee, with the term ending at the October 2023 Local Government Elections.***
 - b. Requests the Chief Executive Officer to notify Applicant 2 of the outcome and thank them for their interest.***
 - c. Receives the Shire of York Risk Register Dashboard Report as at 28 November 2022.***
 - d. Notes the progress made to date regarding the actions contained in the Risk Register and that Officers will review the current system and provide options for future reporting.***
 - e. Requests the Chief Executive Officer to present the next review of the Risk Register to the Audit and Risk Committee at its March 2023 meeting.***
 - f. Adopts the Fraud and Corruption Framework.***
 - g. Requests the Chief Executive Officer to develop a Fraud and Corruption Management Plan.***
- 2. Authorises the Chief Executive Officer to make any minor typographical and formatting changes to the Fraud and Corruption Framework prior to publication.”***

In accordance with point 1e of Council’s December 2022 resolution, the Register is presented to the Committee for consideration.

COMMENTS AND DETAILS

The RWG meets regularly to review and update the risk register and prioritise actions considering potential organisational opportunities and the adverse effects that could result. The RWG monitors these risks so that organisational objectives can be achieved considering the Shire’s appetite for risk.

A comprehensive RWG review of actions was undertaken on 8 February 2023 and the risk dashboard updated accordingly. The dashboard report details a total of eight-seven (87) actions that are still in progress or ongoing or are new actions to be completed. The updated Risk Dashboard is presented in Appendix 1.

Asset Sustainability

The Transport Asset Management Plans have been developed and are ready for presentation to Council at its May 2023 Ordinary Meeting. The delayed completion of this project has resulted in a delayed commencement of the Building and Open Space Asset Management Plans. These asset classes are due for a review of Fair Value in the current financial year. Officers will undertake a separate procurement for Fair Value to ensure this information can be captured to inform the Annual Financial Statement for 2022/23.

Compliance

Two (2) Rangers have recently been appointed which has resulted in an immediate improvement in the Shire’s ability to respond to compliance issues.

Officers have met with WA Country Health Services to agree responsibility for outstanding compliance actions at the Pioneer Memorial Lodge facility where expectations did not align with the prepared lease. A Memorandum of Understanding will be completed for both parties’ signature to document compliance responsibilities.

Employment Practices

This financial year the Shire's insurer, LGIS, reduced its coverage under the Employee Assistance Program (EAP). With stress claims rising across the sector, the Shire has determined to seek an external provider to support employees where gaps exist. An interim arrangement is now in place and an RFQ will be released to service future years. Officers are negotiating with LGIS for a return to full service of the EAP program.

Engagement

Work to develop an Engagement Framework will be influenced by the local government reform requirements for all local governments to prepare a community and stakeholder engagement charter. A model charter will be produced to assist local government in the preparation of their own documents. This will form the base of the Shire of York's proposed Charter.

The 2022/23 Community Scorecard has now closed, and final results are being tallied ready to be shared with Council. Information gathered as part of this process will be used to inform the desktop review of the Strategic Community Plan.

Environment

At its February 2023 Ordinary Meeting, Council resolved (010223):

“That, with regard to the Request for Budget Allocation - Corella Management, Council:

- 1. Requests the Chief Executive Officer to adjust the 2022/23 budget to a total of \$8,000 (being \$5,000 to support this initiative and \$3,000 for operational response) and allocate \$13,000 in the 2023/24 and 2024/25 budgets for the purpose of Corella management and advise the Avon Regional Organisation of Councils' Executive Officer accordingly.”***

This will support a regional response to reducing corella numbers by member Shires.

Information Technology

Work has commenced to improve connectivity to the Shire Administration, Depot and Residency Museum facilities through installation of direct fibre connections.

Misconduct

The Fraud and Corruption Framework was adopted by Council at its December 2022 Ordinary Meeting, Resolution 141222. A Fraud and Corruption Management Plan is being developed to support the aims of the Framework.

Safety and Security Practices

Work is being undertaken by an external contractor to conduct audits for Shire facilities to review compliance and update evacuation plans. Following the completion of this training, new fire wardens can commence and evacuation drills undertaken mitigating a long-standing Work Health and Safety risk for the Shire.

Work has been completed to upgrade the entry toggle system to the Shire's Administration building following equipment failure. This work was already scheduled for the 2022/23 financial year.

New actions

The RWG continues to monitor the environment for changes that could result in the need for new actions to mitigate risks to the Shire. There were no new actions identified in this quarter.

Superseded Actions

There are no superseded actions for this period.

Going Forward

Officers have been working with Government Frameworks to transition risk reporting to the new platform. It is anticipated that the new format will be presented to the Audit and Risk Committee at its June 2023 meeting.

OPTIONS

The Committee has the following options:

Option 1: The Committee could recommend that Council requests the Chief Executive Officer to ensure all issues have been dealt with within a certain timeframe. However, Officers have focused on those issues that present the highest risk to the Shire for immediate action within current resources and will continue to work through the remaining issues on the same basis.

Option 2: The Committee could recommend that Council accepts the Shire of York Risk Register Dashboard Report as at 8 February 2023

Option 2 is the recommended option.

IMPLICATIONS TO CONSIDER

Consultative

LGIS

RWG

Office of the Auditor General

Strategic

Strategic Community Plan 2020-2030

Goal 5: Strong Leadership and Governance

To have effective and responsive leadership and governance, where a sense of collective purpose and shared direction combine to work together.

Policy Related

G19 Risk Assessment and Management

Financial

Financial implications of the proposed risk mitigation strategies are presented to Council as they emerge and inform the annual budget process.

Legal and Statutory

Regulation 17 of the *Local Government (Audit) Regulations 1996* is applicable and states:

“17. CEO to review certain systems and procedures

- (1) *The CEO is to review the appropriateness and effectiveness of a local government's systems and procedures in relation to —*
 - (a) *risk management; and*
 - (b) *internal control; and*
 - (c) *legislative compliance.*
- (2) *The review may relate to any or all of the matters referred to in subregulation (1)(a), (b) and (c), but each of those matters is to be the subject of a review not less than once in every 3 financial years.*
- (3) *The CEO is to report to the audit committee the results of that review.”*

Risk Related

The development and regular update of an organisational Risk Register is a risk management tool.

Workforce

It is proposed that risk mitigation actions are undertaken within current resources. Where additional resources are required, this will be identified and submitted as part of the annual budget process.

VOTING REQUIREMENTS

Absolute Majority: No

COMMITTEE RECOMMENDATION

Moved: Mr Peter Carden

Seconded: Ms Shona Zulsdorf

That, with regard to the Risk Management Update as at 8 February 2023, the Audit and Risk Committee recommends that Council:

- 1. Receives the Shire of York Risk Register Dashboard Report as at 8 February 2023, as presented in Appendix 1.**
- 2. Notes the progress made to date regarding the actions contained in the Risk Register and that Officers will review the current system and provide options for future reporting.**
- 3. Requests the Chief Executive Officer to present the next review of the Risk Register to the Audit and Risk Committee at its June 2023 meeting.**

CARRIED: 4/0

**Shire of York
Feb 2023**

| Asset Sustainability practices | | | Risk | Control |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|----------|------------|
| | | | Moderate | Inadequate |
| Failure or reduction in service of infrastructure assets, plant, equipment or machinery. These include fleet, buildings, roads and playgrounds and all other assets during their lifecycle from procurement to disposal. | | | | |
| Actions | Due Date | Responsibility | | |
| Maintenance and repairs to be documented as part of AMP's to be redone | Oct-23 | EMDS | | |
| Develop asset replacement program for capital equipment and vehicles | Apr-23 | EMDS | | |
| Develop and implement asset management processes | Jun-23 | EMDS | | |
| Review Asset Management Plans and present to Council for noting | Dec-24 | EMDS | | |
| Prepare Asset Disposal Policy for adoption by Council | Jun-23 | AGO | | |
| Prepare designs to repair Mackie Siding | Jun-23 | EMDS | | |
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| Business & Community disruption | | | Risk | Control |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|------|----------|
| | | | High | Adequate |
| Failure to adequately prepare and respond to events that cause disruption to the local community and / or normal business activities. This could be a natural disaster, weather event, or an act carried out by an external party (e.g. sabotage / terrorism). | | | | |
| Actions | Due Date | Responsibility | | |
| Staffing - Illness, Attraction and Retention | Ongoing | EMCCS | | |
| IT Disaster Recovery Testing | 16/08/2023 | EMCCS | | |
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| Failure to fulfil Compliance requirements (statutory.. regulatory) | | | Risk | Control |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|----------|----------|
| | | | Moderate | Adequate |
| Failure to correctly identify, interpret, assess, respond and communicate laws and regulations as a result of an inadequate compliance framework. This includes, new or proposed regulatory and legislative changes, in addition to the failure to maintain updated internal & public domain legal documentation. | | | | |
| Actions | Due Date | Responsibility | | |
| Establish and maintain a risk register | Ongoing | EMCCS | | |
| Review the Risk Register quarterly | Ongoing | EMCCS | | |
| Undertake training for staff that includes refresher training on policies and procedures including changes to the Local Government Act | Ongoing | EMCCS | | |
| Review and refresh Compliance Calendar and report to AARC | Jun-23 | EMCCS | | |
| Increasing number of dog attacks and compliance issues. Ranger absence. Risk to Level of Service | Jan-23 | DSC | | |
| Bushfire Compliance - WHS Procedures | Ongoing | EMDS | | |
| DMIRS new requirements for asbestos reporting | Ongoing | EMDS | | |
| Review building compliance for PML with WACHS | Jun-23 | DSC | | |

| Document Management processes | | | Risk | Control |
|----------------------------------------------------------------------------------------------------------------------|----------|----------------|----------|-----------|
| | | | Moderate | Effective |
| Failure to adequately capture, store, archive, retrieve, provide or dispose of documentation. | | | | |
| Actions | Due Date | Responsibility | | |
| Prepare project brief for records digitisation and disposal for consideration in 23/24 budget | Mar-23 | AGC | | |
| iAuditor App being examined for storage and collection of WHS issues to promote ease of use and encourage compliance | Ongoing | ELT | | |
| Additional applications for compliance, WHS etc will dilute the 'one source of truth' record keeping system | Ongoing | EMCCS | | |
| Develop a culture of good record-keeping | Dec-23 | EMDS | | |
| Develop succession planning strategies | Ongoing | AGC | | |
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| Employment practices | | | Risk | Control |
|-------------------------------------------------------------------------------------------------------------------|----------|-------------------------|----------|----------|
| | | | Moderate | Adequate |
| Failure to effectively manage and lead human resources (full-time, part-time, casuals, temporary and volunteers). | | | | |
| Actions | Due Date | Responsibility | | |
| Ensure annual budget allocation to subscribe to WALGA HR assistance services | Ongoing | EMCCS | | |
| Implement annual training program for staff that includes refresher training on policies and procedures | Ongoing | EMCCS | | |
| Review Workforce Plan - informed gap analysis project | Jun-23 | EMCCS | | |
| Complete Employee Manual for inclusion in employee inductions | Ongoing | ESO/HR | | |
| Include Employee Assistance Program process in Employee Manual. | Ongoing | EMCCS | | |
| Training needs identified as part of annual budget process | Ongoing | Executive & Supervisors | | |
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| Engagement practices | | | Risk | Control |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|------|-----------|
| | | | Low | Effective |
| Failure to maintain effective working relationships with the Community (including local Media), Stakeholders, Key Private Sector Companies, Government Agencies and / or Elected Members. This includes activities where communication, feedback or consultation is required and where it is in the best interests to do so. | | | | |
| Actions | Due Date | Responsibility | | |
| Implement the actions contained in the Disability Access and Inclusion Plan | 1/06/2023 | All staff | | |
| Develop new Engagement Framework | 1/06/2023 | EMCCS | | |
| Undertake Community Scorecard 2022/23 | 1/06/2023 | EMCCS | | |
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**Shire of York
Feb 2023**

| Environment management | Risk | Control |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| | Moderate | Adequate |
| Inadequate prevention, identification, enforcement and management of environmental issues. | | |
| Actions | Due Date | Responsibility |
| Identification of new and review of current hockey stick locations for endangered flora on roadsides | Ongoing | EMIDS |
| Develop a coordinated approach to disseminating information to new and existing residents re: waste and other environmental initiatives | Ongoing | EMIDS |
| Conduct a recycling education program once new waste collection contract is signed. | 1/06/2023 | EHO |
| Develop a strategy to manage corella control in the Shire of York. | Ongoing | DSC/EHO |
| Develop and implement procedures for the use of hazardous chemicals to include strategies for community consultation | 1/06/2023 | EMIDS |
| | | |

| Management of Facilities / Venues / Events | Risk | Control |
|------------------------------------------------------------------------------------------------|-----------|----------------|
| | Low | Adequate |
| Failure to effectively manage the day to day operations of facilities, venues and / or events. | | |
| Actions | Due Date | Responsibility |
| Events Committee to undertake desktop review of event management procedures | Ongoing | CPC |
| Develop procedures for facility bookings and feedback - events especially. | Ongoing | AGC/EMIDS ESO |
| Booking forms to include details of Evacuation Plans for all facilities | 1/12/2023 | EMIDS ESO/AGC |
| Investigate online booking system to be integrated into Shire website for community bookings | 1/06/2023 | AGC |
| Review signage for all venues giving consideration to the Access and Inclusion Audit | Ongoing | DSC/PMO |
| YRCC sharing of information with teams re: bookings | Ongoing | CPC |
| Review of the Events procedures and processes to consider current risks such as terrorism | 1/06/2023 | CPC |
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| Errors, omissions & delays | Risk | Control |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| | Moderate | Adequate |
| Errors, omissions or delays in operational activities as a result of unintentional errors or failure to follow due process including incomplete, inadequate or inaccuracies in advisory activities to customers or internal staff. | | |
| Actions | Due Date | Responsibility |
| Implement a staff training program that includes refresher training on procurement | Ongoing | EMCCS |
| Review Procurement Policy and Procedures | 1/06/2023 | FM |
| Works delayed by stock items | Ongoing | EMIDS |
| Undertake business planning to develop an asset register/recording system | 1/03/2023 | EMIDS |
| Develop the Intranet for use of staff to display current documents and information | 1/06/2023 | AGO |
| Mapping the customer expectations for works including action request process and looking for improvements | 1/06/2023 | EMIDS |

| IT or communication systems and infrastructure | Risk | Control |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| | Moderate | Adequate |
| Disruption, financial loss or damage to reputation from a failure of information technology systems. Instability, degradation of performance, or other failure of IT or communication system or infrastructure causing the inability to continue business activities and provide services to the community. This may or may not result in IT Disaster Recovery Plans being invoked. | | |
| Actions | Due Date | Responsibility |
| Implement regular testing regime for effectiveness of IT Disaster Recovery Plan | Ongoing | IT/P |
| Hot water system leak in server room to be rectified | Ongoing | EMIDS |
| Review levels of service with the external IT providers | Ongoing | EMCCS |
| Improve levels of service at Shire outstations (ie museum, swimming pool, depot, YRCC) | 1/06/2023 | IT/P |
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| External theft & fraud (Including Cyber) | Risk | Control |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| | High | Inadequate |
| Loss of funds, assets, data or unauthorised access, (whether attempted or successful) by external parties, through any means (including electronic). | | |
| Actions | Due Date | Responsibility |
| Review procedures and provide refresher training on cash handling | 1/06/2023 | FM |
| Document clear internal processes and systems to report any potential fraud, that include anonymous reporting (Fraud & Corruption) | 1/06/2023 | EMCCS |
| Investigate cashless operations at the CFC Facility | 1/06/2023 | EMIDS |
| Review cybersecurity measures | 1/06/2023 | EMCCS/FM |
| Review departmental responsibilities around security and assigning tasks appropriately | 1/06/2023 | ELT |
| | | |

| Misconduct | Risk | Control |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| | Moderate | Effective |
| Intentional activities intended to circumvent the Code of Conduct or activities in excess of authority, which circumvent endorsed policies, procedures or delegated authority. | | |
| Actions | Due Date | Responsibility |
| Review stocktaking procedures for minor plant and equipment, portable and attractive items. | 1/06/2023 | FM |
| Complete Employee Induction Manual | Ongoing | EMCCS |
| Review Delegation Authority Register to ensure details of sub-delegations are accurate | Ongoing | AGC |
| Undertake training for all staff on HR policies and procedures | Ongoing | EMCCS |
| Develop and implement an annual staff training program that includes refresher training in HR policies and procedures. | Ongoing | EMCCS |
| Review cash handling procedures for outstations | 1/12/2023 | FM |
| Develop and implement a periodic fraud awareness training program for all staff | Ongoing | EMCCS |
| Declarations of conflict of interest when staff attend meetings with contractors where they could influence the work. | Ongoing | EMIDS |
| Review of purchasing segregation and delegations after receipt of OAG Management letter | 1/06/2023 | ELT |
| Need to confirm validity of driver licences with implicated employees | Annual | EMCCS |
| | | |

**Shire of York
Feb 2023**

| Project / Change management | | | Risk | Control |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|-----------------|
| | | | Moderate | Adequate |
| Inadequate analysis, design, delivery and / or status reporting of change initiatives, resulting in additional expenses, time delays or scope changes. | | | | |
| Actions | Due Date | Responsibility | | |
| Develop and implement procedures around Grants Management | 1/06/2023 | FM/EMIDS | | |
| Consider grants management as part of the new Government Frameworks package | 1/06/2023 | ELT | | |
| Implement the new contractor/project management procedures and forms and train all relevant staff. Include this in annual refresher training | 1/06/2023 | EMIDS | | |
| Financial risk in completing projects in time to acquit against grants | 1/12/2023 | EMIDS | | |
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| Safety and Security practices | | | Risk | Control |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|-----------------|
| | | | Moderate | Adequate |
| Non-compliance with the Work Health and Safety Act, associated regulations and standards. It is also the inability to ensure the physical security requirements of staff, contractors and visitors. Other considerations are negligence or carelessness. | | | | |
| Actions | Due Date | Responsibility | | |
| Adopt the WHS Policy and Safety Manuals for staff | 1/06/2023 | EMIDS/EMCCS | | |
| Undertake training in WHS policies | Ongoing | EMIDS/EMCCS | | |
| CCTV to be installed at all buildings | 1/06/2023 | IT/P/GEAM | | |
| Update Evacuation Plans for the Depot to include new security gates and undertake emergency exercises | 1/06/2023 | EMIDS | | |
| Access register to be developed and maintained for Depot | Ongoing | QAO | | |
| MSDS for Depot missing - sheets and register to be updated | 1/06/2023 | EMIDS ESO | | |
| Undertake access and alarm upgrades at Administration, YRCC and Museum | 1/06/2024 | EMIDS | | |
| Undertake Emergency Evacuation testing at all facilities | 1/12/2023 | EMIDS | | |
| Front counter replacement to consider upgraded security measures | 1/06/2023 | EMIDS | | |
| Mechanism for flagging aggressive customers and properties. | 1/06/2023 | ELT | | |
| Bushfire volunteer safety inductions and training | Ongoing | EMIDS ESO | | |
| Continue to embed safety practices and processes into project work | 1/06/2023 | EMIDS | | |
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| Supplier / Contract management | | | Risk | Control |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|-----------------|
| | | | Moderate | Adequate |
| Inadequate management of external Suppliers, Contractors, IT Vendors or Consultants engaged for core operations. This includes issues that arise from the ongoing supply of services or failures in contract management & monitoring processes. | | | | |
| Actions | Due Date | Responsibility | | |
| Purchase orders need review to include terms and conditions to form a more comprehensive contract | 1/06/2023 | FM | | |
| Seek explanations for non-compliance and provide information on PO before authorisation | Ongoing | ELT | | |
| Implement regular monitoring of contracts register | Ongoing | EMIDS | | |
| Contractor Management Procedures | Ongoing | EMIDS | | |
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Asset Sustainability practices **Mar-23****Risk Context**

Failure or reduction in service of infrastructure assets, plant, equipment or machinery.
Areas included in the scope are;

Potential causes include;

| | |
|---------------------------------------------------|-----------------------------------------------------------|
| Skill level & behaviour of operators | Unavailability of parts |
| Lack of trained staff | Lack of formal or appropriate scheduling (maintenance / |
| Outdated equipment | Unexpected breakdowns |
| Outdated Asset Management Plans | |
| Outdated Asset Management Framework | |
| Absence of Key Asset Documents (Plans etc.) | |
| Outdated Service Level Agreements | |
| Insufficient budget to maintain or replace assets | Portable attractive items inventory updates not completed |

| Key Controls | Type | Date | Rating |
|----------------------------------------------------------|--------------|--------|------------|
| Procurement Process | Preventative | Mar-23 | Inadequate |
| Disposal /Acquisition Process (Financial) | Preventative | Mar-23 | Inadequate |
| Roads Routine Maintenance Program | Preventative | Mar-23 | Inadequate |
| Plant Routine Maintenance Program | Preventative | Mar-23 | Adequate |
| Buildings Routine Maintenance Program | Preventative | Mar-23 | Inadequate |
| Asset Management Data Collection (RAMS and Finance) | Preventative | Mar-23 | Inadequate |
| Asset replacement program (broad range of asset classes) | Preventative | Mar-23 | Inadequate |
| Statutory requirements (licencing, etc) in place | Preventative | Mar-23 | Inadequate |
| All maintenance and repairs are documented | Preventative | Mar-23 | Inadequate |
| Reactive maintenance | Recovery | Mar-23 | Inadequate |
| Insurance | Recovery | Mar-23 | Effective |
| Equipment hire available if needed | Recovery | Mar-23 | Effective |
| Training provided and qualifications updated. | Preventative | Mar-23 | Adequate |

Overall Control Ratings: **Inadequate**

| Actions | Due Date | Responsibility |
|-------------------------------------------------------------------------------------------|----------|----------------|
| Training needs submitted to 2019/20 Budget process | Mar-19 | EMIDS |
| Develop annual training program for staff that includes refresher training in procurement | Jun-19 | EMCCS |
| Review Asset Management Plans and submit for adoption by Council | Jun-19 | ETO |
| Develop and implement procedure for submitting insurance claims | Dec-19 | IT/P |
| Undertake building risk assessments in consultation with LGIS | Dec-19 | DSC/TSO/PMO |
| Formalise Asset Disposal Process | Complete | EMIDS |
| Develop and implement Insurance Claims Checklist | Complete | IT/P |
| Open Space Asset Management Plan to be prepared | Complete | EMIDS |
| Maintenance and repairs to be documented as part of AMP's to be redone | Oct-23 | EMIDS |
| Develop asset replacement program for capital equipment and vehicles | Apr-23 | EMIDS |
| Develop and implement asset management processes | Jun-23 | EMIDS |
| Review Asset Management Plans and present to Council for noting | Dec-24 | EMIDS |
| Prepare Asset Disposal Policy for adoption by Council | Jun-23 | AGO |
| Prepare designs to repair Mackie Siding | Jun-23 | EMIDS |

| Consequence Category | Risk Ratings | Rating |
|--------------------------|-----------------------|--------------|
| Financial / Reputational | Consequence: | Minor (2) |
| | Likelihood: | Possible (3) |
| | Overall Risk Ratings: | Moderate |

Control Assurance

| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
|---------------|--------------------|--------------|----------|------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMCCS | Yes | Yes | Yes | Yes | Yes | Procurement review underway |
| EMIDS | Partial | Partial | Partial | Yes | Yes | Finance has a disposal process in place - asset register. Policy needed. EEDO to pass info on to EMIDS/Finance |
| EMIDS | Yes | Partial | Partial | Yes | Yes | |
| WS | Yes | Partial | Yes | Yes | Yes | Plant replacement program being developed |
| DSC / PMO | Partial | Partial | Yes | Yes | Yes | No routine maintenance program however when rental inspections are carried out, a list of maintenance jobs is created. Plan needed. Building asset management. |
| ETO | Partial | Yes | Yes | Partial | Yes | Training needs to be updated. |
| EMIDS | Partial | Partial | Partial | Yes | Yes | Asset management processes incomplete |
| IT/P | Yes | Yes | Yes | Yes | Yes | |
| EMIDS | Yes | Partial | Partial | Yes | Yes | Documented through finance processes / action requests. Need to be registered. |
| TSO | Yes | Yes | Yes | Yes | Yes | As soon as maintenance issue is reported a P/O is completed. |
| IT/P | Partial | Yes | Yes | Partial | Yes | Claims not always submitted to Payroll Officer |
| EMIDS | Yes | Yes | Yes | Yes | Yes | |
| EMCCS / FM | Yes | Partial | Yes | Partial | Partial | Training identified as part of annual budget process. Need training regarding procurement and portable items, Maintenance and repairs. |

Status of Actions**Comments**

| Status of Actions | Comments |
|-------------------|--------------------------------------------------------------------------------------------------|
| Complete | |
| Complete | |
| Complete | Submitted to June OCM. |
| Complete | Circulated by Matthew |
| Complete | Now that asset management plans have been adopted. |
| Not Started | Will commence once AMPs received |
| Not Started | Not yet commenced, to be undertaken by new Graduate Engineer - Asset Management as part of their |
| Not Started | Formal processes not yet commenced |
| Complete | |
| Complete | |
| In progress | Presented to ELT 19 August 2022 |
| In progress | Transport Asset Management Plan to be presented Council May 2023, Open Space Asset Management |
| In progress | Draft to be presented to AARC 22/23 |
| In progress | Designs for decommission, replacement and improvement have been undertaken and costed. These |

Business & Community disruption

Mar-23

Risk Context

Failure to adequately prepare and respond to events that cause disruption to the local community and / or normal business activities. This could be a natural disaster, weather event, or an act carried out by an external party (e.g. sabotage / terrorism).

This includes;

- Lack of (or inadequate) emergency response / business continuity plans.
- Lack of training for specific individuals or availability of appropriate emergency response.
- Failure in command and control functions as a result of incorrect initial assessment or untimely awareness of incident.
- Inadequacies in environmental awareness and monitoring of fuel loads, curing rates etc

This does not include disruptions due to IT Systems or infrastructure related failures - refer "Failure of IT & communication systems and infrastructure"

Potential causes include;

| | |
|--------------------------------------------|------------------------------------------------------------|
| Cyclone, storm, fire, earthquake, flooding | Extended utility outage (electricity, communications etc.) |
| Terrorism / sabotage / criminal behaviour | Economic Factors |
| Epidemic / Pandemic | Loss of key staff |
| Loss of suppliers | Loss of key infrastructure |

| Key Controls | Type | Date | Rating |
|-------------------------------------------------------------------------------------------|--------------|--------|------------|
| Functional Local Emergency Management Arrangements (LEMA) | Preventative | Mar-23 | Effective |
| Bushfire Risk Management Program | Preventative | Mar-23 | Effective |
| Volunteer management & training (Volunteer inductions TBC) | Preventative | Mar-23 | Adequate |
| Community recovery preparation | Preventative | Mar-23 | Inadequate |
| Community fire prevention education | Preventative | Mar-23 | Effective |
| Business Continuity Framework (Policy, Procedures & Plans) | Preventative | Mar-23 | Effective |
| Internal Emergency Management Plan (Emergency Management Procedures and Evacuation Plans) | Preventative | Mar-23 | Inadequate |
| Generator | Recovery | Mar-23 | Inadequate |
| I.T. Disaster Recovery Plan | Recovery | Mar-23 | Effective |
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| Overall Control Ratings: | | | Adequate |

| Actions | Due Date | Responsibility |
|---------------------------------------------------------------------------------------------------------------|------------|----------------|
| Undertake an emergency evacuation drill | Complete | TSO |
| Develop and document a Business Continuity Framework | Complete | EMCCS |
| Finalise and implement IT Security Plan | Complete | IT/P |
| Engage a BRMPC 4 days per fortnight to develop a BRMPC | Complete | BRMPC |
| Distribute and seek feedback from staff regarding Business Continuity Framework | Jun-19 | IT/P |
| Assign funding in the budget to purchase a generator | Superseded | EMDS |
| Schedule testing of IT Security Plan and Business Continuity Framework procedures for effectiveness | Complete | IT/P |
| Develop organisational Business Continuity Plan in consultation with LGIS | Dec-20 | EMCCS |
| Investigate the installation of infrastructure to facilitate hire of a generator in the event of an emergency | Superseded | DSC |
| Arrange replacement of UPS and Server | Complete | IT/P |
| Review IT Disaster Recovery Plan | Complete | IT/P |
| Covid Work Plan | Ongoing | EMCCS |
| Staffing - illness, Attraction and Retention | Ongoing | EMCCS |
| IT Disaster Recovery Testing | Aug-23 | EMCCS |
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| Consequence Category | Risk Ratings | Rating |
|-----------------------------------|-----------------------|--------------|
| Service Interruption / Reputation | Consequence: | Moderate (3) |
| | Likelihood: | Likely (4) |
| | Overall Risk Ratings: | High |

| Control Assurance | | | | | | |
|-------------------|--------------------|--------------|----------|------------|-------|-----------------------------------------------------------------------|
| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
| CE SM | Yes | Yes | Yes | Yes | Yes | |
| CE SM | Yes | Yes | Yes | Yes | Yes | |
| EMDS | Yes | Yes | Yes | Yes | Yes | |
| EMDS | Yes | Yes | Yes | Yes | Yes | |
| ITP | Yes | Partial | Yes | Yes | Yes | As part of IT Security Plan, Needs work |
| DSC | Partial | Partial | Partial | Partial | Yes | Training to be undertaken. Equipment now. Changes to be reviewed. |
| EMDS | No | No | No | No | Yes | The Shire does not own a generator for Town Hall - Emergency services |
| ITP | Yes | Yes | Yes | Yes | Yes | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Status of Actions | Comments |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete | Action plan developed and being implemented. |
| Complete | As part of IT Security Plan |
| Complete | Security Plan developed. New IT Service Provider engaged. |
| Complete | BRMPC engaged. Plan developed and submitted to Council. Works in progress. |
| Complete | No comments received - commence testing phase |
| Not progressed - superseded | Due to changeover in EMDS. |
| Complete - test successful | Process to be managed by IT-Provider |
| Complete | Completed Dec 2021 presented to AARC March 2 2021 and OCM March 23 |
| To be commenced | Review to fit into org BCP |
| Complete | Server and UPS at end of life - to be replaced prior to implementation of Altus Payroll, Procurement and Records |
| To be commenced | COVID BCP prepared and adopted - wider BCP completed, Review still required |
| Complete | Adjusts in accordance with State Government Mandates |
| Ongoing | Recruitment and marketing processes under review to provide attraction. Housing Strategy to be developed to support key staff. Flexible Working Policy to be developed to capture offerings already in place to demonstrate to potential employees the value of working at the Shire. Wellness initiatives being included in recruitment advertisements. Advertising of internal secondment and higher duties opportunities. |
| Ongoing | Latest test conducted 26 August 22. Altus products cannot be tested in the sandpit environment. Scheduling further testing in live environment. Action reset to 2023 for yearly action. Focus Networks contacted re: testing for live sessions. NFA at Feb 23 |
| | |
| | |

Failure to fulfil Compliance requirements (statutory, Mar-23)**Risk Context**

Failure to correctly identify, interpret, assess, respond and communicate laws and regulations as a result of an inadequate compliance. It includes (amongst others) the Local Government Act, Planning & Development Act, Health Act, Building Act, Dog Act, Cat Act,

Potential causes include:

| | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Lack of training, awareness and knowledge | Lack of Legal Expertise |
| Staff / Councillor Turnover/Vacancies and General Resourcing | No Compliance Officer or person responsible for Compliance oversight and enforcement |
| Inadequate record keeping/ failure of corporate electronic systems | Breakdowns in the tender or procurement process |
| Ineffective policies & processes | Ineffective monitoring of changes to legislation |

| Key Controls | Type | Date | Rating |
|----------------------------------------------------------------|--------------|--------|------------|
| Compliance framework / calendar | Preventative | Mar-23 | Inadequate |
| 'Advice' monitoring (subscriptions & memberships) | Preventative | Mar-23 | Effective |
| Annual Compliance Return | Detective | Mar-23 | Effective |
| Standardised forms & check sheets (Compliance) | Preventative | Mar-23 | Adequate |
| State Administrative Tribunal / Ombudsman | Recovery | Mar-23 | Adequate |
| Record-keeping | Preventative | Mar-23 | Inadequate |
| FMR and Audit Reg 17 Reviews undertaken by independent auditor | Detective | Mar-23 | Effective |
| Risk and WHS Working Group | Detective | Mar-23 | Adequate |

Overall Control Ratings: Adequate

| Actions | Due Date | Responsibility |
|------------------------------------------------------------------------------------------|----------|-------------------------|
| Develop a Compliance Policy | Complete | EMCCS |
| Develop an Internal Control Policy | Complete | EMCCS |
| Amend Code of Conduct to require alleged breaches to be reported to the CEO. | Complete | EMCCS |
| Complete Compliance Calendar | Complete | EMCCS |
| Address risks outlined in Financial Management Review | Complete | FM |
| Include documentation of procedures as a KPI for all staff | Complete | Executive & Supervisors |
| Establish an OSH Working Group separate to Risk Working Group | Complete | EMIDS |
| Undertake training for elected OSH Representatives | Complete | EMIDS |
| Review structure of AARC in line with new LG Act | Complete | FM |
| Develop a process for internal audit | Jun-19 | EMCCS |
| Establish and maintain a risk register | Ongoing | EMCCS |
| Review the Risk Register quarterly | Ongoing | EMCCS |
| Undertake training for staff that includes refresher training on policies and procedures | Ongoing | EMCCS |
| Review and refresh Compliance Calendar and report to AARC | Jun-23 | EMCCS |
| Increasing number of dog attacks and compliance issues. Ranger absence. Risk to Level | Jan-23 | DSC |
| Bushfire Compliance - WHS Procedures | Ongoing | EMIDS |
| DMIRS new requirements for asbestos reporting | Ongoing | EMIDS |
| Review building compliance for PML with WACHS | Jun-23 | DSC |

| Consequence Category | Risk Ratings | Rating |
|------------------------|------------------------------|-----------------|
| Reputation, Compliance | Consequence: | Moderate (3) |
| | Likelihood: | Unlikely (2) |
| | Overall Risk Ratings: | Moderate |

Control Assurance

| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
|---------------|--------------------|--------------|----------|------------|-------|------------------------------------------------------------------------------|
| EMCCS | Yes | Partial | Yes | Yes | Yes | Presented to Audit Ctee 050319 |
| CEO | Yes | Yes | Yes | Yes | Yes | Annual budget allocation for memberships |
| EMCCS | Yes | Yes | Yes | Yes | Yes | Completed on time and with accuracy |
| AGC | Yes | Partial | Yes | Partial | Yes | On-going process of development |
| CEO | Yes | Partial | Yes | Partial | Yes | Legislated. Informal process |
| AGC | Yes | Yes | Yes | Partial | Yes | State Records Act 2000 |
| EMCCS | Partial | Yes | Yes | Yes | Yes | A budget allocations submitted to budget process. |
| EMCCS | Yes | Yes | Yes | Partial | Yes | Group established and meets bi-monthly. OSH working group to be established. |

Status of Actions**Comments**

| | |
|----------------|-----------------------------------------------------------------------------------------------------------|
| Complete | Policy adopted by Council in September 2017. |
| Complete | Policy adopted by Council in September 2017. |
| Complete | Code of Conduct amended and presented to the Risk & OSH Working Group. |
| On-going | Risk training undertaken and register established with input from staff. Risks identified in previous Reg |
| Complete | Compliance calendar established and populated. To be moved to new Attain platform |
| Complete | All issues addressed. On-going process of documentation of procedures. |
| To be actioned | In 2018/19 |
| Complete | Included in Performance Review Process undertaken in May. |
| On-going | Presented quarterly to Audit and Risk Committee |
| On-going | ELT met in August to prepare training program for 22/23. Full program yet to be rolled out due to other |
| Complete | Complete |
| To be actioned | Training programs are irregular - to be arranged asap. |
| On-going | Attain software purchased and implemented for compliance forms such as annual declarations. |
| To be actioned | New LG Act not yet in place. Audit and Risk Committee interim structure to commence following October |
| Current | Two (2) new Rangers have now been employed which is resulting in an external change in perception |
| On-going | Compliance with WHS Act for volunteers. Stage one training and recording completed by end |
| To be actioned | Develop an awareness of new recording and reporting requirements for both staff and contractors (waste) |
| New | Meeting was held with WACHS in February to determine liability for compliance items. This will be |

Document Management processes

Mar-23

Risk Context

Failure to adequately capture, store, archive, retrieve, provide or dispose of documentation.

This includes:
-Contact lists.
-Procedural documents, personnel files, complaints.
-Applications, proposals or documents.
-Contracts.
-Forms or requests.

Potential causes include:

| | |
|-----------------------------------------------------------|------------------------------------------|
| Incompatible systems | Outdated record keeping practices |
| Inadequate access and / or security levels | Lack of system/application knowledge |
| Inadequate Storage facilities (including climate control) | High workloads and time pressures |
| High Staff turnover | Standard Operating Policies not followed |

| Key Controls | Type | Date | Rating |
|--------------------------------------------------------|--------------|--------|------------|
| Document receipt process (scanned, registered & dated) | Preventative | Nov-22 | Effective |
| Documentation archival process | Preventative | Nov-22 | Adequate |
| Records Management Policy / Processes / Manual | Preventative | Nov-22 | Effective |
| Records Management Policy / Processes / Manual | Preventative | Nov-22 | Effective |
| Document disaster recovery plan | Recovery | Nov-22 | Adequate |
| Electronic records back up | Recovery | Nov-22 | Effective |
| Induction Process includes records management training | Preventative | Nov-22 | Effective |
| Policy review processes | Preventative | Nov-22 | Inadequate |
| Exit process | Preventative | Nov-22 | Inadequate |

Overall Control Ratings: Effective

| Actions | Due Date | Responsibility |
|-------------------------------------------------------------------------------------------------------------|------------|----------------|
| More training for staff on records eg: entering & recording | Superseded | AGC |
| Develop annual training program for staff that includes refresher training on records | Jun-19 | EMCCS |
| Undertake training for records management | Complete | AGC |
| Develop Records Management Strategic Plan | Complete | AGC |
| Address the need for more procedures to ensure staff accountability | Complete | AGC |
| Review Social Media Strategy | Complete | AGG |
| Investigate software options for records digitisation and disposal | Complete | AGC |
| Update the Records Keeping / Management Plan | Complete | AGG |
| Prepare project brief for records digitisation and disposal for consideration in 23/24 | Mar-23 | AGC |
| iAuditor App being examined for storage and collection of WHS issues to promote ease | Dec-23 | EMIDS |
| Additional applications for compliance, WHS etc will dilute the 'one source of truth' record keeping system | Ongoing | AGC |
| Develop a culture of good record-keeping | Ongoing | ELT |
| Develop succession planning strategies | Ongoing | EMCCS |

| Consequence Category | Risk Ratings | | Rating |
|-------------------------|-----------------------|--------------|--------------|
| Compliance / Reputation | Consequence: | Minor (2) | Possible (3) |
| | Likelihood: | Possible (3) | |
| | Overall Risk Ratings: | | Moderate |

| Control Assurance | | | | | | |
|-------------------|--------------------|--------------|----------|------------|-------|---------------------------------------------------|
| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
| RO | Yes | Yes | Yes | Yes | Yes | Clear process implemented |
| AGC | Yes | Yes | Partial | Yes | Yes | Part of record keeping plan |
| AGC | Yes | Yes | Partial | Yes | Yes | Have commenced working on procedures |
| RO | Yes | Yes | Partial | Yes | Yes | Strategic Records management plan being developed |
| IT/P / RO | Yes | Yes | Yes | Yes | Yes | |
| IT/P | Yes | Yes | Yes | Yes | Yes | |
| RO | Yes | Yes | Yes | Yes | Yes | |
| | | | | | | |
| IT/RO | | | | | | |

| Status of Actions | Comments |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| On-going | Records training undertaken for general staff. Administrator training undertaken using SynergySoft. New employees are now inducted in records training eg: entering & recording. |
| Complete | |
| Ongoing | Included as part of annual training refreshers. FOI & Records Info Session conducted December 2019. |
| Complete | Completed February 2020 |
| Complete | Records procedures documented and reviewed regularly. OS records reports distributed monthly to EMG and staff. |
| In progress | Included in all inductions. Annual return requirement to acknowledge compliance. Annual refresher training. Additional staffing identified for records to assist other departments. |
| Ongoing | Workforce Management Plan |
| Completed | Record keeping software to be purchased in 22/23 that captures social media records |
| Completed | Further investigation may be required based on ELT priorities and budget constraints |
| Complete | Aiming for December OCM |
| To be actioned | Delayed due to key staff long service leave and change in AGC. Will be completed for 23/24 budget preparation |
| In progress | Investigating how this can be linked with the records system |
| Ongoing | Regular reminders through training. Check compatibility with new software and engage records team as a stakeholder in decision making |
| | |
| | |

| Employment practices | | Mar-23 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------|--------------|
| Risk Context | | | |
| Failure to effectively manage and lead human resources (full-time, part-time, casuals, temporary and volunteers). | | | |
| This includes: - Not having appropriately qualified or experienced people in the right roles. - Insufficient staff numbers to achieve objectives. - Breaching employee regulations. - Discrimination, harassment & bullying in the workplace. - Poor employee wellbeing (causing stress). - Key person dependencies without effective succession planning in place. - Industrial activity. | | | |
| Potential causes include: | | | |
| Leadership failures | Ineffective performance management programs or procedures | | |
| Key / single-person dependencies | Limited staff availability - labour market conditions | | |
| Poor internal communications / relationships | Inadequate induction practices | | |
| Ineffective Human Resources policies, procedures and practices | Inconsistent application of policies | | |
| Key Controls | Type | Date | Rating |
| Induction process (including Code of Conduct Component) | Preventative | Mar-23 | Adequate |
| Staff training and education program | Preventative | Mar-23 | Inadequate |
| Performance Management (appraisals / reviews) | Preventative | Mar-23 | Effective |
| Staff Exit process | Preventative | Mar-23 | Inadequate |
| Workforce Planning | Preventative | Mar-23 | Adequate |
| Employee Assistance Program & HR support | Recovery | Mar-23 | Effective |
| Robust Recruitment Processes | Preventative | Mar-23 | Effective |
| Advice and Support Available for General HR Matters | Preventative / Recovery | Mar-23 | Adequate |
| Overall Control Ratings: | | | Adequate |
| Actions | Due Date | Responsibility | |
| Develop and implement staff exit procedure | Dec-17 | ESQCCS | |
| Review Performance Management Process | Ongoing | EMCCS | |
| Update Uniform Policy with consideration to OSH | Complete | EMG | |
| Develop Heat Management Policy for staff consultation | Complete | EMDS/OSH | |
| Develop and implement improvements for internal communication | Complete | EMG | |
| Implement OSH Management Plans | Complete | EMDS/OSH | |
| Induction process updated | Complete | ESQ/HR | |
| Update Employee Code of Conduct | Complete | EMCCS | |
| Ensure annual budget allocation to subscribe to WALGA HR assistance services | Ongoing | EMCCS | |
| Implement annual training program for staff that includes refresher training on policies and procedures | Ongoing | EMCCS | |
| Review Workforce Plan - informed gap analysis project | Jun-23 | EMCCS | |
| Complete Employee Manual for inclusion in employee inductions | Ongoing | ESQ/HR | |
| Include Employee Assistance Program process in Employee Manual | Ongoing | EMCCS | |
| Training needs identified as part of annual budget process | Ongoing | Executive & Supervisors | |
| Consequence Category | Risk Ratings | | Rating |
| Compliance, Health, Reputational, Financial | Consequence: | | Moderate (3) |
| | Likelihood: | | Possible (3) |
| | Overall Risk Ratings: | | Moderate |

| Control Assurance | | | | | | |
|-------------------|--------------------|--------------|----------|------------|-------|----------------------------|
| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
| EMCCS | Yes | Yes | Yes | Yes | Yes | |
| EMCCS | Yes | Partial | Yes | Yes | Yes | |
| EMCCS | Yes | Yes | Yes | Yes | Yes | |
| EMCCS | Partial | Partial | Partial | No | No | |
| EMCCS | Yes | Yes | Yes | Yes | Yes | |
| EMCCS | Yes | Yes | Yes | Yes | Yes | |
| EMCCS | Yes | Yes | Yes | Yes | Yes | |
| EMCCS | Yes | Yes | Yes | Yes | Yes | |
| EMCCS | Yes | Yes | Yes | Yes | Yes | Communication and training |

| Status of Actions | Comments |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Under Review | Induction checklist developed. Employee Manual complete. A review of this manual is a KPI of the ESO/HR |
| In Progress | LGIS have limited their EAP service. A temporary service has been put in place while a formal process for the delivery of this service can be completed. EMCCS negotiating with LGIS to have the full service returned |
| Ongoing | As part of annual budget process, RO's requested to identify training needs within each business area for inclusion in budget. Not all RO's responded in the first year. Performance appraisal process also includes discussion regarding training needs. |
| Complete | Checklist created for outgoing staff. |
| Complete | Procedure in place and implemented. RO's provided with training. A new process to be considered with Integrated Planning and Reporting tool. |
| Ongoing | 2022/23 Budget includes allocation for subscription. WALGA HR services used extensively |
| Ongoing | Draft training program developed for 22/23. To be rolled out in 2023. Staff training for managing difficult customers, suicide awareness prioritised due to current climate |
| Complete | Policy updated to address safety matters in consultation with OSH Working Group |
| In Progress | Workforce Plan last adopted April 2017 - Gap analysis has informed organisational realignment which is year one of new workforce plan. Policy 09 Equal Employment Opportunity and subsequent Management Plan was adopted by Council December 22 Resolution 131222. Review of the Workforce Plan was set as a KPI for the A/EMCCS however no progress was made. Target reset to May 2023 due to pressure of ongoing audit, staff absences and recruitment. This work will now be outsourced. |
| Complete | |
| Complete | |
| Complete | |
| Complete | All new induction requirements are included in Induction forms and processes |
| Complete | To be adopted by ELT |
| | |
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Engagement practices

Mar-23

Risk Context

Failure to maintain effective working relationships with the Community (including local Media), Stakeholders, Key Private Sector Companies, Government Agencies and / or Elected Members. This includes activities where communication, feedback or consultation is required and where it is in the best interests to do so.

For example;

- Following up on any access & inclusion issues
- Infrastructure Projects
- Local planning initiatives
- Strategic planning initiatives

This does not include instances whereby Community expectations have not been met for standard service provisions such as Community Events, Library Services and / or Bus/Transport services.

Potential causes include;

| | |
|---------------------------------------------------|-------------------------------------------------------------|
| Relationship breakdowns with community groups | Short lead times lack of planning |
| Leadership inattention to current issues | Miscommunication / poor communication |
| Inadequate documentation or procedures | Inadequate Regional or District Committee attendance. |
| Lack of clarity around roles and responsibilities | |
| Budget / funding issues | Inadequate involvement with, or support of community groups |

| Key Controls | Type | Date | Rating |
|-------------------------------------------------------------------------------------|--------------|--------|------------|
| Community engagement framework (committees, forums & workshops) | Preventative | Jun-23 | Effective |
| Social media management | Preventative | Mar-23 | Effective |
| Support local Volunteer groups | Preventative | Mar-23 | Inadequate |
| Community communications (public notices / local papers / website / message boards) | Preventative | Mar-23 | Effective |
| Complaints management process | Recovery | Mar-23 | Effective |
| Community involvement in decision making | Preventative | Mar-23 | Effective |
| Well developed job descriptions and clear communication around roles | Preventative | Jun-23 | Adequate |
| Customer Service Charter | Preventative | Mar-23 | Effective |
| Overall Control Ratings: | | | Effective |

| Actions | Due Date | Responsibility |
|------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|
| Develop and implement procedures to establish and maintain a FB page | Complete | CEO |
| Ensure timelines allow for appropriate communication of information, deadlines etc. | Complete | All staff |
| More training on the complaints policy and procedures-- | Superseded | All staff |
| Work with Wheatbowl Volunteer hub to increase service provision to support volunteer groups | Complete | EMCCS / CEDO |
| Develop an annual training program for staff that includes refresher training on the Customer Service Charter and Complaints Procedures. | Jun-19 | EMCCS / CEDO |
| Develop Statement of Business Ethics | Jun-19 | EMCCS |
| Provide progress report on actions to date for 2020/21 budget. | Complete | PO |
| Undertake Residents' Satisfaction Survey | Complete | EMG |
| Implement the actions contained in the Disability Access and Inclusion Plan | Jun-23 | All staff |
| Develop new Engagement Framework | Jun-23 | EMCCS |
| Undertake Community Scorecard 2022/23 | Jun-23 | EMCCS |
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| Consequence Category | Risk Ratings | Rating |
|----------------------|-----------------------|--------------|
| Reputation | Consequence: | Minor (2) |
| | Likelihood: | Unlikely (2) |
| | Overall Risk Ratings: | Low |

| Control Assurance | | | | | | |
|-------------------|--------------------|--------------|----------|------------|-------|---------------------------------------------------------------------------------------------|
| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
| CEO | Yes | Yes | Yes | Yes | Yes | Framework and policy adopted by Council. |
| CEO | Yes | Yes | Yes | Yes | Yes | |
| CEDO | Yes | Partial | Yes | Partial | Yes | No policy position other than the Community Grants Funding. Lot of work conducted around |
| CEO | Yes | Yes | Yes | Yes | Yes | |
| AGC | Yes | Yes | Yes | Yes | Yes | Policy adopted by Council and also included in Customer Service Charter. Training for staff |
| EMG | Yes | Yes | Yes | Yes | Yes | FB promotion / Community matters |
| ELT | | | | | | |
| AGC | Yes | Yes | Yes | Yes | Yes | FB Promotion |

| Status of Actions | Comments |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete | Market Creations engaged to manage FB and Instagram accounts. Allocation in 2018/19 budget. |
| Complete | Media deadlines distributed. Email reminders. Community Consultation and Engagement Plans developed for significant projects. |
| To be actioned | Complaints register maintained. Complaints Policy reviewed and adopted October 2016. |
| Complete | Proposal submitted to 2018/19 Budget process for a hub of WVI to be set up in York. Not considered a priority at this stage. YRCC Project Officer will assist clubs. |
| Complete | Incorporated into training with Marg Hemsley in March 2019 |
| Complete | Developed as part of the Procurement Review and uploaded to website |
| In progress | Customer Service Area - all purchases completed |
| In progress | Original project timing incorrect - Survey conducted in June 21 with final report to Council in |
| In progress | Actions continuing. Front counter and CBD Accessibility Upgrades scheduled for 22/23/24 |
| In progress | New engagement requirements under the Local Government Act are being investigated. |
| In progress | Survey is now complete and results being collated |
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| | |

| Environment management | | Mar-23 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------|--------------|
| Risk Context | | | |
| Inadequate prevention, identification, enforcement and management of environmental issues. | | | |
| The scope includes; -Lack of adequate planning and management of erosion issues. -Failure to identify and effectively manage contaminated sites (including groundwater usage). -Waste facilities (landfill / transfer stations). -Weed & mosquito / Vector control -Ineffective management of water sources (reclaimed, potable) -Illegal dumping. -Illegal clearing / land use. | | | |
| Potential causes include: | | | |
| Inadequate management of landfill sites | Inadequate reporting / oversight frameworks | | |
| Lack of understanding / knowledge | Community apathy | | |
| Inadequate local laws / planning schemes | Differing land tenure (land occupancy or ownership conditions) | | |
| Lack of understanding of cultural requirements for landowners | | | |
| Prolific extractive industry (sand, limestone, etc.) | Competing land use (growing population vs conservation) | | |
| Key Controls | Type | Date | Rating |
| Environment management program | Preventative | Mar-23 | Adequate |
| Community education & engagement e.g. schools / new home-owner packs | Preventative | Mar-23 | Inadequate |
| Support volunteer environment management groups | Preventative | Mar-23 | Adequate |
| Environmental monitoring, testing and inspection programs | Preventative | Mar-23 | Effective |
| Encourage recycling efforts (glass, oil, batteries, etc.) | Recovery | Mar-23 | Adequate |
| Clearing permits for road works obtained | Preventative | Mar-23 | Adequate |
| Mosquito management program | Preventative | Mar-23 | Adequate |
| RAP Working to inform education of landowners | Preventative | Mar-23 | Inadequate |
| Standpipe water use education and regulation | Preventative | Mar-23 | Effective |
| | | | Adequate |
| Actions | Due Date | Responsibility | |
| Develop and document process for road clearing permits | Complete | DAO | |
| Currently looking into a mosquito program & purchasing a fogger. | Superseded | EHO | |
| Undertake mosquito fogging on an as-needs basis-Looking into purchasing fogger. | Complete | EHO | |
| Undertake recruitment process for Containers for Change site | Complete | EMIDS | |
| Implement regular street sweeping program to address bird droppings in CBD | Complete | EHO/EMIDS | |
| Engage contractor to undertake pigeon culling | Complete | EHO | |
| Identification of new and review of current hockey stick locations for endangered flora on | Ongoing | EMIDS | |
| Develop a coordinated approach to disseminating information to new and existing residents re: waste and other environmental initiatives | Ongoing | EMIDS | |
| Conduct a recycling education program once new waste collection contract is signed. | Jun-23 | EHO | |
| Develop a strategy to manage corella control in the Shire of York. | Ongoing | DSC/EHO | |
| Develop and implement procedures for the use of hazardous chemicals to include strategies for community consultation | Jun-23 | EMIDS | |
| | | | |
| | | | |
| | | | |
| | | | |
| Consequence Category | Risk Ratings | | Rating |
| Environment, Reputation, Financial | Consequence: | | Minor (2) |
| | Likelihood: | | Possible (3) |
| | Overall Risk Ratings: | | Moderate |

| Control Assurance | | | | | | |
|--------------------|--------------------|--------------|----------|------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
| EHO | No | Yes | Yes | Partial | | Informal but not documented. |
| EHO | No | No | No | No | | Social media promotion/Community matters/new home owner packs available but not well know. Have a pack for home builders. Coordinated approach needed. |
| EMIDS | No | Partial | Partial | Partial | Yes | Maybe a lack of awareness due to lack of education |
| EHO | Yes | Yes | Yes | Yes | Yes | |
| TSO | Yes | Yes | Yes | Yes | Yes | Controlled by Waste Transfer Station management. All households are encouraged to use their recycling bin. Mobile Muster for drop offs also at Shire office. As part of Waste management contract??? Garage sale trail. |
| DAO | No | Partial | Yes | Yes | Yes | Have attended Environmental Planning Tool training through WALGA. Have yet to complete a desktop assessment. |
| EHO | No | Yes | No | No | Yes | Mosquito spraying undertaken as required |
| FO Rates & Debtors | Yes | Yes | Yes | Yes | Yes | Not a holistic approach |

| Status of Actions | Comments |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| | |
| Ongoing | Contract is in place. EHO to consider options and formulate program |
| Ongoing | Report passed by Council at Feb 23 OCM to commit current and future budget towards regional initiatives |
| Not started | No evidence of this work commencing |
| Ongoing | Street sweeping is in place, supported with adjustments to starting hours and noise control. Pigeon excreta remains an issue where it is able to accumulate in large quantities on buildings. Specialist contractors are being engaged to conduct removal with regulations not dissimilar to the process for asbestos removal. Contractor coming early Sept |
| Ongoing | Reactive measures in place supported by budget for 22/23. This will continue into future years. |
| Ongoing | Identification of locations of endangered flora complete however this needs to be reconciled with existing hockey stick locations |
| Ongoing | |
| | |

Errors, omissions & delays

Mar-23

Risk Context

Errors, omissions or delays in operational activities as a result of unintentional errors or failure to follow due process including incomplete, inadequate or inaccuracies in advisory activities to customers or internal staff.

Examples include;

- Incorrect planning, development, building, community safety and Emergency Management advice
- Incorrect health or environmental advice
- Inconsistent messages or responses from Customer Service Staff
- Any advice that is not consistent with legislative requirements or local laws.
- Human error
- Inaccurate recording, maintenance, testing or reconciliation of data.
- Inaccurate data being used for management decision-making and reporting.
- Delays in service to customers

This excludes process failures caused by inadequate / incomplete procedural documentation - refer "Inadequate Document Management Processes".

Potential causes include:

| | |
|----------------------------------------------------------------|------------------------|
| Human error | Incorrect information |
| Inadequate formal procedures or training | Miscommunication |
| Lack of trained staff | Work pressure / stress |
| Unrealistic expectations from community, council or management | Health issues |
| Lack of discoverable information | |
| Poor use of check sheets / FAQ's | Lack of understanding |

| Key Controls | Type | Date | Rating |
|-------------------------------------------------------------------------------------------------------------------------------|--------------|--------|------------|
| Procurement Policy | Preventative | Mar-23 | Adequate |
| Training for staff with purchasing authority | Preventative | Mar-23 | Effective |
| Documented procedures / monitoring | Preventative | Mar-23 | Adequate |
| Staff training program (mentoring, formal & on-the-job) | Preventative | Mar-23 | Adequate |
| Documented information sheets / website information / FAQ's to assist customer service staff in providing advice to customers | Preventative | Mar-23 | Adequate |
| External consultants such as legal, human resources, heritage | Preventative | Mar-23 | Effective |
| Complaints resolution process | Recovery | Mar-23 | Effective |
| Customer Management System | Preventative | Mar-23 | Inadequate |
| Customer Service Charter | Preventative | Mar-23 | Effective |
| Review and monitoring of outstanding correspondence | Preventative | Mar-23 | Adequate |
| Centralised information systems which allows the discovery and use of the most up to date information | | | |
| Overall Control Ratings: | | | Adequate |

| Actions | Due Date | Responsibility |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|
| Review Procurement Policy to ensure consistent quotation, probity & record-keeping requirements and treatment of contract variations | Complete | EMCCS |
| Provide further training to staff with purchasing authority to enforce the need to adhere to purchasing policies. | Complete | EMCCS |
| Identify specific staff training needs for inclusion in the annual budget process | Complete | EMG |
| Include an allocation in the annual budget to provide for external advice. | Complete | EMG |
| Formalise the process for EMG review of outstanding correspondence | Complete | RO |

| Control Assurance | | | | | | |
|-------------------|--------------------|--------------|----------|------------|-------|----------------------------------------------------------------------------------------------------|
| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
| EMCCS | Yes | Yes | Yes | Partial | Yes | Need review based on OAG feedback |
| EMCCS | Yes | Yes | Yes | Yes | Yes | RFQ Training to be conducted |
| All staff | Partial | Partial | Yes | Yes | Yes | Procedures in the process of being documented |
| EMG | Yes | Yes | Yes | Yes | Yes | Training needs identified and included in Staff Training Plan |
| AGC | Yes | Partial | Yes | Yes | Yes | FAQ's currently in process. Website review. |
| EMG | Yes | Yes | Yes | Yes | Yes | |
| EMCCS | Yes | Yes | Yes | Yes | Yes | Complaints Policy adopted. Procedures form part of the complaints policy. Register - Synergy based |
| EMIDS | | | | | | Lots of different approaches |
| EMCCS | Yes | Yes | Yes | Yes | Yes | Charter adopted by Council. |
| EMG | Yes | Partial | Yes | Partial | Yes | OS records distributed monthly |
| | | | | | | |

| Status of Actions | Comments |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete | Policy was reviewed, amended and adopted by Council in September 2017. RFQ and RFT documents have been amended to include reference to variations. |
| Complete | EMCCS and FM met with individual business units to provide further training and answer questions regarding procurement. Officers authorising payments now check for non-compliance with Policy and send an email memo to the responsible officer noting non-compliance. Moore Stephens noted significant improvement during 2017/18 Interim Audit. |
| Complete | Managers and supervisors are asked to complete a Training Request Template as part of the annual budget process which incorporate training needs identified during performance management process. |
| Complete | Allocations for legal advice, WALGA subscription services, heritage advice and consultants for specific projects where required are included in the annual budget. |
| Complete | Report provided to EMG monthly for review and action. |

| | | |
|-------------------------------------------------------------------------------------------------------------------------|----------|-------|
| Provide information to all staff regarding the Customer Service Charter and reminder regarding timeframes for response. | Complete | AGC |
| Develop organisational templates in relation to procurement management | Complete | EMCCS |
| Undertake a Procurement Review and present findings and recommendations to the Audit Committee | Complete | EMCCS |
| Undertake training to include amendments to the Procurement Policy and the new Procurement Manual | Complete | EMCCS |
| Review Interim Audit Management Letter and implement recommendations made | Complete | EMG |
| Review Final Audit Management Letter and implement recommendations made | Complete | FM |
| Review Interim Audit Management Letter and implement timeline to address recommendations | Complete | FM |
| Develop improvement plan based on findings of FMR and Audit Reg-17 Reviews | Complete | FM |
| Implement a staff training program that includes refresher training on procurement | Ongoing | EMCCS |
| Review Procurement Policy and Procedures | Jun-23 | FM |
| Works delayed by stock items | Ongoing | EMIDS |
| Undertake business planning to develop an asset register/recording system | Mar-23 | EMIDS |
| Develop the Intranet for use of staff to display current documents and information | Jun-23 | AGO |
| Mapping the customer expectations for works including action request process and looking for improvements | Jun-23 | EMIDS |

| Consequence Category | Risk Ratings | Rating |
|-------------------------|-----------------------|--------------|
| Reputation / Compliance | Consequence: | Minor (2) |
| | Likelihood: | Possible (3) |
| | Overall Risk Ratings: | Moderate |

| | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete | Email memo to all staff with customer service charter attached. Customer Service Charter also sent out with 2018/19 rates notices. |
| In progress | |
| In progress | |
| Complete | |
| Complete | |
| Complete | |
| Complete | |
| In progress | |
| In progress | Review needed to clearly detail treatment and recording of conflicts of interest in procurement processes and to review the level of delegations and controls. Awaiting outcome of OAG findings |
| In progress | Identify items in advance that may have impact upon critical path |
| In progress | To be completed as part of the 23/24 budget preparation |
| In progress | |
| In progress | |

| External theft & fraud (Including Cyber) | | | Mar-23 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------|-------------------|
| Risk Context | | | |
| Loss of funds, assets, data or unauthorised access, (whether attempted or successful) by external parties, through any means (including electronic). | | | |
| For the purposes of: -Fraud: benefit or gain by deceit -Malicious Damage: hacking, deleting, breaking or reducing the integrity or performance of systems -Theft: stealing of data, assets or information | | | |
| Potential causes include: | | | |
| Inadequate security of equipment / supplies / cash | Inadequate provision for patrons/staff belongings | | |
| Robbery | Lack of Supervision | | |
| Scam Invoices | Collusion with internal staff | | |
| Cyber crime | Lack of clarity around roles and responsibilities | | |
| Key Controls | Type | Date | Rating |
| Admin Building Security access controls (alarms, CCTV, keypad access) | Preventative | Mar-23 | Adequate |
| Other Building Security access controls (alarms, CCTV, keypad access) | Preventative | Mar-23 | Inadequate |
| Depot Building Security access controls | Preventative | Mar-23 | Adequate |
| Equipment storage security access controls | Preventative | Mar-23 | Inadequate |
| IT Security Framework (passwords / security protocols / records access) | Preventative | Mar-23 | Effective |
| Cash handling processes | Preventative | Mar-23 | Effective |
| CCTV Policy: storage, disposal and access | Preventative | Mar-23 | Inadequate |
| Functionality review of roles and responses to security components | Preventative | Mar-23 | Inadequate |
| Overall Control Ratings: | | | Inadequate |
| Actions | Due Date | Responsibility | |
| Request \$15,000 for Depot upgrade to improve security and access as part of mid-year budget review | Complete | DAO | |
| Replace all admin building access toggles with user identified toggles | Complete | IT/P | |
| Update register of toggle holders for Admin Building | Complete | IT/P | |
| Update register of users for access to other buildings | Complete | TSO | |
| Develop an IT/Security Framework | Complete | IT/P | |
| Install additional CCTV and document procedures | Complete | IT/P | |
| Document cash handling and stocktake procedures for all areas and implement | Complete | FM | |
| Install security gate at Depot and document procedures | Jun-19 | DAO | |
| Update registers of users, key/toggle holders including access to depot | Ongoing | IT/P OAO | |
| Develop and implement procedures for use of EFTPOS at Museum | Complete | IT/P / MC | |
| Develop robust procedures for administration of York Dollars | Complete | AGC | |
| Develop cash handling procedures for Container Deposit Site | Complete | FM | |
| Install lighting and security at Old Recreation Centre | Jun-23 | EMIDS | |
| Review procedures and provide refresher training on cash handling | Jun-23 | FM | |
| Document clear internal processes and systems to report any potential fraud, that include anonymous reporting (Fraud & Corruption) | Jun-23 | EMCCS | |
| Investigate cashless operations at the CFC Facility | Jun-23 | EMIDS | |
| Review cybersecurity measures | Jun-23 | EMCCS/FM | |
| Review departmental responsibilities around security and assigning tasks appropriately | Jun-23 | ELT | |
| Consequence Category | Risk Ratings | | Rating |
| Financial / Property | Consequence: | | Moderate (3) |
| | Likelihood: | | Likely (4) |
| | Overall Risk Ratings: | | High |

| Control Assurance | | | | | | |
|-------------------|--------------------|--------------|----------|------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
| IT/P | Yes | Yes | Yes | Yes | Partial | Project to replace in 22/23 |
| TSO | Partial | Yes | Yes | Yes | Yes | CCTV for Rec Centre and Stadium. Policy for CCTV access / disposal. Re-keying of buildings needed. |
| DAO | Yes | Partial | Partial | Yes | Partial | Security gate installed with intercom system. Security cameras need to be installed at the gate. Risk lies in theft of plant and tools. |
| DAO | Partial | Partial | Partial | Partial | Partial | Procedure need to be developed. |
| IT/P | Yes | Yes | Yes | Yes | Yes | |
| FM | Yes | Yes | Yes | Yes | Yes | Procedures reviewed. |
| | | | | | | |
| | | | | | | |

| Status of Actions | Comments |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| On-going | Funds requested as part of 2018/19 Budget process for electric gate to be installed at Depot. |
| Complete | All staff issued with new toggles and PIN changed for Admin building. |
| Complete | Updated. |
| Complete | |
| Complete | IT Security Plan drafted and presented to Risk and OSH Working Group for feedback. Reconfiguration of firewalls, internet access, virus control undertaken. |
| Complete | CCTV cameras installed over cash handling areas. |
| Complete | Cash handling and stocktake procedures documented and implemented. |
| Ongoing | To be conducted annually - OAO - Ongoing daily basis is updated as required |
| Complete | |
| Complete | York Dollars discontinued in 22/23 |
| Complete | |
| Complete | Included in 2019/20 budget doors to be investigated but the external lighting to the back stair was completed. |
| Ongoing | Other priorities in training and finance have pushed delivery of this item back |
| In Progress | Recommendation from OAG - Undertaking this work with LGIS Fraud and Corruption Management Plan |
| In Progress | In accordance with the original contract |
| In Progress | LGIS member survey has identified vulnerabilities that were reviewed with the Shire's external IT provider in Nov/Dec. Provider to be engaged to do further audit |
| In Progress | Initial meeting held with all parties |

Management of Facilities / Venues / Events

Mar-23

Risk Context

Failure to effectively manage the day to day operations of facilities, venues and / or events.

This includes:

- Inadequate procedures in place to manage quality or availability.
- Poor crowd control
- Ineffective signage
- Booking issues
- Stressful interactions with hirers / users (financial issues or not adhering to rules of use of facility)
- Inadequate oversight or provision of peripheral services (e.g., cleaning / maintenance)

Potential causes include:

| | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Double bookings | Traffic congestion or vehicles blocking entry or exit |
| Illegal / excessive alcohol consumption | Insufficient time between bookings for cleaning or maintenance |
| Bond payments poorly managed | Difficulty accessing facilities / venues. |
| Falsifying hiring agreements (alcohol on site / lower deposit) | Failed safety / chemical / health requirements |
| Inadequate oversight or provision of peripheral services (e.g., cleaning / maintenance) | Poor service from contractors (such as catering or cleaning) |
| Terrorism | |

| Key Controls | Type | Date | Rating |
|---------------------------------------------------------------------------------------------------|--------------|--------|------------|
| Event management procedures and monitoring | Preventative | Mar-23 | Inadequate |
| Inspection, maintenance and cleaning schedules | Preventative | Mar-23 | Adequate |
| Facility / Venue booking system (including bonds) | Preventative | Mar-23 | Adequate |
| Venue booking management procedures and monitoring | Preventative | Mar-23 | Adequate |
| Events package given to hirer (information sheets, events questionnaire / procedures / checklist) | Preventative | Mar-23 | Effective |
| Insurance certificate of currency checked | Preventative | Mar-23 | Effective |
| Feedback from community and users of facilities | Recovery | Mar-23 | Effective |
| MOUs in place for on-going users | Preventative | Mar-23 | Inadequate |

Overall Control Ratings:

Adequate

| Actions | Due Date | Responsibility |
|--------------------------------------------------------|----------|----------------|
| Staff training required in the area of venue bookings. | Complete | AGC |
| Synergy Booking Module currently being updated. | Complete | AGC |

| | | |
|--------------------------------------------------------------------------------------|----------|--------------|
| Social distancing measures and signage to be displayed in all Shire facilities. | Ongoing | DSC |
| Maintain and record COVID-19 cleaning regime | Ongoing | EHO |
| Undertake an events review and develop/implement strategies to improve processes. | Complete | EEDO |
| COVID-19 Safety Plans to be prepared for Shire venues | Complete | DSC/AGC |
| Events Committee to undertake desktop review of event management procedures | Ongoing | CPC |
| Develop procedures for facility bookings and feedback - events especially. | Ongoing | AGC/EMDS ESO |
| Booking forms to include details of Evacuation Plans for all facilities | Dec-23 | EMDS ESO/AGC |
| Investigate online booking system to be integrated into Shire website for community | Jun-23 | AGC |
| Review signage for all venues giving consideration to the Access and Inclusion Audit | Ongoing | DSC/PMO |
| YRCC sharing of information with teams re: bookings | Ongoing | CPC |
| Review of the Events procedures and processes to consider current risks such as | Jun-23 | CPC |

| Consequence Category | Risk Ratings | Rating |
|----------------------|-----------------------|--------------|
| Reputation | Consequence: | Minor (2) |
| | Likelihood: | Unlikely (2) |
| | Overall Risk Ratings: | Low |

Control Assurance

| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
|----------------------|--------------------|--------------|----------|------------|---------|------------------------------------------------------------------------------|
| EEDO | Yes | Yes | Yes | Yes | Yes | More events occurring. Improvements to increase LOS |
| EHO / venue managers | Partial | Yes | Yes | Yes | Partial | |
| AGC | Yes | Yes | Partial | Yes | Yes | Issues with tentative books / accuracy of data. System inadequate. Reactive. |
| AGC | Yes | Yes | Partial | Yes | Partial | |
| EEDO | Yes | Yes | Yes | Yes | Yes | |
| AGC | Yes | Yes | Yes | Yes | Yes | |
| AGC | Yes | Yes | Yes | Yes | Yes | Debriefings and forms provided. |
| YRCCPO | Partial | No | Partial | No | Yes | Regular users of the Town Hall / Stadium |

| Status of Actions | Comments |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete | Training undertaken |
| Complete | Updated |
| Review | Events Committee established and review of current procedures undertaken. Internal checklist developed to assist each department with operational controls required. To include RAP findings. Roles and responsibility definition. Review to include role of contractor induction in bookings. |
| Review | Procedures in place and being tested. Feed back is provided in the booking hire form for users to complete. Also through debriefs with the Events Coordinator following an event. Information sheet to be developed around insurances and contractor induction |
| Complete | State of Emergency revoked |
| Complete | |
| Complete | Events policy review and guidelines adopted by Council. Monitoring of events still in progress |
| Need updating | Events booking now cover safety induction. Evacuation plan updates being sought. |
| In Progress | RFQ has been prepared for release to market |
| Complete | |
| In Progress | Not complete. Residency museum has not been done. Review and update of all facilities to be included as part of condition |
| Ongoing | Request to be extended again to Belgravia for staff attendance |
| In Progress | |

| IT or communication systems and infrastructure | | Mar-23 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------|-----------------|
| <p>Disruption, financial loss or damage to reputation from a failure of information technology systems. Instability, degradation of performance, or other failure of IT or communication system or infrastructure causing the inability to continue business activities and provide services to the community. This may or may not result in IT Disaster Recovery Plans being invoked.</p> <p>Examples include failures or disruptions caused by:</p> <ul style="list-style-type: none"> -Hardware or software -Networks -Failures of IT Vendors <p>This also includes where poor governance results in the breakdown of IT maintenance such as;</p> <ul style="list-style-type: none"> -Configuration management -Performance monitoring <p>This does not include new system implementations - refer "Inadequate Project / Change Management".</p> | | | |
| Potential causes include: | | | |
| Weather impacts | Non-renewal of licences | | |
| Power outage on site or at service provider | Inadequate IT incident, problem management & Disaster Recovery Processes | | |
| Out-dated, inefficient or unsupported hardware or software | Lack of process and training | | |
| Software vulnerability | Equipment purchases without input from IT department | | |
| Incompatibility between operating systems | Vulnerability to user error | | |
| Poor service from external IT providers | | | |
| Key Controls | Type | Date | Rating |
| Formal IT Infrastructure maintenance & replacement program | Preventative | Mar-23 | Adequate |
| IT Vendor service level Agreement | Detective | Mar-23 | Effective |
| Infrastructure Security (security access protocols, firewalls) | Preventative | | Effective |
| UPS | Recovery | Mar-23 | Inadequate |
| IT Disaster Recovery Plan | Recovery | Mar-23 | Effective |
| Contract management | Preventative | Mar-23 | Inadequate |
| | | | |
| Overall Control Ratings: | | | Adequate |
| Actions | Due Date | Responsibility | |
| Develop an IT Security and Disaster Recovery Plan that incorporates maintenance and replacement of infrastructure | Mar-18 | IT/P | |
| Implement a protocol to ensure passwords are changed regularly | Mar-18 | IT/P | |
| Review levels of access to server and develop a process to ensure security & confidentiality of information | Jun-18 | IT/P | |
| Develop a written specification, seek quotes and engage an IT Service Provider. | Mar-23 | IT/P | |
| Investigate and implement transition to new communications provider | Mar-23 | IT/P | |
| Arrange installation of ETPOS facilities at the Museum | Sep-19 | IT/P | |
| Review levels of access to Synergy and implement changes | Complete | IT/P + EMG | |
| Migrate email addresses from role-based to individual officers | Complete | IT/P | |
| Review physical security of server room | Complete | IT/P | |
| Arrange replacement of UPS and Server | Complete | IT/P | |
| Implement regular testing regime for effectiveness of IT Disaster Recovery Plan | Ongoing | IT/P | |
| Hot water system leak in server room to be rectified | Ongoing | EM/DS | |
| Review levels of service with the external IT providers | Ongoing | EM/CS | |
| Improve levels of service at Shire outstations (ie museum, swimming pool, depot, YRCC) | Jun-23 | IT/P | |
| | | | |
| | | | |
| Consequence Category | Risk Ratings | | Rating |
| Service disruption | Consequence: | | Moderate (3) |
| | Likelihood: | | Possible (3) |
| | | | |
| Overall Risk Rating: High | | | |

| Control Assurance | | | | | | |
|-------------------|--------------------|--------------|----------|------------|-------|---------------------------|
| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
| IT/P | Yes | Yes | Yes | Partial | Yes | Within budget constraints |
| IT/P | Yes | Yes | Yes | Yes | Yes | |
| IT/P | Yes | Yes | Yes | Yes | Yes | UPS needs to be updated |
| IT/P | Partial | Yes | Yes | Partial | Yes | |
| IT/P | Yes | Yes | Yes | Yes | Yes | |
| | | | | | | |
| | | | | | | |

| Status of Actions | Comments |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete | IT Security Plan drafted and presented to Risk and OSH Working Group for feedback. Reconfiguration of firewalls, internet access, virus control undertaken. |
| Complete | A new process has been documented to ensure passwords are changed regularly. |
| Complete | The server structure has been reconfigured and levels of access introduced. |
| Complete | Focus Networks engaged as new IT support provider. |
| In Progress | Works commenced to provide fibre connections to Administration, Museum and Depot |
| Complete | |
| Complete | |
| Complete | |
| Ongoing | Can be accessed by anyone with a master key. Conduct risk assessment to see whether measures are suitable |
| Complete | Servers upgraded prior to Altus Procurement and ECM changeover |
| Ongoing | Last Disaster Recovery testing session conducted 26 August 2022. Altus products unable to be tested in the sandpit environment. Further testing to be scheduled as these need to be conducted in the live environment |
| Ongoing | Has been done. Redundant services still to be removed. Consider this as part of the risk assessment for the server room to remedy all defects. |
| In Progress | Contractor management meetings held with IT Vision to work to improve service. Alternative providers for support being sought |
| | |

Misconduct

Nov-22

Intentional activities intended to circumvent the Code of Conduct or activities in excess of authority, which circumvent endorsed policies, procedures or delegated authority.

This would include instances of:

- Relevant authorisations not obtained.
- Distributing confidential information.
- Accessing systems and / or applications without correct authority to do so.
- Misrepresenting data in reports.
- Theft by an employee
- Inappropriate use of plant, equipment or machinery
- Inappropriate use of social media.
- Inappropriate behaviour at work.
- Purposeful sabotage

This does not include instances where it was not an intentional breach - refer Errors, Omissions or Delays.

Potential causes include:

| | |
|-----------------------------------------------------------|--------------------------------------------------|
| Inadequate training of code of conduct \ induction | Greed, gambling or sense of entitlement |
| Changing of job roles and functions/authorities | Collusion between internal & external parties |
| Delegated authority process inadequately implemented | Password sharing |
| Lack of internal checks | Low level of Supervisor or Management oversight |
| Covering up poor work performance | Believe they'll get away with it |
| Poor enforcement of policies and procedures | Undue influence from Manager / Councillor |
| Information leaked to Tenderers during the Tender process | Poor work culture |
| Insubordination | By-passing established administrative procedures |
| Disgruntled employees | Sharing of confidential information |

| Key Controls | Type | Date | Rating |
|-----------------------------------------------------------|--------------|--------|------------|
| Delegated authority framework | Preventative | Nov-22 | Effective |
| IT Security Framework | Preventative | Nov-22 | Adequate |
| Cash handling procedures | Preventative | Nov-22 | Adequate |
| Staff on-boarding / induction program (Code of Conduct) | Preventative | Nov-22 | Effective |
| External Audits | Preventative | Nov-22 | Effective |
| Police clearances | Preventative | Nov-22 | Effective |
| Annual drivers licence checks | Preventative | Nov-22 | Inadequate |
| Strong management culture (Zero tolerance for misconduct) | Preventative | Nov-22 | Effective |
| Social Media policy | Preventative | Nov-22 | Effective |
| Segregation of duties (Financial) | Preventative | Nov-22 | Adequate |
| | | | |
| Overall Control Ratings: | | | Effective |

| Actions | Due Date | Responsibility |
|-------------------------------------------------------------------------------------------------------------|----------|----------------|
| Develop an IT Security Framework | Jan-18 | IT/P |
| Review and document cash handling procedures for implementation at all Shire outstations and administration | Jun-18 | FM |
| Develop and implement a procedure for disciplining employees | Jun-18 | EMCCS |
| Develop and implement a procedure for grievance resolution | Jun-18 | EMCCS |

| Control Assurance | | | | | | |
|-------------------|--------------------|--------------|----------|------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
| EMCCS | Yes | Yes | Yes | Yes | Yes | Review based upon OAG recommendations |
| IT/P | Yes | Partial | Yes | Yes | Yes | |
| FM | Yes | Yes | Yes | Yes | Partial | CCTV installed over cash handling areas |
| EMCCS | Yes | Partial | Yes | Yes | Yes | Induction manual to be finalised and training undertaken |
| EMCCS | Yes | Yes | Yes | Yes | Yes | |
| ESOCCS | Yes | Yes | Yes | Yes | Yes | Request for police clearances prior to confirmation of employment. Employee files reviewed and additional police clearance requested where required. |
| ESOCCS | Yes | Yes | Yes | Yes | Yes | Undertaken July 2017, annual declaration asks for this |
| CEO | Yes | Yes | Yes | Yes | Yes | Induction for all staff regarding Code of Conduct Policy and implementation. Alcohol and Drug Policy adopted. Culture reinforced through email correspondence and in person at staff meetings. |
| CEO | Yes | Yes | Yes | Yes | Yes | FB and Instagram sites launched December 2017 |
| FM | Partial | Partial | Partial | Partial | Partial | Review following OAG feedback |
| | | | | | | |
| | | | | | | |

| Status of Actions | Comments |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ongoing | Under review. Definitive training to be incorporated with Payroll officer. Part A and B to be represented. |
| Ongoing | To be completed for Council Adoption in December every year. Last conducted OCM Dec 2021 Resolution 051221 |
| Complete | Reviewed and adopted by Council November 2017 OCM. The server structure has been reconfigured and levels of access introduced. Passwords are changed regularly. Firewalls installed. |
| Complete | Cash handling procedures developed and implemented. CCTV cameras installed at all cash handling |

| | | |
|------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| Develop a Fraud and Corruption Framework for review every 2-years | Ongoing | EMCCS |
| Review user access to SynergySoft | Complete | IT/P-/EMG |
| Review stocktaking procedures for minor plant and equipment, portable and attractive | Jun-23 | FM |
| Complete Employee Induction Manual | Ongoing | EMCCS |
| Review Delegation Authority Register to ensure details of sub-delegations are accurate | Ongoing | AGC |
| Undertake training for all staff on HR policies and procedures | Ongoing | EMCCS |
| Develop and implement an annual staff training program that includes refresher training in HR policies and procedures. | Ongoing | EMCCS |
| Review cash handling procedures for outstations | Dec-23 | FM |
| Develop and implement a periodic fraud awareness training program for all staff | Ongoing | EMCCS |
| Declarations of conflict of interest when staff attend meetings with contractors where | Ongoing | EMIDS |
| Review of purchasing segregation and delegations after receipt of OAG Management | Jun-23 | ELT |
| Need to confirm validity of driver licences with implicated employees | Annual | EMCCS |

| Consequence Category | Risk Ratings | Rating |
|----------------------|-----------------------|--------------|
| Reputation / Finance | Consequence: | Minor (2) |
| | Likelihood: | Possible (3) |
| | Overall Risk Ratings: | Moderate |

| | |
|-------------|---------------------------------------------------------------------------------------------------------|
| Complete | Approved April 2018 following consultation and distributed to all staff. |
| Complete | Approved April 2018 following consultation and distributed to all staff. |
| Ongoing | Marg Hemsley from LG People to undertake training on 6 March 2019. To be included in annual |
| In Progress | Incomplete. Work has recommenced on this. |
| In Progress | Cash handling refresher updated planned for Containers for Change, Museum, Visitor Centre, Pool and |
| Complete | |
| Ongoing | Review being conducted currently. Delayed due to unexpected leave of responsible officer |
| Complete | Fraud and Corruption Framework adopted by Council at its December 22 OCM Resolution 141222 |
| Not started | To be scheduled for 2023 as part of HR Leadership Training |
| In Progress | This needs to be workshopped to see how it can be implemented at the Shire. |
| In Progress | EMCCS to meet with Mundaring to review their practices as recommended by OAG. Solutions will also |
| Ongoing | Officers to review whether Altus Payroll can record and issue notices for annual review. Currently this |

Project / Change management

Mar-23

Risk Context

Inadequate analysis, design, delivery and / or status reporting of change initiatives, resulting in additional expenses, time delays or scope changes.

This includes:

-Inadequate change management framework to manage and monitor change activities.

-Inadequate understanding of the impact of project change on the business.

-Failures in the transition of projects into standard operations.

-Failure to implement new systems

-Inadequate handover process

This does not include new plant & equipment purchases. Refer "Inadequate Asset Sustainability Practices"

Potential causes include:

Lack of communication and consultation

Excessive growth (too many projects)

Lack of investment

Inadequate monitoring and review

Failures of project Vendors/Contractors

Geographic or transport difficulties sourcing equipment / materials

External consultants underquoting on costs

Lack of project methodology knowledge and reporting requirements

Ineffective management of expectations (scope creep)

Project risks not managed effectively

Inadequate project planning (resources/budget)

| Key Controls | Type | Date | Rating |
|-----------------------------------------------------------|--------------|--------|------------|
| Project Management Methodology | Preventative | Mar-23 | Adequate |
| Status reporting and monitoring program | Preventative | Mar-23 | Inadequate |
| Stakeholder engagement policy and framework | Preventative | Mar-23 | Adequate |
| Council submission process (including Risk) | Preventative | Mar-23 | Adequate |
| Post-project debriefs | Preventative | Mar-23 | Inadequate |
| Risk assessments are conducted before and during projects | Preventative | Mar-23 | Inadequate |
| Project Management Teams | Preventative | Jan-00 | Adequate |
| | | | |
| Overall Control Ratings: | | | Adequate |

| Actions | Due Date | Responsibility |
|----------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|
| Project Planning Template (including risk assessment) is developed and distributed to | Feb-18 | EMIDS |
| Provide staff training regarding risk implications for inclusion in agenda reports. | Mar-18 | EMCCS |
| Conduct Project Management Training for relevant staff | Jun-18 | Relevant staff |
| Project plans including milestones, reporting, stakeholder engagement, risk assessment and formal debriefs are documented for projects | Jun-19 | Relevant staff |
| Undertake staff training to include amendments to Procurement Policy and new Procurement Manual | Dec-19 | EMCCS |
| Incorporate review of grants register into quarterly FACR processes | Superseded | FM |
| Review Project Management processes and develop checklist | Complete | EMIDS |
| Develop and implement procedures around Grants Management | Jun-23 | FM/EMIDS |
| Consider grants management as part of the new Government Frameworks package | Jun-23 | ELT |
| Implement the new contractor/project management procedures and forms and train all | Jun-23 | EMIDS |
| Financial risk in completing projects in time to acquit against grants | Dec-23 | EMIDS |

| Consequence Category | Risk Ratings | Rating |
|-----------------------------------|-----------------------|--------------|
| Financial / Reputational / Health | Consequence: | Minor (2) |
| | Likelihood: | Possible (3) |
| | Overall Risk Ratings: | Moderate |

| Control Assurance | | | | | | |
|-------------------|--------------------|--------------|----------|------------|---------|-----------------------------------------------------------------------------|
| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
| EMIDS | Yes | Yes | Yes | Yes | Yes | |
| EMIDS | Partial | Yes | Partial | Partial | Yes | Procurement Review to be undertaken |
| CEO | Yes | Yes | Yes | Yes | Yes | Policy G2.9 Community Engagement & Consultation adopted by Council 24/10/16 |
| EMCCS | Yes | Partial | Yes | Yes | Yes | Agenda template includes consideration of Risk Implications. Training |
| EMIDS | No | Partial | Partial | Partial | Partial | Informal only |
| EMIDS | Yes | Partial | Yes | Partial | No | Procurement Review |
| EMIDS | | | | | | Training planned, education on process and methodology |

| Status of Actions | Comments |
|-------------------|--------------------------------------------------------------------------------------------------------------|
| Complete | Risk tables distributed to all staff. Agenda writing workshops conducted where elements of the agenda |
| Complete | Project management training provided to relevant staff. |
| In progress | Project plan developed. To be distributed to all staff. |
| Complete | Project management training provided to relevant staff. |
| Complete | |
| Incomplete | Review existing and incorporate into project procedures |
| New | Examine the new Government Frameworks ERP to include grant management and reporting similar to |
| Incomplete | This process has not been conducted. New process to be developed for regular review as the FACR |
| Complete | EMIDS has produced contractor management suite of information and has provided to the OAG as per |
| In Progress | Training has been conducted with all relevant staff. Refresher training to be scheduled in 23/24 |
| In progress | Project spreadsheet captures grant spending and reports in a dashboard to highlight risk. Will be rolled out |

Safety and Security practices**Mar-23****Risk Context**

Non-compliance with the Work Health and Safety Act, associated regulations and standards. It is also the inability to ensure the physical security requirements of staff, contractors and visitors. Other considerations are negligence or carelessness.

Potential causes include:

| | |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Lack of appropriate PPE / equipment | Inadequate signage, barriers or other exclusion techniques |
| Inadequate first aid supplies or trained first aiders | Poor storage and use of dangerous goods |
| Inadequate security protection measures in place for buildings, depots and other places of work | Ineffective / inadequate testing, sampling or other health-related requirements |
| Inadequate or unsafe modifications to plant & equipment | Lack of mandate and commitment from senior management |
| Inadequate policy, frameworks, systems and structure to prevent the injury of visitors, staff, contractors and/or tenants. | Inadequate organisational Emergency Management requirements (evacuation diagrams, drills, wardens etc.). |
| Inadequate supervision, training or mentoring of staff | Slow or inadequate response to notifications from public |

| Key Controls | Type | Date | Rating |
|------------------------------------------------------------------------|--------------|--------|------------|
| Building Security access controls (alarms, CCTV, keypad access) | Preventative | Mar-23 | Adequate |
| WHS Management Framework | Preventative | Mar-23 | Adequate |
| Contractor site inductions | Preventative | Mar-23 | Effective |
| Staff site inductions | Preventative | Mar-23 | Effective |
| Drug and alcohol policy | Preventative | Mar-23 | Effective |
| Employee Assistance Program | Preventative | Mar-23 | Adequate |
| Hazardous Substance and Dangerous Goods registers | Preventative | Mar-23 | Inadequate |
| Health and Wellbeing program | Preventative | Mar-23 | Adequate |
| Incident register / incident reporting procedures | Preventative | Mar-23 | Effective |
| Organisational Emergency Management Plan and evacuation diagrams | Preventative | Mar-23 | Inadequate |
| Purchasing policies and procedures consider safety issues | Preventative | Mar-23 | Adequate |
| Regular documented safety inspections | Preventative | Mar-23 | Effective |
| Safe work practices (Safe Work Method Statements) | Preventative | Mar-23 | Adequate |
| Toolbox meetings | Preventative | Mar-23 | Effective |
| Trained first aiders | Preventative | Mar-23 | Effective |
| Return to work programs | Recovery | Mar-23 | Adequate |
| Establish WHS Committee | Preventative | Mar-23 | Adequate |
| Embed safety procedures and policies into project management framework | Preventative | Mar-23 | Inadequate |
| Defib training | Preventative | Mar-23 | Adequate |

Overall Control Ratings:**Adequate**

| Actions | Due Date | Responsibility |
|-----------------------------------------------------------------------------------|------------|----------------|
| Establish procedures in liaison with LGIS for EAP | Jan-18 | EMCCS |
| Update Hazardous Substance and Dangerous Goods Register | Mar-18 | DAO |
| Develop procedures for the implementation of the Alcohol & Other Drugs Policy | Complete | EMCCS / OSH |
| Develop and implement a Grievance, Bullying and Harassment resolution procedure | Jun-18 | EMCCS |
| Undertake training in HR policies | Superseded | EMCCS |
| Implement the recommendations of the Emergency Exercise report | Jun-19 | TSO |
| Implement action plan incorporating results of OSH Audit | Complete | TSO |
| Review Safety Wardens at outstations and provide training | Ongoing | ESO/EMDS |
| Seek quotes for new YRCC and Gym access and arrange installation | Complete | IT/PRM |
| Update procedure to reflect LGIS requirements for fire ground attendance | Dec-22 | EMDS/ESO |
| Clarification from LGIS on private vehicle attendance to a fire ground | Dec-22 | EMDS/ESO |
| Adopt the WHS Policy and Safety Manuals for staff | Jun-23 | EMDS/EMCCS |
| Undertake training in WHS policies | Ongoing | EMDS/EMCCS |
| CCTV to be installed at all buildings | Jun-23 | IT/PRM |
| Update Evacuation Plans for the Depot to include new security gates and undertake | Jun-23 | EMDS |
| Access register to be developed and maintained for Depot | Ongoing | OAO |
| MSDS for Depot missing - sheets and register to be updated | Jun-23 | EMDS/ESO |

Control Assurance

| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
|---------------|--------------------|--------------|----------|------------|---------|-------------------------------------------------------------------|
| IT/P | Yes | Yes | Yes | Yes | Partial | |
| DSC | Partial | Partial | Partial | Partial | | ongoing |
| EMDS | Partial | Yes | Yes | Yes | | |
| EMDS | Yes | Yes | Yes | Yes | | |
| EMCCS | Yes | Partial | Partial | Partial | Yes | |
| EMCCS | Yes | Partial | Partial | Yes | Yes | Communication |
| DAO | Partial | Partial | Partial | Partial | Yes | |
| EMCCS | Partial | Yes | Yes | Yes | Yes | Through LGIS Awareness |
| DSC | Yes | Yes | Yes | Yes | Yes | ongoing as incident's happen |
| DSC | Yes | Partial | Partial | Yes | Yes | ongoing at the moment |
| EMCCS | Yes | Yes | Partial | Partial | Yes | Does the purchase order need to be enhanced to capture conditions |
| DSC | Yes | Yes | Yes | Partial | Yes | Undertaken in January 2019 |
| WS | Partial | Partial | Partial | Yes | Yes | |
| WS | Yes | Yes | Yes | Yes | Yes | |
| ESOCSS | Yes | Yes | Yes | Yes | Yes | |
| IT/P | Partial | No | No | Partial | Partial | |
| DSC | | | | | | |
| | | | | | | Training, process |

Status of Actions**Comments**

| Status of Actions | Comments |
|-------------------|------------------------------------------------------------------------------------------------------|
| Complete | Support provided on a case by case basis. Employees are recommend to the service when required |
| Complete | |
| Incomplete | Minor CCTV instalments have occurred. Shire to develop a strategy for use to understand the desired |
| Complete | Approved April 2018 following consultation and distributed to all staff. |
| Complete | Amalgamated with later training item |
| Closed | Now out of date. Replaced by regular audits and emergency evacuation item below. |
| In Progress | Work being undertaken by contractor currently |
| Ongoing | Sign in board for staff and visitor log for others - ongoing as the document is live |
| In Progress | Being completed along with evacuation training |
| Complete | New project in place to replace existing hardware. |
| In Progress | Update to reference new legislation. Safety inductions updated and rolled out for all staff. New |
| Ongoing | A training schedule is being prepared for 2022/23 to capture all of our training needs including HR |
| Complete | To be replaced by regular inspections. Hazards will be captured on register. Contact Worksafe to see |
| Complete | Policy adopted 18/09/17 Procedures in place. Two random tests conducted to date. |
| In progress | MSDS file has been located but sheets need updating. |
| In progress | Budget allocation made for 22/23. Toggle entry access upgraded to Administration building. Other |
| In progress | Still a risk. Key positions are being filled before Evacuation testing can occur at all facilities. |

| | | |
|------------------------------------------------------------------------|---------|-----------|
| Undertake access and alarm upgrades at Administration, YRCC and Museum | Jun-24 | EMIDS |
| Undertake Emergency Evacuation testing at all facilities | Dec-23 | EMIDS |
| Front counter replacement to consider upgraded security measures | Jun-23 | EMIDS |
| Mechanism for flagging aggressive customers and properties. | Jun-23 | ELT |
| Bushfire volunteer safety inductions and training | Ongoing | EMIDS ESO |
| Continue to embed safety practices and processes into project work | Jun-23 | EMIDS |

| Consequence Category | Risk Ratings | Rating |
|----------------------|-----------------------|--------------|
| Health | Consequence: | Moderate (3) |
| | Likelihood: | Possible (3) |
| | Overall Risk Ratings: | Moderate |

| | |
|-------------|-------------------------------------------------------------------------------------------------------------------|
| In progress | To be considered as part of the refurbishment project |
| In progress | Clear training schedules for march 2024 in dealing with aggressive customers. Discussed at WHS Working Group that |
| In progress | Good progress will be shared to all front facing teams to deal them to possible threats. ACO to develop procedure |
| Complete | Good progress to be shared to all front facing teams to deal them to possible threats. ACO to develop procedure |
| Complete | |
| Ongoing | |

Note: This list is exhaustive of all WHS actions as further items are reported through the WHS Working Group

Supplier / Contract management**Mar-23****Risk Context**

Inadequate management of external Suppliers, Contractors, IT Vendors or Consultants engaged for core operations. This includes issues that arise from the ongoing supply of services or failures in contract management & monitoring processes.

This also includes:

- Concentration issues (contracts awarded to one supplier)
- Vendor sustainability

Potential causes include:

| | |
|-----------------------------------------|----------------------------------------------|
| Insufficient funding | Inadequate contract management practices |
| Complexity and quantity of work | Ineffective monitoring of deliverables |
| Suppliers not willing to provide quotes | Limited availability of suppliers |
| Inadequate tendering process | Lack of planning and clarity of requirements |
| Contracts not renewed on time | Historical contracts remaining |

| Key Controls | Type | Date | Rating |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|------------|
| Strict procurement / tender processes | Preventative | Mar-23 | Adequate |
| Contract management and review program | Preventative | Mar-23 | Adequate |
| Regular supplier / contractor review meetings | Preventative | Mar-23 | Adequate |
| Legal advice (to confirm correct drafting of documentation and to prevent unknowingly accepting liability of the contractor or other parties) | Preventative | Mar-23 | Effective |
| Contractor Online Induction | Preventative | Mar-23 | Effective |
| Contract/Project Management Process | Preventative | Mar-23 | Inadequate |

Overall Control Ratings: Adequate

| Actions | Due Date | Responsibility |
|---------------------------------------------------------------------------------------|----------|----------------|
| Adjust Purchase Order Form to provide space for details of quotations sought. | Sep-17 | FM |
| Meet with individual business units to provide further training on procurement policy | Sep-17 | EMCCS |
| Review Delegation DE5-1 to remove delegation not to invite tenders | Dec-17 | EMCCS |
| Establish a register of contracts. | Complete | EMIDS |
| Provide contractor induction training | Complete | TSO |
| Develop Statement of Business Ethics | Complete | EMCCS |
| Develop and implement a process for progress reporting on Shire contracts | Complete | EMIDS |
| Implement procedures for online contractor inductions | Complete | TSO |
| Purchase orders need review to include terms and conditions to form a more | Jun-23 | FM |
| Seek explanations for non-compliance and provide information on PO before | Ongoing | ELT |
| Implement regular monitoring of contracts register | Ongoing | EMIDS |
| Contractor Management Procedures | Ongoing | EMIDS |

| Consequence Category | Risk Ratings | Rating |
|---------------------------------|----------------------|--------------|
| Service Interruption, Financial | Consequence: | Moderate (3) |
| | Likelihood: | Probable (4) |
| | Overall Risk Rating: | Moderate |

Control Assurance

| Control Owner | Control Documented | Completeness | Accuracy | Timeliness | Fraud | Comments |
|---------------|--------------------|--------------|----------|------------|---------|-------------------------------------------------------------------------------------------------------------|
| EMCCS | Yes | Yes | Yes | Partial | Yes | Procurement Policy in place and implemented. Tender documentation using WALGA templates. Procurement Review |
| EMIDS | Partial | Partial | Yes | Yes | Yes | Procurement Review |
| EMIDS | Yes | Yes | Partial | Yes | Partial | As required. No formal process. |
| EMIDS | Yes | Yes | Yes | Yes | Yes | WALGA templates are used. |
| | | | | | | Investigated next week |
| | | | | | | |
| | | | | | | |

| Status of Actions | Comments |
|-------------------|----------------------------------------------------------------------------------------------------------------------|
| Complete | EMCCS and FM have attended meetings with each business unit to answer questions and clarify the procurement process. |
| Annual | Completed last year. All officers trained in new Altus procurement and refresher. Add to training roster. |
| Ongoing | Authorising officers seek information from purchasing officers. Delegation removed by Council at November 2017 OCM |
| Complete | |
| Ongoing | Register established. Contract dates being reviewed. Quotations sought for building services. Formal |
| Complete | Adopted by Council 29 July 2019. Available to public on Shire Webpage |
| Ongoing | This practice has been embedded now. Non-compliance is reduced by the new Altus Procurement |
| Ongoing | Damstra/Velpic system rolled out to all contractors who attend Shire premises and is followed up with |
| Complete | Contract register complete and in use |
| Ongoing | To amalgamate with contractor management procedures |
| Ongoing | EMIDS has produced contractor management suite of information and has provided to the OAG as per |
| In Progress | Reference material available. Workshop to be undertaken to ascertain draft. Lawyer to complete T&Cs |

9.3 COMPLIANCE AUDIT RETURN 2022

| | |
|-----------------------------------|---------------------------------------------------------------|
| File Number: | 4.4175 |
| Author: | Vanessa Green, Council & Executive Support Officer |
| Authoriser: | Chris Linnell, Chief Executive Officer |
| Previously before Council: | Not Applicable |
| Disclosure of Interest: | Nil |
| Appendices: | 1. Compliance Audit Return ↓ |

NATURE OF COUNCIL'S ROLE IN THE MATTER

Legislative

PURPOSE OF REPORT

This report presents the Compliance Audit Return (CAR) 2022 for the Audit and Risk Committee's (the Committee) consideration and recommendation to Council.

BACKGROUND

Western Australian local governments are required to complete a CAR annually and submit it to the Department of Local Government, Sport and Cultural Industries (DLGSC) in accordance with the requirements of the *Local Government (Audit) Regulations 1996*, in relation to activities undertaken by the local authority in the preceding calendar year.

The CAR is a checklist of a local government's compliance with the requirements of the *Local Government Act 1995* (the Act) and its Regulations. The 2022 CAR content focuses on areas considered high risk. It examines whether the Council has complied with each action listed on the return under the following activities:

1. Commercial Enterprises (five (5) audit questions)
2. Delegation of Power (thirteen (13) audit questions)
3. Disclosure of Interest (twenty-one (21) audit questions)
4. Disposal of Property (two (2) audit questions)
5. Elections (three (3) audit questions)
6. Finance (seven (7) audit questions)
7. Integrated Planning and Reporting (three (3) audit questions)
8. Local Government Employees (five (5) audit questions)
9. Official Conduct (four (4) audit questions)
10. Optional Questions (nine (9) audit questions)
11. Tenders (twenty-two (22) audit questions)

The audit questions are specific in nature and require a yes/no/NA response. Officers have provided further comment where appropriate.

The CAR covers the period 1 January 2022 to 31 December 2022 and is presented in Appendix 1.

COMMENTS AND DETAILS

The completed 2022 CAR is required to be:

1. Presented for review by the Committee before being presented for consideration and adoption by Council
2. Returned to the DLGSC with a copy of the relevant Committee and Council Minutes by 31 March 2023

The CAR has been undertaken as an internal audit, sourcing evidence of compliance through the Shire's record keeping systems and where required, through additional information held within respective sections of the organisation.

A summary of areas reviewed as part of the 2022 CAR is provided below:

| Audit Focus | Comment |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Commercial Enterprises | No major trading activities were undertaken during the reporting period |
| Delegation of Power | No areas of non-compliance were identified |
| Disclosure of Interest | No areas of non-compliance were identified |
| Disposal of Property | No areas of non-compliance were identified |
| Elections | No elections were held during the reporting period |
| Finance | The Office of the Auditor General was not able to provide a copy of the financial/auditors report by 31 December 2022 |
| Integrated Planning and Reporting | The Committee will note the comment in relation to the vote via Absolute Majority |
| Local Government Employees | No areas of non-compliance were identified |
| Official Conduct | No areas of non-compliance were identified |
| Optional Questions | The Committee will note the comment in relation to consolidated versions of the Shire's Local Laws |
| Tenders | No areas of non-compliance were identified |

OPTIONS

The Committee has the following options:

- Option 1:** The Committee could choose not to recommend acceptance of the CAR and request changes be made to the document prior to submission. Noting that the CAR is required to be presented to the Committee and Council prior to submission to the DLGSC by 31 March 2023.
- Option 2:** The Committee could choose to recommend Council accept the CAR and submit it to the DLGSC by 31 March 2023.

Option 2 is the recommended option.

IMPLICATIONS TO CONSIDER

Consultative

Executive Leadership Team

Other Officers as required

Strategic

Strategic Community Plan 2020-2030

Goal 5: Strong Leadership and Governance

To have effective and responsive leadership and governance, where a sense of collective purpose and shared direction combine to work together.

Policy Related

G19 Risk Assessment and Management

G20 Legislative Compliance

O6 Internal Controls

Financial

Nil

Legal and Statutory

Regulations 14 and 15 of the *Local Government (Audit) Regulations 1996* are applicable and state:

“14. Compliance audits by local governments

- (1) *A local government is to carry out a compliance audit for the period 1 January to 31 December in each year.*
- (2) *After carrying out a compliance audit the local government is to prepare a compliance audit return in a form approved by the Minister.*
- (3A) *The local government’s audit committee is to review the compliance audit return and is to report to the council the results of that review.*
- (3) *After the audit committee has reported to the council under subregulation (3A), the compliance audit return is to be —*
 - (a) *presented to the council at a meeting of the council; and*
 - (b) *adopted by the council; and*
 - (c) *recorded in the minutes of the meeting at which it is adopted.*

15. Certified copy of compliance audit return and other documents to be given to Departmental CEO

- (1) *After the compliance audit return has been presented to the council in accordance with regulation 14(3) a certified copy of the return together with —*
 - (a) *a copy of the relevant section of the minutes referred to in regulation 14(3)(c); and*
 - (b) *any additional information explaining or qualifying the compliance audit,**is to be submitted to the Departmental CEO by 31 March next following the period to which the return relates.*
- (2) *In this regulation —*

certified *in relation to a compliance audit return means signed by —*

 - (a) *the mayor or president; and*
 - (b) *the CEO.”*

Risk Related

The requirement to lodge an adopted CAR with the DLGSC is a legislative requirement. Failure to do so exposes Council to significant risk. This report and its appendices mitigate this risk.

Workforce

The CAR has been completed in-house within existing resources.

VOTING REQUIREMENTS**Absolute Majority: No***At 3:56 pm, Cr Denis Warnick entered the meeting.***COMMITTEE RECOMMENDATION****Moved: Cr Kevin Trent****Seconded: Mr Peter Carden****That, with regard to the Compliance Audit Return 2022, the Audit and Risk Committee recommends that Council:**

- 1. Resolves to adopt the completed 2022 Compliance Audit Return, as presented in Appendix 1, for certification by the Shire President and the Chief Executive Officer in accordance with Regulation 15(2) of the *Local Government (Audit) Regulations 1996*.**
- 2. Requests the Chief Executive Officer to submit the 2022 Compliance Audit Return to the Departmental CEO of the Department of Local Government, Sport and Cultural Industries prior to 31 March 2023 in accordance with Regulation 15(1) of the *Local Government (Audit) Regulations 1996*.**

CARRIED: 5/0

3/16/23, 8:27 AM

Compliance Audit Return Form · Starter Portal

[Home \(/\)](#) / [Compliance Audit Return \(/CAR/\)](#) / **Compliance Audit Return Form**

Compliance Audit Return Form

| |
|--------------------------|
| Start ✓ |
| Details ✓ |
| Commercial Enterprises ✓ |
| Delegation ✓ |
| Disclosure of Interest ✓ |
| Disposal of Property ✓ |
| Elections ✓ |
| Finance ✓ |
| IPR ✓ |
| Employees ✓ |
| Conduct ✓ |
| Other ✓ |
| Tenders ✓ |
| Documents ✓ |
| Review |

Finalise

[Print](#)

Details

Local Government

York, Shire of

Created By

Vanessa Green

Year of Return

2022

<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

1/24

3/16/23, 8:27 AM

Compliance Audit Return Form · Starter Portal

Status

Draft

Commercial Enterprises by Local Governments

1. Has the local government prepared a business plan for each major trading undertaking that was not exempt in 2022? *

N/A

☒ Add comments**Please enter comments ***

No major trading activities were undertaken during the reporting period

2. Has the local government prepared a business plan for each major land transaction that was not exempt in 2022? *

N/A

☒ Add comments**Please enter comments ***

No major land transactions were undertaken during the reporting period

3. Has the local government prepared a business plan before entering into each land transaction that was preparatory to entry into a major land transaction in 2022? *

N/A

☐ Add comments

—

4. Has the local government complied with public notice and publishing requirements for each proposal to commence a major trading undertaking or enter into a major land transaction or a land transaction that is preparatory to a major land transaction for 2022? *

N/A

☐ Add comments

—

<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

2/24

3/16/23, 8:27 AM

Compliance Audit Return Form · Starter Portal

5. During 2022, did the council resolve to proceed with each major land transaction or trading undertaking by absolute majority? *

N/A

☐ Add comments

—

Delegation of Power/Duty

1. Were all delegations to committees resolved by absolute majority? *

N/A

☒ Add comments

Please enter comments *

No Committee has delegated authority

2. Were all delegations to committees in writing? *

N/A

☒ Add comments

Please enter comments *

No Committee has delegated authority

3. Were all delegations to committees within the limits specified in section 5.17 of the Local Government Act 1995? *

N/A

☒ Add comments

Please enter comments *

No Committee has delegated authority

4. Were all delegations to committees recorded in a register of delegations? *

N/A

☒ Add comments<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

3/24

3/16/23, 8:27 AM

Compliance Audit Return Form · Starter Portal

Please enter comments *

No Committee has delegated authority

5. Has council reviewed delegations to its committees in the 2021/2022 financial year? *

N/A

☒ **Add comments****Please enter comments ***

No Committee has delegated authority

6. Did the powers and duties delegated to the CEO exclude those listed in section 5.43 of the Local Government Act 1995? *

Yes

☐ **Add comments**

—

7. Were all delegations to the CEO resolved by an absolute majority? *

Yes

☐ **Add comments**

—

8. Were all delegations to the CEO in writing? *

Yes

☐ **Add comments**

—

<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

4/24

3/16/23, 8:27 AM

Compliance Audit Return Form · Starter Portal

9. Were all delegations by the CEO to any employee in writing? *

Yes

☐ Add comments

—

10. Were all decisions by the Council to amend or revoke a delegation made by absolute majority? *

Yes

☐ Add comments

—

11. Has the CEO kept a register of all delegations made under Division 4 of the Local Government Act 1995 to the CEO and to employees? *

Yes

☐ Add comments

—

12. Were all delegations made under Division 4 of the Act reviewed by the delegator at least once during the 2020/2021 financial year? *

Yes

☒ Add comments**Please enter comments ***

Delegations reviewed December 2021 Item SY157-12/21 Resolution 051221

13. Did all persons exercising a delegated power or duty under the Local Government Act 1995 keep, on all occasions, a written record in accordance with Local Government (Administration) Regulations 1996 regulation 19? *

Yes

☐ Add comments<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

5/24

3/16/23, 8:27 AM

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Disclosure of Interest

1. Where a council member disclosed an interest in a matter and did not have participation approval under sections 5.68 or 5.69 of the Local Government Act 1995, did the council member ensure that they did not remain present to participate in discussion or decision making relating to the matter? *

Yes

☐ Add comments

2. Were all decisions regarding participation approval, including the extent of participation allowed and, where relevant, the information required by the Local Government (Administration) Regulations 1996 regulation 21A, recorded in the minutes of the relevant council or committee meeting? *

N/A

☒ Add comments

Please enter comments *

Council were not required to approve a participation request

3. Were disclosures under sections 5.65, 5.70 or 5.71A(3) of the Local Government Act 1995 recorded in the minutes of the meeting at which the disclosures were made? *

Yes

☐ Add comments

4. Was a primary return in the prescribed form lodged by all relevant persons within three months of their start day? *

Yes

☐ Add comments

<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

6/24

3/16/23, 8:27 AM

Compliance Audit Return Form · Starter Portal

—

5. Was an annual return in the prescribed form lodged by all relevant persons by 31 August 2022? *

Yes

☐ Add comments

—

6. On receipt of a primary or annual return, did the CEO, or the mayor/president, give written acknowledgment of having received the return? *

Yes

☐ Add comments

—

7. Did the CEO keep a register of financial interests which contained the returns lodged under sections 5.75 and 5.76 of the Local Government Act 1995? *

Yes

☐ Add comments

—

8. Did the CEO keep a register of financial interests which contained a record of disclosures made under sections 5.65, 5.70, 5.71 and 5.71A of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28? *

Yes

☐ Add comments

—

<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

7/24

3/16/23, 8:27 AM

Compliance Audit Return Form · Starter Portal

9. When a person ceased to be a person required to lodge a return under sections 5.75 and 5.76 of the Local Government Act 1995, did the CEO remove from the register all returns relating to that person? *

Yes

☐ Add comments

—

10. Have all returns removed from the register in accordance with section 5.88(3) of the Local Government Act 1995 been kept for a period of at least five years after the person who lodged the return(s) ceased to be a person required to lodge a return? *

Yes

☐ Add comments

—

11. Did the CEO keep a register of gifts which contained a record of disclosures made under sections 5.87A and 5.87B of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28A? *

Yes

☐ Add comments

—

12. Did the CEO publish an up-to-date version of the gift register on the local government's website? *

Yes

☒ Add comments**Please enter comments ***<https://www.york.wa.gov.au/gift-and-travel-register.aspx>

13. When people cease to be a person who is required to make a disclosure under section 5.87A or 5.87B of the Local Government Act 1995, did the CEO remove from the register all records relating to those people? *

N/A

☒ Add comments<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

8/24

3/16/23, 8:27 AM

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Please enter comments *

No person ceased to be a relevant person during the reporting period

14. Have copies of all records removed from the register under section 5.89A(6) Local Government Act 1995 been kept for a period of at least five years after the person ceases to be a person required to make a disclosure? *

Yes

☐ Add comments

—

15. Where an employee had an interest in any matter in respect of which the employee provided advice or a report directly to council or a committee, did that person disclose the nature and extent of that interest when giving the advice or report? *

Yes

☐ Add comments

—

16. Where council applied to the Minister to allow the CEO to provide advice or a report to which a disclosure under section 5.71A(1) of the Local Government Act 1995 relates, did the application include details of the nature of the interest disclosed and any other information required by the Minister for the purposes of the application? *

Yes

☐ Add comments

—

17. Was any decision made by the Minister under section 5.71B(6) of the Local Government Act 1995, recorded in the minutes of the council meeting at which the decision was considered? *

Yes

☒ Add comments**Please enter comments ***

Item SY138-12/22 December 2022 Resolution 081222

<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

9/24

3/16/23, 8:27 AM

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18. Did the local government prepare and adopt, by absolute majority, a code of conduct to be observed by council members, committee members and candidates within 3 months of the prescribed model code of conduct coming into operation (3 February 2021)? *

Yes

☒ **Add comments****Please enter comments ***

Adopted July 2021 Resolution 060421, reviewed August 2022 Resolution 150822

19. Did the local government adopt additional requirements in addition to the model code of conduct? If yes, does it comply with section 5.104(3) and (4) of the Local Government Act 1995? *

No

☐ **Add comments**

20. Has the CEO published an up-to-date version of the code of conduct for council members, committee members and candidates on the local government's website? *

Yes

☒ **Add comments****Please enter comments ***<https://www.york.wa.gov.au/plan-build/planning/council-policies.aspx>

21. Has the CEO prepared and implemented a code of conduct to be observed by employees of the local government? *

Yes

☒ **Add comments****Please enter comments ***Policy O8 - <https://www.york.wa.gov.au/plan-build/planning/council-policies.aspx>

Has the CEO published an up-to-date version of the code of conduct for employees on the local government's website? *

Yes

<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

10/24

3/16/23, 8:27 AM

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Disposal of Property

1. Where the local government disposed of property other than by public auction or tender, did it dispose of the property in accordance with section 3.58(3) of the Local Government Act 1995 (unless section 3.58(5) applies)? *

Yes

☒ Add comments

Please enter comments *

Three leases entered into and approved by Council during this period

2. Where the local government disposed of property under section 3.58(3) of the Local Government Act 1995, did it provide details, as prescribed by section 3.58(4), in the required local public notice for each disposal of property? *

Yes

☐ Add comments

—

Elections

1. Did the CEO establish and maintain an electoral gift register and ensure that all disclosure of gifts forms completed by candidates and donors and received by the CEO were placed on the electoral gift register at the time of receipt by the CEO and in a manner that clearly identifies and distinguishes the forms relating to each candidate in accordance with regulation 30G(1) and regulation 30G(2) of the Local Government (Elections) Regulations 1997? *

N/A

☒ Add comments

Please enter comments *

No election held

2. Did the CEO remove any disclosure of gifts forms relating to unsuccessful candidates, or successful candidates that completed their term of office, from the electoral gift register, and retain those forms separately for a period of at least two years in accordance with regulation 30G(4) of the Local Government (Elections) Regulations 1997? *

N/A

☒ Add comments

<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

11/24

3/16/23, 8:27 AM

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Please enter comments *

No election held

3. Did the CEO publish an up-to-date version of the electoral gift register on the local government's official website in accordance with regulation 30G(5) of the Local Government (Elections) Regulations 1997? *

N/A

☒ **Add comments****Please enter comments ***

No election held

Finance

1. Has the local government established an audit committee and appointed members by absolute majority in accordance with section 7.1A of the Local Government Act 1995? *

Yes

☒ **Add comments****Please enter comments ***

November 2021 Item SY144-11/21 Resolution 331121

2. Where the council delegated to its audit committee any powers or duties under Part 7 of the Local Government Act 1995, did it do so by absolute majority? *

N/A

☒ **Add comments****Please enter comments ***

The Committee has no delegated authority

3. Was the auditor's report for the financial year ended 30 June 2022 received by the local government by 31 December 2022? *

No

☒ **Add comments**<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

12/24

3/16/23, 8:27 AM

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Please enter comments *

The Office of the Auditor General was not able to provide a copy of the financial/auditors report by 31 December 2022, as confirmed in email from the OAG dated 14 December 2022

4. Where the local government determined that matters raised in the auditor's report prepared under section 7.9(1) of the Local Government Act 1995 required action to be taken, did the local government ensure that appropriate action was undertaken in respect of those matters? *

N/A

☒ **Add comments****Please enter comments ***

Audit Report not received to enable any matters raised to be addressed

5. Where matters identified as significant were reported in the auditor's report, did the local government prepare a report that stated what action the local government had taken or intended to take with respect to each of those matters? Was a copy of the report given to the Minister within three months of the audit report being received by the local government? *

N/A

☒ **Add comments****Please enter comments ***

Refer above

6. Within 14 days after the local government gave a report to the Minister under section 7.12A(4)(b) of the Local Government Act 1995, did the CEO publish a copy of the report on the local government's official website? *

N/A

☒ **Add comments****FIN-AR-Publish14DaysComments ***

Refer above

7. Was the auditor's report for the financial year ending 30 June 2022 received by the local government within 30 days of completion of the audit? *

N/A

☒ **Add comments**

<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

13/24

3/16/23, 8:27 AM

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Please enter comments *

Refer above

Integrated Planning and Reporting

1. Has the local government adopted by absolute majority a strategic community plan? *

Yes

☒ **Add comments****Please provide the adoption date or the date of the most recent review ***

23/06/2020

Please enter comments *

SCP was adopted in 2020 reporting year Item SY085-06/20 Resolution 060620 *Note* Council report states Absolute Majority not required. However, vote count was an Absolute Majority

2. Has the local government adopted by absolute majority a corporate business plan? *

Yes

☒ **Add comments****Please provide the adoption date or the date of the most recent review ***

25/08/2020

Please enter comments *

CBP was adopted in 2020 reporting year by Absolute Majority Item SY122-08/20 Resolution 060820

3. Does the corporate business plan comply with the requirements of Local Government (Administration) Regulations 1996 19DA(2) & (3)? *

Yes

☐ **Add comments**<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

14/24

3/16/23, 8:27 AM

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Local Government Employees

1. Were all CEO and/or senior employee vacancies advertised in accordance with Local Government (Administration) Regulations 1996, regulation 18A? *

N/A

☒ Add comments

Please enter comments *

An Acting EMCCS role was appointed. However, this was not required to be advertised in accordance with Admin Reg 18A(1)(b) as the contract term was 6 weeks

2. Was all information provided in applications for the position of CEO true and accurate? *

N/A

☒ Add comments

Please enter comments *

No recruitment process was required for selection & appointment of a CEO

3. Was the remuneration and other benefits paid to a CEO on appointment the same remuneration and benefits advertised for the position under section 5.36(4) of the Local Government Act 1995? *

N/A

☒ Add comments

Please enter comments *

No recruitment process was required for selection & appointment of a CEO

4. Did the CEO inform council of each proposal to employ or dismiss senior employee? *

Yes

☒ Add comments

Please enter comments *

The Acting EMCCS role was presented to Council September 2022 SY093-09/22 Resolution 010922

5. Where council rejected a CEO's recommendation to employ or dismiss a senior employee, did it inform the CEO of the reasons for doing so? *

N/A

☒ Add comments

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15/24

3/16/23, 8:27 AM

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Please enter comments *

Council did not reject the CEO's recommendation

Official Conduct

1. Has the local government designated an employee to be its complaints officer? *

Yes

☒ **Add comments****Please enter comments ***

Council appointed the CEO at its February 2021 Meeting SY11-02/21 Resolution 130221

2. Has the complaints officer for the local government maintained a register of complaints which records all complaints that resulted in a finding under section 5.110(2)(a) of the Local Government Act 1995? *

Yes

☐ **Add comments**

—

3. Does the complaints register include all information required by section 5.121(2) of the Local Government Act 1995? *

Yes

☐ **Add comments**

—

4. Has the CEO published an up-to-date version of the register of the complaints on the local government's official website? *

Yes

☒ **Add comments**<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

16/24

3/16/23, 8:27 AM

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Please enter comments *<https://www.york.wa.gov.au/council/your-council/register-of-complaints.aspx>

Other

1. Did the CEO review the appropriateness and effectiveness of the local government's financial management systems and procedures in accordance with the Local Government (Financial Management) Regulations 1996 regulations 5(2)(c) within the three financial years prior to 31 December 2022?

Yes

☒ **Add comments****Please provide the date of council's resolution to accept the report. ***

29/09/2020

Please enter comments *

Last done 29 September 2020 SY134-09/20 Resolution 020920

2. Did the CEO review the appropriateness and effectiveness of the local government's systems and procedures in relation to risk management, internal control and legislative compliance in accordance with Local Government (Audit) Regulations 1996 regulation 17 within the three financial years prior to 31 December 2022?

Yes

☒ **Add comments****Please provide the date of council's resolution to accept the report. ***

29/09/2020

Please enter comments *

Last done 29 September 2020 SY134-09/20 Resolution 020920

3. Where a disclosure was made under sections 5.87A or 5.87B of the Local Government Act 1995, were the disclosures made within 10 days after receipt of the gift? Did the disclosure include the information required by section 5.87C of the Act?

Yes

☒ **Add comments****Please enter comments ***<https://www.york.wa.gov.au/disclosure-of-gifts.aspx><https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

17/24

3/16/23, 8:27 AM

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4. Did the local government prepare, adopt by absolute majority and publish an up-to-date version on the local government's website, a policy dealing with the attendance of council members and the CEO at events?

Yes

☒ **Add comments****Please enter comments ***Policy E9 available <https://www.york.wa.gov.au/plan-build/planning/council-policies.aspx>

5. Did the CEO publish information on the local government's website in accordance with sections 5.96A(1), (2), (3), and (4) of the Local Government Act 1995?

No

☒ **Add comments****Please enter comments ***

Section 5.96A(1)(b) is non-compliant in that the published local laws are not consolidated versions. Instead the original local law and the amendment local law are individually published. All other Sections are compliant

6. Did the local government prepare and adopt (by absolute majority) a policy in relation to the continuing professional development of council members?

Yes

☒ **Add comments****Please enter comments ***

Policy E2 adopted 28 January 2016, last reviewed 31 March 2020 SY039-03/20 Resolution 100320

7. Did the local government prepare a report on the training completed by council members in the 2021/2022 financial year and publish it on the local government's official website by 31 July 2022?

Yes

☒ **Add comments****OQ-CouncilMemberTrainingPublishComments ***<https://www.york.wa.gov.au/council/your-council/councillors.aspx>

8. By 30 September 2022, did the local government submit to its auditor the balanced accounts and annual financial report for the year ending 30 June 2022?

Yes

☒ **Add comments**<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

18/24

3/16/23, 8:27 AM

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Please enter comments *

Submitted via email on Friday 30 September 2022 at 3.53pm

9. When adopting the annual budget, did the local government take into account all its expenditure, revenue and income?

Yes

☒ **Add comments****Please enter comments ***

All anticipated income and expenditure was taken into account at the time of budget adoption.

Tenders for Providing Goods and Services

1. Did the local government comply with its current purchasing policy, adopted under the Local Government (Functions and General) Regulations 1996, regulations 11A(1) and (3) in relation to the supply of goods or services where the consideration under the contract was, or was expected to be, \$250,000 or less or worth \$250,000 or less? *

Yes

☒ **Add comments****Please enter comments ***

The Shire of York Policy requires tenders to be called for amounts over \$150,000

2. Subject to Local Government (Functions and General) Regulations 1996, regulation 11(2), did the local government invite tenders for all contracts for the supply of goods or services where the consideration under the contract was, or was expected to be, worth more than the consideration stated in regulation 11(1) of the Regulations? *

Yes

☒ **Add comments****Please enter comments ***

Three tenders were called during the reporting period, conducted via WALGA's Preferred Supplier Program (F&G Reg 11(2)(b

3. When regulations 11(1), 12(2) or 13 of the Local Government Functions and General) Regulations 1996, required tenders to be publicly invited, did the local government invite tenders via Statewide public notice in accordance with Regulation 14(3) and (4)? *

N/A

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19/24

3/16/23, 8:27 AM

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Please enter comments *

Tenders were called through WALGA's Preferred Supplier Program

4. Did the local government comply with Local Government (Functions and General) Regulations 1996, Regulation 12 when deciding to enter into multiple contracts rather than a single contract? *

N/A

☐ Add comments

—

5. If the local government sought to vary the information supplied to tenderers, was every reasonable step taken to give each person who sought copies of the tender documents or each acceptable tenderer notice of the variation? *

Yes

☐ Add comments

—

6. Did the local government's procedure for receiving and opening tenders comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 15 and 16? *

Yes

☐ Add comments

—

7. Did the information recorded in the local government's tender register comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulation 17 and did the CEO make the tenders register available for public inspection and publish it on the local government's official website? *

Yes

☒ Add comments**Please enter comments ***<https://www.york.wa.gov.au/tender-register.aspx><https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

20/24

3/16/23, 8:27 AM

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8. Did the local government reject any tenders that were not submitted at the place, and within the time, specified in the invitation to tender? *

N/A

☒ Add comments**Please enter comments ***

No tenders were not submitted at the place and within the time specified

9. Were all tenders that were not rejected assessed by the local government via a written evaluation of the extent to which each tender satisfies the criteria for deciding which tender to accept? *

Yes

☐ Add comments

—

10. Did the CEO give each tenderer written notice containing particulars of the successful tender or advising that no tender was accepted? *

Yes

☐ Add comments

—

11. Did the local government's advertising and expression of interest processes comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulations 21 and 22? *

N/A

☒ Add comments**Please enter comments ***

No expressions of interest were called

12. Did the local government reject any expressions of interest that were not submitted at the place, and within the time, specified in the notice or that failed to comply with any other requirement specified in the notice? *

N/A

☒ Add comments<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

21/24

3/16/23, 8:27 AM

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Please enter comments *

As above

13. Were all expressions of interest that were not rejected under the Local Government (Functions and General) Regulations 1996, Regulation 23(1) & (2) assessed by the local government? Did the CEO list each person as an acceptable tenderer? *

N/A

☒ **Add comments****Please enter comments ***

As above

14. Did the CEO give each person who submitted an expression of interest a notice in writing of the outcome in accordance with Local Government (Functions and General) Regulations 1996, Regulation 24? *

N/A

☒ **Add comments****Please enter comments ***

As above

15. Did the local government invite applicants for a panel of pre-qualified suppliers via Statewide public notice in accordance with Local Government (Functions and General) Regulations 1996, Regulations 24AD(4) and 24AE? *

N/A

☒ **Add comments****Please enter comments ***

No panels of pre-qualified suppliers processes were undertaken

16. If the local government sought to vary the information supplied to the panel, was every reasonable step taken to give each person who sought detailed information about the proposed panel or each person who submitted an application notice of the variation? *

N/A

☒ **Add comments**<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

22/24

3/16/23, 8:27 AM

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Please enter comments *

As above

17. Did the local government's procedure for receiving and opening applications to join a panel of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 16, as if the reference in that regulation to a tender were a reference to a pre-qualified supplier panel application? *

N/A

☒ **Add comments****Please enter comments ***

As above

18. Did the information recorded in the local government's tender register about panels of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24AG? *

N/A

☒ **Add comments****Please enter comments ***

As above

19. Did the local government reject any applications to join a panel of pre-qualified suppliers that were not submitted at the place, and within the time, specified in the invitation for applications? *

N/A

☒ **Add comments****Please enter comments ***

As above

20. Were all applications that were not rejected assessed by the local government via a written evaluation of the extent to which each application satisfies the criteria for deciding which application to accept? *

N/A

☒ **Add comments****Please enter comments ***

As above

<https://car.dlgsc.wa.gov.au/CAR/CAR-Edit/?id=7545aff7-60c1-ed11-a81b-00224895b82b&stepid=93afe69e-6d74-ed11-81ab-00224892bd4b>

23/24

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21. Did the CEO send each applicant written notice advising them of the outcome of their application? *

N/A

☒ **Add comments**

Please enter comments *

As above

22. Where the local government gave regional price preference, did the local government comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24E and 24F? *

N/A

☒ **Add comments**

Please enter comments *

Regional price preference was not applicable to the tenders

Documents

There are no notes to display.

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9.4 DELEGATION REVIEW - TENDERS FOR GOODS AND SERVICES AND CONTRACT VARIATIONS

| | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------|
| File Number: | 4.4175 |
| Author: | Vanessa Green, Council & Executive Support Officer |
| Authoriser: | Chris Linnell, Chief Executive Officer |
| Previously before Council: | Not Applicable |
| Disclosure of Interest: | Nil |
| Appendices: | 1. Existing Delegations ↓ 2. Draft Delegation DE5-6 ↓ |

NATURE OF COUNCIL'S ROLE IN THE MATTER

Legislative

PURPOSE OF REPORT

This report presents a review of delegations relating to tenders for goods and services to Council for consideration and, if satisfactory, adoption.

BACKGROUND

Officers are in the process of conducting the annual review of the Delegations Register. The review is extensive and will be presented to Council before 30 June 2023.

The main objective of the review is to formalise the delegations based on the WALGA model both in terms of content and formatting. This ensures the delegations are legislatively correct, can be entered into the Shire's new compliance platform (Attain) and align with best practice.

The review has highlighted a need to consider the review of delegations relating to tenders and contracts prior to presenting the full review of delegations to Council.

The WALGA model provides delegations relating to tenders for goods and services, accepting and rejecting tenders, varying contracts and exercising contract extension options.

Council's existing delegations (DE5-2 – Tender Evaluation Criteria, DE5-3 – Minor Variation for Goods and Services and DE5-5 – Tenders to be invited for Certain Contracts) do not provide the ability for contracts to be varied once they have been entered into, nor for contracts to be extended. The existing delegations are presented in Appendix 1.

With anticipated contracts being or soon to be entered into, specifically for tree pruning, road sealing and the light industrial area upgrade, it is expected that contract variations and extensions may be necessary.

Without a delegation authorising the Chief Executive Officer and, on a sub-delegation, other Officers to have that decision making ability, all such decisions need to be considered by Council. This would result in delays to the contract and service delivery, or the requirement to conduct a Special Council Meeting to enable such a decision to be made.

COMMENTS AND DETAILS

Officers propose to revoke Council's existing delegations DE5-2 – Tender Evaluation Criteria, DE5-3 – Minor Variation for Goods and Services and DE5-5 – Tenders to be invited for Certain Contracts and replace them with the draft delegation DE5-6 - Tenders for Goods and Services – Accepting and

Rejecting Tenders, Varying Contracts and Exercising Contract Extension Options. A copy of the draft delegation is presented in Appendix 2.

The draft delegation varies from Council's existing delegations as follows:

1. Threshold limit increased from \$150,000 to \$250,000 in line with legislative requirements. An amendment will be required to Policy F2 – Procurement as a result
2. Authority to accept tenders
3. Authority to accept the next most advantageous tender
4. Authority to determine whether variations are minor
5. Authority to make minor variations after a contract has been entered into
6. Authority to accept a contract extension
7. The inclusion of conditions on the original delegation, which also apply to the sub-delegation
8. The inclusion of a sub-delegation to Executive Managers and the provision of conditions on the use of that sub-delegation

Of note is the definition of 'minor variation' provided within Regulation 20(3) of the *Local Government (Functions & General) Regulations 1996* which states:

“minor variation means a variation that the local government is satisfied is minor having regard to the total goods or services that tenderers were invited to supply.”

OPTIONS

Council has the following options:

- Option 1:** Council could choose to revoke Delegations DE5-2 – Tender Evaluation Criteria, DE5-3 – Minor Variation for Goods and Services and DE5-5 – Tenders to be invited for Certain Contracts and replace them with draft Delegation DE5-6 - Tenders for Goods and Services – Accepting and Rejecting Tenders, Varying Contracts and Exercising Contract Extension Options.
- Option 2:** Council could choose to reject revoking Delegations DE5-2 – Tender Evaluation Criteria, DE5-3 – Minor Variation for Goods and Services and DE5-5 – Tenders to be invited for Certain Contracts.
- Option 3:** Council could choose to revoke Delegations DE5-2 – Tender Evaluation Criteria, DE5-3 – Minor Variation for Goods and Services and DE5-5 – Tenders to be invited for Certain Contracts and replace them with an amended version of draft Delegation DE5-6 - Tenders for Goods and Services – Accepting and Rejecting Tenders, Varying Contracts and Exercising Contract Extension Options. Council would need to identify the amendments necessary.

Option 1 is the recommended option.

IMPLICATIONS TO CONSIDER

Consultative

WALGA Governance Team

Executive Leadership Team

Strategic

Strategic Community Plan 2020-2030

Goal 5: Strong Leadership and Governance

To have effective and responsive leadership and governance, where a sense of collective purpose and shared direction combine to work together.

Policy Related

- F2 Procurement
- F9 Panels of Pre-Qualified Suppliers
- G30 Contractor Management Policy

Financial

There are no financial implications associated with the review of delegations.

Legal and Statutory

Section 3.57 of the *Local Government Act 1995* is applicable to tenders and states:

“3.57. Tenders for providing goods or services

- (1) *A local government is required to invite tenders before it enters into a contract of a prescribed kind under which another person is to supply goods or services.*
- (2) *Regulations may make provision about tenders.”*

Sections 5.42, 5.43, 5.44, 5.45 and 5.46 of the *Local Government Act 1995* are applicable to delegations and state:

“5.42. Delegation of some powers and duties to CEO

- (1) *A local government may delegate* to the CEO the exercise of any of its powers or the discharge of any of its duties under —*
 - (a) *this Act other than those referred to in section 5.43; or*
 - (b) *the Planning and Development Act 2005 section 214(2), (3) or (5).*

** Absolute majority required.*

- (2) *A delegation under this section is to be in writing and may be general or as otherwise provided in the instrument of delegation.*

5.43. Limits on delegations to CEO²⁸

A local government cannot delegate to a CEO any of the following powers or duties —

- (a) *any power or duty that requires a decision of an absolute majority of the council;*
- (b) *accepting a tender which exceeds an amount determined by the local government for the purpose of this paragraph;*
- (c) *appointing an auditor;*
- (d) *acquiring or disposing of any property valued at an amount exceeding an amount determined by the local government for the purpose of this paragraph;*
- (e) *any of the local government’s powers under section 5.98, 5.98A, 5.99, 5.99A or 5.100;*
- (f) *borrowing money on behalf of the local government;*
- (g) *hearing or determining an objection of a kind referred to in section 9.5;*
- (ha) *the power under section 9.49A(4) to authorise a person to sign documents on behalf of the local government;*
- (h) *any power or duty that requires the approval of the Minister or the Governor;*
- (i) *such other powers or duties as may be prescribed.*

5.44. CEO may delegate powers and duties to other employees

- (1) A CEO may delegate to any employee of the local government the exercise of any of the CEO's powers or the discharge of any of the CEO's duties under this Act other than this power of delegation.
- (2) A delegation under this section is to be in writing and may be general or as otherwise provided in the instrument of delegation.
- (3) This section extends to a power or duty the exercise or discharge of which has been delegated by a local government to the CEO under section 5.42, but in the case of such a power or duty —
 - (a) the CEO's power under this section to delegate the exercise of that power or the discharge of that duty; and
 - (b) the exercise of that power or the discharge of that duty by the CEO's delegate,are subject to any conditions imposed by the local government on its delegation to the CEO.
- (4) Subsection (3)(b) does not limit the CEO's power to impose conditions or further conditions on a delegation under this section.
- (5) In subsections (3) and (4) —
conditions includes qualifications, limitations or exceptions.

5.45. Other matters relevant to delegations under this Division

- (1) Without limiting the application of sections 58 and 59 of the Interpretation Act 1984 —
 - (a) a delegation made under this Division has effect for the period of time specified in the delegation or where no period has been specified, indefinitely; and
 - (b) any decision to amend or revoke a delegation by a local government under this Division is to be by an absolute majority.
- (2) Nothing in this Division is to be read as preventing —
 - (a) a local government from performing any of its functions by acting through a person other than the CEO; or
 - (b) a CEO from performing any of his or her functions by acting through another person.

5.46. Register of, and records relevant to, delegations to CEO and employees

- (1) The CEO is to keep a register of the delegations made under this Division to the CEO and to employees.
- (2) At least once every financial year, delegations made under this Division are to be reviewed by the delegator.
- (3) A person to whom a power or duty is delegated under this Act is to keep records in accordance with regulations in relation to the exercise of the power or the discharge of the duty."

Regulations 11(1A) to 24G inclusive of the *Local Government (Functions & General) Regulations 1996* stipulate the requirements to conduct a tender or expression of interest process, and how the tender/expression of interest is to be managed through a contract for the supply of goods and services. Section 11(1) states:

- "(1) Tenders are to be publicly invited according to the requirements of this Division before a local government enters into a contract for another person to supply goods or services if the consideration under the contract is, or is expected to be, more, or worth more, than \$250 000 unless subregulation (2) states otherwise."

Risk Related

An appropriate framework of delegations:

1. Ensures accountability
2. Adequately manages risk
3. Increases efficiency and effectiveness of processes and practices
4. Ensures decisions are implemented in a timely manner
5. Complies with relevant legislation, policies and guidelines

Workforce

The scope of this report is managed within current resources.

Where an Officer is delegated or sub-delegated authority, he/she is required to complete a Primary Return and Annual Return in accordance with Sections 5.75 and 5.76 of the *Local Government Act 1995*.

VOTING REQUIREMENTS

Absolute Majority: Yes

COMMITTEE RECOMMENDATION

Moved: Cr Kevin Trent

Seconded: Ms Shona Zulsdorf

That, with regard to the Delegation Review - Tenders for Goods and Services and Contract Variations, the Audit and Risk Committee recommends that Council:

1. **Revokes Delegations DE5-2 – Tender Evaluation Criteria, DE5-3 – Minor Variation for Goods and Services and DE5-5 – Tenders to be invited for Certain Contracts.**
2. **Adopts Delegation DE5-6 - Tenders for Goods and Services – Accepting and Rejecting Tenders, Varying Contracts and Exercising Contract Extension Options, as presented in Appendix 2.**
3. **Authorises the Chief Executive Officer to amend Policy F2 – Procurement to increase the tender threshold limit from \$150,000 to \$250,000 to align with Delegation DE5-6 - Tenders for Goods and Services – Accepting and Rejecting Tenders, Varying Contracts and Exercising Contract Extension Options.**
4. **Authorises the Chief Executive Officer to make any minor typographical and formatting changes to Delegation DE5-6 - Tenders for Goods and Services – Accepting and Rejecting Tenders, Varying Contracts and Exercising Contract Extension Options prior to publication.**

CARRIED: 5/0

DE5-2 Tender Evaluation Criteria**Function to be performed:**

The local government must, before tenders are publicly invited, determine in writing the criteria for deciding which tender should be accepted.

Legislative Power or Duty delegated:

Regulation 14(1), (2), (3), (4) or (5) of the *Local Government (Function and General) Regulations 1996*.

Legislative Power to delegate:

Section 5.42 and Section 5.44, *Local Government Act 1995*

Policy Provision:

F2 - Procurement

Delegation to:

Chief Executive Officer

Delegation:

The Chief Executive Officer is delegated the power to determine in writing the tender evaluation criteria prior to tenders being advertised.

Conditions and Exceptions:

After a notice has been given under the *Local Government (Function and General) Regulations 1996* 14(1) or (2), a local government may vary the information referred to in (3) by taking reasonable steps to give each person who has sought copies of the tender documents or each acceptable tenderer, as the case may be, notice of the variation.

Chief Executive Officer delegates to:

Executive Manager: Infrastructure and Development Services
Executive Manager: Corporate and Community Services

Power of Duty Delegated by Chief Executive Officer:

The CEO delegates the exercise of this delegated power to the above Officers. The exercise of the delegated power does not include the power of further delegation.

Reporting Requirements:

Details for the use of this delegation will be recorded in the records & information management system to meet legislative requirements.

Financial Interest Return Required: Yes

Details of Review: Adopted - 18 April 2016
 Reviewed – 24 October 2016
 Amended – 27 November 2017

Shire of York Register of Delegated Authority 2021/22

Reviewed – 17 December 2018
Reviewed – 25 November 2019
Amended – 22 December 2020
Reviewed – 21 December 2021

Shire of York Register of Delegated Authority 2021/22

DE5-3 Minor Variation for Goods and Services

Function to be performed:

A local government may, with the approval of the tenderer, make a minor variation in a contract for goods or services before it enters the contract with the successful tenderer.

Legislative Power or Duty delegated:

Regulation 20(1) of the *Local Government (Function and General) Regulations 1996*

Legislative Power to delegate:

Section 5.42 and Section 5.44, *Local Government Act 1995*

Policy Provision:

F2 - Procurement

Delegation to:

Chief Executive Officer

Delegation:

The Chief Executive Officer is delegated the power, with the approval of the tenderer, to make a minor variation in a contract for goods or services before the Shire enters the contract with the successful tenderer, subject to Regulation 20(1) of the *Local Government (Functions and General) Regulations 1996*.

Conditions and Exceptions:

Minor variations before entering a contract are limited to a maximum value of aggregated variations which remain under 10% of the total contract value and remain within the relevant adopted Budget allocation.

Chief Executive Officer delegates to:

Nil

Delegation delegated by the CEO:

N/A

Reporting Requirements:

Details for the use of this delegation will be recorded in the records & information management system to meet legislative requirements.

Financial Interest Return Required: Yes

Details of Review:

- Adopted – 18 April 2016
- Reviewed – 24 October 2016
- Amended – 27 November 2017
- Reviewed – 17 December 2018
- Reviewed – 25 November 2019
- Reviewed – 22 December 2020
- Reviewed – 21 December 2021

Shire of York Register of Delegated Authority 2021/22

DE5-5 Tenders to be invited for Certain Contracts**Function to be performed:**

- a) Determining, in writing, the criteria for deciding which tender should be accepted prior to tenders being publicly invited; and
- b) Publicly inviting tenders before entering into a contract for the supply of goods or services if the consideration under the contract is, or is expected to be, worth more than \$150,000.

Legislative Power or Duty delegated:

- a) Regulation 14(2a) of the *Local Government (Function and General) Regulations 1996*; and
- b) Section 3.57(1) of the *Local Government Act 1995*; and
- c) Regulation 11(1) of the *Local Government (Function and General) Regulations 1996*.

Policy:

F2 - Procurement

Delegation to:

Chief Executive Officer

Delegation:

The CEO is delegated the authority to:

- a) Determining, in writing, the criteria for deciding which tender should be accepted prior to tenders being publicly invited; and
- b) Publicly inviting tenders before entering into a contract for the supply of goods or services if the consideration under the contract is, or is expected to be, worth more than \$150,000.

Conditions and Exceptions:

Tenders will be awarded by the Council on receipt of a report on the evaluation against predetermined criteria and officers' recommendation.

Chief Executive Officer Delegates to:

Nil

Delegation delegated by the CEO:

N/A

Reporting Requirements:

Details for the use of this delegation will be recorded in the records & information management system to meet legislative requirements.

Financial Interest Return Required: Yes

Shire of York Register of Delegated Authority 2021/22

Details of Review: New – 24 October 2016
Amended – 27 November 2017
Reviewed – 17 December 2018
Reviewed – 25 November 2019
Reviewed – 22 December 2020
Reviewed – 21 December 2021

Shire of York Register of Delegated Authority 2021/22

**DE5-6 Tenders for Goods and Services – Accepting and Rejecting Tenders;
Varying Contracts; Exercising Contract Extension Options**

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| Delegator: <i>Power / Duty assigned in legislation to.</i> | Local Government |
| Express Power to Delegate: <i>Power that enables a delegation to be made.</i> | <i>Local Government Act 1995:</i> s.5.42 Delegation of some powers or duties to the CEO s.5.43 Limitations on delegations to the CEO |
| Express Power or Duty Delegated: | <i>Local Government Act 1995:</i> s.3.57 Tenders for providing goods or services <i>Local Government (Functions and General) Regulations 1996:</i> r.11(2)(j) Exercising contract extension options r.18(2), (4), (4a), (5), (6) and (7) Rejecting and accepting tenders r.20(1), (2), (3) Variation of requirements before entry into contract r.21A Varying a contract for the supply of goods or services |
| Delegate: | Chief Executive Officer |
| Function: <i>This is a precis only. Delegates must act with full understanding of the legislation and conditions relevant to this delegation.</i> | <ol style="list-style-type: none"> 1. Authority to determine whether or not to reject tenders that do not comply with requirements as specified in the invitation to tender [F&G.r.18(2)]. 2. Authority to seek clarification from tenderers in relation to information contained in their tender submission [F&G r.18(4a)]. 3. Authority to assess, by written evaluation, tenders that have not been rejected, to determine: <ol style="list-style-type: none"> a. The extent to which each tender satisfies the criteria for deciding which tender to accept; and b. To accept the tender that is most advantageous within the \$250,000 detailed as a condition on this Delegation [F&G r.18(4)]. 4. Authority to decline to accept any tender [F&G r.18(5)]. 5. Authority to accept the next most advantageous tender if, within 6-months of accepting a tender, a contract has not been entered into <u>OR</u> the local government and the successful tenderer agree to terminate the contract [F&G r.18(6) & (7)]. 6. Authority to determine whether variations in goods and services required are minor variations, and to negotiate with the successful tenderer to make minor variations <u>before</u> entering into a contract [F&G r.20(1) and (3)]. |

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| | <p>7. Authority to choose the next most advantageous tender to accept, if the chosen tenderer is unable or unwilling to form a contract to supply the varied requirement OR the minor variation cannot be agreed with the successful tenderer, so that the tenderer ceases to be the chosen tenderer [F&G r.20(2)].</p> <p>8. Authority to vary a tendered contract, <u>after</u> it has been entered into, provided the variation/s are necessary for the goods and services to be supplied, and do not change the scope of the original contract or increase the contract value beyond 10% or to a maximum of \$100,000 whichever is the lesser value [F&G r.21A(a)].</p> <p>9. Authority to exercise a contract extension option that was included in the original tender specification and contract in accordance with r.11(2)(j).</p> |
| Council Conditions on this Delegation: | <p>a. Exercise of authority under F&G.r.18(2) requires consideration of whether or not the requirements as specified in the invitation to tender have been expressed as mandatory and if so, discretion may not be capable of being exercised – consider process contract implications.</p> <p>b. In accordance with s.5.43(b), tenders may only be accepted under this delegation, where:</p> <ul style="list-style-type: none"> i. The total consideration under the resulting contract is \$250,000 or less; ii. The expense is included in the adopted Annual Budget; and iii. The tenderer has complied with requirements under F&G r.18(2) and (4). <p>c. A decision to vary a tendered contract <u>before</u> entry into the contract [F&G r.20(1) and (3)] must include evidence that the variation is minor in comparison to the total goods or services that tenderers were invited to supply.</p> <p>d. A decision to renew or extend the contract must only occur where the original contract contained the option to renew or extend its term as per r.11(2)(j) <u>and</u> that the contractor's performance has been reviewed and the review evidences the rationale for entering into the extended term.</p> |
| Express Power to Sub-Delegate: | <i>Local Government Act 1995:</i> s.5.44 CEO may delegate some powers and duties to other employees |
| Sub-Delegate/s: <i>Appointed by CEO.</i> | Executive Manager Corporate and Community Services Executive Manager Infrastructure and Development Services |

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|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CEO Conditions on this Sub-Delegation: | <ul style="list-style-type: none"> a. Each sub-delegate may only use the sub-delegation in regard to contracts that are within the scope of the incumbent's position role and responsibilities. b. Conditions on the original delegation also apply to the sub-delegations. c. The performance of sub-delegation under Function 8 only applies to lump sum contracts and is to align with the authorised limits contained in financial delegations. |
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| Compliance Links: | <p>Delegates are designated employees under s.5.74 and are required to provide Primary and Annual Returns.</p> <p>Local Government (Functions and General) Regulations 1996 – prescribe applicable statutory procedures</p> <p>WALGA Subscription Service – Procurement Toolkit</p> <p>F2 Procurement Policy</p> |
| Record Keeping: | <p>Each instance of this delegation being exercised is to be recorded in the Delegations Register (available in Attain via the following link https://attain.net.au/Account/Login) in accordance with r.19 of the <i>Local Government (Administration) Regulations 1996</i>. The Delegation's Register is reported to Council in conjunction with the Concept Forum.</p> |

Version Control:

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9 MOTIONS OF WHICH PREVIOUS NOTICE HAS BEEN GIVEN

Nil

10 QUESTIONS FROM MEMBERS WITHOUT NOTICE**11.1 Ms Shona Zulsdorf**

Ms Zulsdorf questioned the reason for the inclusion of Options in the Committee Reports, suggesting it could be streamlined to only include the Officer's recommendation.

Response provided by the Chief Executive Officer

The next tranche of local government reforms will involve updates to meeting procedures which could include the report structure, or require changes to the report structure. It is therefore recommended to wait until those reforms are known prior to making any changes. The Department of Local Government, Sport & Cultural Industries suggest the reforms should be implemented by the end of the calendar year.

The inclusion of Options also shows transparency to the community that there are other options available to the Committee and Council, aside from the Officer's recommendation, which the Committee and Council could choose to resolve in favour of.

11 BUSINESS OF AN URGENT NATURE INTRODUCED BY DECISION OF THE MEETING

Nil

12 CLOSURE

The Presiding Member thanked everyone for their attendance and closed the meeting at 4.09pm.