



NOTICE OF MEETING

Dear Councillors

I respectfully advise that the ORDINARY COUNCIL MEETING will be held in Council Chambers, York Town Hall, York on Tuesday, 25 July 2023, commencing at 5.00pm.

MEETING LATE AGENDA ATTACHED

Chris Linnell

CHRIS LINNELL
CHIEF EXECUTIVE OFFICER
Date: 19 July 2023

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<p>MISSION STATEMENT <i>"Building on our history to create our future"</i></p>

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

SY093-07/23 MINUTES AND RECOMMENDATIONS OF THE AUDIT AND RISK COMMITTEE MEETING HELD ON 18 JULY 2023

File Number:	4.0474
Author:	Vanessa Green, Council & Executive Support Officer
Authoriser:	Chris Linnell, Chief Executive Officer
Previously before Council:	Not Applicable
Disclosure of Interest:	Nil
Appendices:	1. Unconfirmed Minutes - 18 July 2023 ↓

NATURE OF COUNCIL'S ROLE IN THE MATTER

Legislative

Executive

PURPOSE OF REPORT

This report presents the Unconfirmed Minutes of the Audit and Risk Committee (the Committee) Ordinary Meeting held on Tuesday 18 July 2023 to Council for consideration.

BACKGROUND

At its Ordinary Meeting held on Tuesday 18 July 2023 (rescheduled from Tuesday 13 June 2023), the Committee was presented with information relating to the:

1. Risk Management Dashboard & Profile Update

The Unconfirmed Minutes of the Committee's Meeting are presented in Appendix 1.

COMMENTS AND DETAILS

Further details and the implications of the report is identified within the Committee's Minutes hence is not duplicated here. However, for ease of reference the Committee's recommendations were:

TABLE 1.

ITEM	RECOMMENDATION
Risk Management Dashboard & Profile Update	<p>That, with regard to the Risk Management Update as at 17 May 2023, the Audit and Risk Committee recommends that Council:</p> <ol style="list-style-type: none">1. Receives the Shire of York Risk Register Dashboard Report as at 17 May 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 September 2023 meeting.

OPTIONS

Council has the following options:

Option 1: Council could choose to accept the Committee's recommendations.

Option 2: Council could choose to reject the Committee's recommendations.

Option 3: Council could choose to resolve differently to the Committee's recommendations.

Option 1 is the recommended option.

IMPLICATIONS TO CONSIDER

Consultative

Audit and Risk Committee Meeting Ordinary Meeting 18 July 2023

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.

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

G25 Compliance

Financial

The financial impact of the items considered by the Committee is detailed within the meeting minutes and the individual appendices to each report.

Legal and Statutory

Section 7.1A of the *Local Government Act 1995* is applicable and states:

"7.1A. Audit committee

- (1) A local government is to establish an audit committee of 3 or more persons to exercise the powers and discharge the duties conferred on it.*
- (2) The members of the audit committee of a local government are to be appointed* by the local government and at least 3 of the members, and the majority of the members, are to be council members.*

** Absolute majority required.*

- (3) A CEO is not to be a member of an audit committee and may not nominate a person to be a member of an audit committee or have a person to represent the CEO as a member of an audit committee.*
- (4) An employee is not to be a member of an audit committee."*

Regulation 16 and 17 of the *Local Government (Audit) Regulations 1996* are applicable to the functions of an audit committee and state:

“16. Functions of audit committee

An audit committee has the following functions —

- (a) to guide and assist the local government in carrying out —
 - (i) its functions under Part 6 of the Act; and*
 - (ii) its functions relating to other audits and other matters related to financial management;**
- (b) to guide and assist the local government in carrying out the local government’s functions in relation to audits conducted under Part 7 of the Act;*
- (c) to review a report given to it by the CEO under regulation 17(3) (the **CEO’s report**) and is to —
 - (i) report to the council the results of that review; and*
 - (ii) give a copy of the CEO’s report to the council;**
- (d) to monitor and advise the CEO when the CEO is carrying out functions in relation to a review under —
 - (i) regulation 17(1); and*
 - (ii) the Local Government (Financial Management) Regulations 1996 regulation 5(2)(c);**
- (e) to support the auditor of the local government to conduct an audit and carry out the auditor’s other duties under the Act in respect of the local government;*
- (f) to oversee the implementation of any action that the local government —
 - (i) is required to take by section 7.12A(3); and*
 - (ii) has stated it has taken or intends to take in a report prepared under section 7.12A(4)(a); and*
 - (iii) has accepted should be taken following receipt of a report of a review conducted under regulation 17(1); and*
 - (iv) has accepted should be taken following receipt of a report of a review conducted under the Local Government (Financial Management) Regulations 1996 regulation 5(2)(c);**
- (g) to perform any other function conferred on the audit committee by these regulations or another written law.*

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 Committee plays a key role in overseeing the local government’s responsibilities in relation to financial reporting, internal controls, risk management and legislative compliance. This report mitigates the risk of non-compliance.

Workforce

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

VOTING REQUIREMENTS

Absolute Majority: No

RECOMMENDATION

That, with regard to the Minutes and Recommendations of the Audit and Risk Committee Meeting held on 18 July 2023, Council:

- 1. Receives the Unconfirmed Minutes of the Audit and Risk Committee (the Committee) Meeting held on 18 July 2023, as presented in Appendix 1, and adopts the following recommendations of the Committee:**
 - a. Receives the Shire of York Risk Register Dashboard Report as at 17 May 2023, as presented in Appendix 1.**
 - b. 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.**
 - c. Requests the Chief Executive Officer to present the next review of the Risk Register to the Committee at its September 2023 meeting.**



UNCONFIRMED MINUTES

Audit and Risk Committee Meeting Tuesday, 18 July 2023

Date: Tuesday, 18 July 2023

Time: 3.00pm

Location: Council Chambers, York Town Hall, York

Audit and Risk Committee Meeting Minutes

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**MINUTES OF SHIRE OF YORK
AUDIT AND RISK COMMITTEE MEETING
HELD AT THE COUNCIL CHAMBERS, YORK TOWN HALL, YORK
ON TUESDAY, 18 JULY 2023 AT 3.00PM**

1 OPENING

1.1 Declaration of Opening

Cr Denese Smythe, Presiding Member, declared the meeting open at 3.01pm.

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; Cr Kevin Trent; Mr Peter Carden; Ms Shona Zulsdorf

2.2 Staff

Chris Linnell, Chief Executive Officer; Alina Behan, Executive Manager Corporate & Community Services; Lindon Mellor, Executive Manager Infrastructure & Development Services; 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.

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- (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 3.03pm.

4.1 Written Questions – Current Agenda

Nil

4.2 Public Question Time

As there were no questions asked, Public Question Time concluded at 3.03pm.

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 21 March 2023, the Special Audit and Risk Committee Meeting held on 28 March 2023 and the Special Audit and Risk Committee Meeting held on 17 April 2023 be confirmed as a correct record of proceedings.

CARRIED: 5/0

8 ANNOUNCEMENTS BY PRESIDING MEMBER WITHOUT DISCUSSION

The Shire President welcomed the Shire's new Executive Manager Infrastructure & Development Services, Mr Lindon Mellor, to his first Audit & Risk Committee Meeting.

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9 OFFICER'S REPORTS

9.1 RISK MANAGEMENT UPDATE AS AT 17 MAY 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) 21 March 2023 (420323)
Disclosure of Interest:	Nil
Appendices:	1. Risk Dashboard & 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

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Management Update at its March 2023 meeting which was endorsed by Council at its March 2023 Ordinary Meeting where it resolved (420323):

“That, with regard to the Minutes and Recommendations of the Audit and Risk Committee Meeting held on 21 March 2023, Council:

- 1. Receives the Unconfirmed Minutes of the Audit and Risk Committee (the Committee) Meeting held on 21 March 2023, 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 Road and Drainage Asset Management Plans to the September 2023 Audit and Risk Committee Meeting.***
 - d. Receives the Shire of York Risk Register Dashboard Report as at 8 February 2023.***
 - 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 June 2023 meeting.***
 - g. Resolves to adopt the completed 2022 Compliance Audit Return for certification by the Shire President and the Chief Executive Officer in accordance with Regulation 15(2) of the Local Government (Audit) Regulations 1996.***
 - h. 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.***
 - i. 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.***
 - j. Adopts Delegation DE5-6 - Tenders for Goods and Services – Accepting and Rejecting Tenders, Varying Contracts and Exercising Contract Extension Options.***
 - k. 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.***
 - l. 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.”***

In accordance with point 1f of Council's March 2023 resolution, the Register is presented to the Committee for consideration, noting the Committee's Ordinary Meeting scheduled for 13 June 2023 was rescheduled to this meeting of 18 July 2023.

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 17 May 2023 and the Risk dashboard updated accordingly. The dashboard details a total of eighty-seven (87) actions that are still in

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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 were presented to Council at its June 2023 Ordinary Meeting (060623). 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 2022/23 financial year. Since the May RWG meeting Officers have released a Request for Proposal to the market to seek a suitably qualified consultant to undertake this work. This information will inform the Annual Financial Statement for 2022/23 which is due for completion and submission by 30 September 2023.

Employment Practices

Commencement of the updated Workforce Plan has been delayed to the 2023/24 Financial Year due to staffing and budgetary constraints.

Engagement

The 2022/23 Community Scorecard was received by Council at its May Ordinary Council Meeting (OCM) (040523). The Shire was noted to be performing above average in nineteen (19) out of the forty-six (46) areas surveyed. Items of community concern included roads, footpaths, trails and cycleways, town centre development and activation, streetscapes trees and verges, Avon River management, corellas and pigeons. This information has been provided to the consultants responsible for the Minor Strategic Review which commenced in early May 2023.

Errors, Omissions and Delays

The Audit Regulation 17 and FMR Regulation 5 review commenced in early May 2023 to review the Shire's internal controls and risk management. Consultants undertook field testing and will provide a report to be tabled at the September Audit and Risk Committee meeting. This will include recommendations to assist in addressing significant findings identified by the Office of the Auditor General (OAG) in its 2021/22 Audit process.

Information Technology

NBN connections have now been established at the Shire Administration, Depot and Residency Museum facilities through installation of direct fibre connections.

Misconduct

The Audit Regulation 17 and FMR Regulation 5 review will test internal controls and suggest improvements that will assist in misconduct prevention.

A thorough review of the Delegations Register was conducted during May 2023 and was presented to Council at its June OCM (140623). The review upgraded several delegations to align with the WALGA preferred template and addressed identified gaps in the current delegations register.

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 were approximately three (3) 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 September 2023 meeting.

OPTIONS

The Committee has the following options:

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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 17 May 2023.

Option 2 is the recommended option.

IMPLICATIONS TO CONSIDER**Consultative**

LGIS

RWG

Office of the Auditor General

StrategicStrategic 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: Ms Shona Zulsdorf****Seconded: Cr Kevin Trent**

That, with regard to the Risk Management Update as at 17 May 2023, the Audit and Risk Committee recommends that Council:

1. Receives the Shire of York Risk Register Dashboard Report as at 17 May 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 September 2023 meeting.

CARRIED: 5/0

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Shire of York May 2023									
Business / Systems management			Safety and Security functions			Supplier / Contract management			
Risk			Risk			Risk			
Moderate			Moderate			Moderate			
Adequate			Adequate			Adequate			
Inadequate delivery, design, delivery and / or status reporting of change initiatives, resulting in additional expenses, time delays or scope changes.			Non-compliance with the Work Health and Safety Act, associated regulations and standards. It is also the liability to ensure the physical security requirements of staff, contractors and visitors. Other considerations are negligence or carelessness.			Inadequate management of a Material 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	Actions	Due Date	Responsibility	Actions	Due Date	Responsibility	
Develop and implement procedures around Grants Management	1/06/2023	FM/EMDS	Adopt the WHS Policy and Safety manuals for staff	1/06/2023	EMDS/EMCCS	Purchase orders need review to include terms and conditions to ensure compliance (contract)	1/06/2023	PM	
Consider grants management as part of the new Government Framework package	1/06/2023	ELT	Undertake training in WHS policies	Ongoing	EMDS	Get expectations for non-compliance and provide information on PC before authorisation	Ongoing	ELT	
Implement the new contractor/project management procedures and forms and train all relevant staff. Include this in annual refresher training	1/06/2023	EMDS	CCTV to be installed at all buildings	1/06/2023	IT/PGEM	Implement regular monitoring of contracts register	Ongoing	EMDS	
Financial risk in competing projects in time to audit against grants	1/12/2023	EMDS	Complete emergency response plan to include new security plans and undertake emergency exercises	1/06/2023	EMDS	Contractor Management Procedures	Ongoing	EMDS	
			Access register to be developed and maintained for Depot	Ongoing	GAP				
			MSDS for Depot missing - sheets and register to be updated	1/06/2023	EMDS ESG				
			Undertake access and egress upgrade at Administration, HRCD and Museum	1/06/2024	EMDS				
			Undertake Emergency Evacuation testing at all facilities	01/12/2023	EMDS				
			Print counter replacement to consider upgraded security measures	1/06/2023	EMDS				
			Mechanism for dealing aggressive customers and protesters	1/06/2023	ELT				
			Buildfire volunteer safety induction and training	Ongoing	EMDS ESG				
			Continue to embed safety practices and processes into project work	1/06/2023	EMDS				

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Asset Sustainability practices May-23			
Risk Context			
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.			
Assets included in the scope are: - Inadequate design (not fit for purpose) - Ineffective usage (down time) - Outputs not meeting expectations - Inadequate maintenance activities - Inadequate financial management and planning (capital renewal plan) It does not include issues with the inappropriate use of the Plant, Equipment or Machinery. Refer Misconduct.			
Potential causes include:			
Skilled level & behaviour of operators	Unavailability of parts		
Lack of trained staff	Lack of formal or appropriate scheduling (maintenance /		
Outdated equipment	Unplanned breakdowns		
Outdated Asset Management Plans			
Outdated Asset Management Framework			
Absence of Key Asset Outcomes (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	May-23	Inadequate
Dispose / Acquisition Process (Financial)	Preventative	May-23	Inadequate
Roads Routine Maintenance Program	Preventative	May-23	Inadequate
Plant Routine Maintenance Program	Preventative	May-23	Adverse
Buildings Routine Maintenance Program	Preventative	May-23	Inadequate
Asset Management Data Collection (RAMS and Finance)	Preventative	May-23	Inadequate
Asset replacement program (broad range of asset classes)	Preventative	May-23	Inadequate
Statutory requirements (icensing, etc.) in place	Preventative	May-23	Inadequate
All maintenance and repairs are documented	Preventative	May-23	Inadequate
Reactive maintenance	Recovery	May-23	Inadequate
Insurance	Recovery	May-23	Adverse
Equipment fire available if needed	Recovery	May-23	Adverse
Training provided and qualifications updated	Preventative	May-23	Adverse
Overall Control Ratings: Inadequate			
Actions	Due Date	Responsibility	
Training needs submitted to JC16/20 Budget provider	Mar-19	EMDG	
Develop and roll training programs for staff that include operational training in procurement	Jun-19	EMG-OS	
Review Asset Management Plans and submit for adoption by Council	Jun-19	EMG	
Develop and implement procedure for submitting insurance claims	Jun-19	EMG	
Initiate building risk assessments in consultation with LGAs	Dec-19	EMG-EMDG	
Finalise Asset Disposal Process	Complete	EMDG	
Develop and implement Insurance Claims Checklist	Complete	EMG	
Open Space Asset Management Plan to be prepared	Complete	EMDG	
Maintenance and repair schedules to be documented as a result of AMP's Operational plan	Jun-23	EMG	
Develop asset replacement program for capital items	Jun-23	EMDG	
Develop and implement asset management processes after development of operational plan	Jun-23	EMG	
Review Asset Management Plans and present to Council for noting	Dec-24	EMDG	
Prepare Asset Disposal Policy for adoption by Council	Jun-23	AGC-EMDG	
Prepare designs to repair Mackie Siding	Jun-23	EMDG	
Consequence Category	Risk Ratings	Rating	
Financial / Reputational	Consequence	Minor (2)	
	Likelihood	Possible (3)	
	Overall Risk Rating:	Minor	

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Factual	Comments
EMDG	Yes	Yes	Yes	Yes	Yes	Audit log 17 and 18/19/20 will complete testing in June
EMDG	Partial	Partial	Partial	Yes	Yes	Finance has a digital process to place - draft request - Procurement - to be put into to EMG's system
EMDG	Yes	Partial	Yes	Yes	Yes	Plant replacement program being developed
W3	Yes	Partial	Yes	Yes	Yes	Reactive maintenance program however when vehicle inspections are carried out, all of maintenance needs to be noted. Also needed building and management
EMG / EMG	Partial	Partial	Yes	Yes	Yes	Training needs to be updated
EMG	Partial	Yes	Yes	Partial	Yes	Asset management processes complete
EMG	Yes	Yes	Yes	Yes	Yes	
EMDG	Yes	Partial	Partial	Yes	Yes	Documented through finance processes - admin request - to be reviewed
EMG	Yes	Yes	Yes	Yes	Yes	As soon as maintenance issue is reported a PCT is completed
EMG	Partial	Yes	Yes	Partial	Yes	Claims are always submitted to Payroll Office
EMDG	Yes	Yes	Yes	Yes	Yes	
EMDG / EMG	Yes	Partial	Yes	Partial	Partial	Work on training Finance staff training to be completed training is rolled out

Status of Actions	Comments
Complete	
Complete	
Complete	Submitted to Asset OCM
Complete	Controlled 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 EMG 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 will

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Business & Community disruption				May-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, burning 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:				
Cyclones, storm, fire, earthquake, flooding	Extended utility outage (electronic, 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	May-23	Effective	
Business Risk Management Program	Preventative	May-23	Effective	
Business management & training (Volunteer Instructors TBS)	Preventative	May-23	Adequate	
Community recovery plan (CRRP)	Preventative	May-23	Effective	
Community fire prevention education	Preventative	May-23	Effective	
Business Continuity Framework Policy, Procedures & Plans	Preventative	May-23	Effective	
Internal Emergency Management Plan (Emergency Management Procedures and Execution Plans)	Preventative	May-23	Inadequate	
Generator	Recovery	May-23	Inadequate	
IT Disaster Recovery Plan	Recovery	May-23	Effective	
Identification of alternatives to critical infrastructure in Asset Management Plans	Recovery	May-23	Inadequate	
Overall Control Ratings:				Adequate
Actions	Due Date	Responsibility		
Understand an emergency, evacuation and	Complete	TSG		
Develop and document a Business Continuity Framework	Complete	EMCCS		
Develop and implement IT Security Plan	Complete	ITP		
Engage a BMRP 4 days per fortnight to develop a BMRP	Complete	BMRP		
Conduct and seek feedback from staff regarding Business Continuity Framework	Jun-18	ITP		
Assign funding in the budget to purchase a generator	Superseded	EMCCS		
Substitute testing of IT Security Plan and Business Continuity Framework procedures for effectiveness	Complete	ITP		
Develop operational Business Continuity Plan in consultation with LGES	Dec-26	EMCCS		
Investigate the installation of infrastructure to facilitate use of a generator in the event of an emergency	Superseded	EMCCS		
Arrange replacement of UPS and Generator	Complete	ITP		
Review IT Disaster Recovery Plan	Complete	ITP		
COVID-19 Plan	Complete	EMCCS		
Staffing - Stress, Attraction and Retention	Ongoing	EMCCS		
IT Disaster Recovery Testing	Aug-23	EMCCS		

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
CSM	Yes	Yes	Yes	Yes	Yes	
CSM	Yes	Yes	Yes	Yes	Yes	
CSM	Yes	Yes	Yes	Yes	Yes	
CSM	Yes	Yes	Yes	Yes	Yes	
CSM	Yes	Yes	Yes	Yes	Yes	
ITP	Yes	Partial	Yes	Yes	Yes	No part of IT Security Plan, needs work
EMCCS	Partial	Partial	Partial	Partial	Yes	Training in the meantime. Equipment not changed to be reviewed.
EMCCS	No	No	No	No	Yes	The site does not own a generator for Tynd Hall. Emergency services.
ITP	Yes	Yes	Yes	Yes	Yes	
EMCCS	No	No	No	No	No	On site generator

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	BMRP engaged. Plan developed and submitted to Council. Works in progress.
Complete	No comments received - commence testing phase
Not progressed - superseded	Due to changes in BMRP
Complete - test successful	Process to be managed by IT Provider
Complete	Completed Dec 2023 presented in AARC Month 2 2024 and GCM 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 Abuse Report. Procurement and Review.
To be commenced	COVID RCP prepared and adopted - wider RCP 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. Advancing of internal secondment and higher duties opportunities.
Ongoing	Latest test conducted 26 August 22. All products cannot be tested in the sandbox environment. NBN due to node will resolve this issue and allow live testing. Cable is now installed, await cutover before end of FY

Business & Community disruption		May-23

Consequence Category	Risk Ratings	Rating
Service Interruption / Reputation	Consequence:	Minor/moderate (3)
	Likelihood:	Unlikely (4)
	Overall Risk Rating:	High

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Failure to fulfil Compliance requirements (statutory, May-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, Car Act, Freedom of Information Act and all other legislative based obligations for Local Government.

It does not include Occupational Safety & Health Act (refer "adequate safety and security practices") or any Employment Practices based legislation (refer "effective Employment practices").

Potential causes include:

Lack of training, awareness and knowledge	Lack of Legal Expertise
Staff / Councilor 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	May-23	Adequate
Advice (notifying subscriptions & memberships)	Preventative	May-23	Effective
Annual Compliance Return	Defensive	May-23	Effective
Standardised forms & check sheets (Compliance)	Preventative	May-23	Adequate
State Administrative Tribunal / Ombudsman	Recovery	May-23	Adequate
Record-keeping	Preventative	May-23	Effective
PMN and Audit Reg 17 Reviews undertaken by independent auditor	Defensive	May-23	Effective
Risk and WHS Working Group	Defensive	May-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 items outlined in Financial Management Review	Complete	PM
Review documentation of participants at a MFL for all staff	Complete	EMCCS & Supervisors
Establish an OIA working Group separate to Risk Working Group	Complete	EMCCS
Undertake training for standard Local representatives	Complete	EMCCS
Review structure of AMSC in line with new LGA Act	Complete	PM
Develop a process for external audit	Jun-23	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 including changes to the Local Government Act	Ongoing	EMCCS
Review and refresh Compliance Calendar and report to AMSC	Jun-23	EMCCS
Decreasing number of dog attacks and compliance issues. Ranger absence. Risk to Life	Jun-23	EMCCS
Routine Compliance - WHS Procedures	Ongoing	EMCCS
AMRS new requirements for asbestos reporting	Ongoing	EMCCS
Review building compliance for PM, with WACHS	Jun-23	EMCCS

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

Control Assurance							Comments
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Final		
EMCCS	Yes	Partial	Yes	Yes	Yes		Reduced to At-Risk and Government Frameworks
CEO	Yes	Yes	Yes	Yes	Yes		Annual budget allocation for membership
EMCCS	Yes	Yes	Yes	Yes	Yes		Compliance on time and with accuracy
AMC	Yes	Partial	Yes	Partial	Yes		Ongoing process of development
CEO	Yes	Partial	Yes	Partial	Yes		Updated - informed process
AMC	Yes	Yes	Yes	Partial	Yes		State Records Act 2000
EMCCS	Partial	Yes	Yes	Yes	Yes		Consultant appointed for 2023 review
EMCCS	Yes	Yes	Yes	Partial	Yes		Group established and meets quarterly. OIA working group 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 & OIA Working Group
Ongoing	Risk training undertaken and register established with input from staff. Risk identified in previous Reg 17
Complete	Compliance calendar established and populated. To be moved to new At-Risk platform
Complete	All issues addressed. Ongoing process of documentation of procedures
To be actioned	in 2023/24
Complete	Included in Performance Review Process undertaken in May
Ongoing	Presented quarterly to Audit and Risk Committee
Ongoing	EL / met in August to prepare training program for 2023. Full program yet to be rolled out due to other
Ongoing	Complete
Ongoing	Complete
Ongoing	Next training scheduled for June 2023
To be actioned	At-Risk software purchased and implemented for compliance forms such as annual declarations
Current	Two (2) new Rangers have now been employed which is resulting in a an external change in perception
Ongoing	Compliance with WHS Act for volunteers. Stage one training and recording completed by end September
To be actioned	Develop an awareness of new recording and reporting requirements for both staff and contractors please
Ongoing	Meeting was held with WACHS in February to determine liability for compliance items. This will be

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Document Management processes				May-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 (received, registered & dated)	Preventative	Nov-22	Effective	
Document retention and disposal 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 update processes	Preventative	Nov-22	Effective	
Test process	Preventative	Nov-22	Effective	
Overall Control Ratings:				Effective
Actions	Due Date	Responsibility		
Adopt training for staff on records eg: entering & recording	As requested	AGC		
Develop annual training program for staff that includes refresher training on records	Jan-19	EMMS		
Undertake training for records management	Complete	AGC		
Develop Records Management Strategy Plan	Complete	AGC		
Address the need for more procedures to ensure staff accountability	Complete	AGC		
Review Social Media Strategy	Complete	AGC		
Investigate software options for records digitisation and disposal	Complete	AGC		
Update the Records Keeping - Management Plan	Complete	AGC		
Prepare project brief for records digitisation and disposal for consideration s.23(4) Budget	Mar-23	AGC		
Investigate App being examined for storage and collection (i.e. WMS) to promote data	Nov-22	EMMS		
Additional applications for compliance, WMS etc will drive the 'one source of truth' record keeping system	Ongoing	AGC		
Develop a culture of good record-keeping	Ongoing	BLT		
Develop succession planning strategies	Ongoing	EMMS		
Consequence Category	Risk Ratings	Rating		
Compliance / Reputation	Consequence:	Minor (1)		
	Likelihood:	Possible (3)		
	Overall Risk Ratings:	Medium		

Control Assurance						
Control Owner	Control Documented	Competence	Accuracy	Timeliness	Proof	Comments
AGC	Yes	Yes	Yes	Yes	Yes	Clear records implemented
AGC	Yes	Yes	Partial	Yes	Yes	Part of record keeping plan
AGC	Yes	Yes	Partial	Yes	Yes	Have commenced working on procedures
AGC	Yes	Yes	Partial	Yes	Yes	Strategy, Records management plan being developed
IT & HR	Yes	Yes	Yes	Yes	Yes	
IT & HR	Yes	Yes	Yes	Yes	Yes	
AGC	Yes	Yes	Yes	Yes	Yes	
EMMS						

Status of Actions	Comments
Ongoing	Records training undertaken for general staff. Administrator training undertaken using Synegysoft. New employees are now inducted in records training eg: entering & recording.
Complete	Included as part of annual training refreshers. RCN & Records Info Session conducted December 2019.
Ongoing	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.
Completed	Record keeping software to be purchased in 2023 that captures social media records
To be achieved	Delayed due to less 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
In progress	Investigating how this can be linked with the records system
In progress	Regular reminders through training. Check compatibility with new software and engage records team as a stakeholder in decision making
Ongoing	To be conducted as part of workforce planning

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Employment practices				May-23
Risk Context				
Failure to effectively manage and lead human resources (full-time, part-time, casuals, temporary and volunteers).				
This includes:				
<ul style="list-style-type: none"> - 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 (working stress). - Key person dependencies without effective succession planning in place. - Ineffective activity. 				
Potential issues 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. Add lines for Position Processes			
Key Controls	Type	Date	Rating	
Induction process (including Code of Conduct Components)	Preventative	May-23	Adverse	
Staff training and education program	Preventative	May-23	Inadequate	
Performance Management (applicable / trained)	Preventative	May-23	Effective	
Staff Exit process	Preventative	May-23	Inadequate	
Workforce Planning	Preventative	May-23	Adverse	
Employee Assistance Program & HR support / Cultural work	Recovery	May-23	Effective	
Recruitment Processes	Preventative	May-23	Effective	
Advice and Support Available for Gender HR Matters	Preventative / Recovery	May-23	Adverse	
Overall Control Rating:				Inadequate
Action	Due Date	Responsibility		
Review and implement staff exit procedures	Dec-23	SMCCS		
Review Performance Management Process	Ongoing	SMCCS		
Update Induction Policy with consideration to LGH	Complete	SMG		
Develop Incent Management Policy for staff consultation	Complete	SMG/0404		
Develop and implement improvements for employee communication	Complete	SMG		
Implement Staff Management Plans	Complete	SMG/0404		
Induction process updated	Complete	SMG/0404		
Update Induction Code of Conduct	Complete	SMCCS		
Ensure annual budget allocation to subscribe to WGA/GA HR assistance services	Ongoing	SMCCS		
Implement annual training program for staff that includes refresher training on policies and procedures	Ongoing	SMCCS		
Review Workforce Plan - informed gap analysis project	Jun-23	SMCCS		
Complete employee Manual for induction or employee inductions	Ongoing	SMOHR		
Include Employee Assistance Program process in Employee Manual	Ongoing	SMCCS		
Training needs identified as part of annual budget process	Ongoing	Executive & Supervisors		

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
SMCCS	Yes	Yes	Yes	Yes	Yes	
SMCCS	Yes	Partial	Yes	Yes	Yes	
SMCCS	Yes	Yes	Yes	Yes	Yes	
SMCCS	Partial	Partial	Partial	No	No	
SMCCS	Yes	Yes	Yes	Yes	Yes	
SMCCS	Yes	Yes	Yes	Yes	Yes	
SMCCS	Yes	Yes	Yes	Yes	Yes	
SMCCS	Yes	Yes	Yes	Yes	Yes	
SMCCS	Yes	Yes	Yes	Yes	Yes	Communication and training

Status of Actions	Comments
Under Review	Induction Manual developed. Employee Manual complete. A review of this manual is part of the 2023/24
In Progress	LGH 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. SMCCS negotiating with LGH to have the full service restored.
Ongoing	As part of annual budget process, RCs requested to identify training needs within each business area for inclusion in budget. Not all RCs 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. RCs provided with training. A new process is to be considered with Integrated Planning and Reporting tool.
Ongoing	2023/24 Budget includes allocation for subscription. WGA/GA HR services used extensively.
Ongoing	Draft training program developed for SMCCS. 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.
Ongoing	Budget process underway May 2023 for 2023/24 Financial Year.
Complete	Training scheduled for June 2023.
Complete	Workforce Plan review now due. A gap analysis in 2020/21 informed the organisational realignment which was completed Dec 2022. Due to staffing constraints a consultant will be sought in the 2023/24 FY to complete next year.
Complete	Employee manual in draft awaiting review.
Complete	All new induction requirements are included in induction forms and processes.
Complete	To be adopted by EIT.

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Consequence Category	Risk Ratings		Rating
Compliance, Health, Reputational, Financial	Consequence:		Minor (3)
	Likelihood:		Possible (2)
	Overall Risk Rating:		Medium

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Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Final	Comments
CEO	Yes	Yes	Yes	Yes	Yes	Transition analysis adopted by Council
CEO	Yes	Yes	Yes	Yes	Yes	
CEO	Yes	Partial	Yes	Partial	Yes	No going forward after final Community Safety Review. List of most common control
CEO	Yes	Yes	Yes	Yes	Yes	
AGG	Yes	Yes	Yes	Yes	Yes	Policy adopted by Council and also included in Customer Service Charter. Training for staff
EM	Yes	Yes	Yes	Yes	Yes	100% compliance - Community studies
ELT						
AGG	Yes	Yes	Yes	Yes	Yes	100% Provision

Status of Actions	Comments
Complete	Market Creators engaged to manage PR and Instagram accounts - Allocation in 2018/19 Budget
Complete	Media dashboards distributed - Email reminders - Community Consultation and Engagement Plans developed for significant projects
To be actioned	Complaints register maintained - Complaints Policy reviewed and updated October 2018
Complete	Phoneline submitted to 2018/19 Budget process for a total of £7.7M to be set up in FY19. Not considered a priority of this stage. WSCC Proc Office will assist closely
Complete	Incorporated into training with Mary Hester in August 2018
Complete	Developed as part of the Procurement Review and approved in vehicle
In progress	Contractor for new market - Review completed in June 21 with final report to Council
In progress	Contracted ongoing market - Review completed in June 21 with final report to Council
In progress	Actions continuing - 1 year vendor and CSR Accessibility Update scheduled for 2023/24
In progress	New engagement requirements under the Local Government Act are being investigated
In progress	Survey is now complete and results being considered by Council in its May OCM

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Environment management May-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-ownership or tenancy conditions)		
Lack of understanding of cultural requirements for landowners			
Profit extractive industry (sand, limestone, etc.)	Competing land use (growing population vs conservation)		
Key Controls	Type	Date	Rating
Environment management program	Preventative	May-23	Adequate
Community education & engagement e.g. schools / new home owner packs	Preventative	May-23	Inadequate
Support volunteer environment management groups	Preventative	May-23	Adequate
Environmental monitoring, testing and inspection programs	Preventative	May-23	Effective
Encourage recycling efforts (glass, oil, batteries, etc.)	Recovery	May-23	Adequate
Cleaning permits for road works obtained	Preventative	May-23	Adequate
Mosquito management program	Preventative	May-23	Adequate
RAP working to inform education of landowners	Preventative	May-23	Inadequate
Stumpage water use education and regulation	Preventative	May-23	Effective
Adequate			
Actions	Due Date	Responsibility	
Develop and document process for road cleaning permits	Complete	CAO	
Community education waste management program & purchasing a Register	Revised	CAO	
Implement measures logging on an on waste sites, looking into purchasing logging	Complete	CAO	
Understand environment process for Containers for Change site	Complete	EMDS	
Implement regular street sweeping program to address local shoppings in CBD	Complete	CAO/EMDS	
Engage contractor to undertake pigeon culling	Complete	CAO	
Identification of new and review of current holiday visit locations for endangered flora on	Ongoing	EMDS	
Develop a coordinated approach to disseminating information to new and existing residents re: waste and other environmental initiatives	Ongoing	EMDS	
Conduct a recycling education program once new waste collection contract is signed	Jan-25	CAO	
Develop a strategy to manage conflict control in the Shire of York	Ongoing	CAO/CAO	

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fixed	Comments
CAO	No	Yes	Yes	Partial		Control not documented
CAO	No	No	No	No		Control not documented / community matters / new home owner packs available but not well used / more space for home builders / coordinated approach needed
EMDS	No	Partial	Partial	Partial	Yes	Also for a lack of awareness / lack of education
CAO	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. Waste Water for drop-offs also at same office. No part of Waste management contract??? (check site link)
CAO	No	Partial	Yes	Yes	Yes	Have attended Environmental Planning Tool training through WACCA. Work yet to complete a meeting document
CAO	No	Yes	No	No	Yes	Inadequate reporting undertaken as required
CAO/CAO	Yes	Yes	Yes	Yes	Yes	Not a public approach

Status of Actions	Comments
Ongoing	Control is in place, CAO to complete permits and formality program
Ongoing	Report tabled by Council at Feb 23 COM to control current and future budget towards regional initiatives
Not started	No evidence of this work commencing
Ongoing	Driver: increasing multi-use, supported with investments to parking, trash and home 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 negotiations. Not dissimilar to the process for asbestos removal. Contractor coming early Sept
Ongoing	Resource allocated in place supported by budget for 2023. This will continue into future years
Ongoing	Identification of locations of endangered flora complete however this needs to be coordinated with existing holiday visit locations

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Review and improve procedures for the use of hazardous chemicals to include strategies for community consultation	Jun-23	EMOS
Consequence Category	Risk Ratings	Rating
Environment, Reputation, Financial	Extremely Low	Minor (+)
	Likelihood	Possible (-)
	Overall Risk Rating:	Moderate

Ongoing	

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Errors, omissions & delays				May-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 Inadequate recording, maintenance, testing or reconciliation of data. Inaccurate data being used for management decision-making and reporting. Delays in service to customers The excluded 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 / FAQs	Lack of understanding			
Key Controls	Type	Date	Rating	
Purchasing Policy	Preventative	May-23	Adaptation	
Training for staff with purchasing authority	Preventative	May-23	Effective	
Documented standardised procedures / monitoring	Preventative	May-23	Adaptation	
Staff training program (including formal & on-the-job)	Preventative	May-23	Adaptation	
Documented information sheets / website information / FAQs to assist customer service staff in providing advice to customers	Preventative	May-23	Adaptation	
External consultants such as legal, human resources, heritage	Preventative	May-23	Effective	
Complaints resolution process	Recovery	May-23	Effective	
Customer Management System	Preventative	May-23	Ineffective	
Customer Service Charter	Preventative	May-23	Effective	
Review and monitoring of outstanding correspondence	Preventative	May-23	Adaptation	
Centralised information systems which allows the discovery and use of the most up to date information				
Overall Control Rating:				Adaptation
Actions	Due Date	Responsibility		
Review Purchasing Policy to ensure consistent evaluation, priority & control keeping, requirements and treatment of contract variations	Complete	EMOCS		
Provide further training to staff with purchasing authority to enforce the need to adhere to purchasing policies	Complete	EMOCS		
Identify specific staff training needs for inclusion in the annual budget process	Complete	SMG		
Include an allocation in the annual budget to provide for external advice	Complete	SMG		
Formalise the process for EMG review of outstanding correspondence	Complete	RED		

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fixed	Comments
EMOCS	Yes	Yes	Yes	Partial	Yes	Adaptation during May 23 Aug 23 Review
EMOCS	Yes	Yes	Yes	Yes	Yes	WFO Training to be conducted
All staff	Partial	Partial	Yes	Yes	Yes	Prevalence in the process of being documented
SMG	Yes	Yes	Yes	Yes	Yes	Training needs identified and recorded in Staff Training Plan
AGC	Yes	Partial	Yes	Yes	Yes	FAQs currently in process, distribute review
SMG	Yes	Yes	Yes	Yes	Yes	
EMOCS	Yes	Yes	Yes	Yes	Yes	Consistent Policy adopted, Procedures form part of the Complaints policy, Register - Strategic based
EMOCS						Lots of different approaches
EMOCS	Yes	Yes	Yes	Yes	Yes	Charter reviewed
SMG	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. RFO and RFT documents have been amended to include reference to variations.
Complete	EMOCS and JM 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 incorporates training needs identified during performance management process.
Complete	Allocations for legal advice, WQCA interpretation 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.

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Provide information to all staff regarding the Customer Service Charter and related independent information for employees.	Complete	AGC	Complete	Email memo to all staff with customer service charter attached. Customer Service Charter also sent out with 2019/20 roles review.
Develop organisational templates in relation to procurement management.	Complete	EMOCS	Complete	
Understand Procurement Review and present findings and recommendations to the Audit Committee	Complete	EMOCS	Complete	
Understand training to include amendments to the Procurement Policy and the new Procurement Manual	Complete	EMOCS	Complete	
Review Internal Audit Management Letter and implement recommendations made	Complete	EMC	Complete	
Review Final Audit Management Letter and implement recommendations made	Complete	FM	Complete	
Review Internal Audit Management Letter and implement measures to address recommendations	Complete	FM	Complete	
Develop improvement plan based on findings of FMR and Audit Reg 17 Reviews	Complete	FM	Complete	
Implement a staff training program that includes refresher training on procurement	Ongoing	EMOCS	In progress	Next training session June 2023
Review Procurement Policy and Procedures	Jun-23	FM	In progress	CAO recommended further separation of duties. Will be issued during Audit Reg 17 and FM Reg 5 review June 2023
Works delayed by stock items	Ongoing	EMCS	In progress	Identify items in advance that may have impact upon critical path
Understand business planning to develop an asset register/recording system	Mar-23	EMOS	In progress	To be completed as part of the 23/24 budget preparation
Develop the Internal for use of staff to display current documents and information	Jun-23	AGC	In progress	
Mapping the customer expectations for works including action request process and looking for improvements	Jun-23	EMOG	In progress	

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

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External theft & fraud (Including Cyber)				May-23
Risk Control 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 cash, assets or information				
Potential causes include: Inadequate security of equipment / supplies / cash Robbery Scam invoices Cyber crime Inadequate protection for patron/staff belongings Lack of Supervision Collision with internal staff Lack of clarity around roles and responsibilities				
Key Controls	Type	Date	Rating	
Admin Building Security access controls (alarms, CCTV, keypad access)	Preventative	May 23	Adequate	
Oper Building Security access controls (alarms, CCTV, keypad access)	Preventative	May 23	Inadequate	
Depot Building Security access controls	Preventative	May 23	Adequate	
Equipment storage security access controls	Preventative	May 23	Inadequate	
IT Security Framework (passwords / security protocols / records access)	Preventative	May 23	Effective	
Cash handling processes	Preventative	May 23	Effective	
CCTV Policy, storage, display and access	Preventative	May 23	Inadequate	
Functionality review of roles and responses to security components	Preventative	May 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	DAG		
Request air-admin building access loggers with user identified loggers	Complete	CLP		
Update register of bugs / issues for Admin Building	Complete	CLP		
Update register of entry for access to other buildings	Complete	CLP		
Develop an IT Security Framework	Complete	CLP		
Install additional CCTV and document procedures	Complete	CLP		
Develop cash handling and stocktake procedures for all areas and implement	Complete	CLP		
Install security gate at Depot and document procedures	Jun 19	CLP		
Update registers of cash, any/stock issues security access to Depot	Complete	CLP / DAG		
Develop and implement procedures for use of EFTPOS at Museum	Complete	ITP / DAG		
Develop robust procedures for administration of York Online	Complete	CLP		
Develop cash handling procedures for Customer Drop-off Site	Complete	CLP		
Install signage and security at CLP Reception Centre	Jun 20	CLP		
Review procedures and provide additional training on cash handling	Jun 20	CLP		
Document data intake processes and systems to report any potential fraud, that include anonymous reporting (Fraud & Corruption)	Jun 20	EMCOE		
Investigate confirmed operations at the CLP Facility	Jun 20	EMCOE		
Review cybersecurity measures	Jun 20	EMCOE/CLP		
Review departmental responsibilities around security and designating roles accordingly	Jun 20	CLP		
Consequence Category	Risk Ratings		Rating	
Financial / Property	Consequence:		Moderate (3)	
	Likelihood:		(Low) (4)	
	Overall Risk Rating:		High	

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Final	Comments
CLP	Yes	Yes	Yes	Yes	Partial	Project to replace in 2023
T&O	Partial	Yes	Yes	Yes	Yes	CCTV to New Centre and Museum. Policy for CCTV access - deposit. No logging of buildings records.
DAG	Yes	Partial	Partial	Yes	Partial	Security gate installed with motion sensor. Security camera need to be installed at the gate. Risk log in back of gate and hole.
DAG	Partial	Partial	Partial	Partial	Partial	Procedures need to be developed.
CLP	Yes	Yes	Yes	Yes	Yes	
CLP	Yes	Yes	Yes	Yes	Yes	Procedures reviewed

Status of Actions	Comments
Ongoing	Funds requested as part of 2019/20 Budget process for electric gate to be installed at Depot
Complete	All staff issued with new loggers and PIN changed for Admin Building
Complete	Updated
Complete	IT Security Plan drafted and presented to Risk and CLP 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	TC to be conducted annually - CLP - Overseas Cash Items is updated as required
Complete	York Online discontinued in 2023
Complete	York Online discontinued in 2023
Complete	Included in 2019/20 budget doors to be investigated but the external lighting to the back stage was
Ongoing	Other priorities in training and finance have pushed delivery of this item back
In Progress	Recommendation from CLP - Undertaking this work with CLP Fraud and Corruption Management Plan
In Progress	In accordance with the original control of
In Progress	CLP member survey has identified vulnerabilities that were reviewed with the Store's external IT provider at NewGen. Provider to be engaged to do further audit
In Progress	Initial meeting held with all parties

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Management of Facilities / Venues / Events				May-23
Risk Summary:				
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 event control				
Ineffective signage				
Booking Issues				
Disruptive interactions with users / 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 before bookings for cleaning or maintenance
Event payments poorly managed				Difficulty accessing facilities / venues
Facility 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)
Tampering				
Key Controls	Type	Date	Rating	
Event management procedures and monitoring	Preventative	May-23	Inadequate	
Inspection, maintenance and cleaning schedules	Preventative	May-23	Adequate	
Facility / venue booking system (including bonds)	Preventative	May-23	Adequate	
Event booking management procedures and monitoring	Preventative	May-23	Adequate	
Events package given to user (information sheets, events guidelines / procedures / checklist)	Preventative	May-23	Inadequate	
Insurance certificate of currency checked	Preventative	May-23	Inadequate	
Feedback from community and users of facilities	Reactive	May-23	Inadequate	
Agreements in place for on-going users	Preventative	May-23	Adequate	
Overall Control Ratings				Adequate
Action	Due Date	Responsibility		
Staff training required in the area of venue bookings	Complete	AGC		
Emergency Booking Module currently being updated	Complete	AGC		
Events Committee to undertake desktop review of event management procedures	Ongoing	CPC		
Developing procedures for facility bookings and feedback - events especially	Ongoing	AGC/EMC/ESD		
Review planning measures and signage to be displayed in all drive facilities	Ongoing	ESD		
Maintain and record current fire cleaning regime	Ongoing	ESD		
Undertake an events review and develop/implement strategies to improve operations	Complete	ESD		
COVID-19 Safety Plans to be prepared for drive services	Complete	ESD/AGC		
Facility Committee to undertake desktop review of event management procedures	Ongoing	CPC		
Booking procedures for facility bookings and feedback - events especially	Ongoing	AGC/ESD/ESD		
Booking forms to include details of insurance / Public Liability	Ongoing	ESD/ESD/AGC		
Immediate online booking system to be implemented into drive services for community	May-23	AGC		
Review signage for all venues giving consideration to the Access and Information Audit	Ongoing	ESD/AGC		
PHD - sharing of information with users re bookings	Ongoing	ESD		
Review of the Events procedures and processes to comply current risk audit	May-23	CPC		
Consequence Category	Risk Rating	Consequence	Rating	
Reputation		Minor - 2		
		Minor - 2		
		Minor - 2		
Overall Risk Rating:				Low

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Proof	Comments
ESD	Yes	Yes	Yes	Yes	Yes	Minor events occurring. Improvements to be made.
ESD / venue manager	Partial	Yes	Yes	Yes	Partial	
AGC	Yes	Yes	Partial	Yes	Yes	Minor events occurring. Improvements to be made.
AGC	Yes	Yes	Partial	Yes	Partial	
ESD	Yes	Yes	Yes	Yes	Yes	
AGC	Yes	Yes	Yes	Yes	Yes	
AGC	Yes	Yes	Yes	Yes	Yes	Minor events occurring. Improvements to be made.
CPC/AGC	Partial	No	Partial	No	Yes	Minor events occurring. Improvements to be made.

Status of Action	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, rules and responsibility definition. Review to include role of contractor inclusive to bookings.
Review	Procedures in place and being tested. First back is provided in the booking hire form for users to complete. Also through details with the Events Coordinate following an event, information sheet to be developed around insurance and contractor induction.
Complete	State of Emergency invoked
Complete	
Complete	Events policy review and guidelines adopted by Council. Monitoring of events still in progress.
New 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 request has not been done. Review and update of all facilities to be included as part of condition.
Ongoing	Proposed to be extended again to 2024 for staff attendance.
In Progress	

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IT or communication systems and infrastructure				May-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 others 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				Nervousness of sciences
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	May-23	Adequate	
IT Vendor service level Agreement	Detective	May-23	Effective	
Infrastructure Security (security access protocols, firewalls)	Preventative	May-23	Effective	
UPS	Recovery	May-23	Effective	
IT Disaster Recovery Plan	Recovery	May-23	Effective	
Contract management	Preventative	May-23	Inadequate	
System User Access	Preventative	May-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-16	IT/P		
Implement a protocol to ensure passwords are changed regularly	Mar-16	IT/P		
Review levels of access to server and develop a process to ensure security & confidentiality at installation	Jan-16	IT/P		
Develop a written specification, seek quotes and engage an IT Service Provider	May-23	IT/P		
Investigate and implement transition to new communications provider	May-23	IT/P		
Arrange installation of BT-POG facilities at the Museum	Sep-16	IT/P		
Review levels of access to Systems 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		
Fix water system leak in server room to be rectified	Ongoing	EMGS		
Review levels of service with the external IT providers	Ongoing	EMCCS		

Control Assurance						
Control Owner	Control Documents #	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	
IT/P	Partial	Yes	Yes	Partial	Yes	only replaced
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	Can be accessed by anyone with a master key. Conduct risk assessment to see whether measures are suitable.
Complete	Servers upgraded prior to Atlas Procurement and SCM changeover.
Ongoing	Last Disaster Recovery testing session conducted 20 August 2022. Atlas products unable to be tested in the sandpit environment. Further testing to be scheduled as these need to be.
Ongoing	Has been done. Redundant services still to be removed. Consider fix as part of the risk assessment for the server room to remedy all defects.
Ongoing	Contractor management meetings held with IT Vision to work to improve service. Alternative providers for support being sought.

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IT or communication systems and infrastructure		May-23
Improve levels of service at Shire outstations (ie museum, swimming pool, depot, YRCC)	Jun-23	IT/P
Consequence: Critical	Risk Rating: High	
Service disruption	Consequence:	Moderate (3)
	Likelihood:	Possible (3)
	Overall Risk Rating: Moderate	

In Progress	NBH Connections to museum, Admin and Depot underway

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Misconduct

May-23

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

This would include instances of:

- Stealing or misappropriation of assets
- Distributing confidential information
- Accessing systems and/or applications without correct authority to do so
- Misrepresenting data in reports
- Fraud 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 just an intentional breach - i.e. Errors, Omissions or Delays.

Potential causes include:

Inadequate training of code of conduct induction	Greed, gambling or sense of entitlement
Changing of job titles and functions/authorities	Confusion between internal & external parties
Delegated authority process inadequately implemented	Unsupervised 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	Unwise influence from Manager / Supervisor
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	Due	Rating
Delegated authority framework	Preventative	May-23	Effective
IT Security Framework	Preventative	May-23	Adequate
Cash handling procedures	Preventative	May-23	Adequate
Staff on-boarding / induction program (Code of Conduct, Staff Counsellors)	Preventative	May-23	Effective
External Audits	Preventative	May-23	Effective
Police clearance	Preventative	May-23	Effective
Annual drivers licence checks	Preventative	May-23	Inadequate
Strong management culture (Zero tolerance for misconduct)	Preventative	May-23	Effective
Social Media policy	Preventative	May-23	Effective
Segregation of duties (Financial)	Preventative	May-23	Adequate
Working with children & vulnerable adults policy			
Drug and Alcohol Policy and Testing Program			
Overall Control Ratings:			Effective

Actions	Due Date	Responsibility
Develop an IT Security Framework	Jan-16	ITD
Review and document cash handling procedures for implementation in all three subdivisions and semi-subdivisions	Jun-16	FM
Develop and implement a procedure for dismissing employees	Jun-16	EMCCS
Develop and implement a procedure for grievance resolution	Jun-16	EMCCS

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Paucity	Comments
EMCCS	Yes	Yes	Yes	Yes	Yes	Review based upon OAG recommendations
ITD	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 finalized and training undertaken
EMCCS	Yes	Yes	Yes	Yes	Yes	
ESOCSS	Yes	Yes	Yes	Yes	Yes	Request for police clearance prior to confirmation of employment. Employee file reviewed and additional police clearance requested where required
ESOCSS	Yes	Yes	Yes	Yes	Yes	Approved July 2017, annual development to be finalised
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 annual correspondence and in person at staff meetings
CEO	Yes	Yes	Yes	Yes	Yes	HR and Instagram sites launched December 2017
HR	Partial	Partial	Partial	Partial	Partial	Review following Staff Feedback

Status of Actions	Comments
Ongoing	Under review. Timeline training to be incorporated with Payroll officer. Part A and B to be reprocessed
Ongoing	To be completed for Council Adoption in December every year. Last conducted OCM Dec 2021 Resolution 951221
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

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Develop a Fraud and Corruption Framework for review every 2 years	Ongoing	EMCCS	Complete	Approved April 2018 following consultation and distributed to all staff.
Review wear spaces to benchmarks	Complete	HR/EMCCS	Complete	Approved April 2018 following consultation and distributed to all staff.
Review working procedures for heavy plant and equipment, portable and structures	Jun-23	SA	Ongoing	Mary Henaway from LG People to undertake training on 8 March 2019. To be included in annual
Complete Employee Induction Manual	Ongoing	EMCCS	In Progress	incomplete. Work has recommenced on 9th.
Review Delegation Authority Register to ensure details of risk delegations are accurate	Ongoing	AGC	In Progress	Risk handling refresher updated planned for Containers for Change, Museum, Visitor Centre, Pool and
Underpin training for all staff on risk policies and procedures	Ongoing	EMCCS	Ongoing	Yearly process. Next scheduled for June 23.
Develop and implement an annual staff training program that includes refresher training in HR policies and procedures	Ongoing	EMCCS	Ongoing	Yearly process. Next scheduled for June 23.
Review cash handling procedures for contributions	Dec-23	PM	Complete	Fraud and Corruption Framework adopted by Council at its December 22 OCM Resolution 141222.
Develop and implement a periodic fraud awareness training program for all staff	Ongoing	EMCCS	Not started	To be scheduled for 2023 as part of HR Leadership Training.
Declarations of conflict of interest when staff attend meetings with contractors where they	Ongoing	EMCCS	In Progress	This needs to be workshopped to see how it can be implemented at the Shire.
Review of purchasing, segregation and delegation after receipt of GPO Management Plan	Jun-23	EST	In Progress	EMCCS to meet with Marketing to review their practices as recommended by CAO. Solutions will also
Need to confirm validity of driver licences with implicated employees	Annual	EMCCS	Ongoing	This process is captured in the Annual Declarations made by staff.

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

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Project / Change management		May-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 integration 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	May-23	Adequate
Status reporting and monitoring program	Preventative	May-23	Inadequate
Stakeholder engagement policy and Framework	Preventative	May-23	Adequate
Council submission process (including Risk)	Preventative	May-23	Adequate
Post-project debriefs	Preventative	May-23	Inadequate
Risk assessments are conducted before and during projects	Preventative	May-23	Inadequate
Project Management Teams	Preventative	Jan-20	Adequate
Overall Control Ratings:			Adequate
Actions	Due Date	Responsibility	
Project Planning Template (including risk assessment) is developed and distributed to	Feb-18	EMDS	
Provide staff during regarding risk expectations for inclusion in agenda reports.	Mar-18	EMDS	
Conduct Project Management Training for relevant staff	Jun-18	Relevant staff	
Develop status reporting (including status, reporting, stakeholder, engagement, risk assessment and knowledge update etc.)	Jun-18	Relevant staff	
Documented for projects			
Undertake staff training to include amendments to Assessment	Dec-18	EMDS	
Policy and new Procedures Manual			
Incorporate review of grants (report into quarterly PMR processes)	Superseded	PM	
Review Project Management processes and ensure they are	Complete	EMDS	
Develop and implement procedures around Grants Management	Jun-23	PM/EMDS	
Consider grants management as part of the new Government Framework package	Jun-23	ELT	
Implement the new Government Framework procedures and tools and train all	Jun-23	EMDS	
Financial risk in completing projects in time to report against grants	Dec-23	EMDS	
Consequence Category	Risk Ratings		Rating
Financial / Reputational / Health	Consequence		Minor (2)
	Likelihood		Possible (3)
Overall Risk Ratings:			Medium

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Final	Comments
EMDS	Yes	Yes	Yes	Yes	Yes	
EMDS	Partial	Yes	Partial	Partial	Yes	Procurement Review to be undertaken
CEO	Yes	Yes	Yes	Yes	Yes	Policy (2019) Community Engagement & Consultation adopted by Council (24/19/18)
EMDS	Yes	Partial	Yes	Yes	Yes	Project template includes consideration of Risk Indicators Training
EMDS	No	Partial	Partial	Partial	Partial	Internal risk
EMDS	Yes	Partial	Yes	Partial	No	Procurement Review
EMDS						Training present, education on process and methodology

Status of Actions	Comments
Complete	Risk tool 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	Ensure 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	EMDS has produced contractor management suite of information and has provided to the EMG as per
In Progress	Training has been conducted with all relevant staff. Refresher training to be scheduled in 2024
In progress	Project spreadsheet captures grant spending and reports in a dashboard to highlight risk. Will be rolled out

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Safety and Security practices May-23			
Risk Context:			
Non-compliance with the Work Health and Safety Act, associated regulations and standards. It is also the inability to enforce the physical security requirements of staff, contractors and visitors. Other considerations are negligence or carelessness.			
POTENTIAL ISSUES INCLUDE:			
Lack of appropriate PPE / equipment	Inadequate signage, barriers or other exclusion techniques		
Inadequate fire and 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 manifests 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 monitoring of staff	Slow or inadequate response to notifications from public		
Key Controls	Type	Date	Rating
Building Security access controls (alarms, CCTV, keypad access)	Preventative	May-23	Adequate
WHS Management Framework	Preventative	May-23	Adequate
Contractor site inductions	Preventative	May-23	Effective
Staff site inductions	Preventative	May-23	Effective
Drug and alcohol policy	Preventative	May-23	Effective
Employee Assistance Program	Preventative	May-23	Adequate
Hazardous Substance and Dangerous Goods registers	Preventative	May-23	Effective
Health and Wellbeing program	Preventative	May-23	Adequate
Incident register / incident reporting procedure	Preventative	May-23	Effective
Organisational Emergency Management Plan and evaluation diagrams	Preventative	May-23	Inadequate
Purchasing policies and procedures consider safety issues	Preventative	May-23	Adequate
Regular documented safety inspections	Preventative	May-23	Effective
Safe work practices (Safe Work Method Statements)	Preventative	May-23	Adequate
Toolbox meetings	Preventative	May-23	Effective
Training for staff	Preventative	May-23	Effective
Return to work program	Recovery	May-23	Adequate
Establish WHS Committee	Preventative	May-23	Adequate
Embed safety procedures and policies into project management framework including contractor safety management handbook	Preventative	May-23	Inadequate
Drill training	Preventative	May-23	Adequate
Overall Control Ratings: Adequate			
Actions	Due Date	Responsibility	
Establish procedures in liaison with LGCB for EAP	Jan-24	EMCCS	
Update Hazardous Substance and Dangerous Goods Register	Mar-24	DAG	
Develop procedures for the implementation of the Alcohol & Other Drugs Policy	Complete	EMCCS - DAG	
Develop and implement a Governance, Training and Measurement resolution procedure	Jun-24	EMCCS	
Understand training in WHS policies	Revised/updated	EMCCS	
Implement the recommendations of the Emergency Exercise report	Jun-24	ESG	
Implement action plan incorporating results of WHS Audit	Complete	ESG	
Review Safety Workforce at publications and provide training	Ongoing	ESG/EMCCS	
Book quotes for new WHS and OHS courses and arrange installation	Complete	ESG/EMCCS	
Update procedure to reflect WHS requirements for site ground attendance	Dec-23	EMCCS ESG	
Clarification from LGCB on private vehicle attendance to a fire ground	Dec-23	EMCCS ESG	
Adopt the WHS Policy and Safety Manual for staff	Jun-23	EMCCS/EMCCS	
Understand training in WHS policies	Ongoing	EMCCS	
CCTV to be installed at all buildings	Jan-24	IT/PSG/AM	
Update Evacuation Plans for the Depot to include new security gates and undertake	Jun-23	ESG	
Access register to be developed and maintained by Depot	Ongoing	ESG	
MRDS for Depot missing - sheets and register to be updated	Jun-23	EMCCS/ESG	

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fraud	Comments
ITP	Yes	Yes	Yes	Yes	Partial	
ESG	Partial	Partial	Partial	Partial		ongoing
ESG/ES	Yes	Yes	Yes	Yes	Yes	
EMCCS	Yes	Yes	Yes	Yes	Yes	
EMCCS	Yes	Partial	Partial	Partial	Yes	
EMCCS	Yes	Partial	Partial	Yes	Yes	once EAP is place following LGCB withdrawal of service
ESG	Partial	Yes	Yes	Yes	Yes	Ongoing study through
ESG/ES	Yes	Yes	Yes	Yes	Yes	ongoing as no other changes
ESG	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
ESG	Yes	Yes	Yes	Partial	Yes	undertaken in January 2019
ES	Partial	Partial	Partial	Yes	Yes	
ESG/ES	Yes	Yes	Yes	Yes	Yes	
ITP	Partial	No	No	Partial	Partial	
ESG						
						Training process

Status of Actions	Comments
Complete	Support provided on a case by case basis. Employees are recommended to the service when required and
Complete	
In progress	Minor CCTV installations have occurred. Shire to develop a strategy for use to understand the desired
Complete	Approved April 2018 following consultation, not distributed to all staff
Complete	Revised/updated with later training items
Completed	New 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 handbook
Ongoing	This is an annual process. June training scheduled for relevant staff
Complete	To be replaced by regular inspections. Hazards will be captured on register. Contact Worksafe to see
Complete	Policy adopted 18/01/17 Procedures in place. Two random tests conducted to date
In progress	MRDS file has been located but sheets need updating
In progress	Budget allocation made for 2023. Triple entry access upgraded to Administration building. Other works
In progress	Still a risk. Her positions are being filled before Evacuation testing can occur at all facilities. Evacuation

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Undertake access and alarm upgrades at Administration, INOC and Museum	Jun-24	EMCS	In progress	To be considered as part of the refurbishment project
Undertake emergency evacuation testing at all facilities	Dec-24	EMCS	In progress	Not currently scheduled for next 12 months and aggressive measures discussed where existing conditions
Visit courier replacement to consider suggested security measures	Jan-25	EMCS	In progress	Completed or agreed call back date to be confirmed by the relevant parties. No further action required
Rehabilitation for fighting aggressive customers and offenders	Jan-25	E.T	Complete	Not relevant
Supplies volunteer safety inductions and training	Ongoing	EMCS ESO	Complete	
Continue to embed safety practices and procedures into project work	Jun-23	EMCS	Ongoing	

Consequence Category	Risk Rating	
Health	Consequence	Rating
	Likelihood	Possible (3)
	Overall Risk Rating	Medium

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

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Supplier / Contract management			Mar-23
Risk Content			
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:			
Inefficient tendering	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
State 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	Adequate
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	EMCGB	
Review Delegation DS5-5 to remove delegation not to invite tenders	Dec-17	EMCGB	
Establish a register of contracts	Complete	EMCGB	
Provide contractor induction training	Complete	FM	
Develop Statement of Business Ethics	Complete	EMCGB	
Develop and implement a process for progress reporting on share contracts	Complete	EMCGB	
Implement processes for online contractor selection	Complete	TSG	
Purchase orders need review to include terms and conditions to form a more	Jan-23	FM	
Seek explanations for non-compliance and provide information on PO failure	Ongoing	ET	
Implement regular monitoring of contracts register	Ongoing	EMCGB	
Contract Management Processes	Ongoing	EMCGB	
Consequence Category	Risk Ratings		Rating
Service interruption, Financial	Consequence: Significant		Moderate (3)
	Overall Risk Rating:		Moderate

Control Assurance						
Control Owner	Control Documented	Completeness	Accuracy	Timeliness	Fixed	Comments
EMCGB	Yes	Yes	Yes	Partial	Yes	Procurement Policy in place and implemented. Tender documentation using RPA/CA templates. Procurement Policy
EMCGB	Partial	Partial	Yes	Yes	Yes	Procurement review
EMCGB	Yes	Yes	Partial	Yes	Partial	As required. No formal process
EMCGB	Yes	Yes	Yes	Yes	Yes	WPA/CA templates are used
						Investigated next week

Status of Actions	Comments
Complete	EMCGB 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 Atlas procurement and tendering. 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. Discussions 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 Atlas Procurement system
Ongoing	Contracts/Value system rolled out to all contractors who attend Shire premises and is followed up with
Complete	Contract register complete and in use
Ongoing	To align with contractor management procedures
Ongoing	EMCGB has produced contractor management sets 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

10 MOTIONS OF WHICH PREVIOUS NOTICE HAS BEEN GIVEN

Nil

11 QUESTIONS FROM MEMBERS WITHOUT NOTICE

MR PETER CARDEN

Question 1

Presumably the impact(s) of the Aboriginal Cultural Heritage Act 2021 will be listed as a risk on the Register given the level of community concern?

Response provided by the Chief Executive Officer:

The Shire will need to assess and determine what impacts may apply to operations. The current State Government position in the first twelve (12) months is an education process rather than compliance enforcement. The Regulations, which are yet to be drafted, will provide the level of clarity required.

MS SHONA ZULSDORF

Question 1

It appears the Due Diligence Assessment is risk based, hence it could be reasonable for inclusion in the Register.

Response provided by the Chief Executive Officer:

Local Aboriginal Cultural Heritage Services (LACHS) will be established as the Aboriginal corporations responsible for the risk assessment. The Ballardong Corporation has been established in Northam with the potential to become the LACH for this region. A potential risk for the Shire would be instances where matters required to be referred to a LACH for assessment are not, as there are significant implications to the individual and organisation if that were to occur. The Shire will include requirements to assess all work programs and projects for referral to LACHS in all preplanning work.

MR KEVIN TRENT

Question 1

In regard to the impacts of the Aboriginal Cultural Heritage Act 2021 on road construction, will we provide advance notice to the LACH for the assessment of our road program to avoid potential delays?

Response provided by the Chief Executive Officer:

Yes, that will need to be included in the process, though it may depend on the level of road upgrade/works to be undertaken as to whether referral for assessment is required. At the moment the Regulations and LACHS are still being established. The Shire will include requirements to assess all road projects for referral to LACHS in all preplanning work.

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

Nil

13 CLOSURE

The Presiding Member thanked everyone for their attendance and closed the meeting at 3.44pm.