



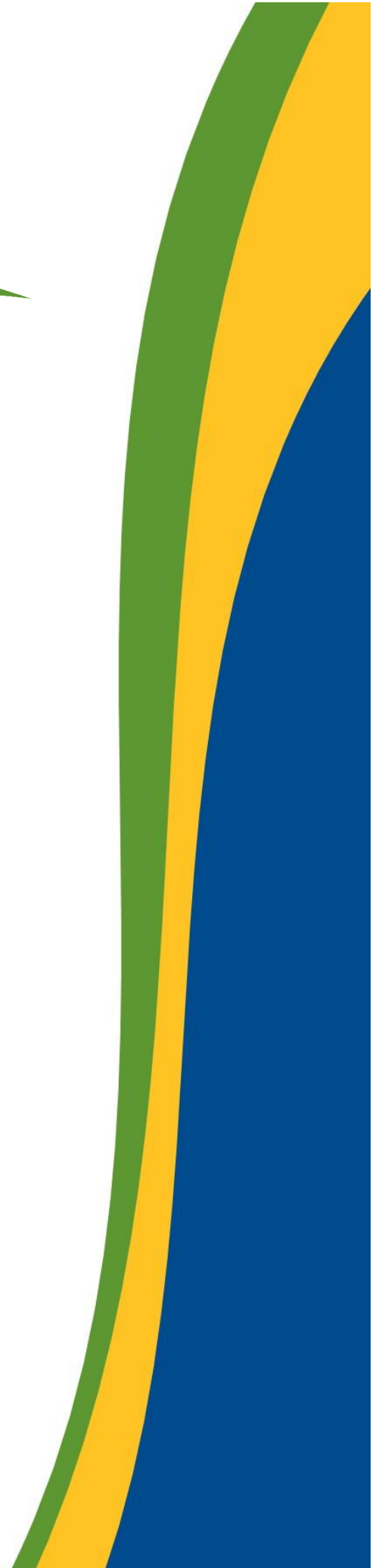
Shire of Northam  
*Heritage, Commerce and Lifestyle*

## **Shire of Northam**

### **Agenda**

### **Audit & Risk Management Committee**

**22 August 2023**



**NOTICE PAPER**  
**Audit & Risk Management Committee**  
**22 August 2023**

Committee Members

I inform you that a Audit & Risk Management Committee will be held in the Council Chambers, located at 395 Fitzgerald Street, Northam on 22 August 2023 at 5:00 pm.

Yours faithfully



**Jason Whiteaker**  
**Chief Executive Officer**  
**18 August 2023**

## **DISCLAIMER**

This committee has been delegated authority by Council to receive and assess grant applications; and make a final determination on all grant applications received as part of the Community Grants Scheme.

This agenda has yet to be dealt with by the committee. The Recommendations shown at the foot of each item have yet to be considered by the committee and are not to be interpreted as being the position of the committee. The minutes of the meeting held to discuss this agenda should be read to ascertain the decision of the Council.

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The Shire of Northam advises that anyone who has any application lodged with the Shire of Northam must obtain and should only rely on WRITTEN CONFIRMATION of the outcome of the application and any conditions attaching to the decision made by the Shire of Northam in respect of the application.

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## **1 DECLARATION OF OPENING**

## **2 ACKNOWLEDGEMENT OF COUNTRY**

The Shire of Northam would like to acknowledge the Traditional Owners of the land on which we meet, the Ballardong and Whadjuk people of the Nyoongar nation and pay our respects to Elders, past present and emerging.

## **3 ATTENDANCE**

### **3.1 ATTENDEES**

#### **Council:**

Shire President  
Deputy President  
Councillors

C R Antonio  
M P Ryan  
H J Appleton  
A J Mencshelyi

#### **Staff:**

Chief Executive Officer  
Executive Manager Corporate Services  
Governance Coordinator  
Governance Officer

J Whiteaker  
C J Joung  
A C McCall  
T P Van Beek

### **3.2 APOLOGIES**

Nil.

### **3.3 APPROVED LEAVE OF ABSENCE**

Nil.

### **3.4 ABSENT**

Nil.

## **4 DISCLOSURE OF INTERESTS**

*Members should fill in Disclosure of Interest forms for items in which they have a financial, proximity or impartiality interest and forward these to the Presiding Member before the meeting commences.*

*As defined in section 5.60A of the Local Government Act 1995, a **financial interest** occurs where a Councillor / Committee Member, or a person with whom the Councillor / Committee Member is closely associated, has a direct*

or indirect financial interest in the matter. That is, the person stands to make a financial gain or loss from the decision, either now or at some time in the future.

As defined in section 5.61 of the Local Government Act 1995, an **indirect financial** interest includes a reference to a financial relationship between that person and another person who requires a Local Government decision in relation to the matter.

As defined in section 5.60B of the Local Government Act 1995, a person has a **proximity interest** in a matter if the matter concerns a proposed change to a planning scheme affecting land that adjoins the person's land; or a proposed change to the zoning or use of land that adjoins the person's land; or a proposed development (as defined in section 5.63(5)) of land that adjoins the person's land.

As defined in 34C of the Local Government (Administration) Regulations 1996, an **impartiality interest** means an interest that could, or could reasonably be perceived to, adversely affect the impartiality of the person having the interest and includes an interest arising from kinship, friendship or membership of an association.

Item Name	Item No.	Name	Type of Interest	Nature of Interest

## **5 CONFIRMATION OF MINUTES**

### **5.1 CONFIRMATION OF MINUTES FROM THE AUDIT AND RISK MANAGEMENT COMMITTEE MEETING HELD 19 APRIL 2023**

#### **RECOMMENDATION**

**That the minutes of the Audit and Risk Management Committee Meeting held on 19 April 2023 be confirmed as a true and correct record of that meeting.**

## 6 COMMITTEE REPORTS

### 6.1 Monthly Compliance Report

<b>File Reference:</b>	1.6.1.6
<b>Reporting Officer:</b>	Alysha McCall (Governance Coordinator)
<b>Responsible Officer:</b>	Jason Whiteaker (Chief Executive Officer)
<b>Officer Declaration of Interest:</b>	Nil
<b>Voting Requirement:</b>	Simple Majority
<b>Press release to be issued:</b>	No

#### BRIEF

This report provides Council with an overview of the Shire's monthly compliance activities.

#### ATTACHMENTS

1. Compliance Audit - April 2023 [**6.1.1** - 6 pages]
2. Procurement Audit - April 2023 [**6.1.2** - 1 page]
3. Compliance Audit - May 2023 [**6.1.3** - 6 pages]
4. Procurement Audit - May 2023 [**6.1.4** - 1 page]
5. Compliance Audit - June 2023 [**6.1.5** - 7 pages]
6. Procurement Audit - June 2023 [**6.1.6** - 1 page]
7. Compliance Audit - July 2023 [**6.1.7** - 7 pages]
8. Procurement Audit - July 2023 [**6.1.8** - 1 page]
9. Major Project Audit 2022 23 - Northam RV Construct [**6.1.9** - 2 pages]
10. Project Audit 2022 23 - Aerodrome Toilets [**6.1.10** - 2 pages]

#### A. BACKGROUND / DETAILS

Under the Local Government (Audit) Regulations 1996, a Local Government is required to carry out a Compliance Audit for the period 1 January to 31 December of each year. To ensure compliance and to strengthen the auditing in key areas on a more regular basis, the Shire has implemented a monthly Compliance Calendar where specific activities and statutory requirements are audited internally.

#### B. CONSIDERATIONS

##### **B.1 Strategic Community / Corporate Business Plan**

Performance Area: Performance, Outcome 12: Excellence in organisational performance and customer service.

Objective 12.1: Maintain a high standard of corporate governance and financial management.

Priority Action 12.1.4: Provide internal auditing capabilities (including providing additional human or financial resources) and publish findings annually.

**B.2 Financial / Resource Implications**

Not applicable.

**B.3 Legislative Compliance**

There is no legislative requirement to maintain a Compliance Calendar, however it is considered best practice and covers the following legislation:

- *Local Government Act 1995;*
- *Local Government (Functions and General) Regulations 1996;*
- *Local Government (Administration) Regulations 1996;*
- *Local Government (Elections) Regulations 1997;*
- *Local Government (Audit) Regulations 1996;*
- *Valuation of Land Act 1978*
- *Building Services (Complaint Resolution and Administration) Regulations 2011*
- *Building and Construction Industry Training Fund and Levy Collection Act 1990*

**B.4 Policy Implications**

The Shire of Northam Fraud and Corruption Control Plan risk treatments which do not have a rating of high or extreme have been incorporated into the compliance audit on a rotational cycle. Risk ratings of high or extreme are captured on the Shire of Northam Risk Register in accordance with policy G 1.8 Risk Management which is reported to the committee in a separate report.

**B.5 Stakeholder Engagement / Consultation**

Nil.

**B.6 Risk Implications**

Refer to Risk Matrix [here](#).

<b>Risk Category</b>	<b>Description</b>	<b>Rating (likelihood x consequence)</b>	<b>Mitigation Action</b>
Financial	Ability to misuse funds.	Rare (2)x Medium (3) = Low (3)	Compliance calendar assists to ensure compliance
Health & Safety	Nil.		
Reputation	Nil.		



Service Interruption	Nil.		
Compliance	Staff not following legislative requirements	Rare (2)x Medium (3) = Low (3)	Compliance calendar assists to ensure compliance
Property	Nil.		
Environment	Nil.		

**B.7 Natural Environment Considerations**

Nil.

**C. OFFICER'S COMMENT**

The monthly Compliance Calendar is an effective tool to assist in populating the Annual Compliance Audit Return (CAR) and enhances the Shire's ability to identify and manage issues which may arise during the year, in a timely manner.

Included in the Compliance Calendar is a random audit of Creditors to ensure compliance with the Shire's purchasing policy and the requirements of the *Local Government Act 1995*.

This Compliance Report incorporates the annual internal audit of a project and a major project as required by risk treatment R00024 – Inadequate Project Management. The current Manage Projects process is currently under review and is proposed to incorporate the audit items to ensure greater compliance.

A summary of the compliance is provided below:

<b>Audit</b>	<b>Audit Month</b>	<b>Percentage Compliant</b>	<b>Non-Compliances</b>
Compliance Audit	April 2023	95%	<ul style="list-style-type: none"> <li>Delegated authority register not being updated for PR02 and O02.</li> <li>BCTF payment being made 2 days late. - Unsuccessful tenderer for RFT 02 of 2023 not being notified.</li> </ul>
Procurement Audit	April 2023	95%	<ul style="list-style-type: none"> <li>1 purchase order was raised after the invoice date.</li> </ul>
Compliance Audit	May 2023	97%	<ul style="list-style-type: none"> <li>Several delegations not updated in the Delegated Authority Register. - Tender Register not updated for RFT 03 of 2023.</li> </ul>

Procurement Audit	May 2023	95%	<ul style="list-style-type: none"> <li>• 1 purchase order was raised after the invoice date.</li> </ul>
Compliance Audit	June 2023	92%	<ul style="list-style-type: none"> <li>• Delegated Authority Register, reference E04 - Crossovers was not updated.</li> <li>• Other classes of assets not re-valued by June 2023.</li> <li>• BCTF payment not made by 10 July.</li> <li>• 2023/24 Council Plan and some confirmed committee minutes not yet listed on Shire website.</li> <li>• Non-compliances with procurement policy, refer to procurement audit.</li> <li>• Tender register not updated on Shire website. Suggested to Procurement Coordinator moving this to Smartsheet to assist in ensuring compliance.</li> </ul>
Procurement Audit	June 2023	85%	<ul style="list-style-type: none"> <li>• 2 purchase orders were raised after the invoice date.</li> <li>• Written quote was not obtained as required by policy.</li> </ul>
Compliance Audit	July 2023	90%	<ul style="list-style-type: none"> <li>• Delegated Authority Register not updated for E02 Road closure Bilya Festival / Avon Descent and A05 for infringements issued.</li> <li>• Building approval information was not provided to the Valuer General by 14th August.</li> <li>• BSL payment was not made by 14th August.</li> <li>• BCITF payment was not made by 10th August.</li> <li>• 4 purchases identified as not having a purchase order raised prior to the invoice date.</li> <li>• Entertainment expenses on CEO credit card not co-signed.</li> <li>• Vehicle and Plant Management Policy not signed by employee provided with Shire vehicle.</li> </ul>

Procurement Audit	July 2023	80%	<ul style="list-style-type: none"> <li>• 4 purchases identified as not having a purchase order raised prior to the invoice date.</li> </ul>
Major Project Audit	2022/23	50%	<ul style="list-style-type: none"> <li>• Detailed working or engineering designs and plans were not signed off prior to commencement by Chief Executive Officer.</li> <li>• All risks and treatments were not put into 'Promapp' Risk Module.</li> <li>• Project Development Engineer was the project manager as detailed in the Letter of Award. This is required to be the Executive Manager Project team was not operational.</li> <li>• Monthly reporting occurred through Elected Member Monthly Report and Financial Statements however fortnightly reporting required.</li> <li>• Project file was not created. File was created for the contract.</li> </ul>
Project Audit	2022/23	58%	<ul style="list-style-type: none"> <li>• Floor plan provided as part of RFQ, RFQ was for a design and construct, no detailed plans were developed.</li> <li>• Detailed working or engineering designs and plans were not signed off prior to commencement by Executive Manager.</li> <li>• Risk assessment and associated actions were not completed.</li> <li>• Limited internal records were registered in the CRM.</li> </ul>

**RECOMMENDATION**

**That Council receive the update as provided in the monthly Compliance Report.**

April

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	April	April Comments
Code of Conduct	Did the local government prepare and adopt, by absolute majority, a code of conduct to be observed by council members, committee members and candidates within 3 months of the prescribed model code of conduct coming into operation (3 February 2021)	Local Government Act 1995	s5.104(1)	April	Governance Coordinator	Yes	
Code of Conduct	Did the local government adopt additional requirements in addition to the model code of conduct? If yes, does it comply with section 5.104(3) and (4) of the Local Government Act 1995	Local Government Act 1995	s5.104(3) & (4)	April	Governance Coordinator	Not applicable	
Code of Conduct	Has the CEO published an up-to-date version of the code of conduct for employees on the local government's website	Local Government Act 1995	s5.104(7)	Monthly	Governance Officer	Yes	
Code of Conduct	Has the CEO prepared and implemented a code of conduct to be observed by employees of the local government in accordance with section 5.51A(1) of the Local Government Act 1995	Local Government Act 1995	s5.51A(1) & (3)	Monthly	Governance Coordinator	Yes	
Commercial Enterprises by Local Governments	Has the local government prepared a business plan for each major trading undertaking that was not exempt?	Local Government Act 1995	s3.59(2)(a) F&G Regs 7,9,10	Monthly	CEO / Executive Managers	Not applicable	
Commercial Enterprises by Local Governments	Has the local government prepared a business plan for each major land transaction that was not exempt	Local Government Act 1995	s3.59(2)(b) F&G Regs 7,8A, 8, 10	Monthly	CEO / Executive Managers	Not applicable	
Commercial Enterprises by Local Governments	Has the local government prepared a business plan before entering into each land transaction that was preparatory to entry into a major land transaction	Local Government Act 1995	s3.59(2)(c) F&G Regs 7,8A, 8,10	Monthly	CEO / Executive Managers	Not applicable	
Commercial Enterprises by Local Governments	Has the local government complied with public notice and publishing requirements for each proposal to commence a major trading undertaking or enter into a major land transaction or a land transaction that is preparatory to a major land transaction	Local Government Act 1995	s3.59(4)	Monthly	CEO / Executive Managers	Not applicable	
Commercial Enterprises by Local Governments	Did the council resolve to proceed with each major land transaction or trading undertaking by absolute majority	Local Government Act 1995	s3.59(5)	Monthly	CEO / Executive Managers	Not applicable	
Delegation of Power / Duty	Were all decisions by the council to amend or revoke a delegation made by absolute majority	Local Government Act 1995	s5.16(3)(b) & s5.45(1)(b)	Monthly	Governance Coordinator	Not applicable	
Delegation of Power / Duty	Did all persons exercising a delegated power or duty under the Act keep, on all occasions, a written record in accordance with Local Government (Administration) Regulations 1996, Regulation 19 Was the Delegated Authority Register updated?	Local Government Act 1995	s5.46(3) Admin Reg 19	Monthly	Governance Coordinator	No	PR02 not updated with s39 certificate (O80506). O02 not updated with variation to prohibited burning period.
Disclosure of Interest	Where a council member disclosed an interest in a matter and did not have participation approval under sections 5.68 or 5.69 of the Local Government Act 1995, did the council member ensure that they did not remain present to participate in discussion or decision making relating to the matter	Local Government Act 1995	s5.67	Monthly	Governance Coordinator	Not applicable	
Disclosure of Interest	Were all decisions regarding participation approval, including the extent of participation allowed and, where relevant, the information required the Local Government (Administration) Regulations 1996 regulation 21A, recorded in the minutes of the relevant council or committee meeting	Local Government Act 1995	s5.68(2) & s5.69(5) Admin Reg 21A	Monthly	Governance Officer	Not applicable	
Disclosure of Interest	Were disclosures under section sections 5.65, 5.70 or 5.71A(3) of the Local Government Act 1995 recorded in the minutes of the meeting at which the disclosures were made	Local Government Act 1995	s5.73	Monthly	Governance Officer	Yes	
Disclosure of Interest	Where an employee had an interest in any matter in respect of which the employee provided advice or a report directly to council or a committee, did that person disclose the nature and extent of that interest when giving the advice or report	Local Government Act 1995	s5.70(2) & (3)	Monthly	Governance Coordinator	Yes	

**Audit & Risk Management Committee Agenda  
22 August 2023**

**Attachment 6.1.1**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	April	April Comments
<b>Disclosure of Interest</b>	Where council applied to the Minister to allow the CEO to provide advice or a report to which a disclosure under s5.71A(1) of the Local Government Act 1995 relates, did the application include details of the nature of the interest disclosed and any other information required by the Minister for the purposes of the application	Local Government Act 1995	s5.71A & s5.71B(5)	Monthly	Governance Coordinator	Not applicable	
<b>Disclosure of Interest</b>	Was any decision made by the Minister under subsection 5.71B(6) of the Local Government Act 1995 recorded in the minutes of the council meeting at which the decision was considered	Local Government Act 1995	s5.71B(6) & s5.71B(7)	Monthly	Governance Officer	Not applicable	
<b>Disposal of Property</b>	Where the local government disposed of property other than by public auction or tender, did it dispose of the property in accordance with section 3.58(3) of the Local Government Act 1995 (unless section 3.58(5) applies)	Local Government Act 1995	s3.58(3)	Monthly	Governance Coordinator	Yes	
<b>Disposal of Property</b>	Where the local government disposed of property under section 3.58(3) of the Local Government Act 1995, did it provide details, as prescribed by section 3.58(4) of the Act, in the required local public notice for each disposal of property	Local Government Act 1995	s3.58(4)	Monthly	Governance Coordinator	Not applicable	
<b>Finance</b>	Was a statement of financial activity reporting on the revenue and expenditure as set out in the annual budget under FM.Reg.22(1)(d) presented at an Ordinary Council meeting within 2-months after the end of the month to which the statement relates.	Local Government Act 1995	s.6.4 FM.Reg.34	Monthly	Senior Accountant	Yes	
<b>Gifts</b>	Did the CEO keep a register of gifts which contained a record of disclosures made under sections 5.87A and 5.87B of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28A	Local Government Act 1995	s5.89A(1), (2) & (3) Admin Reg 28A	Monthly	Governance Officer	Yes	
<b>Gifts</b>	Did the CEO publish an up-to-date version of the gift register on the local government's website	Local Government Act 1995	s5.89A(5) & (5A)	Monthly	Governance Officer	Yes	
<b>Gifts</b>	When people cease to be a person who is required to make a disclosure under section 5.87A or 5.87B of the Local Government Act 1995, did the CEO remove from the register all records relating to those people	Local Government Act 1995	s5.89A(6)	Monthly	Governance Officer	Yes	
<b>Gifts</b>	Have copies of all records removed from the register under section 5.89A(6) Local Government Act 1995 been kept for a period of at least five years after the person ceases to be a person required to make a disclosure	Local Government Act 1995	s5.89A(7)	Monthly	Governance Officer	Yes	
<b>Gifts</b>	Where a disclosure was made under sections 5.87A or 5.87B of the Local Government Act 1995, were the disclosures made within 10 days after receipt of the gift? Did the disclosure include the information required by section 5.87C of the Act	Local Government Act 1995	s5.87C	Monthly	Governance Officer	Not applicable	
<b>Local Government Employees</b>	Were all CEO and/or senior employee vacancies advertised in accordance with Local Government (Administration) Regulations 1996, regulation 18A	Local Government Act 1995	s5.36(4) & s5.37(3) Admin Reg 18A	Monthly	People & Culture Coordinator	Yes	CEO position advertised in West Australian on 22 April 2023.
<b>Local Government Employees</b>	Was all information provided in applications for the position of CEO true and accurate	Local Government Act 1995	Admin Reg 18E	Monthly	People & Culture Coordinator	Not applicable	
<b>Local Government Employees</b>	Was the remuneration and other benefits paid to a CEO on appointment the same remuneration and benefits advertised for the position under section 5.36(4) of the Local Government Act 1995	Local Government Act 1995	Admin Reg 18F	Monthly	People & Culture Coordinator	Not applicable	
<b>Local Government Employees</b>	Did the CEO inform council of each proposal to employ or dismiss senior employee	Local Government Act 1995	s5.37(2)	Monthly	People & Culture Coordinator	Not applicable	
<b>Local Government Employees</b>	Where council rejected a CEO's recommendation to employ or dismiss a senior employee, did it inform the CEO of the reasons for doing so	Local Government Act 1995	s5.37(2)	Monthly	People & Culture Coordinator	Not applicable	
<b>Official Conduct</b>	Has the local government designated an employee to be its complaints officer	Local Government Act 1995	s5.120	Monthly	Executive Manager Corporate Services	Yes	

**Audit & Risk Management Committee Agenda  
22 August 2023**

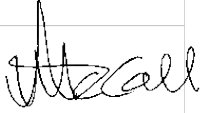
**Attachment 6.1.1**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	April	April Comments
<b>Official Conduct</b>	Has the complaints officer for the local government maintained a register of complaints which records all complaints that resulted in a finding under section 5.110(2)(a) of the Local Government Act 1995	Local Government Act 1995	s5.121(1) & (2)	Monthly	Executive Manager Corporate Services	Yes	
<b>Official Conduct</b>	Does the complaints register include all information required by section 5.121(2) of the Local Government Act 1995	Local Government Act 1995	s5.121(2)	Monthly	Executive Manager Corporate Services	Yes	
<b>Official Conduct</b>	Has the CEO published an up-to-date version of the register of the complaints on the local government's official website	Local Government Act 1995	s5.121(3)	Monthly	Governance Officer	Yes	
<b>Other</b>	Was the below information provided to the Valuer General by the 14th day of each month: • building licenses issued • building license works completed • registered plans and amendments under the Strata Titles Act 1985	Valuation of Land Act 1978	s.37	Monthly	Development Services Support Officer	Yes	
<b>Other</b>	Building Services Levy - Payment due by 14th day after the end of the month	Building Services (Complaint Resolution and Administration) Regulations 2011	s.94	Monthly	Development Services Support Officer	Yes	
<b>Other</b>	Building Construction Training Fund Levy - Payment due by 10th day after the end of the month	Building and Construction Industry Training Fund and Levy Collection Act 1990	N/A	Monthly	Development Services Support Officer	No	Payment made on 12th day. Request was completed for payment on 4th day.
<b>Other</b>	Did the CEO publish information on the local government's website in accordance with sections 5.96A(1), (2), (3), and (4) of the Local Government Act 1995	Local Government Act 1995	s5.96A(1), (2), (3) & (4)	Monthly	Governance Officer	Yes	
<b>Other</b>	Public Access to Information - Audit Check LG website, Library and LG office to ensure all information listed in s.5.94, s.5.96A and Admin. Reg.29 is publicly accessible (see s.5.96 too) and that customer service staff are trained to provide access accordingly. Audit to note limitations: s.5.95 and Admin. Regs. 29A and 29B	Local Government Act 1995	s.5.94, s.5.95, s.5.96, s.5.96A Admin. Reg.29, 29A, 29B	April	Governance Coordinator	Yes	
<b>Primary / Annual Returns</b>	Was a primary return in the prescribed form lodged by all relevant persons within three months of their start day	Local Government Act 1995	s5.75 Admin Reg 22, Form 2	Monthly	Governance Officer	Not applicable	2 returns due in June 2023.
<b>Primary / Annual Returns</b>	On receipt of a primary or annual return, did the CEO, or the mayor/president, give written acknowledgment of having received the return	Local Government Act 1995	s5.77	Monthly	Governance Officer	Not applicable	Nil received.
<b>Primary / Annual Returns</b>	Did the CEO keep a register of financial interests which contained the returns lodged under sections 5.75 and 5.76 of the Local Government Act 1995	Local Government Act 1995	s5.88(1) & (2)(a)	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	Did the CEO keep a register of financial interests which contained a record of disclosures made under sections 5.65, 5.70, 5.71 and 5.71A of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28	Local Government Act 1995	s5.88(1) & (2)(b) Admin Reg 28	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	When a person ceased to be a person required to lodge a return under sections 5.75 and 5.76 of the Local Government Act 1995, did the CEO remove from the register all returns relating to that person	Local Government Act 1995	s5.88(3)	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	Have all returns removed from the register in accordance with section 5.88(3) of the Local Government Act 1995 been kept for a period of at least five years after the person who lodged the return(s) ceased to be a person required to lodge a return	Local Government Act 1995	s5.88(4)	Monthly	Governance Officer	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government comply with its current purchasing policy, adopted under the Local Government (Functions and General) Regulations 1996, regulations 11A(1) and (3) in relation to the supply of goods or services where the consideration under the contract was, or was expected to be, \$250,000 or less or worth \$250,000 or less	Local Government Act 1995	F&G Reg 11A(1) & (3)	Monthly	Procurement Coordinator	Yes	1 RFT was advertised and 1 RFQ using a PSP.

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	April	April Comments
<b>Tenders for Providing Goods &amp; Services</b>	Subject to Local Government (Functions and General) Regulations 1996, regulation 11(2), did the local government invite tenders for all contracts for the supply of goods or services where the consideration under the contract was, or was expected to be, worth more than the consideration stated in regulation 11(1) of the Regulations	Local Government Act 1995	s3.57 F&G Reg 11	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	When regulations 11(1), 12(2) or 13 of the Local Government (Functions and General) Regulations 1996, required tenders to be publicly invited, did the local government invite tenders via Statewide public notice in accordance with Regulation 14(3) and (4)	Local Government Act 1995	F&G Regs 11(1), 12(2), 13, & 14(1), (3), and (4)	Monthly	Procurement Coordinator	Yes	1 RFT advertised in the West Australian on 26/04/2023.
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government comply with Local Government (Functions and General) Regulations 1996, Regulation 12 when deciding to enter into multiple contracts rather than a single contract	Local Government Act 1995	F&G Reg 12	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	If the local government sought to vary the information supplied to tenderers, was every reasonable step taken to give each person who sought copies of the tender documents or each acceptable tenderer notice of the variation	Local Government Act 1995	F&G Reg 14(5)	Monthly	Procurement Coordinator	Yes	Managed through Vendor Panel.
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's procedure for receiving and opening tenders comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 15 and 16	Local Government Act 1995	F&G Regs 15 & 16	Monthly	Procurement Coordinator	Not applicable	Nil opened.
<b>Tenders for Providing Goods &amp; Services</b>	Did the information recorded in the local government's tender register comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulation 17 and did the CEO make the tenders register available for public inspection and publish it on the local government's official website	Local Government Act 1995	F&G Reg 17	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any tenders that were not submitted at the place, and within the time, specified in the invitation to tender	Local Government Act 1995	F&G Reg 18(1)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Were all tenders that were not rejected assessed by the local government via a written evaluation of the extent to which each tender satisfies the criteria for deciding which tender to accept	Local Government Act 1995	F&G Reg 18(4)	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO give each tenderer written notice containing particulars of the successful tender or advising that no tender was accepted	Local Government Act 1995	F&G Reg 19	Monthly	Procurement Coordinator	No	Unsuccessful tenderer for RFT 02 of 2023 was not notified.
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's advertising and expression of interest processes comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulations 21 and 22	Local Government Act 1995	F&G Regs 21 & 22	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any expressions of interest that were not submitted at the place, and within the time, specified in the notice or that failed to comply with any other requirement specified in the notice	Local Government Act 1995	F&G Reg 23(1) & (2)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Were all expressions of interest that were not rejected under the Local Government (Functions and General) Regulations 1996, Regulation 23(1) & (2) assessed by the local government? Did the CEO list each person as an acceptable tenderer	Local Government Act 1995	F&G Reg 23(3) & (4)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO give each person who submitted an expression of interest a notice in writing of the outcome in accordance with Local Government (Functions and General) Regulations 1996, Regulation 24	Local Government Act 1995	F&G Reg 24	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government invite applicants for a panel of pre-qualified suppliers via Statewide public notice in accordance with Local Government (Functions and General) Regulations 1996, Regulations 24AD(4) and 24AE	Local Government Act 1995	F&G Regs 24AD(2) & (4) and 24AE	Monthly	Procurement Coordinator	Not applicable	

**Audit & Risk Management Committee Agenda  
22 August 2023**

**Attachment 6.1.1**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	April	April Comments
<b>Tenders for Providing Goods &amp; Services</b>	If the local government sought to vary the information supplied to the panel, was every reasonable step taken to give each person who sought detailed information about the proposed panel or each person who submitted an application notice of the variation	Local Government Act 1995	F&G Reg 24AD(6)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's procedure for receiving and opening applications to join a panel of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 16, as if the reference in that regulation to a tender were a reference to a pre-qualified supplier panel application	Local Government Act 1995	F&G Reg 24AF	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the information recorded in the local government's tender register about panels of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24AG	Local Government Act 1995	F&G Reg 24AG	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any applications to join a panel of pre-qualified suppliers that were not submitted at the place, and within the time, specified in the invitation for applications	Local Government Act 1995	F&G Reg 24AH(1)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Were all applications that were not rejected assessed by the local government via a written evaluation of the extent to which each application satisfies the criteria for deciding which application to accept	Local Government Act 1995	F&G Reg 24AH(3)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO send each applicant written notice advising them of the outcome of their application	Local Government Act 1995	F&G Reg 24AI	Monthly	Procurement Coordinator	Not applicable	
						<b>Compliance Items</b>	66
						<b>Items Compliant</b>	63
						<b>Items Non-Compliant</b>	3
						<b>Percentage Compliant</b>	95%
						Auditor:	Alysha McCall
						Auditor Signature:	



Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	April	April Comments
						Date Completed:	16/05/2023



Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	May	May Comments
<b>Code of Conduct</b>	Has the CEO published an up-to-date version of the code of conduct for employees on the local government's website	Local Government Act 1995	s5.104(7)	Monthly	Governance Officer	Yes	
<b>Code of Conduct</b>	Has the CEO prepared and implemented a code of conduct to be observed by employees of the local government in accordance with section 5.51A(1) of the Local Government Act 1995	Local Government Act 1995	s5.51A(1) & (3)	Monthly	Governance Coordinator	Yes	
<b>Commercial Enterprises by Local Governments</b>	Has the local government prepared a business plan for each major trading undertaking that was not exempt?	Local Government Act 1995	s3.59(2)(a) F&G Regs 7,9,10	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Has the local government prepared a business plan for each major land transaction that was not exempt	Local Government Act 1995	s3.59(2)(b) F&G Regs 7,8A, 8, 10	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Has the local government prepared a business plan before entering into each land transaction that was preparatory to entry into a major land transaction	Local Government Act 1995	s3.59(2)(c) F&G Regs 7,8A, 8,10	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Has the local government complied with public notice and publishing requirements for each proposal to commence a major trading undertaking or enter into a major land transaction or a land transaction that is preparatory to a major land transaction	Local Government Act 1995	s3.59(4)	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Did the council resolve to proceed with each major land transaction or trading undertaking by absolute majority	Local Government Act 1995	s3.59(5)	Monthly	CEO / Executive Managers	Not applicable	
<b>Delegation of Power / Duty</b>	Were all decisions by the council to amend or revoke a delegation made by absolute majority	Local Government Act 1995	s5.16(3)(b) & s5.45(1)(b)	Monthly	Governance Coordinator	Not applicable	
<b>Delegation of Power / Duty</b>	Did all persons exercising a delegated power or duty under the Act keep, on all occasions, a written record in accordance with Local Government (Administration) Regulations 1996, Regulation 19 Was the Delegated Authority Register updated?	Local Government Act 1995	s5.46(3) Admin Reg 19	Monthly	Governance Coordinator	No	Delegations not updated: - Contract executed under A01 - Crossover determinations under E04 - Tender advertised under F04 - s39 & s40 certificates under PR02 - Vary the prohibited burning period under O02
<b>Delegation of Power / Duty</b>	Has the authorised persons been reviewed to ensure authorisations are accurate, valid and the correct certificates of authorisation and / or identity cards have been issued	Various	Various	May	Governance Coordinator	Yes	Ongoing - new register developed to capture all authorisations.
<b>Disclosure of Interest</b>	Where a council member disclosed an interest in a matter and did not have participation approval under sections 5.68 or 5.69 of the Local Government Act 1995, did the council member ensure that they did not remain present to participate in discussion or decision making relating to the matter	Local Government Act 1995	s5.67	Monthly	Governance Coordinator	Not applicable	
<b>Disclosure of Interest</b>	Were all decisions regarding participation approval, including the extent of participation allowed and, where relevant, the information required the Local Government (Administration) Regulations 1996 regulation 21A, recorded in the minutes of the relevant council or committee meeting	Local Government Act 1995	s5.68(2) & s5.69(5) Admin Reg 21A	Monthly	Governance Officer	Not applicable	
<b>Disclosure of Interest</b>	Were disclosures under section sections 5.65, 5.70 or 5.71A(3) of the Local Government Act 1995 recorded in the minutes of the meeting at which the disclosures were made	Local Government Act 1995	s5.73	Monthly	Governance Officer	Yes	
<b>Disclosure of Interest</b>	Where an employee had an interest in any matter in respect of which the employee provided advice or a report directly to council or a committee, did that person disclose the nature and extent of that interest when giving the advice or report	Local Government Act 1995	s5.70(2) & (3)	Monthly	Governance Coordinator	Yes	
<b>Disclosure of Interest</b>	Where council applied to the Minister to allow the CEO to provide advice or a report to which a disclosure under s5.71A(1) of the Local Government Act 1995 relates, did the application include details of the nature of the interest disclosed and any other information required by the Minister for the purposes of the application	Local Government Act 1995	s5.71A & s5.71B(5)	Monthly	Governance Coordinator	Not applicable	

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	May	May Comments
<b>Disclosure of Interest</b>	Was any decision made by the Minister under subsection 5.71B(6) of the Local Government Act 1995 recorded in the minutes of the council meeting at which the decision was considered	Local Government Act 1995	s5.71B(6) & s5.71B(7)	Monthly	Governance Officer	Not applicable	
<b>Disposal of Property</b>	Where the local government disposed of property other than by public auction or tender, did it dispose of the property in accordance with section 3.58(3) of the Local Government Act 1995 (unless section 3.58(5) applies)	Local Government Act 1995	s3.58(3)	Monthly	Governance Coordinator	Yes	
<b>Disposal of Property</b>	Where the local government disposed of property under section 3.58(3) of the Local Government Act 1995, did it provide details, as prescribed by section 3.58(4) of the Act, in the required local public notice for each disposal of property	Local Government Act 1995	s3.58(4)	Monthly	Governance Coordinator	Not applicable	
<b>Elections</b>	Elections - Enrolment Eligibility Claims (Owners and Occupiers) Register - Prepare for Elections - Review register and take action re expired Eligibility Claims (no longer property owner / claim based on occupation or nominee expired)	Local Government Act 1995	s.4.35, Elections Regs.14 and 15 Form 6 and 7	December May	Governance Coordinator	Yes	In progress.
<b>Finance</b>	Was a statement of financial activity reporting on the revenue and expenditure as set out in the annual budget under FM.Reg.22(1)(d) presented at an Ordinary Council meeting within 2-months after the end of the month to which the statement relates.	Local Government Act 1995	s.6.4 FM.Reg.34	Monthly	Senior Accountant	Yes	
<b>Gifts</b>	Did the CEO keep a register of gifts which contained a record of disclosures made under sections 5.87A and 5.87B of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28A	Local Government Act 1995	s5.89A(1), (2) & (3) Admin Reg 28A	Monthly	Governance Officer	Yes	
<b>Gifts</b>	Did the CEO publish an up-to-date version of the gift register on the local government's website	Local Government Act 1995	s5.89A(5) & (5A)	Monthly	Governance Officer	Yes	
<b>Gifts</b>	When people cease to be a person who is required to make a disclosure under section 5.87A or 5.87B of the Local Government Act 1995, did the CEO remove from the register all records relating to those people	Local Government Act 1995	s5.89A(6)	Monthly	Governance Officer	Yes	
<b>Gifts</b>	Have copies of all records removed from the register under section 5.89A(6) Local Government Act 1995 been kept for a period of at least five years after the person ceases to be a person required to make a disclosure	Local Government Act 1995	s5.89A(7)	Monthly	Governance Officer	Yes	
<b>Gifts</b>	Where a disclosure was made under sections 5.87A or 5.87B of the Local Government Act 1995, were the disclosures made within 10 days after receipt of the gift? Did the disclosure include the information required by section 5.87C of the Act	Local Government Act 1995	s5.87C	Monthly	Governance Officer	Not applicable	
<b>Local Government Employees</b>	Were all CEO and/or senior employee vacancies advertised in accordance with Local Government (Administration) Regulations 1996, regulation 18A	Local Government Act 1995	s5.36(4) & s5.37(3) Admin Reg 18A	Monthly	People & Culture Coordinator	Not applicable	
<b>Local Government Employees</b>	Was all information provided in applications for the position of CEO true and accurate	Local Government Act 1995	Admin Reg 18E	Monthly	People & Culture Coordinator	Not applicable	
<b>Local Government Employees</b>	Was the remuneration and other benefits paid to a CEO on appointment the same remuneration and benefits advertised for the position under section 5.36(4) of the Local Government Act 1995	Local Government Act 1995	Admin Reg 18F	Monthly	People & Culture Coordinator	Not applicable	
<b>Local Government Employees</b>	Did the CEO inform council of each proposal to employ or dismiss senior employee	Local Government Act 1995	s5.37(2)	Monthly	People & Culture Coordinator	Not applicable	
<b>Local Government Employees</b>	Where council rejected a CEO's recommendation to employ or dismiss a senior employee, did it inform the CEO of the reasons for doing so	Local Government Act 1995	s5.37(2)	Monthly	People & Culture Coordinator	Not applicable	
<b>Official Conduct</b>	Has the local government designated an employee to be its complaints officer	Local Government Act 1995	s5.120	Monthly	Executive Manager Corporate Services	Yes	

**Audit & Risk Management Committee Agenda  
22 August 2023**

**Attachment 6.1.3**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	May	May Comments
<b>Official Conduct</b>	Has the complaints officer for the local government maintained a register of complaints which records all complaints that resulted in a finding under section 5.110(2)(a) of the Local Government Act 1995	Local Government Act 1995	s5.121(1) & (2)	Monthly	Executive Manager Corporate Services	Yes	
<b>Official Conduct</b>	Does the complaints register include all information required by section 5.121(2) of the Local Government Act 1995	Local Government Act 1995	s5.121(2)	Monthly	Executive Manager Corporate Services	Yes	
<b>Official Conduct</b>	Has the CEO published an up-to-date version of the register of the complaints on the local government's official website	Local Government Act 1995	s5.121(3)	Monthly	Governance Officer	Yes	
<b>Other</b>	Was the below information provided to the Valuer General by the 14th day of each month: • building licenses issued • building license works completed • registered plans and amendments under the Strata Titles Act 1985	Valuation of Land Act 1978	s.37	Monthly	Development Services Support Officer	Yes	
<b>Other</b>	Building Services Levy - Payment due by 14th day after the end of the month	Building Services (Complaint Resolution and Administration) Regulations 2011	s.94	Monthly	Development Services Support Officer	Yes	
<b>Other</b>	Building Construction Training Fund Levy - Payment due by 10th day after the end of the month	Building and Construction Industry Training Fund and Levy Collection Act 1990	N/A	Monthly	Development Services Support Officer	Yes	
<b>Other</b>	Public Access to Information - Audit Check LG website, Library and LG office to ensure all information listed in s.5.94, s.5.96A and Admin. Reg.29 is publicly accessible (see s.5.96 too) and that customer service staff are trained to provide access accordingly. Audit to note limitations: s.5.95 and Admin. Regs. 29A and 29B	Local Government Act 1995	s.5.94, s.5.95, s.5.96, s.5.96A Admin. Reg.29, 29A, 29B	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	Was a primary return in the prescribed form lodged by all relevant persons within three months of their start day	Local Government Act 1995	s5.75 Admin Reg 22, Form 2	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	On receipt of a primary or annual return, did the CEO, or the mayor/president, give written acknowledgment of having received the return	Local Government Act 1995	s5.77	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	Did the CEO keep a register of financial interests which contained the returns lodged under sections 5.75 and 5.76 of the Local Government Act 1995	Local Government Act 1995	s5.88(1) & (2)(a)	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	Did the CEO keep a register of financial interests which contained a record of disclosures made under sections 5.65, 5.70, 5.71 and 5.71A of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28	Local Government Act 1995	s5.88(1) & (2)(b) Admin Reg 28	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	When a person ceased to be a person required to lodge a return under sections 5.75 and 5.76 of the Local Government Act 1995, did the CEO remove from the register all returns relating to that person	Local Government Act 1995	s5.88(3)	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	Have all returns removed from the register in accordance with section 5.88(3) of the Local Government Act 1995 been kept for a period of at least five years after the person who lodged the return(s) ceased to be a person required to lodge a return	Local Government Act 1995	s5.88(4)	Monthly	Governance Officer	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government comply with its current purchasing policy, adopted under the Local Government (Functions and General) Regulations 1996, regulations 11A(1) and (3) in relation to the supply of goods or services where the consideration under the contract was, or was expected to be, \$250,000 or less or worth \$250,000 or less	Local Government Act 1995	F&G Reg 11A(1) & (3)	Monthly	Procurement Coordinator	Yes	

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	May	May Comments
<b>Tenders for Providing Goods &amp; Services</b>	Subject to Local Government (Functions and General) Regulations 1996, regulation 11(2), did the local government invite tenders for all contracts for the supply of goods or services where the consideration under the contract was, or was expected to be, worth more than the consideration stated in regulation 11(1) of the Regulations	Local Government Act 1995	s3.57 F&G Reg 11	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	When regulations 11(1), 12(2) or 13 of the Local Government (Functions and General) Regulations 1996, required tenders to be publicly invited, did the local government invite tenders via Statewide public notice in accordance with Regulation 14(3) and (4)	Local Government Act 1995	F&G Regs 11(1), 12(2), 13, & 14(1), (3), and (4)	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government comply with Local Government (Functions and General) Regulations 1996, Regulation 12 when deciding to enter into multiple contracts rather than a single contract	Local Government Act 1995	F&G Reg 12	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	If the local government sought to vary the information supplied to tenderers, was every reasonable step taken to give each person who sought copies of the tender documents or each acceptable tenderer notice of the variation	Local Government Act 1995	F&G Reg 14(5)	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's procedure for receiving and opening tenders comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 15 and 16	Local Government Act 1995	F&G Regs 15 & 16	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the information recorded in the local government's tender register comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulation 17 and did the CEO make the tenders register available for public inspection and publish it on the local government's official website	Local Government Act 1995	F&G Reg 17	Monthly	Procurement Coordinator	No	Tender register not updated for RFT 03 of 2023
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any tenders that were not submitted at the place, and within the time, specified in the invitation to tender	Local Government Act 1995	F&G Reg 18(1)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Were all tenders that were not rejected assessed by the local government via a written evaluation of the extent to which each tender satisfies the criteria for deciding which tender to accept	Local Government Act 1995	F&G Reg 18(4)	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO give each tenderer written notice containing particulars of the successful tender or advising that no tender was accepted	Local Government Act 1995	F&G Reg 19	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's advertising and expression of interest processes comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulations 21 and 22	Local Government Act 1995	F&G Regs 21 & 22	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any expressions of interest that were not submitted at the place, and within the time, specified in the notice or that failed to comply with any other requirement specified in the notice	Local Government Act 1995	F&G Reg 23(1) & (2)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Were all expressions of interest that were not rejected under the Local Government (Functions and General) Regulations 1996, Regulation 23(1) & (2) assessed by the local government? Did the CEO list each person as an acceptable tenderer	Local Government Act 1995	F&G Reg 23(3) & (4)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO give each person who submitted an expression of interest a notice in writing of the outcome in accordance with Local Government (Functions and General) Regulations 1996, Regulation 24	Local Government Act 1995	F&G Reg 24	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government invite applicants for a panel of pre-qualified suppliers via Statewide public notice in accordance with Local Government (Functions and General) Regulations 1996, Regulations 24AD(4) and 24AE	Local Government Act 1995	F&G Regs 24AD(2) & (4) and 24AE	Monthly	Procurement Coordinator	Not applicable	


**Audit & Risk Management Committee Agenda  
22 August 2023**

**Attachment 6.1.3**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	May	May Comments
<b>Tenders for Providing Goods &amp; Services</b>	If the local government sought to vary the information supplied to the panel, was every reasonable step taken to give each person who sought detailed information about the proposed panel or each person who submitted an application notice of the variation	Local Government Act 1995	F&G Reg 24AD(6)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's procedure for receiving and opening applications to join a panel of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 16, as if the reference in that regulation to a tender were a reference to a pre-qualified supplier panel application	Local Government Act 1995	F&G Reg 24AF	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the information recorded in the local government's tender register about panels of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24AG	Local Government Act 1995	F&G Reg 24AG	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any applications to join a panel of pre-qualified suppliers that were not submitted at the place, and within the time, specified in the invitation for applications	Local Government Act 1995	F&G Reg 24AH(1)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Were all applications that were not rejected assessed by the local government via a written evaluation of the extent to which each application satisfies the criteria for deciding which application to accept	Local Government Act 1995	F&G Reg 24AH(3)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO send each applicant written notice advising them of the outcome of their application	Local Government Act 1995	F&G Reg 24AI	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Where the local government gave regional price preference, did the local government comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24E and 24F	Local Government Act 1995	F&G Regs 24E & 24F	May	Procurement Coordinator	Yes	
						<b>Compliance Items</b>	66
						<b>Items Compliant</b>	64
						<b>Items Non-Compliant</b>	2
						<b>Percentage Compliant</b>	97%
						Auditor:	Alysha McCall

**Audit & Risk Management Committee Agenda  
22 August 2023**

**Attachment 6.1.3**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	May	May Comments
						Auditor Signature:	
						Date Completed:	14/06/2023



**Procurement Audit - May 2023**

EFT Number	Creditor	Invoice Description	Invoice Amount	Invoice Date	Purchase Order Number	Purchase Order Amount	Purchase Order Date	Authorising Officer	Date of Order Prior to Invoice	Compliance with Purchasing Policy/Process
EFT47304	NORTHAM FEED & HIRE	SWAN FOOD & OTHER MISCELLANEOUS ITEMS 09/5/2023	A\$51.00	02/05/23	70138	A\$2,000.00	22/02/23	K HOPKINS	Yes	Yes
EFT47521	WAY SIGNS	TO SUPPLY HEALTH & SAFETY SIGNS 600x450 x6 OF PLUS ART WORK	A\$770.00	24/05/23	70981	A\$770.00	02/05/23	G TESTER	Yes	Yes
EFT47513	READSPEAKER PTY LTD	READSPEAK WEB READER - ANNUAL WEBSITE SERVICE 12 MONTHS	A\$847.00	31/03/23	70430	A\$847.00	17/03/23	A MCCALL	Yes	Yes
EFT47364	NORTHAM DISTRICTS GLASS PTY LTD	REPAIR BROKEN WINDOW AT END OF VIEWING GALLERY IN REC CENTRE	A\$620.00	11/05/23	70732	A\$620.00	13/04/23	D EMERY	Yes	Yes
EFT47396	AVON SKIP BINS	SKIP BIN DELIVERY	A\$550.00	19/05/23	71117	A\$550.00	11/05/23	S LEOTTA	Yes	Yes
EFT47182	DAMIAN'S PLUMBING	JUBILEE PARK REUSE MAINS REPAIRS INCLUDING SUCKER TRUCK	A\$4,279.00	23/04/23	70847	A\$4,279.00	20/04/23	K BOASE	Yes	Yes
EFT47516	SUNNY SIGN COMPANY PTY LTD	RURAL ADDRESSING PLATES - GREEN	A\$378.13	27/10/22	68933	A\$343.75	09/11/22	J JURMANN	No	Yes
EFT47502	MAYDAY EARTHMOVING / RENTAL - CHIVAS ENTERPRISES T-AS	DRY HIRE OF HINO WATER TRUCK & OFF HIRE FUEL CHARGE	A\$3,135.00	08/05/23	70895	A\$4,620.00	26/04/23	S LEOTTA	Yes	Yes
EFT47287	GRAFTON ELECTRICS	REPAIR LIGHTS AND POWER POINT AT REC CENTRE AND REPAIR SIREN	A\$1,711.60	02/05/23	70950	A\$1,711.60	01/05/23	D EMERY	Yes	Yes
EFT47279	DMC CLEANING	CLEANING OF NORTHAM FACILITIES	A\$8,694.41	30/04/23	67074	A\$141,581.08	01/07/22	S PATTERSON	Yes	Yes
	<b>COMPLIANCE</b>		95%							
	<b>COMPLETED BY:</b>	ALYSHA MCCALL								
	<b>SIGNED:</b>									

**Audit & Risk Management Committee Agenda  
22 August 2023**

**Attachment 6.1.5**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	June	June Comments
<b>Code of Conduct</b>	Has the CEO published an up-to-date version of the code of conduct for employees on the local government's website	Local Government Act 1995	s5.104(7)	Monthly	Governance Officer	Yes	
<b>Code of Conduct</b>	Has the CEO prepared and implemented a code of conduct to be observed by employees of the local government in accordance with section 5.51A(1) of the Local Government Act 1995	Local Government Act 1995	s5.51A(1) & (3)	Monthly	Governance Coordinator	Yes	
<b>Commercial Enterprises by Local Governments</b>	Has the local government prepared a business plan for each major trading undertaking that was not exempt?	Local Government Act 1995	s3.59(2)(a) F&G Regs 7,9,10	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Has the local government prepared a business plan for each major land transaction that was not exempt	Local Government Act 1995	s3.59(2)(b) F&G Regs 7,8A, 8, 10	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Has the local government prepared a business plan before entering into each land transaction that was preparatory to entry into a major land transaction	Local Government Act 1995	s3.59(2)(c) F&G Regs 7,8A, 8,10	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Has the local government complied with public notice and publishing requirements for each proposal to commence a major trading undertaking or enter into a major land transaction or a land transaction that is preparatory to a major land transaction	Local Government Act 1995	s3.59(4)	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Did the council resolve to proceed with each major land transaction or trading undertaking by absolute majority	Local Government Act 1995	s3.59(5)	Monthly	CEO / Executive Managers	Not applicable	
<b>Delegation of Power / Duty</b>	Were all delegations to committees resolved by absolute majority	Local Government Act 1995	s5.16	June	Governance Coordinator	Yes	2023/24 register was adopted on 21/06/2023.
<b>Delegation of Power / Duty</b>	Were all delegations to committees in writing	Local Government Act 1995	s5.16	June	Governance Officer	Yes	See N20907.
<b>Delegation of Power / Duty</b>	Were all delegations to committees within the limits specified in section 5.17 of the Local Government Act 1995	Local Government Act 1995	s5.17	June	Governance Coordinator	Yes	
<b>Delegation of Power / Duty</b>	Were all delegations to committees recorded in a register of delegations	Local Government Act 1995	s5.18	June	Governance Officer	Yes	2023/24 register was adopted on 21/06/2023.
<b>Delegation of Power / Duty</b>	Has council reviewed delegations to its committees in the financial year	Local Government Act 1995	s5.18	June	Governance Coordinator	Yes	2023/24 register was adopted on 21/06/2023.
<b>Delegation of Power / Duty</b>	Did the powers and duties delegated to the CEO exclude those listed in section 5.43 of the Local Government Act 1995	Local Government Act 1995	s5.42(1) & s5.43 Admin Reg 18G	June	Governance Coordinator	Yes	
<b>Delegation of Power / Duty</b>	Were all delegations to the CEO resolved by an absolute majority	Local Government Act 1995	s5.42(1)	June	Governance Coordinator	Yes	2023/24 register was adopted on 21/06/2023.
<b>Delegation of Power / Duty</b>	Were all delegations to the CEO in writing	Local Government Act 1995	s5.42(2)	June	Governance Officer	Yes	See record N20815 / 28/06/2023.
<b>Delegation of Power / Duty</b>	Were all delegations by the CEO to any employee in writing	Local Government Act 1995	s5.44(2)	June	Governance Officer	Yes	See record N20815 / 28/06/2023.
<b>Delegation of Power / Duty</b>	Were all decisions by the council to amend or revoke a delegation made by absolute majority	Local Government Act 1995	s5.16(3)(b) & s5.45(1)(b)	Monthly	Governance Coordinator	Not applicable	
<b>Delegation of Power / Duty</b>	Has the CEO kept a register of all delegations made under Division 4 of the Act to the CEO and to employees	Local Government Act 1995	s5.46(1)	June	Governance Coordinator	Yes	
<b>Delegation of Power / Duty</b>	Were all delegations made under Division 4 of the Act reviewed by the delegator at least once during the financial year	Local Government Act 1995	s5.46(2)	June	Governance Coordinator	Yes	2023/24 register was adopted on 21/06/2023.
<b>Delegation of Power / Duty</b>	Did all persons exercising a delegated power or duty under the Act keep, on all occasions, a written record in accordance with Local Government (Administration) Regulations 1996, Regulation 19 Was the Delegated Authority Register updated?	Local Government Act 1995	s5.46(3) Admin Reg 19	Monthly	Governance Coordinator	No	Register not updated for delegation E04 - Crossovers.
<b>Disclosure of Interest</b>	Where a council member disclosed an interest in a matter and did not have participation approval under sections 5.68 or 5.69 of the Local Government Act 1995, did the council member ensure that they did not remain present to participate in discussion or decision making relating to the matter	Local Government Act 1995	s5.67	Monthly	Governance Coordinator	Not applicable	

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	June	June Comments
<b>Disclosure of Interest</b>	Were all decisions regarding participation approval, including the extent of participation allowed and, where relevant, the information required the Local Government (Administration) Regulations 1996 regulation 21A, recorded in the minutes of the relevant council or committee meeting	Local Government Act 1995	s5.68(2) & s5.69(5) Admin Reg 21A	Monthly	Governance Officer	Not applicable	
<b>Disclosure of Interest</b>	Were disclosures under section sections 5.65, 5.70 or 5.71A(3) of the Local Government Act 1995 recorded in the minutes of the meeting at which the disclosures were made	Local Government Act 1995	s5.73	Monthly	Governance Officer	Yes	
<b>Disclosure of Interest</b>	Where an employee had an interest in any matter in respect of which the employee provided advice or a report directly to council or a committee, did that person disclose the nature and extent of that interest when giving the advice or report	Local Government Act 1995	s5.70(2) & (3)	Monthly	Governance Coordinator	Yes	
<b>Disclosure of Interest</b>	Where council applied to the Minister to allow the CEO to provide advice or a report to which a disclosure under s5.71A(1) of the Local Government Act 1995 relates, did the application include details of the nature of the interest disclosed and any other information required by the Minister for the purposes of the application	Local Government Act 1995	s5.71A & s5.71B(5)	Monthly	Governance Coordinator	Not applicable	
<b>Disclosure of Interest</b>	Was any decision made by the Minister under subsection 5.71B(6) of the Local Government Act 1995 recorded in the minutes of the council meeting at which the decision was considered	Local Government Act 1995	s5.71B(6) & s5.71B(7)	Monthly	Governance Officer	Not applicable	
<b>Disposal of Property</b>	Where the local government disposed of property other than by public auction or tender, did it dispose of the property in accordance with section 3.58(3) of the Local Government Act 1995 (unless section 3.58(5) applies)	Local Government Act 1995	s3.58(3)	Monthly	Governance Coordinator	Yes	
<b>Disposal of Property</b>	Where the local government disposed of property under section 3.58(3) of the Local Government Act 1995, did it provide details, as prescribed by section 3.58(4) of the Act, in the required local public notice for each disposal of property	Local Government Act 1995	s3.58(4)	Monthly	Governance Coordinator	Not applicable	
<b>Elections</b>	Council Report required determine if Electoral Commission will conduct the Election. Electoral Commission agreement to conduct the election required by: 80th day before Election Day	Local Government Act 1995	s.4.20(2)(3)(4) s.4.61(2)(4)	June	Governance Coordinator	Yes	Council meeting 15/03/2023, decision number C.4687.
<b>Finance</b>	Where the council delegated to its audit committee any powers or duties under Part 7 of the Local Government Act 1995, did it do so by absolute majority	Local Government Act 1995	s7.1B	June	Governance Coordinator	Yes	2023/24 register was adopted on 21/06/2023.
<b>Finance</b>	Was a statement of financial activity reporting on the revenue and expenditure as set out in the annual budget under FM.Reg.22(1)(d) presented at an Ordinary Council meeting within 2-months after the end of the month to which the statement relates.	Local Government Act 1995	s.6.4 FM.Reg.34	Monthly	Senior Accountant	Yes	
<b>Finance</b>	Were all assets within the Land Building Infrastructure Class revalued by the expiry of each 3-yearly interval  Next due: June 2027	Local Government Act 1995	FM.Reg.17A(4)	June	Executive Manager Corporate Services	Not applicable	
<b>Finance</b>	Were all other classes of assets (other than, Plant and Equipment and Land Building and Infrastructure classes) by the expiry of each 3-yearly interval after 30 June 2020  Next due: June 2023	Local Government Act 1995	FM.Reg.17A(4)	June	Executive Manager Corporate Services	No	Not yet complete. Executive Manager Corporate Services is awaiting information from Engineering Services.
<b>Gifts</b>	Did the CEO keep a register of gifts which contained a record of disclosures made under sections 5.87A and 5.87B of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28A	Local Government Act 1995	s5.89A(1), (2) & (3) Admin Reg 28A	Monthly	Governance Officer	Yes	
<b>Gifts</b>	Did the CEO publish an up-to-date version of the gift register on the local government's website	Local Government Act 1995	s5.89A(5) & (5A)	Monthly	Governance Officer	Yes	

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	June	June Comments
<b>Gifts</b>	When people cease to be a person who is required to make a disclosure under section 5.87A or 5.87B of the Local Government Act 1995, did the CEO remove from the register all records relating to those people	Local Government Act 1995	s5.89A(6)	Monthly	Governance Officer	Yes	
<b>Gifts</b>	Have copies of all records removed from the register under section 5.89A(6) Local Government Act 1995 been kept for a period of at least five years after the person ceases to be a person required to make a disclosure	Local Government Act 1995	s5.89A(7)	Monthly	Governance Officer	Yes	
<b>Gifts</b>	Where a disclosure was made under sections 5.87A or 5.87B of the Local Government Act 1995, were the disclosures made within 10 days after receipt of the gift? Did the disclosure include the information required by section 5.87C of the Act	Local Government Act 1995	s5.87C	Monthly	Governance Officer	Not applicable	
<b>Integrated Planning &amp; Reporting</b>	Has the local government adopted by absolute majority a strategic community plan? If Yes, please provide the adoption date or the date of the most recent review in the Comments section	Local Government Act 1995	Admin Reg 19C	June	Chief Executive Officer	Yes	15/06/2022
<b>Integrated Planning &amp; Reporting</b>	Has the local government adopted by absolute majority a corporate business plan? If Yes, please provide the adoption date or the date of the most recent review in the Comments section	Local Government Act 1995	Admin Reg 19DA(1) & (4)	June	Chief Executive Officer	Yes	Adopted 21/06/2023.
<b>Integrated Planning &amp; Reporting</b>	Does the corporate business plan comply with the requirements of Local Government (Administration) Regulations 1996 19DA(2) & (3)	Local Government Act 1995	Admin Reg 19DA(2) & (3)	June	Chief Executive Officer	Yes	
<b>Local Government Employees</b>	Were all CEO and/or senior employee vacancies advertised in accordance with Local Government (Administration) Regulations 1996, regulation 18A	Local Government Act 1995	s5.36(4) & s5.37(3) Admin Reg 18A	Monthly	People & Culture Coordinator	Not applicable	
<b>Local Government Employees</b>	Was all information provided in applications for the position of CEO true and accurate	Local Government Act 1995	Admin Reg 18E	Monthly	People & Culture Coordinator	Not applicable	
<b>Local Government Employees</b>	Was the remuneration and other benefits paid to a CEO on appointment the same remuneration and benefits advertised for the position under section 5.36(4) of the Local Government Act 1995	Local Government Act 1995	Admin Reg 18F	Monthly	People & Culture Coordinator	Not applicable	
<b>Local Government Employees</b>	Did the CEO inform council of each proposal to employ or dismiss senior employee	Local Government Act 1995	s5.37(2)	Monthly	People & Culture Coordinator	Not applicable	
<b>Local Government Employees</b>	Where council rejected a CEO's recommendation to employ or dismiss a senior employee, did it inform the CEO of the reasons for doing so	Local Government Act 1995	s5.37(2)	Monthly	People & Culture Coordinator	Not applicable	
<b>Official Conduct</b>	Has the local government designated an employee to be its complaints officer	Local Government Act 1995	s5.120	Monthly	Executive Manager Corporate Services	Yes	
<b>Official Conduct</b>	Has the complaints officer for the local government maintained a register of complaints which records all complaints that resulted in a finding under section 5.110(2)(a) of the Local Government Act 1995	Local Government Act 1995	s5.121(1) & (2)	Monthly	Executive Manager Corporate Services	Yes	
<b>Official Conduct</b>	Does the complaints register include all information required by section 5.121(2) of the Local Government Act 1995	Local Government Act 1995	s5.121(2)	Monthly	Executive Manager Corporate Services	Yes	
<b>Official Conduct</b>	Has the CEO published an up-to-date version of the register of the complaints on the local government's official website	Local Government Act 1995	s5.121(3)	Monthly	Governance Officer	Yes	
<b>Other</b>	Was the below information provided to the Valuer General by the 14th day of each month: • building licenses issued • building license works completed • registered plans and amendments under the Strata Titles Act 1985	Valuation of Land Act 1978	s.37	Monthly	Development Services Support Officer	No	
<b>Other</b>	Have Elected Members not been absent for 3 consecutive ordinary meetings with Leave of Absence being granted	Local Government Act 1995	s.2.25	August December June March	Governance Coordinator	Yes	

**Audit & Risk Management Committee Agenda  
22 August 2023**

**Attachment 6.1.5**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	June	June Comments
Other	Building Services Levy - Payment due by 14th day after the end of the month	Building Services (Complaint Resolution and Administration) Regulations 2011	s.94	Monthly	Development Services Support Officer	Yes	
Other	Building Construction Training Fund Levy - Payment due by 10th day after the end of the month	Building and Construction Industry Training Fund and Levy Collection Act 1990	N/A	Monthly	Development Services Support Officer	No	Payment made on 13 July 2023.
Other	Public Access to Information - Audit Check LG website, Library and LG office to ensure all information listed in s.5.94, s.5.96A and Admin. Reg.29 is publicly accessible (see s.5.96 too) and that customer service staff are trained to provide access accordingly. Audit to note limitations: s.5.95 and Admin. Regs. 29A and 29B	Local Government Act 1995	s.5.94, s.5.95, s.5.96, s.5.96A Admin. Reg.29, 29A, 29B	Monthly	Governance Officer	No	Documents not yet listed on the website: - 2023/24 Council Plan - Confirmed committee minutes for BFAC, Community Safety Committee and CEO Review Committee.
Other	Emergency Services Levy payment made by 21 day	DFES - ESL Manual of Operating Procedures	2.2.12	December March June September	Creditors Officer	Yes	
Other	FOI Annual Statistical Data - Response to Information Commissioner Due by: 30 June	Freedom of Information Act 1992	s.111(3)	June	Governance Coordinator	Yes	
Primary / Annual Returns	Was a primary return in the prescribed form lodged by all relevant persons within three months of their start day	Local Government Act 1995	s5.75 Admin Reg 22, Form 2	Monthly	Governance Officer	Not applicable	Next due by 1 August 2023 (P Devicic)
Primary / Annual Returns	On receipt of a primary or annual return, did the CEO, or the mayor/president, give written acknowledgment of having received the return	Local Government Act 1995	s5.77	Monthly	Governance Officer	Not applicable	None received in June.
Primary / Annual Returns	Did the CEO keep a register of financial interests which contained the returns lodged under sections 5.75 and 5.76 of the Local Government Act 1995	Local Government Act 1995	s5.88(1) & (2)(a)	Monthly	Governance Officer	Yes	
Primary / Annual Returns	Did the CEO keep a register of financial interests which contained a record of disclosures made under sections 5.65, 5.70, 5.71 and 5.71A of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28	Local Government Act 1995	s5.88(1) & (2)(b) Admin Reg 28	Monthly	Governance Officer	Yes	
Primary / Annual Returns	When a person ceased to be a person required to lodge a return under sections 5.75 and 5.76 of the Local Government Act 1995, did the CEO remove from the register all returns relating to that person	Local Government Act 1995	s5.88(3)	Monthly	Governance Officer	Yes	
Primary / Annual Returns	Have all returns removed from the register in accordance with section 5.88(3) of the Local Government Act 1995 been kept for a period of at least five years after the person who lodged the return(s) ceased to be a person required to lodge a return	Local Government Act 1995	s5.88(4)	Monthly	Governance Officer	Yes	
Tenders for Providing Goods & Services	Did the local government comply with its current purchasing policy, adopted under the Local Government (Functions and General) Regulations 1996, regulations 11A(1) and (3) in relation to the supply of goods or services where the consideration under the contract was, or was expected to be, \$250,000 or less or worth \$250,000 or less	Local Government Act 1995	F&G Reg 11A(1) & (3)	Monthly	Procurement Coordinator	No	Random audit undertaken of 10 purchases, Non-compliances include: - 2 purchase orders were raised after the invoice date; and - Written quote was not obtained as required by policy.
Tenders for Providing Goods & Services	Subject to Local Government (Functions and General) Regulations 1996, regulation 11(2), did the local government invite tenders for all contracts for the supply of goods or services where the consideration under the contract was, or was expected to be, worth more than the consideration stated in regulation 11(1) of the Regulations	Local Government Act 1995	s3.57 F&G Reg 11	Monthly	Procurement Coordinator	Yes	RFT 05 of 2023 - Footpath & Kerbing Program advertised


**Audit & Risk Management Committee Agenda  
22 August 2023**

**Attachment 6.1.5**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	June	June Comments
<b>Tenders for Providing Goods &amp; Services</b>	When regulations 11(1), 12(2) or 13 of the Local Government Functions and General Regulations 1996, required tenders to be publicly invited, did the local government invite tenders via Statewide public notice in accordance with Regulation 14(3) and (4)	Local Government Act 1995	F&G Regs 11(1), 12(2), 13, & 14(1), (3), and (4)	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government comply with Local Government (Functions and General) Regulations 1996, Regulation 12 when deciding to enter into multiple contracts rather than a single contract	Local Government Act 1995	F&G Reg 12	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	If the local government sought to vary the information supplied to tenderers, was every reasonable step taken to give each person who sought copies of the tender documents or each acceptable tenderer notice of the variation	Local Government Act 1995	F&G Reg 14(5)	Monthly	Procurement Coordinator	Yes	Managed through Vendor Panel.
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's procedure for receiving and opening tenders comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 15 and 16	Local Government Act 1995	F&G Regs 15 & 16	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the information recorded in the local government's tender register comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulation 17 and did the CEO make the tenders register available for public inspection and publish it on the local government's official website	Local Government Act 1995	F&G Reg 17	Monthly	Procurement Coordinator	No	Tender register not up to date on Shire website for RFT 03 of 2023 - Provision of Tree Management Services and RFT 05 of 2023 - Footpath & Kerbing Program.
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any tenders that were not submitted at the place, and within the time, specified in the invitation to tender	Local Government Act 1995	F&G Reg 18(1)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Were all tenders that were not rejected assessed by the local government via a written evaluation of the extent to which each tender satisfies the criteria for deciding which tender to accept	Local Government Act 1995	F&G Reg 18(4)	Monthly	Procurement Coordinator	Yes	Two assessments currently in progress for RFT 03 of 2023 - Provision of Tree Management Services and RFT 05 of 2023 - Footpath & Kerbing Program.
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO give each tenderer written notice containing particulars of the successful tender or advising that no tender was accepted	Local Government Act 1995	F&G Reg 19	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's advertising and expression of interest processes comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulations 21 and 22	Local Government Act 1995	F&G Regs 21 & 22	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any expressions of interest that were not submitted at the place, and within the time, specified in the notice or that failed to comply with any other requirement specified in the notice	Local Government Act 1995	F&G Reg 23(1) & (2)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Were all expressions of interest that were not rejected under the Local Government (Functions and General) Regulations 1996, Regulation 23(1) & (2) assessed by the local government? Did the CEO list each person as an acceptable tenderer	Local Government Act 1995	F&G Reg 23(3) & (4)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO give each person who submitted an expression of interest a notice in writing of the outcome in accordance with Local Government (Functions and General) Regulations 1996, Regulation 24	Local Government Act 1995	F&G Reg 24	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government invite applicants for a panel of pre-qualified suppliers via Statewide public notice in accordance with Local Government (Functions and General) Regulations 1996, Regulations 24AD(4) and 24AE	Local Government Act 1995	F&G Regs 24AD(2) & (4) and 24AE	Monthly	Procurement Coordinator	Not applicable	

**Audit & Risk Management Committee Agenda  
22 August 2023**

**Attachment 6.1.5**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	June	June Comments
<b>Tenders for Providing Goods &amp; Services</b>	If the local government sought to vary the information supplied to the panel, was every reasonable step taken to give each person who sought detailed information about the proposed panel or each person who submitted an application notice of the variation	Local Government Act 1995	F&G Reg 24AD(6)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's procedure for receiving and opening applications to join a panel of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 16, as if the reference in that regulation to a tender were a reference to a pre-qualified supplier panel application	Local Government Act 1995	F&G Reg 24AF	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the information recorded in the local government's tender register about panels of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24AG	Local Government Act 1995	F&G Reg 24AG	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any applications to join a panel of pre-qualified suppliers that were not submitted at the place, and within the time, specified in the invitation for applications	Local Government Act 1995	F&G Reg 24AH(1)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Were all applications that were not rejected assessed by the local government via a written evaluation of the extent to which each application satisfies the criteria for deciding which application to accept	Local Government Act 1995	F&G Reg 24AH(3)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO send each applicant written notice advising them of the outcome of their application	Local Government Act 1995	F&G Reg 24AI	Monthly	Procurement Coordinator	Not applicable	
						<b>Compliance Items</b>	84
						<b>Items Compliant</b>	77
						<b>Items Non-Compliant</b>	7
						<b>Percentage Compliant</b>	92%
						Auditor:	ALYSHA MCCALL
						Auditor Signature:	

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	June	June Comments
						Date Completed:	21/07/2023



EFT Number	Creditor	Invoice Description	Invoice Amount	Invoice Date	Purchase Order Number	Purchase Order Amount	Purchase Order Date	Authorising Officer	Date of Order Prior to Invoice	Compliance with Purchasing Policy/Process
EFT47525	MURESK INSTITUTE - DEPARTMENT OF TRAINING & WORKFORCE DEVELOPMENT	MURESK COURSE ENROLLMENT FEES - TANYA TURNER ANIMAL WELFARE IN EMERGENCIES PROGRAM 2023 7 - 9 JUNE 2023	A\$2,891.00	29/05/23	71390	A\$2,891.00	31/05/23	K WALTERS	No	No
EFT47556	COUNTRYWIDE GROUP	HUSQVARNA POLE SAW	A\$1,439.10	24/05/23	71123	A\$1,439.10	11/05/23	K BOASE	Yes	Yes
EFT47567	J & A BUILDING PTY LTD	NORTHAM DEPOT REDEVELOPMENT. TEMP FENCE HIRE FROM NOV 2022 TO MAY 2023	A\$5,369.10	08/06/23	71403	A\$5,369.10	01/06/23	S MOORHEAD	Yes	Yes
EFT47585	TRANSWEST WA AUSTRALIAN STONE COMPANY PTY LTD	400 TONNE 19MM MRD SPECS GRAVEL	A\$8,266.91	31/05/23	71135	A\$7,920.00	12/05/23	S LEOTTA	Yes	Yes
EFT47618	KLEENHEAT GAS	LPG BULK GAS FOR KILLARA	A\$4,146.05	27/02/23	70325	A\$4,146.05	23/03/23	N HAMPTON	No	Yes
EFT47647	SPECIALISED TREE SERVICE	11 DOCTORS DRIVE NORTHAM - AS PER QUOTE 1114. DISMANTLE VERY LARGE IRONBARK TREE TO GROUND LEVEL	A\$3,317.50	09/06/23	71181	A\$3,317.50	17/05/23	K BOASE	Yes	Yes
EFT47811	WHEATBELT PRECISION SERVICES - JEFFREY ROBERTS T/AS	BAKERS HILL 3 4U - PARTS ONLY FOR DAMAGED COMPONENTS OF APPLIANCE AFTER SEVER ROCK STRIKE AT INCIDENT	A\$3,014.69	29/06/23	71733	A\$3,014.70	29/06/23	C HUNT	Yes	Yes
EFT47668	ADVANCED TRAFFIC MANAGEMENT (WA) PTY LTD	ANZAC DAY ROAD CLOSURES 2023 - GORDON ST (MINSON AVE & WELLINGTON ST)	A\$7,156.60	31/05/23	70345	A\$8,121.30	10/03/23	J METCALF	Yes	Yes
EFT47679	CADD'S FASHIONS	STAFF UNIFORM	A\$157.25	27/04/23	69933	A\$157.25	06/02/23	C HUNT	Yes	Yes
EFT47694	GROWISE PTY LTD	TREE GUARDS, STAKES & PLANT INCUBATORS	A\$4,763.00	15/05/23	71009	A\$4,330.00	04/05/23	J JURMANN	Yes	Yes
EFT47757	CLIVE SMITH	17X BALLARDONG BOOKS	A\$595.00	21/06/23	71600	A\$595.00	19/06/23	J HAWKINS	Yes	Yes
	<b>COMPLIANCE</b>	85%								
	<b>COMPLETED BY:</b>	ALYSHA MCCALL								
	<b>SIGNED:</b>									

**Audit & Risk Management Committee Agenda  
22 August 2023**

**Attachment 6.1.7**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	July	July Comments
<b>Code of Conduct</b>	Has the CEO published an up-to-date version of the code of conduct for employees on the local government's website	Local Government Act 1995	s5.104(7)	Monthly	Governance Officer	Yes	
<b>Code of Conduct</b>	Has the CEO prepared and implemented a code of conduct to be observed by employees of the local government in accordance with section 5.51A(1) of the Local Government Act 1995	Local Government Act 1995	s5.51A(1) & (3)	Monthly	Governance Coordinator	Yes	Approved by CEO on 29 December 2021.
<b>Commercial Enterprises by Local Governments</b>	Has the local government prepared a business plan for each major trading undertaking that was not exempt?	Local Government Act 1995	s3.59(2)(a) F&G Regs 7,9,10	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Has the local government prepared a business plan for each major land transaction that was not exempt	Local Government Act 1995	s3.59(2)(b) F&G Regs 7,8A, 8, 10	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Has the local government prepared a business plan before entering into each land transaction that was preparatory to entry into a major land transaction	Local Government Act 1995	s3.59(2)(c) F&G Regs 7,8A, 8,10	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Has the local government complied with public notice and publishing requirements for each proposal to commence a major trading undertaking or enter into a major land transaction or a land transaction that is preparatory to a major land transaction	Local Government Act 1995	s3.59(4)	Monthly	CEO / Executive Managers	Not applicable	
<b>Commercial Enterprises by Local Governments</b>	Did the council resolve to proceed with each major land transaction or trading undertaking by absolute majority	Local Government Act 1995	s3.59(5)	Monthly	CEO / Executive Managers	Not applicable	
<b>Delegation of Power / Duty</b>	Were all decisions by the council to amend or revoke a delegation made by absolute majority	Local Government Act 1995	s5.16(3)(b) & s5.45(1)(b)	Monthly	Governance Coordinator	Not applicable	
<b>Delegation of Power / Duty</b>	Did all persons exercising a delegated power or duty under the Act keep, on all occasions, a written record in accordance with Local Government (Administration) Regulations 1996, Regulation 19 Was the Delegated Authority Register updated?	Local Government Act 1995	s5.46(3) Admin Reg 19	Monthly	Governance Coordinator	No	E02 not updated for the Bilya Festival / Avon Descent. A05 not updated with infringements issues.
<b>Disclosure of Interest</b>	Where a council member disclosed an interest in a matter and did not have participation approval under sections 5.68 or 5.69 of the Local Government Act 1995, did the council member ensure that they did not remain present to participate in discussion or decision making relating to the matter	Local Government Act 1995	s5.67	Monthly	Governance Coordinator	Yes	Refer to Council and Committee minutes where council/committee members left the meeting. Also noted on interest register.
<b>Disclosure of Interest</b>	Were all decisions regarding participation approval, including the extent of participation allowed and, where relevant, the information required the Local Government (Administration) Regulations 1996 regulation 21A, recorded in the minutes of the relevant council or committee meeting	Local Government Act 1995	s5.68(2) & s5.69(5) Admin Reg 21A	Monthly	Governance Officer	Not applicable	
<b>Disclosure of Interest</b>	Were disclosures under section sections 5.65, 5.70 or 5.71A(3) of the Local Government Act 1995 recorded in the minutes of the meeting at which the disclosures were made	Local Government Act 1995	s5.73	Monthly	Governance Officer	Yes	
<b>Disclosure of Interest</b>	Where an employee had an interest in any matter in respect of which the employee provided advice or a report directly to council or a committee, did that person disclose the nature and extent of that interest when giving the advice or report	Local Government Act 1995	s5.70(2) & (3)	Monthly	Governance Coordinator	Yes	
<b>Disclosure of Interest</b>	Where council applied to the Minister to allow the CEO to provide advice or a report to which a disclosure under s5.71A(1) of the Local Government Act 1995 relates, did the application include details of the nature of the interest disclosed and any other information required by the Minister for the purposes of the application	Local Government Act 1995	s5.71A & s5.71B(5)	Monthly	Governance Coordinator	Not applicable	
<b>Disclosure of Interest</b>	Was any decision made by the Minister under subsection 5.71B(6) of the Local Government Act 1995 recorded in the minutes of the council meeting at which the decision was considered	Local Government Act 1995	s5.71B(6) & s5.71B(7)	Monthly	Governance Officer	Not applicable	

**Audit & Risk Management Committee Agenda  
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**Attachment 6.1.7**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	July	July Comments
<b>Disclosure of Interest</b>	Where an employee has been delegated a power or duty relating to a matter and the employee has an interest in the matter, the employee must not exercise the power or discharge the duty. In the case of the CEO, the interest must be disclosed to the President. In the case of all other employees, the interest must be disclosed to the CEO.  Risk areas identified include: - Debt write off - Grant applications & use - Granting of subsidies & waivers - Granting of concessions & other relief - Tendering - Purchasing - Development approvals - Building approvals - Recruitment - Disposal of property, including leasing	Local Government Act 1995  Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	s.5.71	Monthly	Governance Coordinator	Not applicable	Nil identified
<b>Disposal of Property</b>	Where the local government disposed of property other than by public auction or tender, did it dispose of the property in accordance with section 3.58(3) of the Local Government Act 1995 (unless section 3.58(5) applies)	Local Government Act 1995	s3.58(3)	Monthly	Governance Coordinator	Yes	Disposal of a portion of 1 Withers Street disposed of and advertised in accordance with 3.58(3)
<b>Disposal of Property</b>	Where the local government disposed of property under section 3.58(3) of the Local Government Act 1995, did it provide details, as prescribed by section 3.58(4) of the Act, in the required local public notice for each disposal of property	Local Government Act 1995	s3.58(4)	Monthly	Governance Coordinator	Yes	Disposal of a portion of 1 Withers Street advertised in West Australian 2 March 2023, website, website subscribers via email, notice boards.
<b>Finance</b>	Was a statement of financial activity reporting on the revenue and expenditure as set out in the annual budget under FM.Reg.22(1)(d) presented at an Ordinary Council meeting within 2-months after the end of the month to which the statement relates.	Local Government Act 1995	s.6.4 FM.Reg.34	Monthly	Senior Accountant	Yes	OCM on 19 July 2023.
<b>Finance</b>	Financial Reporting - Material Variances Each Financial Year, a LG is to adopt a percentage or value, calculated in accordance with AAS, to be used in statements of financial activity for reporting material variances. (adopt and apply in the following Financial Year)	Local Government Act 1995	s.6.4, FM.Reg.34(5)	July	Executive Manager Corporate Services	Yes	Agenda item being presented to Council meeting on 16 August 2023.
<b>Gifts</b>	Did the CEO keep a register of gifts which contained a record of disclosures made under sections 5.87A and 5.87B of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28A	Local Government Act 1995	s5.89A(1), (2) & (3) Admin Reg 28A	Monthly	Governance Officer	Yes	
<b>Gifts</b>	Did the CEO publish an up-to-date version of the gift register on the local government's website	Local Government Act 1995	s5.89A(5) & (5A)	Monthly	Governance Officer	Yes	
<b>Gifts</b>	When people cease to be a person who is required to make a disclosure under section 5.87A or 5.87B of the Local Government Act 1995, did the CEO remove from the register all records relating to those people	Local Government Act 1995	s5.89A(6)	Monthly	Governance Officer	Not applicable	Nil required to be removed.
<b>Gifts</b>	Have copies of all records removed from the register under section 5.89A(6) Local Government Act 1995 been kept for a period of at least five years after the person ceases to be a person required to make a disclosure	Local Government Act 1995	s5.89A(7)	Monthly	Governance Officer	Yes	
<b>Gifts</b>	Where a disclosure was made under sections 5.87A or 5.87B of the Local Government Act 1995, were the disclosures made within 10 days after receipt of the gift? Did the disclosure include the information required by section 5.87C of the Act	Local Government Act 1995	s5.87C	Monthly	Governance Officer	Not applicable	
<b>Local Government Employees</b>	Were all CEO and/or senior employee vacancies advertised in accordance with Local Government (Administration) Regulations 1996, regulation 18A	Local Government Act 1995	s5.36(4) & s5.37(3) Admin Reg 18A	Monthly	People & Culture Coordinator	Not applicable	

**Audit & Risk Management Committee Agenda  
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**Attachment 6.1.7**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	July	July Comments
Local Government Employees	Was all information provided in applications for the position of CEO true and accurate	Local Government Act 1995	Admin Reg 18E	Monthly	People & Culture Coordinator	Not applicable	
Local Government Employees	Was the remuneration and other benefits paid to a CEO on appointment the same remuneration and benefits advertised for the position under section 5.36(4) of the Local Government Act 1995	Local Government Act 1995	Admin Reg 18F	Monthly	People & Culture Coordinator	Yes	Record S114 dated 20 July 2023 is the executed CEO employment contract as endorsed by council and in accordance with the advert.
Local Government Employees	Did the CEO inform council of each proposal to employ or dismiss senior employee	Local Government Act 1995	s5.37(2)	Monthly	People & Culture Coordinator	Not applicable	Only senior employee is the CEO, see policy G 1.7
Local Government Employees	Where council rejected a CEO's recommendation to employ or dismiss a senior employee, did it inform the CEO of the reasons for doing so	Local Government Act 1995	s5.37(2)	Monthly	People & Culture Coordinator	Not applicable	Only senior employee is the CEO, see policy G 1.7
Official Conduct	Has the local government designated an employee to be its complaints officer	Local Government Act 1995	s5.120	Monthly	Executive Manager Corporate Services	Yes	Designation made on 18/05/16, decision no. C.2693 for Colin Young, Executive Manager Corporate Services to be the Complaints Officer.
Official Conduct	Has the complaints officer for the local government maintained a register of complaints which records all complaints that resulted in a finding under section 5.110(2)(a) of the Local Government Act 1995	Local Government Act 1995	s5.121(1) & (2)	Monthly	Executive Manager Corporate Services	Yes	
Official Conduct	Does the complaints register include all information required by section 5.121(2) of the Local Government Act 1995	Local Government Act 1995	s5.121(2)	Monthly	Executive Manager Corporate Services	Yes	
Official Conduct	Has the CEO published an up-to-date version of the register of the complaints on the local government's official website	Local Government Act 1995	s5.121(3)	Monthly	Governance Officer	Yes	
Other	Was the below information provided to the Valuer General by the 14th day of each month: • building licenses issued • building license works completed • registered plans and amendments under the Strata Titles Act 1985	Valuation of Land Act 1978	s.37	Monthly	Development Services Support Officer	No	
Other	Building Services Levy - Payment due by 14th day after the end of the month	Building Services (Complaint Resolution and Administration) Regulations 2011	s.94	Monthly	Development Services Support Officer	No	
Other	Building Construction Training Fund Levy - Payment due by 10th day after the end of the month	Building and Construction Industry Training Fund and Levy Collection Act 1990	N/A	Monthly	Development Services Support Officer	No	
Other	Public Access to Information - Audit Check LG website, Library and LG office to ensure all information listed in s.5.94, s.5.96A and Admin. Reg.29 is publicly accessible (see s.5.96 too) and that customer service staff are trained to provide access accordingly. Audit to note limitations: s.5.95 and Admin. Regs. 29A and 29B	Local Government Act 1995	s.5.94, s.5.95, s.5.96, s.5.96A Admin. Reg.29, 29A, 29B	Monthly	Governance Officer	No	- BFAC confirmed minutes not listed.
Other	Did the local government prepare a report on the training completed by council members in the financial year and publish it on the local government's official website by 31 July	Local Government Act 1995	s5.127	July	Governance Officer	Yes	
Other	When adopting the annual budget, did the local government take into account all its expenditure, revenue and income	Local Government Act 1995	s.6.2(3)	July	Executive Manager Corporate Services	Yes	Budget adopted on 9/08/2023.
Primary / Annual Returns	Was a primary return in the prescribed form lodged by all relevant persons within three months of their start day	Local Government Act 1995	s5.75 Admin Reg 22, Form 2	Monthly	Governance Officer	Not applicable	

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Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	July	July Comments
<b>Primary / Annual Returns</b>	On receipt of a primary or annual return, did the CEO, or the mayor/president, give written acknowledgment of having received the return	Local Government Act 1995	s5.77	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	Did the CEO keep a register of financial interests which contained the returns lodged under sections 5.75 and 5.76 of the Local Government Act 1995	Local Government Act 1995	s5.88(1) & (2)(a)	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	Did the CEO keep a register of financial interests which contained a record of disclosures made under sections 5.65, 5.70, 5.71 and 5.71A of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28	Local Government Act 1995	s5.88(1) & (2)(b) Admin Reg 28	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	When a person ceased to be a person required to lodge a return under sections 5.75 and 5.76 of the Local Government Act 1995, did the CEO remove from the register all returns relating to that person	Local Government Act 1995	s5.88(3)	Monthly	Governance Officer	Yes	
<b>Primary / Annual Returns</b>	Have all returns removed from the register in accordance with section 5.88(3) of the Local Government Act 1995 been kept for a period of at least five years after the person who lodged the return(s) ceased to be a person required to lodge a return	Local Government Act 1995	s5.88(4)	Monthly	Governance Officer	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government comply with its current purchasing policy, adopted under the Local Government (Functions and General) Regulations 1996, regulations 11A(1) and (3) in relation to the supply of goods or services where the consideration under the contract was, or was expected to be, \$250,000 or less or worth \$250,000 or less	Local Government Act 1995	F&G Reg 11A(1) & (3)	Monthly	Procurement Coordinator	No	80% compliant. Non-compliances include: - 4 purchases not having a purchase order raised prior to the invoice date.
<b>Tenders for Providing Goods &amp; Services</b>	Subject to Local Government (Functions and General) Regulations 1996, regulation 11(2), did the local government invite tenders for all contracts for the supply of goods or services where the consideration under the contract was, or was expected to be, worth more than the consideration stated in regulation 11(1) of the Regulations	Local Government Act 1995	s3.57 F&G Reg 11	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	When regulations 11(1), 12(2) or 13 of the Local Government Functions and General Regulations 1996, required tenders to be publicly invited, did the local government invite tenders via Statewide public notice in accordance with Regulation 14(3) and (4)	Local Government Act 1995	F&G Regs 11(1), 12(2), 13, & 14(1), (3), and (4)	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government comply with Local Government (Functions and General) Regulations 1996, Regulation 12 when deciding to enter into multiple contracts rather than a single contract	Local Government Act 1995	F&G Reg 12	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	If the local government sought to vary the information supplied to tenderers, was every reasonable step taken to give each person who sought copies of the tender documents or each acceptable tenderer notice of the variation	Local Government Act 1995	F&G Reg 14(5)	Monthly	Procurement Coordinator	Yes	Managed through VendorPanel.
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's procedure for receiving and opening tenders comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 15 and 16	Local Government Act 1995	F&G Regs 15 & 16	Monthly	Procurement Coordinator	Yes	RFT 06 of 2023 - Green Waste Processing Services was opened.
<b>Tenders for Providing Goods &amp; Services</b>	Did the information recorded in the local government's tender register comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulation 17 and did the CEO make the tenders register available for public inspection and publish it on the local government's official website	Local Government Act 1995	F&G Reg 17	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any tenders that were not submitted at the place, and within the time, specified in the invitation to tender	Local Government Act 1995	F&G Reg 18(1)	Monthly	Procurement Coordinator	Yes	Managed through VendorPanel.

**Audit & Risk Management Committee Agenda  
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**Attachment 6.1.7**

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	July	July Comments
<b>Tenders for Providing Goods &amp; Services</b>	Were all tenders that were not rejected assessed by the local government via a written evaluation of the extent to which each tender satisfies the criteria for deciding which tender to accept	Local Government Act 1995	F&G Reg 18(4)	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO give each tenderer written notice containing particulars of the successful tender or advising that no tender was accepted	Local Government Act 1995	F&G Reg 19	Monthly	Procurement Coordinator	Yes	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's advertising and expression of interest processes comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulations 21 and 22	Local Government Act 1995	F&G Regs 21 & 22	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any expressions of interest that were not submitted at the place, and within the time, specified in the notice or that failed to comply with any other requirement specified in the notice	Local Government Act 1995	F&G Reg 23(1) & (2)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Were all expressions of interest that were not rejected under the Local Government (Functions and General) Regulations 1996, Regulation 23(1) & (2) assessed by the local government? Did the CEO list each person as an acceptable tenderer	Local Government Act 1995	F&G Reg 23(3) & (4)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO give each person who submitted an expression of interest a notice in writing of the outcome in accordance with Local Government (Functions and General) Regulations 1996, Regulation 24	Local Government Act 1995	F&G Reg 24	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government invite applicants for a panel of pre-qualified suppliers via Statewide public notice in accordance with Local Government (Functions and General) Regulations 1996, Regulations 24AD(4) and 24AE	Local Government Act 1995	F&G Regs 24AD(2) & (4) and 24AE	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	If the local government sought to vary the information supplied to the panel, was every reasonable step taken to give each person who sought detailed information about the proposed panel or each person who submitted an application notice of the variation	Local Government Act 1995	F&G Reg 24AD(6)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government's procedure for receiving and opening applications to join a panel of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 16, as if the reference in that regulation to a tender were a reference to a pre-qualified supplier panel application	Local Government Act 1995	F&G Reg 24AF	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the information recorded in the local government's tender register about panels of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24AG	Local Government Act 1995	F&G Reg 24AG	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the local government reject any applications to join a panel of pre-qualified suppliers that were not submitted at the place, and within the time, specified in the invitation for applications	Local Government Act 1995	F&G Reg 24AH(1)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Were all applications that were not rejected assessed by the local government via a written evaluation of the extent to which each application satisfies the criteria for deciding which application to accept	Local Government Act 1995	F&G Reg 24AH(3)	Monthly	Procurement Coordinator	Not applicable	
<b>Tenders for Providing Goods &amp; Services</b>	Did the CEO send each applicant written notice advising them of the outcome of their application	Local Government Act 1995	F&G Reg 24AI	Monthly	Procurement Coordinator	Not applicable	
<b>Fraud &amp; Corruption Control Plan - Financial Risks</b>	Payroll – use of fictitious employees: • Fortnightly payroll reviewed and signed off by Accountant	Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	Not applicable	January July March May November September	Governance Coordinator	Yes	Signed off 20/07/2023 at 10:32am and 3/08/2023 12:11pm.
<b>Fraud &amp; Corruption Control Plan - Financial Risks</b>	Payroll – delayed terminations: • All termination pays calculations reviewed and signed off by Accountant	Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	Not applicable	January July March May November September	Senior Finance Officer / Accountant	Yes	Signed off by Acting Snr Accountant 18/05/2023 at 2:42pm and 7/06/2023 at 3:36pm.

**Audit & Risk Management Committee Agenda  
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**Attachment 6.1.7**


Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	July	July Comments
<b>Fraud &amp; Corruption Control Plan - Financial Risks</b>	Payroll - Consistently recording incorrect hours of work on timesheets: • All timesheets reviewed by line manager and officially approved • Budgets monitored by Executive Manager, Chief Executive Officer and Accountant	Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	Not applicable	January July March May November September	Senior Finance Officer / Accountant	Yes	Five timesheets randomly selected and checked.
<b>Fraud &amp; Corruption Control Plan - Financial Risks</b>	Payment systems – incorrect bank details: • 100% of system changes reported on at end of month and signed off by Senior Finance Officer	Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	Not applicable	January July March May November September	Senior Finance Officer / Accountant	Yes	Signed off by Senior Accountant
<b>Fraud &amp; Corruption Control Plan - Financial Risks</b>	Receipting of money: • End of day receipting and processing checked by two staff. • Surveillance cameras record receipting process and end of day count	Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	Not applicable	January July March May November September	Senior Finance Officer / Accountant	Yes	
<b>Fraud &amp; Corruption Control Plan - Financial Risks</b>	Receipting of money – remote sites: • Checked by remote site staff and checked by Admin Staff	Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	Not applicable	January July March May November September	Senior Finance Officer / Accountant	Yes	
<b>Fraud &amp; Corruption Control Plan - Financial Risks</b>	Entertainment expenses – incorrectly claiming: • Cross check by second staff and co-signed	Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	Not applicable	January July March May November September	Senior Finance Officer / Accountant	No	Occurs for Executive Manager credit card expenditure or expenditure via a purchase order however there is no second sign off for CEO credit cards statements/receipts.
<b>Fraud &amp; Corruption Control Plan - Financial Risks</b>	Corporate card misuse, such as payment for personal expenses: • All credit card statements supported by receipts • Monthly credit card statements reviewed by Executive Manager or Chief Executive Officer • Monthly credit card statements presented to Full Council • Maximum limit of \$5,000, on credit cards	Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	Not applicable	January July March May November September	Senior Finance Officer / Accountant	Yes	Receipts or statutory declaration required.
<b>Fraud &amp; Corruption Control Plan - Financial Risks</b>	Submitting false travel claims: • Travel claims require independent sign off and supporting documentation	Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	Not applicable	January July March May November September	Senior Finance Officer / Accountant	Yes	
<b>Fraud &amp; Corruption Control Plan - Financial Risks</b>	Fuel card misuse: • Random checks of fuel card usage • Policy viewed and understood and signed by staff at induction	Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	Not applicable	January July March May November September	Senior Finance Officer / Accountant	No	P Devic has not signed the Vehicle and Plant Management Policy who is the most recent employee onboarded with a Shire vehicle.
<b>Fraud &amp; Corruption Control Plan - Financial Risks</b>	External providers making claims for services that were not provided: • Checklist of services to be provided • Visual sighting of services provided	Fraud and Corruption Control Plan, action item from the 2022 Regulation 17 review.	Not applicable	January July March May November September	Senior Finance Officer / Accountant	Yes	Officers required to sign goods received on all invoices.
						<b>Compliance Items</b>	78
						<b>Items Compliant</b>	70

Compliance Area	Compliance Action	Compliance Requirement	Section / Ref	Compliance Frequency	Responsible Officer Position Title	July	July Comments
						<b>Items Non-Compliant</b>	8
						<b>Percentage Compliant</b>	90%
						Auditor:	Alysha McCall
						Auditor Signature:	
						Date Completed:	16/08/2023



**Audit & Risk Management Committee Agenda  
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**Attachment 6.1.8**

EFT Number	Creditor	Invoice Description	Invoice Amount	Invoice Date	Purchase Order Number	Purchase Order Amount	Purchase Order Date	Authorising Officer	Date of Order Prior to Invoice	Compliance with Purchasing Policy/Process
EFT47815	ABBOTTS FORGE	FABRICATION OF 25M HANDRAIL FOR FRONT OF 1 RECREATION CENTRE AND INSTALLATION	A\$4,725.00							
EFT47852	MORRIS PEST & WEED CONTROL	SHIRE OF NORTHAM BRIDGES - TREATMENT OF ACTIVE TERMITES FROM ANNUAL INSPECTIONS.	A\$4,946.54	28/06/23	68364	A\$4,725.00	30/09/22	M DOUGLAS	Yes	Yes
EFT47872	TYRECYCLE PTY LTD	COLLECT TYRES FROM OLD QUARRY TIP FACE AND TRANSFER STATION	A\$1,590.59	23/06/23	71648	A\$3,200.00	22/06/23	J JURMANN	Yes	Yes
EFT47920	CLOUD COLLECTIONS PTY LTD	DEBT COLLECTION - CLOUD PAYMENT GROUP - JUNE 1 2023 - INVOICE 4255	A\$12,749.36	30/06/23	Nil, payment request completed	Nil, payment request completed	Nil, payment request completed	C YOUNG	No	Yes
EFT47934	JONATHON GARLETT	NORTHAM COMMUNITY NAIDOC CELEBRATION 4 JULY 2023 - WELCOME TO COUNTRY, SMOKING CEREMONY, DIDGERIDOO PERFORMANCE & CULTURAL DANCE PERFORMANCE	A\$2,000.00	04/07/23	71940	A\$2,000.00	11/07/23	J HAWKINS	No	Yes
EFT47940	LANDMARK ENGINEERING & DESIGN T/A EXTERIA & MODUS AUSTRALIA	VINYL GRAPHICS APPLIED TO FOUR STREET BINS, INCLUDING PICK UP AND DELIVERY OF BINS	A\$10,795.40	29/06/23	69757	A\$10,795.40	23/01/23	P DEVCIC	Yes	Yes
EFT47949	NEWGROUND WATER SERVICES PTY LTD	SUPPLY AND INSTALL OF A RT-200 (197,134 LITRE) COLOURBOND TANK AND INFRASTRUCTURE	A\$33,158.55	30/06/23	70355	A\$142,879.00	13/03/23	P DEVCIC	Yes	Yes
EFT47956	REGIONAL CONCRETE & LANDSCAPE	PREP WORK FOR PLAYGROUND 1 & 2	A\$10,923.00	27/06/23	70010	A\$10,923.00	10/02/23	P DEVCIC	Yes	Yes
EFT48008	OXTER SERVICES	NEW BURIAL FOR HARROLD KEITH JOLLEY / GRAVE CERTIFICATE	A\$1,639.00	01/06/23	71481	A\$1,490.00	09/06/23	P DEVCIC	No	Yes
EFT48012	RAC BUSINESSWISE	RENEWAL - BUSINESSWISE ABSOLUTE - KILLARA BUS'S / WAGONS / COMMUNITY BUS	A\$1,470.00	27/05/23	72024	A\$1,470.00	17/07/23	K HOPKINS	No	Yes
	<b>COMPLIANCE</b>		80%							
	<b>COMPLETED BY:</b>	ALYSHA MCCALL								
	<b>SIGNED:</b>									

# Audit & Risk Management Committee Agenda 2 Major Project Audit 2022/23 - Northam RV Construct



Item No.	Description	Period Date	Date Completed	Compliant	Auditor Notes
1	<b>NORTHAM RV CONSTRUCTION - MITCHELL AVE</b>				
2					
3	Audit Year (FY)	2022/23			
4	Date Audit Completed	25/07/2023			
5	Auditor	ALYSHA MCCALL			
6	Complaint Items	6			
7	Non-Compliant Items	6			
8	Percentage Compliant	50%			
9					
10	<b>A PROJECT PLANNING</b>				
11	1 Detailed Gantt chart required utilizing MS-Project (or similar).		01/07/21	✓	See Engineering Services Annual Delivery Plan 2021/22.
12	2 Detailed working or engineering designs and plans developed.		15/12/21	✓	The detailed engineering plans were prepared by McDowall Affleck. Refer to drawings within contract.
13	3 Detailed working or engineering designs and plans signed off prior to commencement by Chief Executive Officer.			✗	Architectural plans prepared by Tim Davies Landscaping, staging options were discussed with Council however unable to locate CEO signoff in CRM for the detailed engineering plans prepared by McDowall Affleck.
14	<b>B RISK MANAGEMENT</b>				
15	1 Complex analysis and mitigation management formalised in writing and registered on project file. Will require the assistance of Regional Risk Coordinator.		19/01/21	✓	Refer to record N14236.
16	2 All risks and treatments to be input into 'Promapp' Risk Module.			✗	Risk treatments not put in Promapp.
17	<b>C RANGE OF PERSONNEL, INCLUDING SUB-CONTRACTORS</b>				
18	1 High level of competence in PM required. Executive Manager to project manage or external project manager appointed with authority of CEO. Project Team to be established, which must include a minimum of two Executive Managers.			✗	Project Development Engineer was the project manager as detailed in the Letter of Award. Project team was not operational.
19	<b>D LEVEL OF COMMUNICATIONS</b>				
20	1 High - detailed reporting and data management to CEO on fortnightly cycles. Reports to include progress against Gantt Chart and against budget.			✗	Monthly reporting occurred through Elected Member Monthly Report, Financial Statements actions Annual Delivery Plan.
21	<b>E CONTRACT</b>				
22	1 Standard Contracts in accordance with WALGA template. Consideration to be given to contract development or vetted by legal representative.		29/11/22	✓	Refer to record A115.
23	<b>F AUTHORISATION</b>				
24	1 Formal CEO sign off to commence required after presentation of project planning, may require common seal.		29/11/22	✓	General authorisation provided through execution of A115.
25	<b>G DATA MANAGEMENT</b>				
26	1 All documents, including planning and internal documents required to be registered on file created specifically for project in question.			✗	Project file not created. File was created for the contract.
27	2 At completion of project, summary of financial outcomes required.				
28	<b>H FINANCIAL</b>				
29	1 Specific Chart of Account or Job Number Required. Detailed budgets to be prepared and supporting documentation to be placed on file. Budget should include breakdown by nature and type.		01/07/22	✓	Job 6442 created.
30	<b>I COMPLIANCE &amp; QUALITY CONTROL</b>				

Item No.	Description	Period Date	Date Completed	Compliant	Auditor Notes
31	1 Detailed management plans to be developed identifying HOLD points through various stages of the project in accordance with contract specifics.				Limited detail around testing recorded on project timeline, see record I119936.

## Project Audit 2022/23 - Aerodrome Toilets



Item No.	Description	Period Date	Date Completed	Compliant	Auditor Notes
1	<b>AERODROME TOILETS</b>				
2					
3	Audit Year (FY)	2022/23			
4	Date Audit Completed	25/07/2023			
5	Auditor	ALYSHA MCCALL			
6	Complaint Items	7			
7	Non-Compliant Items	6			
8	Percentage Compliant	58%			
9					
10	<b>A - PROJECT PLANNING</b>				
11	1 Schedule of timeframes required.		01/07/22	✓	Refer to Engineering Services Annual Delivery Plan 2022/23.
12	2 Detailed working or engineering designs and plans developed			✗	Floor plan provided as part of RFQ. RFQ was for a design and construct so no detailed plans were developed.
13	3 Detailed working or engineering designs and plans signed off prior to commencement by Executive Manager.			✗	No detailed plans to enable sign off.
14	<b>B - RISK MANAGEMENT</b>				
15	1 Initial analysis and priority mitigation monitored in project meeting reports. May require the assistance of Regional Risk Coordinator at discretion of Executive Manager.			✗	Not completed.
16	2 All risks identified as being High or Extreme and their treatments to be input into 'Promapp' Risk Module.			✗	Not completed.
17	3 Risk assessment signed off by Executive Manager			✗	Not completed.
18	<b>C - RANGE OF PERSONNEL, INCLUDING SUB-CONTRACTORS</b>				
19	1 Sound level of competence in areas of technical and project management. Generally managed by Senior Officer, Manager or Executive Manager.		15/02/23	✓	Project managed by Building and Project Supervisor. See letter of award (O79701).
20	<b>D - LEVEL OF COMMUNICATIONS</b>				
21	1 Weekly reporting to Executive Manager.		01/07/22	✓	Provided through Annual Delivery Plan reporting.
22	<b>E - CONTRACT</b>				
23	1 Standard Contracts in accordance with WALGA template for single supplier contracts, else refer works schedule requirements.		21/02/23	✓	See record A151.
24	<b>F - AUTHORISATION</b>				
25	1 Executive Manager authorisation to commence required (may require Council approval for tenders).		21/02/23	✓	Authorised generally through execution of contract, see record A151.
26	<b>G - DATA MANAGEMENT</b>				
27	1 All documents, including planning and internal documents require registration. Reference made to job number or chart of account number established within Synergy for future reference.			✗	Limited internal records registered.
28	<b>H - FINANCIAL</b>				
29	1 Either specific Chart of Account Number or Job Number required. Planning and other supporting documents to be placed on file.		01/07/22	✓	Job 3508 created.
30	<b>I - COMPLIANCE &amp; QUALITY CONTROL</b>				

Item No.	Description	Period Date	Date Completed	Compliant	Auditor Notes
31 1	Inspection Test Plans to be developed and implemented identifying HOLD points in accordance with standards and specifications.		21/02/23		Included within contract.

## 6.2 Fraud and Corruption Control Plan

<b>File Reference:</b>	1.4.4.15
<b>Reporting Officer:</b>	Alysha McCall (Governance Coordinator)
<b>Responsible Officer:</b>	Jason Whiteaker (Chief Executive Officer)
<b>Officer Declaration of Interest:</b>	Nil
<b>Voting Requirement:</b>	Simple Majority
<b>Press release to be issued:</b>	No

### BRIEF

For Council to endorse the revised Fraud and Corruption Control Plan as a result of the bi-annual review identified in Council's Risk Register and recent Regulation 17 review.

### ATTACHMENTS

1. Fraud and Corruption Control Plan DRAFT [**6.2.1** - 22 pages]

### A. BACKGROUND / DETAILS

The prevention of fraud and corruption forms part of the Shire's risk management system. The Shire seeks to identify and limit exposure to fraud and corruption by reducing the potential opportunity for this to occur. As the Shire is committed to a zero tolerance toward fraud and misconduct the this plan formalises the protocols for reporting suspected misconduct or fraudulent behaviour.

### B. CONSIDERATIONS

#### B.1 Strategic Community / Corporate Business Plan

Performance Area: Performance.

Outcome 12: Excellence in organisational performance and customer service.

Objective 12.1: Maintain a high standard of corporate governance and financial management.

Priority Action 12.1.4: Provide internal auditing capabilities (including providing additional human or financial resources) and publish findings annually.

#### B.2 Financial / Resource Implications

Nil.

### **B.3 Legislative Compliance**

*Local Government Act 1995*

*Local Government (Financial Management) Regulations 1996*

*Regulation 5:*

- (1) Efficient systems and procedures are to be established by the CEO of a local government –*
- (a) for the proper collection of all money owing to the local government; and*
  - (b) for the safe custody and security of all money collected or held by the local government; and*
  - (c) for the proper maintenance and security of the financial records of the local government (whether maintained in written form or by electronic or other means or process); and*
  - (d) to ensure proper accounting for municipal or trust –*
    - (i) revenue received or receivable; and*
    - (ii) expenses paid or payable; and*
    - (iii) assets and liabilities; and*
  - (e) to ensure proper authorisation for the incurring of liabilities and the making of payments; and*
  - (f) for the maintenance of payroll, stock control and costing records; and*
  - (g) to assist in the preparation of budgets, budget reviews, accounts and reports required by the Act or these regulations.*

*Local Government (Audit) Regulations 1996*

*Regulation 17 (1):*

- (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.*

### **B.4 Policy Implications**

Nil.

### **B.5 Stakeholder Engagement / Consultation**

The Plan and proposed updates have been reviewed by the Chief Executive Officer, Executive Managers and Governance Coordinator.

### **B.6 Risk Implications**

Refer to Risk Matrix [here](#).

<b>Risk Category</b>	<b>Description</b>	<b>Rating (likelihood x consequence)</b>	<b>Mitigation Action</b>
----------------------	--------------------	--	--------------------------

Financial	Loss of finances as a result of fraudulent activity.	Possible (3) x Major (12) = High (12)	Adopt and implement a Fraud and Misconduct Plan.
Health & Safety	Nil.		
Reputation	Damage to reputation as a result of fraudulent activity.	Possible (3) x Major (12) = High (12)	Adopt and implement a Fraud and Misconduct Plan.
Service Interruption	Nil.		
Compliance	The potential risk for fraud and misconduct to occur.	Possible (3) x Major (12) = High (12)	Adopt and implement a Fraud and Misconduct Plan.
Property	Nil.		
Environment	Nil.		

**B.7 Natural Environment Considerations**

Nil.

**C. OFFICER'S COMMENT**

No major changes are proposed to the Fraud and Corruption Control Plan due to the review concluding that the plan addresses the current risks and controls for fraud and corruption. Minor adjustments which have been made relate to terminology, standards / position titles and references to current process.

**RECOMMENDATION**

**That Council endorse the revised Fraud and Corruption Control Plan as presented in attachment 6.2.1.**





Shire of Northam  
*Heritage, Commerce and Lifestyle*

## FRAUD AND MISCONDUCT PLAN

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<b>Ref</b>	<b>Version</b>	<b>Date</b>	<b>Description</b>	<b>Approved by</b>
ORG-PL-07	Draft V1	02/03/2021	Draft plan	CEO
ORG-PL-07	Draft V1	08/03/2021	Draft plan	EMCS
ORG-PL-07	V1	16/06/2021	Endorsed	Council

## 1. EXECUTIVE SUMMARY

### a. Introduction

The Shire of Northam is committed to the prevention, detection, response and monitoring of fraud and corrupt activities.

Fraud and corruption prevention forms part of the Shire's risk management system. The Shire seeks to identify and limit exposure to fraud and corruption by reducing the potential opportunity for this to occur. The Shire is committed to a zero tolerance toward fraud and misconduct and has set protocols in place for reporting any suspected misconduct or fraudulent behaviour.

### b. Definition of fraud

**Fraud** is defined by Australian Standard AS8001-~~2008-2021~~ as: "Dishonest activity causing actual or potential financial gain or loss to any person or entity organisation including theft of moneys or other property by ~~employees or~~ persons internal and/or external to the entity organisation and where deception is used at the time, immediately before or immediately following the activity".

Fraud includes any practice that involves deceit or other dishonest means by which a benefit is obtained. The benefits may be obtained by:

- Staff Members (known as 'internal' or 'workplace' fraud). Staff Member includes trainees, students, volunteers, participants in work experiences, contractors.

Fraud can take many forms, including (but not limited to):

- Theft or obtaining property, financial advantage or any other benefit by deception,
- False timesheets, sick or annual leave claims,
- Providing false or misleading information, or failing to provide information where there is an obligation to do so,
- Causing a loss, or avoiding or creating a liability by deception,
- Making, using or possessing forged or falsified documents,
- Unlawful use of computer systems, vehicles, telephones and other property or services; and manipulating expenses or salaries.

Fraud is a serious criminal offence, punishable by a term of imprisonment and is defined within section 409 of the Criminal Code of Western Australia.

### c. Definition of corruption

Corruption is defined by Australian Standard AS8001-~~2008-2021~~ as –

**Corruption** is dishonest activity in which ~~a~~ person association with an organisation (e.g. director, executive, manager, employee or contractor) ~~of the entity~~ acts contrary to the interests of the entity organisation and abuses their position of trust to achieve ~~some~~ personal gain or advantage for themselves or advantage for another person or organisation. ~~This e concept of 'corruption'~~ can also involve corrupt conduct by the entity organisation, or a person purporting to act on behalf of and in

the interests of the ~~entity~~organisation, in order to secure some form of improper advantage for the ~~entity~~organisation either directly or indirectly.

Corrupt conduct tends to show a deliberate intent for an improper purpose and may involve misconduct such as: the deliberate failure to perform the functions of office properly; the exercise of a power or duty for an improper purpose; or dishonesty. Some examples of corrupt or criminal conduct which could be serious misconduct include

- Abuse of public office,
- Blackmail,
- Bribery, including bribery in relation to an election,
- Deliberately releasing confidential information,
- Extortion,
- Obtaining or offering a secret commission,
- Fraud or stealing,
- Forgery,
- Perverting the course of justice,
- An offence relating to an electoral donation; and
- Falsification of records.

#### **d. Statement of Shire of Northam's attitude to fraud and corruption**

The Shire of Northam has zero tolerance for corrupt conduct or fraudulent activities. The Shire is committed to preventing, deterring, and detecting fraudulent and corrupt behaviour in the performance of Shire activities. Employees must not engage in practices that may constitute fraud or corruption.

The Shire has developed a structured framework and approach to the implementation and review of fraud and corruption prevention, detection, monitoring and reporting. This Plan is based on the Australian Standards for Fraud and Corruption Control (AS8001-~~2008~~2021) and has been endorsed by the Executive Management Team. The desired outcome of this commitment is to ensure fraud and corruption do not occur, or be associated with, in any element of the Shire of Northam.

The Shire may prosecute people identified as committing fraud or undertaking corrupt behaviour. Employees may also face disciplinary action under the Shire Code of Conduct, and restitution of money or property lost through fraudulent activity will be pursued through legislative means.

Fraudulent and corrupt activities may also be required to be referred to external agencies or may be referred at the discretion of the Council or CEO. These agencies include but are not limited to –

- WA Police,
- Crime and Corruption Commission,
- Public Sector Commission,
- Local Government Standards Panel.

**e. Code of Conduct**

The Shire of Northam has, and will continue to maintain, a compliant code of conduct for Councillors, Committee Members, Candidates, ~~and staff~~, volunteers, contractors and agency staff.

In the case of Councillors, Committee Members and Candidates, the code of conduct will form part of their induction processes on appointment to Council or a Committee, whilst all members will be advised of any changes that may occur in the code from time to time.

All Shire of Northam staff will be provided with information pertaining to the code of conduct on their induction, whilst existing employees will be required to undertake an induction refresher every two years.

**f. Roles and accountabilities for fraud control**

**Council**

Council has the responsibility to adopt the Fraud and Corruption Prevention Policy and Plan.

**Audit and Risk Management Committee**

The Audit and Risk Management Committee's responsibilities include:

- Reviewing risk management frameworks and associated procedures for the effective identification and management of fraud risks,
- Overseeing development and implementation of the Fraud and Corruption Prevention Plan, and to provide assurance that the Shire has appropriate processes and systems in place to prevent, detect and effectively respond to fraud-related information; and
- Providing leadership in preventing fraud and corruption.

**Chief Executive Officer (CEO)**

The CEO applies the Shire's resources to fraud prevention and ensures the implementation of adequate controls for managing fraud and corruption risks within the Shire. The CEO, under the Corruption, Crime and Misconduct Act 2003 must notify the Corruption and Crime Commission or the Public Sector Commission if misconduct is suspected.

**Leadership Team (Executive, Managers, Coordinators/Supervisors)**

The Leadership team is responsible for implementing the Fraud and Corruption Prevention Plan. In particular, the Leadership Team must:

- Provide leadership, guidance, training, and support to employees in preventing fraud and corruption,
- Identify high fraud risk areas,
- Participate in fraud and corruption risk assessment reviews,
- Monitor the continued operation of controls,
- Report suspected fraud and corruption promptly, maintaining confidentiality; and
- Ensure the protection of complainants who report fraudulent and corrupt activities.

#### **Public Interest Disclosure (PID) Officer**

PID Officers investigate disclosures, and act following the completion of investigations under the Public Interest Disclosure Act 2003.

#### **Manager Human Resources/People and Culture Coordinator**

The Manager Human Resources/People and Culture Coordinator is responsible for managing the grievance and discipline process.

#### **Governance Coordinator**

The Governance Coordinator is responsible for:

- Coordinating the fraud and corruption risk assessment process,
- Developing and maintaining this Fraud and Corruption Prevention Plan, in consultation with key stakeholders,
- Communicating the existence and importance of the Fraud and Corruption Prevention Plan; and
- Delivering and/or coordinating fraud and corruption training.

#### **All Employees**

All employees have a responsibility to contribute to preventing fraud and corruption by following the Code of Conduct, complying with controls, policies, and processes; resisting opportunities to engage in fraudulent or corrupt behaviour; and reporting suspected fraudulent or corrupt incidents or behaviour.

## **2. PLANNING AND RESOURCING**

### **a. Program for fraud control planning and review**

The Shire of Northam Audit & Risk Management Committee has recommended this plan (Fraud and Corruption Control Plan) be adopted by Council in 2021. A review of the Plan will be undertaken every two years after its adoption. Notwithstanding this requirement to review, in the event there is a corrupt or fraudulent occurrence within the Shire of Northam, this will trigger an automatic review of this plan within two months of the completion of investigation in the fraudulent or corrupt activity.

### **b. Appointment of a Fraud Control Officer and associated resources**

The responsibility for implementation of this Plan is with the Governance Coordinator, who will report directly to the Chief Executive Officer. The Chief Executive Officer will ensure the Governance Coordinator has the appropriate resources to be able to fulfil the requirements of this plan.

### **c. External assistance to Fraud Control Officer**

Where specialised skills are required, such as forensic accounting, computer forensic analysis, data analytics, and/or complete investigations, the assistance of an external party may be enlisted to assist. Costs associated with engaging external service providers are borne by the Department where the work is necessary to be undertaken.

### **d. Fraud and corruption control & Internal audit activity responsibilities**

The Internal function is administered by the Governance Coordinator, under the control and guidance of the Chief Executive Officer.

Specific risks, identified within this plan, which is assessed equal to or greater than a high-risk training must be entered into the Shire of Northam (Promapp) online risk register. Non-compliance with the risk mitigation actions will automatically be reported to appropriate line manager in the first instance, followed by an escalation to the Chief Executive officer if the mitigation action is not satisfied with 5 working days. All end of quarter non-compliant mitigation actions are reported to Shire of Northam Audit and Risk Management Committee.



### 3. FRAUD AND CORRUPTION PREVENTION

#### a. Implementing and maintaining an integrity framework

The Codes of Conduct are key enablers in delivering the sound and ethical culture required in the prevention of fraud and corruption throughout the organisation.

#### b. Senior management commitment to controlling the risk of fraud and corruption

The Chief Executive Officer and Executive Management team will set the example by exercising and demonstrating high levels of integrity in the performance of their roles and functions by regularly reminding employees of the importance of complying with Council's Code of Conduct and the Public Interest Disclosure Information Guidelines.

Fraud control non compliances will be discussed at Executive Manager Meetings

#### c. Maintaining strong internal control systems and internal control culture

The Shire of Northam is using an online Promapp cloud-based system to manage the Councils organisational risk register.

#### d. Fraud and corruption risk assessment

The Chief Executive Office, Executive Management Group and various other staff have had input into the identification of potential fraud and corruption risks and proposed mitigation strategies, utilising the Council Risk Management Policy 1.8. These have been reported to and endorsed by the Shire of Northam Audit & Risk Committee in accordance with Shire of Northam risk assessment.

Appendix 1 provides a detailed risk assessment of fraud and corruption. In accordance with Council policy, at a minimum any risk with an inherent rating of high (or greater) has its specific mitigation strategies entered into the Shire's Promapp Risk Register. Recording the risk mitigation actions in the Promapp register results in any non-compliances being automatically reported to the Shire of Northam Audit & Risk Management Committee.

#### e. Communication and awareness of fraud and corruption

It is important that fraud and corruption is identified and reported at an early stage and that employees have understanding and confidence in the system.

A range of initiatives will be put in place to ensure fraud and corruption definitions, risks and other relevant information is provided on a regular basis, including;

- Induction / onboarding of new employees will contain a section dedicated to defining fraud and corruption as well as how to report suspected fraud or corruption,
- All employees will be re inducted every two years,
- All identified fraud and corruption risks with an inherent rating of high or greater will be published and accessible to all staff via the Shire of Northam Risk Manager cloud based Promapp system,

- ~~Employee guidelines will contain information pertaining to the Fraud and Corruption Plan,~~
- A dedicated page on fraud and corruption will be provide on the Shire of Northam intranet ~~(once developed).~~

#### **f. Employment screening (pre-employment and internal promotion)**

Prior to appointment the following screening shall be undertaken with the express consent of the individual concerned, irrespective of whether they are internal or external applicants –

- Verification of identity requiring at least two forms of identity (passport, birth certificate, driver's licence, rate certificate, at least one must include photo identification)
- Police criminal history check – existence of a criminal history will not automatically result in disqualification from employment or promotion opportunities. The Chief Executive Officer will take a risk based approach to making decisions on current or prospective employees and the relevance of their criminal records.
- Working with Children check – relevant positions
- Reference checks with two most recent employers
- Consideration of any gaps on employment history and the reasons for the gaps
- Verification of formal qualifications claimed – where relevant or required for position; and
- If necessary, residency or visa status.

(note: internal applicants may not need to provide the above screening documents if they have been provided with the previous 3 years)

#### **g. Taking of leave and job rotation position**

Individual Departments will regularly consider job rotation for positions where there are multiple officers undertaking the same or similar functions and the position is deemed a high risk from a fraud or corruption perspective, local law enforcement, parking enforcement, planning officers, contract management, for example.

Excess annual leave is monitored on a quarterly basis to ensure excess leave is managed in accordance with Industrial Awards and relevant Council Policies.

#### **h. Supplier and customer vetting**

The Shire of Northam will continue to undertake supplier vetting for new and ongoing suppliers in accordance with existing practices.

To avoid scams and incorrect payments, all suppliers are to have banking details verified upon initial entry of their details to the financial system / database and then periodically.

All new suppliers with prospective business in excess of \$150,000, will be exposed to the following minimum checks ~~will~~ which include –

- Search of Australian Securities & Investment Commission Company Register,
- Australian Business Register ABN verification,
- Currency of insurances.

For new contracts exceeding, or potential to exceed \$500,000, the following additional checks should be considered –

- Corporate scorecard check which looks at Bankruptcy search,
- Assessment of credit rating, search of legal proceedings pending or judgements pending.

## 4. FRAUD AND CORRUPTION DETECTION

### a. Fraud control and corruption detection program

The Shire of Northam's detection program includes the monthly internal audit plan (which focuses primarily on post transactional reviews), audited annual financial statement, annual compliance return, review of risk strategies and various reporting avenues.

In accordance with the Local Government Act (1995) and associated regulations, the CEO is required to –

*a) in accordance with the Local Government (Financial Management) Regulations 1996 r.5 advise Council in relation to –*

- *Efficient systems and procedures*
- *Ensure efficient use of resources*
- *Undertake reviews of appropriateness and effectiveness of systems at least once every three years*

*b) in accordance with the Local Government (Audit) Regulations 1996 r.17, review –*

- *Risk management*
- *Internal controls, and*
- *Legislative compliance.*
- *Each of these matters are to be reviewed at least once every 3 calendar years.*

### b. Role of External Auditor defined

Consistent with recent changes to international and Australian auditing standards, the auditor's accountability for the detection of fraud will form part of any audit. These provisions will increase the likelihood of detecting material miss-statements or errors in the Shire's financial statements.

### c. Mechanisms for reporting suspected fraud and corruption incidents

The Shire's Public Interest Disclosure Procedures (PID) Information Guidelines provide clear direction regarding employees reporting suspicious or known illegal or unethical conduct. The policy also provides for alternative internal means by which to report matters of concern.

Reports can be made anonymously. Anonymous reports will be examined and investigated on the available evidence. All employees have the right to make a disclosure in accordance with the Public Interest Disclosure Act 2003. This is encouraged where any person wishes to access the protections afforded by the Act.

The following resources are also available to assist staff who may wish to report fraud or corruption

- Manage complaints process – Promapp
- Manage employee discipline / misconduct process – Promapp
- Manage public interest disclosures process - Promapp

**d. Whistle-blower protection program**

Whistle-blowers, whether internal or external, may be an important component in the detection and exposure of fraud or corrupt behaviour. They will be protected to the extent permitted by law. Protection may include but is not limited to –

- Ensuring the person's safety,
- Protecting their confidentiality,
- Arranging any necessary physical or mental support; and
- Referral to an external agency having greater resources for investigation.

A whistle-blower who has been involved in the reported misconduct may be provided with immunity or due consideration from Shire initiated disciplinary proceedings by agreement, however, the Shire has no power to provide immunity from criminal prosecution. Where victimisation or reprisals are reported, a record of the report and the action taken must be placed on the file relating to the public interest disclosure. Steps taken to prevent acts of victimisation or reprisal should be recorded in a manner that they will be accessible for reference, should legal action be taken against the Shire.

However, vexatious, or malicious complaint will not be tolerated, and an appropriate response may be made against the complainant.

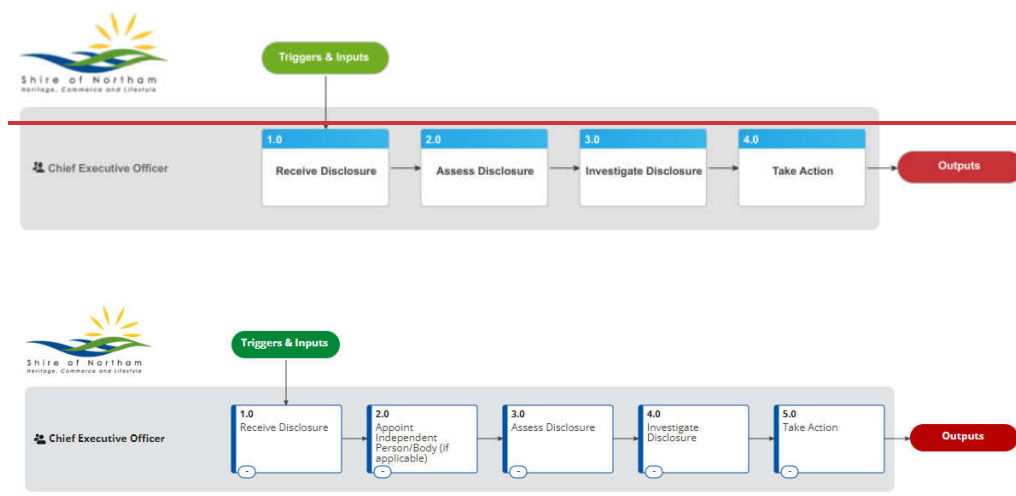
**5. RESPONDING to detected fraud and corruption incidents**

**a. Procedure for the investigation of detected or suspected incidents**

The Shire's Public Interest Disclosure Information Guidelines are available on our website and provide for -

- Appropriate measures for the comprehensive investigation of such matters based on the principles of independence, objectivity and fair due process (rules of natural justice),
- Systems for internal reporting of all detected incidents,
- Process for reporting the matters of suspected fraud and corruption to appropriate external enforcement agencies.

While the Guidelines are reviewed regularly to ensure that they continue to meet these objectives, the following is the documented Promapp process at time of publication.



**b. Internal reporting and escalation**

The relevant Executive Manager is to ensure that all incidents reported and investigated are documented and registered on the appropriate confidential file.

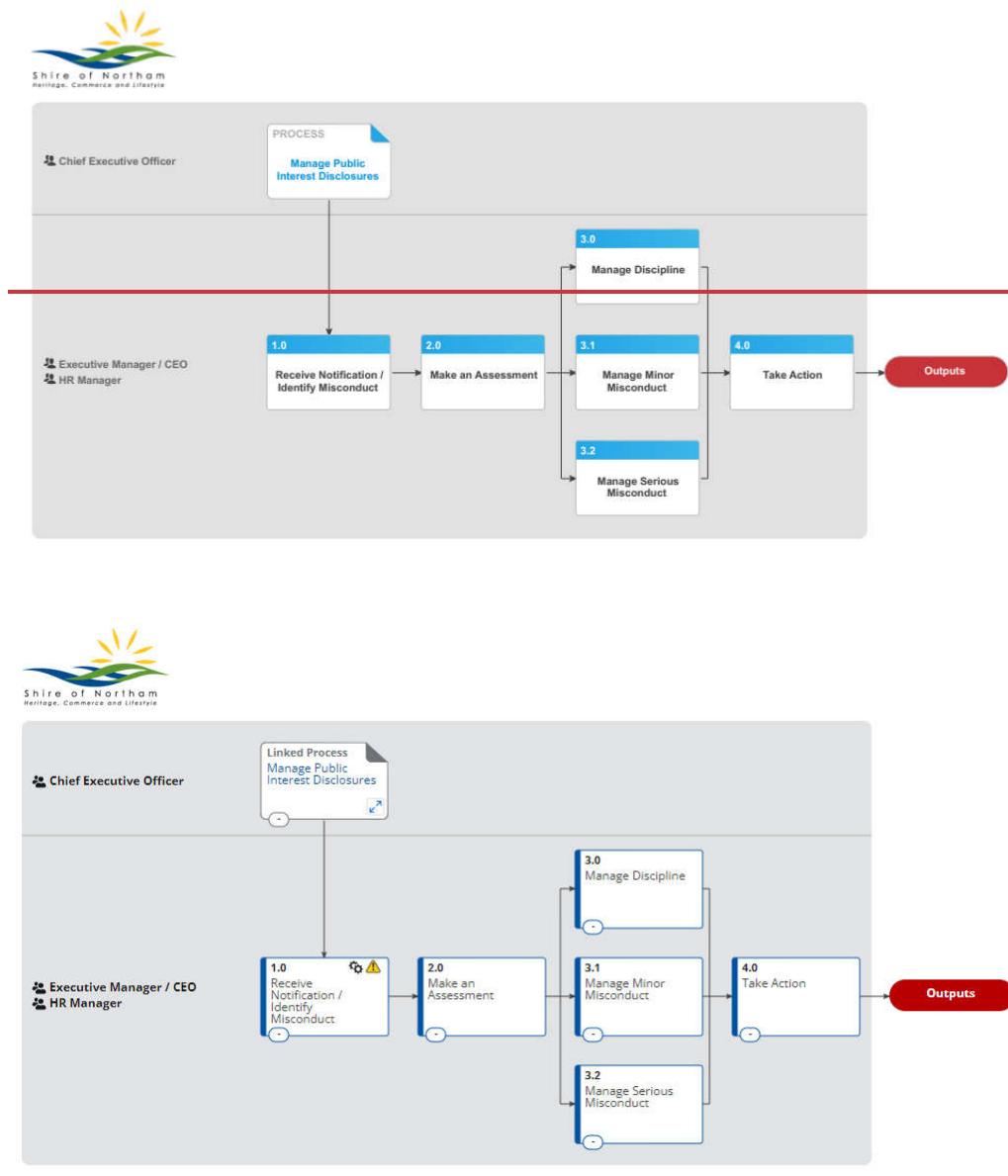
The documentation placed on the file must include the following minimum information –

- Date and time of report,
- Date and time the incident was detected,
- How the incident came to the attention of management,
- The nature of the incident,
- Value of loss (if any) to the entity,
- Action taken following discovery of the incident.

The Chief Executive Officer is to be kept informed of all fraud and corruption investigations and their outcomes.

**c. Disciplinary procedures**

The Shire of Northham has an extensive discipline and misconduct process detailed in Promapp. At the time of publishing the following process (which is supported by a detailed procedure) applied:



**d. External reporting**

The Shire's Public Interest Disclosure Information Guidelines provide direction to reporting any suspected fraudulent or corrupt conduct to any external enforcement agencies including.

- Dept of Local Government, Sport and Cultural Industries,
- Public Sector Commission,
- Police; or
- Crime & Corruption Commission.

Individuals may report any reasonable suspicion of minor misconduct involving a public officer to the Public Sector Commission (PSC). These powers come from the Corruption, Crime and Misconduct Act 2003.

It is important individuals consider what behaviours and circumstances constitute minor misconduct and whether the person/s involved is a public officer for the purposes of the legislation. There is a good chance that if the public officer/s involved could be the subject of a disciplinary investigation within the authority, then it might be minor misconduct. If suspected behaviour you have seen or experienced is minor misconduct you can report it to the PSC or the Executive Manager Corporate Services (as the Shire of Northam designated complaints officer).

**e. Position on civil proceedings to recover the proceeds of fraud and corruption**

The Shire will decide on the facts of individual cases, and as such may seek to recover any losses due to fraud or corruption where there is clear evidence of fraud and corruption and where the likely benefits of such recovery will exceed the funds and resources required to be invested in the recovery action.

**f. Internal control review following discovery of fraud**

Where fraud or corruption is detected the relevant Executive Manager will be responsible to assess the adequacy of the relevant internal control environment and provide a report to the Chief Executive Officer including any recommended improvements identified. On receipt of such a report the Chief Executive Officer will make a subsequent report to the Shire of Northam Audit and Risk Management Committee for their information.

**g. Maintaining and monitoring adequacy of insurance dealing with fraudulent or improper conduct**

The Chief Executive Officer will assess each year the adequacy of insurance coverage (including but not limited to fidelity guarantee) as it related to fraud and misconduct. The current details of insurance coverage are outlined below, in the event any change is made to the level of cover this will be reported to the Shire of Northam Audit and Risk Management Committee for information.

The Shire of Northam are currently covered through the Local Government Insurance Scheme (LGIS) for the following

CRIME	\$500,000	Fraud, corrupt conduct, theft
	\$ 75,000	3 <sup>rd</sup> party fraud - trickery



6. APPENDIX 1 – CORRUPTION AND FRAUD RISK ASSESSMENT

Risk Category	Description	Inherent Rating (likelihood x consequence)	Mitigation Action	Residual Rating (likelihood x consequence)
Financial	Payroll – use of fictitious employees	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>Fortnightly payroll reviewed and signed off by Accountant</li> </ul>	Unlikely (2) x Medium (3) = Moderate (6)
	Payroll – delayed terminations	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>All termination pays calculations reviewed and signed off by Accountant</li> </ul>	Unlikely (2) x Medium (3) = Moderate (6)
	Payroll - Consistently recording incorrect hours of work on timesheets	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>All timesheets reviewed by line manager and officially approved</li> <li>Budgets monitored by Executive Manager, Chief Executive Officer and Accountant</li> </ul>	Unlikely (2) x Medium (3) = Moderate (6)
	Payment systems – incorrect bank details	Possible (3) x High (4) = High (12)	<ul style="list-style-type: none"> <li>100% of system changes reported on at end of month and signed off by Senior Finance Officer</li> </ul>	Unlikely (2) x High (4) = High (8)
	Receipting of money	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>end of day receipting and processing checked by two staff.</li> <li>Surveillance cameras record receipting process and end of day count</li> </ul>	Unlikely (2) x Medium (3) = Moderate (6)
	Receipting of money – remote sites	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>Checked by remote site staff and checked by Admin Staff</li> </ul>	Unlikely (2) x Medium (3) = Moderate (6)
	Entertainment expenses – incorrectly claiming	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>Cross check by second staff and co-signed</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	Debt write off – conflict of interest	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>Employees required to declare interest in writing and not be involved in the relevant write-off</li> </ul>	Unlikely (2) x Medium (3) = Moderate (6)
	Grant applications & use – conflict of interest	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>Employees required to declare interest in writing and not be involved in the relevant Grant</li> </ul>	Unlikely (2) x Medium (3) = Moderate (6)
	Granting of subsidies & waivers – conflict of interest	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>Employees required to declare interest in writing and not be</li> </ul>	Unlikely (2) x Medium (3) = Moderate (6)

			involved in granting the relevant subsidies	
	Granting of concessions & other relief – conflict of interest	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>• Employees required to declare interest in writing and not be involved in granting the relevant concessions</li> </ul>	Unlikely (2) x medium (3) = Moderate (6)
	Tendering – conflict of interest	Possible (3) x Major (4) = High (12)	<ul style="list-style-type: none"> <li>• Employees required to declare interest in writing and remove themselves from process if possible</li> <li>• Documented purchasing process in place</li> <li>• Random audit of 3-2 tendered works/projects at end of financial year checking overall compliance with process</li> </ul>	Unlikely (2) x Major (4) = Moderate (8)
	Purchasing – conflict of interest	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>• Employees required to declare interest in writing</li> <li>• Documented purchasing process in place</li> <li>• Internal audit of 10 creditor transactions per month</li> </ul>	Unlikely (2) x Medium (3) = Moderate (6)
	Corporate card misuse, such as payment for personal expenses	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• All credit card statements supported by receipts</li> <li>• Monthly credit card statements reviewed by Executive Manager or Chief Executive Officer</li> <li>• Monthly credit card statements presented to Full Council</li> <li>• Maximum limit of \$5,000, on credit cards</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	Submitting false travel claims	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Travel claims require independent sign off and supporting documentation</li> </ul>	Unlikely (2) x Minor (2) = Low (4)

	Fuel card misuse	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Random checks of fuel card usage</li> <li>• Policy viewed and understood and signed by staff at induction</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	External providers making claims for services that were not provided	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Checklist of services to be provided</li> <li>• Visual sighting of services provided</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
Health & Safety	Fraudulent workers compensation claims	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• 100% of workers compensation claims resulting in lost time injury to be investigated</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
Reputation	No Fraud and Corruption Control Plan in place	Possible (3) x Major (4) = High (12)	<ul style="list-style-type: none"> <li>• Fraud and Corruption Control Plan reviewed by Shire of Northam Audit &amp; Risk Committee and adopted by Council every two years.</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	Conflicts of Interest Planning approvals	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Employees required to declare interest in writing and recuse themselves from process. If unable to recuse, decision must be counter authorised by Executive Manager</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	Conflicts of Interest Building approvals	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Employees required to declare interest in writing and recuse themselves from process. If unable to recuse, decision must be counter authorised by Executive Manager</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	Conflicts of Interest Pool inspections	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Employees required to declare interest in writing and recuse themselves from process. If unable to recuse, decision must be counter authorised by Executive Manager</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	Conflicts of Interest Health inspections	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Employees required to declare interest in writing and recuse themselves from</li> </ul>	Unlikely (2) x Minor (2) = Low (4)

			process. If unable to recuse, decision must be counter authorised by Executive Manager	
	Conflicts of Interest Inappropriate influence over grants and funding applications	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Employees required to declare interest in writing and recuse themselves from process</li> <li>• All waiving of fines and prosecutions require CEO approval</li> <li>• CEO required to declare any interest and delegate decision to Executive Manager</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	Issuing and waiving of fines and prosecutions	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Employees required to declare interest in writing and recuse themselves from process</li> <li>• All waiving of fines and prosecutions require CEO approval</li> <li>• CEO required to declare any interest and delegate decision to Executive Manager</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	Employment - Nepotism	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Employees required to declare interest in writing</li> <li>• All vacancies required to be advertised (either officially internally, or externally)</li> <li>• Multiple staff required to sit on interview panel</li> <li>• Executive Manager sign off and CEO sign off required on all recruitment</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	Unauthorised use of Shire vehicles	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• GPS tracking on 19 Shire vehicles (excluding full private use vehicles)</li> </ul>	Unlikely (2) x Minor (2) = Low (4)

	Theft or unauthorised use of public funds or physical resources, such as office supplies and stationery	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Awareness of Code of Conduct to be provided at induction</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	Purchasing – receipt of gifts	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Code of conduct in place and available for all staff</li> <li>• Code of conduct forms part of new employee induction</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
Records Management	Changing official Council records without approval (e.g. rating or approval records)	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• 100% of system changes reported on at end of month and signed off by Senior Finance Officer</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
Service Interruption	Systemic taking of sick leave	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Process in place to reiterate that Managers are required to meet with all staff on day following return from sick leave</li> <li>• Monthly leave taken reports provided to Chief Executive Officer and Executive Manager</li> <li>• Medical certificates or statutory declarations required after two days sick leave in any one calendar year</li> <li>• Certificate may be requested for every absence if there are concerns in relation to attendance</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
	Not attending training when required to do so	Possible (3) x Minor (2) = Moderate (6)	<ul style="list-style-type: none"> <li>• Ensure staff are aware of the importance of training</li> <li>• Code of Conduct – Refusal of duties clause addresses this risk</li> </ul>	Unlikely (2) x Minor (2) = Low (4)
Compliance	Purchasing – invoice or project splitting to avoid tender requirements	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>• Compliance with legislative requirements of the Act and subsidiary legislation</li> </ul>	Unlikely (2) x Medium (3) = Moderate (6)

			<ul style="list-style-type: none"> <li>• Random audit of 3 tendered projects at end of financial year</li> </ul>	
Property	Leasing - Nepotism	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>• Follow the process in Promapp and in S.3.58 of the LG Act</li> <li>• Employees required to declare interest in writing</li> <li>• <u>Documented process to manage leases.</u></li> </ul>	Unlikely (2) x Medium (3) = Moderate (6)
	Sale – Conflict of Interest and inappropriate use of position	Possible (3) x Medium (3) = Moderate (9)	<ul style="list-style-type: none"> <li>• Follow the process in Promapp and in S.3.58 of the LG Act</li> <li>• Employees required to declare interest in writing</li> </ul>	Possible (3) x Medium (3) = Moderate (9)

### 6.3 WHS Committee Meeting

<b>File Reference:</b>	1.1.9.21
<b>Reporting Officer:</b>	Joanne Griffiths (Safety Officer)
<b>Responsible Officer:</b>	Jason Whiteaker (Chief Executive Officer)
<b>Officer Declaration of Interest:</b>	Nil
<b>Voting Requirement:</b>	Simple Majority
<b>Press release to be issued:</b>	No

#### BRIEF

For Council to adopt the Work Health and Safety Action Plan and receive the minutes from the Work Health and Safety Committee Meeting held on 1 August 2023.

#### ATTACHMENTS

1. Step 3 Tier 2 WHS Action Plan June 2023 [6.3.1 - 12 pages]
2. 2023 Shire of Northam Tier 3 Report [6.3.2 - 31 pages]
3. WHS Committee Minutes 1 August 2023 [6.3.3 - 3 pages]

#### A. BACKGROUND / DETAILS

A safety assessment was undertaken by LGIS between the 29<sup>th</sup> of May to the 31<sup>st</sup> of May 2023, as part of the 3 steps to safety program. The assessment report has been received and an Action Plan developed.

The 3 steps to safety program is conducted on a Bi-annual basis by LGIS. This program outlines the actions to be taken to address areas for improvement.

Due to covid, the last assessment was conducted in 2019. There may have been a gap in the years that the assessment took place, however the assessor made a remark, "if there was a way to score culture, the Shire of Northam would do very well there".

The current overall score was 68%.

#### B. CONSIDERATIONS

##### B.1 Strategic Community / Corporate Business Plan

Performance Area: Performance.

Outcome 12: Excellence in organisational performance and customer service.

Objective 12.4: Have a happy, competent and committed workforce that lives local.

Priority Action: Nil.

**B.2 Financial / Resource Implications**

Nil

**B.3 Legislative Compliance**

WHS ACT 2020.

WHS Regulations 2022.

**B.4 Policy Implications**

Work Health and Safety Policy.

**B.5 Stakeholder Engagement / Consultation**

LGIS conducted the assessment and provided a report, from which an Action Plan was developed and adopted by the Work Health and Safety (WHS) Committee Tuesday 1 August 2023.

**B.6 Risk Implications**

Refer to Risk Matrix [here](#).

<b>Risk Category</b>	<b>Description</b>	<b>Rating (likelihood x consequence)</b>	<b>Mitigation Action</b>
Financial	Heavy penalties may apply to the organisation and the individual person if the Act and regulations are not adhered to or a Death or permanent disability occurs to a worker.	Possible (3) x Major (4) = High (12)	Adopt the Action Plan, developed from the LGIS safety assessment. Adhere to the WHS Act, Regulations and other Codes of Practice, as far as reasonably practicable, to mitigate the risk.
Health & Safety	Not following compliance and being exposed to risks and injuries to workers.	Unlikely (2) x Medium (3) = Moderate (6)	As far as reasonably practicable, adhere to the WHS ACT and Regulations to mitigate the risk to any worker.
Reputation	Moral amongst workers, potentially	Possible (3) x Insignificant (1) = Low (3)	Training and communication to workers, to mitigate



	resulting in injuries and low esteem.		risk to the organization.
Service Interruption	Machinery break downs, injured workers	Possible (3) x Insignificant (1) = Low (3)	Ensure that equipment is inspected, fit for purpose and serviced as required, to mitigate breakdowns and interruptions to production.
Compliance	Not having policies or procedures in place to keep the workers and the organization safe from risks.	Unlikely (2) x Medium (3) = Moderate (6)	As far as reasonably practicable, adhere to the WHS ACT and Regulations to mitigate the risk to the organization and workers.
Property	Nil.		
Environment	Nil.		

**B.7 Natural Environment Considerations**

Nil.

**C. OFFICER'S COMMENT**

The result from the LGIS assessment also highlighted, satisfactory scores with recommendations. All these findings have been adopted in the Action Plan, for further improvement and succession in the future to achieving as far as reasonably practicable the exemplary score of "4", in these areas.

**RECOMMENDATION**

**That Council:**

- 1. Adopt the Shire of Northam Work Health and Safety Action Plan as provided in Attachment 6.3.1.**
- 2. Request the Chief Executive Officer to report progress towards the Work Health and Safety Action Plan to future Audit and Risk Management Committee Meetings.**
- 3. Receive the Work Health and Safety Committee Meeting Minutes from the meeting held on 1 August 2023 as provided in Attachment 6.3.3.**



Shire of Northam  
*Heritage, Commerce and Lifestyle*

## **3 Steps to Safety**

### **Step 2: WHS Action Plan**

July 2023

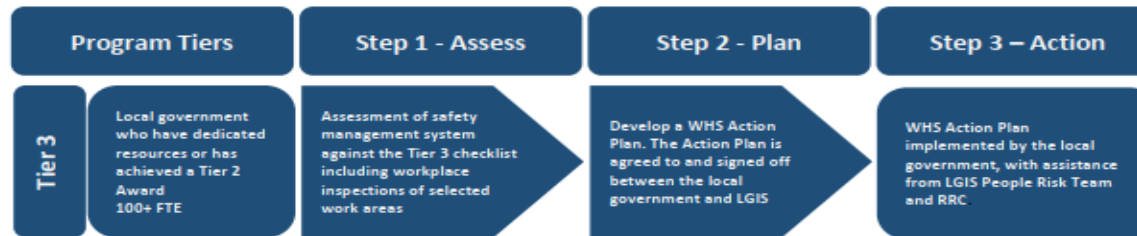
## WHS Action Plan

**Purpose:** This plan has been developed in response to step 1 of the 3 Steps to Safety program that was undertaken in May 2023 and outlines the actions to be taken to address areas for improvement. This plan should be read in conjunction with the Verification Report.

**Background:** The 3 Steps to Safety program was developed to recognise the diversity in WA local government. Encompassing 3 steps: Assess, plan and act, the program uses progressive safety practices to drive safety performance. This WHS action plan fulfils step 2 of the program. Step 3 is the implementation of this plan.

Tier 2 Program Summary

### Program Summary



**Review:** This plan should be reviewed at the Senior Management Group meetings to ensure actions are closed out.

**Responsibility:** Jason Whiteaker, Chief Executive Officer

**Scoring methodology:** All evidence for the assessment was examined and verified on site through examination of documents, workplace inspection and interviews with representatives from the Shire of Northam. The assessment was undertaken by LGIS based upon the scoring methodology below.

### Scoring Methodology

Finding	Score	Definition
<b>Exemplary</b>	4	The organisation has sustained performance requirements for the criteria. Strong supporting documentation and other applicable evidence is in place and is updated regularly. Consistent application for the criteria is in place over a considerable period of time. Some minor problems may occur from time to time
<b>Satisfactory</b>	3	The organisation satisfies the requirements of the criterion and has not gone significantly beyond it. Evaluation and review processes as part of continuous improvement is evident with strong supporting documentation
<b>Insufficient</b>	2	Documentation exists however there are gaps in the WHS Management System documentation, their implementation and/or the evidence that shows the criteria hasn't quite been met
<b>Ad Hoc</b>	1	The organisation has not met the criteria due to evidence being sporadic and ad hoc. Early drafts of documentation and/or processes are available
<b>Unsatisfactory</b>	0	The organisation cannot provide any evidence to support compliance with the criteria. No awareness or intention to implement

Overall Scores

Category	Member Score	Available Score	Section Achievement
Management Commitment	21	32	66%
Planning	21	36	58%
Consultation and Reporting	20	28	71%
Hazard Management	25	32	78%
Training and Supervision	22	28	79%
Volunteer Management	22	36	61%
<b>Overall Score</b>	<b>131</b>	<b>192</b>	<b>68%</b>

WHS Action Plan 2023/2024

Action item	Element No. (taken from checklist)	Finding (score)	Requirements (taken from criteria)	Actions to be taken	Responsibility (determined by SON)	Due date (determined by SON)
<b>Management Commitment</b>						
1	1.1	2 insufficient	<i>There is a documented health and safety policy that is reviewed on a regular basis, that includes commitment to prevent ill health or injuries related to psychosocial risk and promote wellbeing at work.</i>	The Shire should look to fully endorse and implement the WHS Policy.		July 2023
				Display the WHS policy in high visible areas such as noticeboards and all reception areas.  A process should be developed to ensure legislative changes are discussed as part of the WHS Committee / Reps meetings.		July 2023
2	1.4	2 insufficient	<i>There is a process that makes all parties aware of and accountable for identifying, monitoring, and managing their health, safety and psychological risks and responsibilities.</i>	Ensure WHS responsibilities are documented tender documentation current WHS legislation should be referenced within all documentation such as performance reviews.		December 2023
3	1.7	3 Satisfactory	<i>All workers have sufficient time to complete health and safety related tasks.</i>	Review workplace inspections to include psychosocial risk identification.		January 2024

4	1.8	2	<i>Recommendations to improve health, safety and psychological risk management are acted upon.</i>	Implement process to ensure workers receive feedback after being consulted on purchasing safety equipment.	December 2023
		Insufficient		Implement a process where internal assessments are conducted on the health and safety management plan on an annual basis, so that outcomes can contribute towards future health and safety planning.	2025
				Ensure the psychosocial risk project takes place where risks can be identified, assessed and suitable controls identified.	December 2023

Action item	Element No. (taken from checklist)	Finding (score)	Requirements (taken from criteria)	Actions to be taken	Responsibility (determined by SON)	Due date (determined by SON)
<b>Planning</b>						
5	2.1	3 Satisfactory	<i>The organisation approach to health and safety management is planned and reviewed in consultation with senior management at least annually.</i>	Develop a WHS plan with Executives and the WHS committee for the organisation that includes accountability from other departments.		July 2024
				Review the WHS plan to ensure that objectives are being measured, monitored, and reviewed at executive level.		November 2023
				Identify an assessment tool to be utilised when reviewing the WHS management system framework to ensure it can be consistently measured and performance monitored on a regular basis (at least annually).		
				Develop a process where the WHS Plan is reviewed in consultation with workers at their representatives at least annually.		
6	2.2	0 Unsatisfactory	<i>Specific health, safety and psychosocial objectives and measurable targets have been established for relevant functions and levels within the organisation.</i>	Identify health and safety objectives and measurable targets for the organisation as well as relevant functions and levels within. These should include both lead and lag indicators for effective performance management.		September 2023
				Health and safety objectives should centre on consultation hazard management, supervision and training and include both lead and lag indicators of measurement.		



<b>7</b>	2.3	2 Insufficient	<i>Arrangements are in place for people with special needs</i>	Develop a procedure to ensure work tasks are assessed for workers with special needs and reasonable adjustments are made.	Safety HR	December 2023
<b>8</b>	2.4	3 Satisfactory	<i>Arrangements for visitors to the workplace are in place</i>	Develop a system to ensure the procedure is being followed in all areas.	Safety	July 2024
<b>9</b>	2.6	2 Insufficient	<i>Potential emergency situations have been identified and relevant emergency procedures are in place.</i>	Review the evacuation diagrams and their placement to ensure they are orientated correctly and send a clear and consistent message across the various workplaces.  Develop a schedule for drills to be regularly conducted (at least annually for evacuations) as well as other identified emergency situations relevant to the workplace.	Building Safety  Safety Safety Reps	December 2023  September 2024
<b>10</b>	2.9	2 Insufficient	<i>The organisation and individuals satisfy legal requirements to undertake specific activities, perform work or operate equipment.</i>	Ensure a training matrix is developed.	HR Admin	December 2023

Action item	Element No. (taken from checklist)	Finding (score)	Requirements (taken from criteria)	Actions to be taken	Responsibility (determined by SON)	Due date (determined by SON)
<b>Consultation and Reporting</b>						
11	3.1	3 Satisfactory	<i>There are agreed procedures for involvement and consultation with workers on health and safety issues, both physical and psychological risks</i>	Ensure the process for the feedback during purchasing safety equipment is assessed and consulted back to workers.	HR Safety	July 2024
12	3.6	2 Insufficient	<i>Workers or their representatives are consulted regarding management of physical and psychosocial hazards in the workplace.</i>	Develop a procedure to ensure the shire requirements for managing contractors are documented and followed.  Revise request for tender documentation to include WHS requirements.	Safety Procurement Safety Procurement	December 2023

Action item	Element No. (taken from checklist)	Finding (score)	Requirements (taken from criteria)	Actions to be taken	Responsibility (determined by SON)	Due date (determined by SON)
<b>Hazard Management</b>						
13	4.2	3 Satisfactory	<i>Work environments are regularly inspected, and physical and psychosocial hazards are identified.</i>	Develop a process to document safety observations by the executives and managers.		July 2024
14	4.3	3 Satisfactory	<i>Work activities are analysed, and physical and psychosocial hazards identified.</i>	Ensure all high-risk tasks have been approved, accessed and communicated to the workers involved.	HR Safety Employee	December 2024
15	4.4	2 Insufficient	<i>Risk assessments are undertaken on identified physical and psychosocial hazards</i>	Ensure risk assessments for all high-risk activities have been completed by the workers.  Consider using safe operating procedures and risk assessments where necessary and using SWMS for high-risk construction work only.	Safety Reps Managers Safety Safety Reps Managers Workers	December 2023
16	4.7	3 Satisfactory	<i>Physical and psychosocial incidents, injuries and diseases are reported and investigated.</i>	Consider reviewing the procedure where the WHS officer investigates all incidents as this is currently not being achieved successfully with some incident's investigations overdue.	Safety	July 2024

Action item	Element No. (taken from checklist)	Finding (score)	Requirements (taken from criteria)	Actions to be taken	Responsibility (determined by SON)	Due date (determined by SON)
<b>Training and Supervision</b>						
17	5.3	2 insufficient	<i>The organisation has identified the training needs of all workers</i>	As per 2.9 develop a training matrix.	HR Safety HR Admin	December 2023

Action item	Element No. (taken from checklist)	Finding (score)	Requirements (taken from criteria)	Actions to be taken	Responsibility (determined by SON)	Due date (determined by SON)
<b>Volunteer Management</b>						
18	6.1	2 Insufficient	<i>There are policies and procedures in place for managing volunteers</i>	Ensure processes are in place for managing volunteers including the shires WHS responsibilities.	Safety	December 2023
19	6.4	3 Satisfactory	<i>The organisation conducts ongoing training and verification of competency for volunteers</i>	Develop a process where volunteer supervisors can document volunteer observation to verify competencies.	HR Safety HR Admin	July 2024

Identified issues during the assessment.

**SHIRE DEPOT**

Large amount of waste / recyclable equipment on site such as dismantled skate park and fencing.

- Carry out some housekeeping of the yard and remove the waste.

**NORTHAM AQUATIC CENTRE**

Large storage area contains equipment for local sporting clubs. The area was clean well maintained although there was an old trailer with significant damage which could cause harm to those that use it.

- The shire should provide feedback to the sporting club that the equipment is in a poor state of repair and is a hazard to those using the equipment and accessing the shed. It should be assessed if fit for purpose and action taken.

**SUMMARY**

The step 2 of the assessment is to develop an action plan.

This will be developed in smart sheets, with concise and clear indication of projects tasks, responsibilities, and timelines.

In order of urgency and the scoring system sent by LGIS. I recommend that the unsatisfactory and insufficient items are prioritised accordingly to high risk to the Shire of Northam.

Satisfactory scores have been added to the action plan as further recommendations were added, this will help us succeed further in the future to achieving as far as reasonably practicable the exemplary score of "4", in these areas.

Dates and timelines to be discussed during the Safety Assessment meeting.



# 3 Steps to Safety

Step One – Assessment Report

Shire of Northam

May 2023

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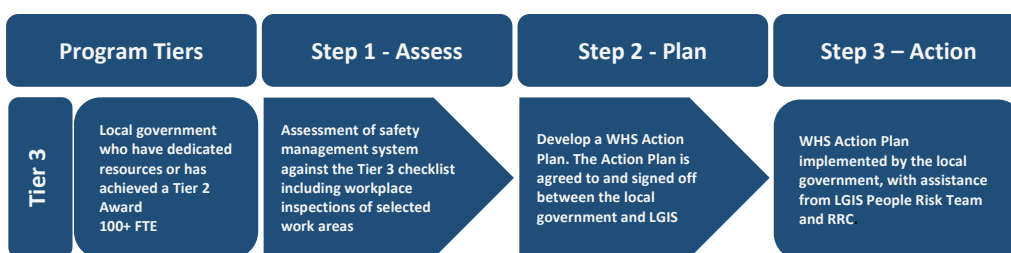
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## INTRODUCTION

The 3 Steps to Safety program was established to recognise and meet the needs of local government with the aim of driving safety performance and minimising claim exposure. This report is the outcome of Step 1 of that program. The next steps are included at the end of this report.

### Program Summary



### Verification Report

The purpose of this report is to provide the Shire of Northam with a summary of the assessment findings.

### Verification Details

The verification activity was undertaken by Rhys Vaughan (Senior Risk Consultant). The Shire of Northam was represented by Joanne Griffiths (Work Health and Safety Officer) for the duration of the verification activity. This report has been peer reviewed by Emma Horsefield (People Risk Manager) at LGIS.

The assessment was undertaken on 29<sup>th</sup> May 2023. The sites visited as part of the activity were Administration Building, Library & Community Services, Bilya Koort Boodja Centre, Killara Adult Day Care & Respite, Depot and Recreation Centre.

### Assessment Methodology

All evidence for this assessment was examined and verified on site through examination of documents, workplace inspections and interviews with representatives from the Shire of Northam. The assessment was undertaken based upon the LGIS scoring methodology below.



Finding	Score	Definition
<b>Exemplary</b>	4	The organisation has sustained performance requirements for the criteria. Strong supporting documentation and other applicable evidence is in place and is updated regularly. Consistent application for the criteria is in place over a considerable period of time. Some minor problems may occur from time to time
<b>Satisfactory</b>	3	The organisation satisfies the requirements of the criterion and has not gone significantly beyond it. Evaluation and review processes as part of continuous improvement is evident with strong supporting documentation
<b>Insufficient</b>	2	Documentation exists however there are gaps in the WHS Management System documentation, their implementation and/or the evidence that shows the criteria hasn't quite been met
<b>Ad Hoc</b>	1	The organisation has not met the criteria due to evidence being sporadic and ad hoc. Early drafts of documentation and/or processes are available
<b>Unsatisfactory</b>	0	The organisation cannot provide any evidence to support compliance with the criteria. No awareness or intention to implement

### Limitations

This assessment was undertaken as part of the LGIS *3 Steps to Safety* program. It should not be relied upon for any assurance of legislative compliance. This assessment does not protect against enforcement action against the Shire of Northam by any regulatory authority.

### Disclaimer

This verification report was produced in good faith by LGIS to assist Local Governments and reflects information that was considered accurate and reliable at the time of its publication. The employees of LGIS shall accept no liability or responsibility for any statutory enforcement or legal action against any Local Governments for reliance or use of the information contained herein.

### Overall Scores

Category	Member Score	Available Score	Section Achievement
Management Commitment	21	32	66%
Planning	21	36	58%
Consultation and Reporting	20	28	71%
Hazard Management	25	32	78%
Training and Supervision	22	28	79%
Volunteer Management	22	36	61%
<b>Overall Score</b>	131	192	68%

## ASSESSMENT FINDINGS

---

### 1.0 Management Commitment

#### Element 1.1

**There is a documented health and safety policy that is reviewed on a regular basis, that includes a commitment to prevent ill health or injuries related to psychosocial risk, and promote wellbeing at work**

**Findings:**

Insufficient

**Observation:**

- The Shire has a Work Health and Safety Policy - WHS in place to demonstrate the organisations commitment to high standards of health and safety.
- The WHS Policy identifies the Shires understanding regarding their responsibilities in accordance with health and safety legislative requirements.
- The WHS policy has been endorsed with the CEO's signature and was due for review in March 2023.
- The revised Policy is awaiting approval by council on 5<sup>th</sup> June and is not currently on display within the buildings.
- The WHS policy is reviewed on an annual basis and a schedule has been established for this to continue.

---

**Recommendations:**

- The Shire should look to fully endorse and implement the WHS Policy
- 

#### Element 1.2

**The health and safety policy is available to workers, suppliers, contractors, customers and visitors to the workplace**

**Findings:**

Satisfactory

**Observation:**

- The Operational Policy - WHS is the primary document that the Shire uses to communicate health and safety standards to workers and others.
- The WHS Policy is displayed throughout most of the Shire's workplaces inclusive of front entrance areas and staff noticeboards, explained to workers and contractors during safety inductions
- The WHS Policy is circulated and displayed for all.
- The WHS Policy is explained within health and safety induction and safety management plans.
- Drafts are circulated within the WHS Committee, Executive Leadership Team (ELT) and other team meetings for feedback.

---

**Recommendations:**

- Display the WHS Policy in high visible areas such as noticeboards and all reception areas.
-

Element 1.3	<b>The organisation identifies and monitors health and safety legislation, psychological standards, codes of practice, guidance notes, agreements and guidelines relevant to its operations</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>• The Shire monitors health and safety legislation and industry standards in a variety of ways such as, but not limited to, WorkSafe WA and LGIS newsletters.</li><li>• The WHS Improvement Plan/Action Plan 2023/2024 referenced the legislation identified for the work tasks performed.</li><li>• Safety documentation is distributed on staff noticeboards as well as saved electronically on ProMaps and identifies changes in legislation.</li></ul>
<b>Recommendations:</b>	<ul style="list-style-type: none"><li>• A process should be developed to ensure legislative changes are discussed as part of the WHS Committee/Reps meetings</li></ul>

Element 1.4	<b>There is a process that makes all parties aware of and accountable for identifying, monitoring and managing their health, safety and psychological risks and responsibilities</b>
<b>Findings:</b>	Insufficient
<b>Observation:</b>	<ul style="list-style-type: none"><li>• Position descriptions include health and safety responsibility at all levels.</li><li>• WHS responsibilities is reinforced through health and safety inductions for workers and contractors</li><li>• Current legislation not referenced in tender documentation</li><li>• WHS Committee terms of reference, various health and safety training for managers and supervisors.</li><li>• The CEO chairs the WHS Committee meetings and carries out regular workplace inspections to be visibly supporting safety.</li><li>• The CEO reviews WHS data weekly and is provided a monthly report for analysis and communication to elected members</li><li>• Senior management regularly attend the WHS Committee and WHS is an agenda item for all internal meetings including within regular executive meetings.</li></ul>
<b>Recommendations:</b>	<ul style="list-style-type: none"><li>• Ensure WHS responsibilities are documented tender documentation</li><li>• Current WHS legislation should be referenced within all documentation such as performance reviews</li></ul>

Element 1.5

**The organisation coordinates safety management activities**

**Findings:**

Satisfactory

**Observation:**

- The Shire has recently introduced a new WHS role who coordinates health and safety activities on behalf of the organisation to support the WHS management system. The WHS Team includes a coordinator and a WHS Officer.
  - Position descriptions for each member include performance objectives, responsibilities and duties, accountabilities and lines of reporting
  - Job development planning is discussed within the mid-year performance reviews and annual performance review process for action depending on the organisations and worker's needs.
- 

Element 1.6

**Financial and physical resources are provided for all aspects of health, safety and psychosocial risk management**

**Findings:**

Satisfactory

**Observation:**

- The Shire provides a financial budget for health and safety that is reviewed at least annually or more often where required.
  - The budget includes, but not limited to, various health and safety projects, training inclusive of health and safety representatives, Australian Standards, speciality consultants, subscriptions, personal protective equipment (PPE) and the purchasing of hazard reducing plant and equipment.
  - Individual departments are assigned a health and safety budget appropriate to their identified needs. If any unplanned health and safety events occur then resources are reviewed to accommodate effective controls.
  - Discussions with workers confirmed that resources are available for health and safety although it seems that the Shire will purchase cheaper equipment without feedback to workers.
-

Element 1.7	<b>All workers have sufficient time to complete health and safety related tasks</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>• Discussions had with senior management, workers and health and safety representatives confirmed that they have sufficient time to perform health and safety related tasks.</li><li>• Time is allocated for various meetings including, but not limited to, pre-start, toolbox and staff, WHS Committee and ELT as well as other health and safety specific projects.</li><li>• Health and safety training is provided and records are maintained within workers personal files as well as electronically within Human Resources.</li><li>• Workplace inspections are regularly performed by health and safety representatives with the support of managers and supervisors.</li></ul>
<b>Recommendations:</b>	<ul style="list-style-type: none"><li>• Review workplace inspections to include psychosocial risks identification.</li></ul>

Element 1.8	<b>Recommendations to improve health, safety and psychological risk management are acted upon</b>
<b>Findings:</b>	Insufficient
<b>Observation:</b>	<ul style="list-style-type: none"><li>• Health and safety recommendations are identified through a range of sources such as SWMS, Take 5 and workplace inspections.</li><li>• Recommendations for improvement are actioned depending on the level of risk and the type of control measure required.</li><li>• Discussions with workers confirmed that they are consulted prior to purchasing new equipment although their suggestions/recommendations are not acted upon and equipment is purchased on lowest cost instead of most effective</li></ul>
<b>Recommendations:</b>	<ul style="list-style-type: none"><li>• Implement process to ensure workers receive feedback after being consulted on purchasing safety equipment</li><li>• Implement a process where internal assessments are conducted on the health and safety management plan on an annual basis, so that outcomes can contribute towards future health and safety planning.</li><li>• Ensure the psychosocial risk project takes place where risks can be identified, assessed and suitable controls identified.</li></ul>

## 2.0 Planning

Element 2.1 **The organisations approach to health and safety management is planned and reviewed in consultation with senior management at least annually**

**Findings:** Satisfactory

**Observation:**

- There is a current WHS Management Plan outlining the Shire's commitment to safety and how it will be implemented.
- The plan is reviewed and discussed at WHS Committee Meetings.
- The plan does not include measurable objectives to monitor the effectiveness of the objectives within the plan

---

**Recommendations:**

- Develop a WHS Plan with ELT and the WHS Committee for the organisation that includes accountability from other departments.
- Review the WHS Plan to ensure that objectives are being measured, monitored and reviewed at Exec level.
- Identify an assessment tool to be utilised when reviewing the WHS management system framework to ensure it can be consistently measured and performance monitored on a regular basis (at least annually).
- Develop a process where the WHS Plan is reviewed in consultation with workers or their representatives at least annually.

---

Element 2.2 **Specific health, safety and psychosocial objectives and measurable targets have been established for relevant functions and levels within the organisation**

**Findings:** Unsatisfactory

**Observation:**

- Although WHS data such as but not limited to; hazard, injury and workplace inspection statistics are being collected and monitored, there are no health, safety or psychosocial objectives and measureable targets identified within the plan to be effectively monitored.

---

**Recommendations:**

- Identify health and safety objectives and measureable targets for the organisation as well as for relevant functions and levels within. These should include both lead and lag indicators for effective performance management.
- Health and safety objectives should centre on consultation hazard management, supervision and training and include both lead and lag indicators of measurement.

Element 2.3

**Arrangements are in place for people with special needs**

**Findings:**

Insufficient

**Observation:**

- The Shire engages a health questionnaire to identify if further arrangements can be made to ensure workers with special needs can perform their work tasks in a healthy and safe manner prior to employment.
- Discussions with workers and managers confirmed that supervisors are adequately skilled.

---

**Recommendations:**

- Develop a procedure to ensure work tasks are assessed for workers with special needs and reasonable adjustments are made.
- 

Element 2.4

**Arrangements for visitors to the workplace are in place**

**Findings:**

Satisfactory

**Observation:**

- Processes are in place for visitors to be provided with an onsite induction regarding known and potential hazards, sign in to the visitor log book, depending on the location be provided with visitor identification tags and supervised in relation to the tasks being performed.
- Workers understood and provided a suitable visitor induction at most areas visited.
- Emergency diagrams and procedures are prominent within the workplace however, it was noted at a few workplaces that the evacuation diagram was not orientated correctly to enable the reader to clearly identify an emergency evacuation as well as diagrams have been produced by many different providers with differing layouts and identification icons.
- Where required PPE was available for visitors and workers ensured visitors were wearing appropriate PPE.

---

**Recommendations:**

- Develop a system to ensure the procedure is being followed in all areas.
-



Element 2.5

**Policies and procedures for engaging and managing contractors are in place**

**Findings:**

Satisfactory

**Observation:**

- The Shire has implemented the contractor management process based on the Contractor Safety Management Procedure that define how the works are risk assessed, how contractors are sourced, assessed, engaged and evaluated.
  - The Shire has developed an online contractor induction, a Contractor Handbook and a Golden Safety Book to assist contractors with understanding the Shire's health and safety requirements. The online induction is also supported by an onsite induction.
  - Samples of completed contractor site inspections were cited as part of this assessment that showed contractor inspections included a review of required health and safety risk is being controlled.
  - The intranet page has a specific page for Contractor WHS Management that is accessible for all workers and includes internal processes and references to legislative requirements.
  - The Contractor Safety Management Flowchart identifies accountabilities for the management of contractors and their performance.
  - Contractors are included in health and safety meetings, reviews and investigations.
- 

Element 2.6

**Potential emergency situations have been identified and relevant emergency procedures are in place**

**Findings:**

Insufficient

**Observation:**

- Emergency response plans and evacuation diagrams are in place for all building facilities however it was observed that not all evacuation diagrams were orientated correctly.
  - Emergency wardens and first aid officers have been identified within the organisation, lists are displayed on noticeboards and the intranet. Training regularly provided to nominated emergency personnel.
  - There were some recent examples of emergency evacuation drills being carried out although there were no drills to provide prior to those recently carried out.
-

- 
- Recommendations:**
- Review the evacuation diagrams and their placement to ensure they are orientated correctly and send a clear and consistent message across the various workplaces.
  - Develop a schedule for drills to be regularly conducted (at least annually for evacuation) as well as other identified emergency situations relevant to the workplace.
- 

Element 2.7      **The organisation's procedures, work instructions and work practices reflect current health and safety legislation, psychological standards, standards, codes of practice, guidance materials, agreements and guidelines**

**Findings:**      Satisfactory

- Observation:**
- Documents sighted reflected current health and safety legislation, standards, codes of practices and other relevant guidance materials.
  - SWMS have been adopted for all safety tasks which are sighted and signed monthly by the workers
  - Discussions had with workers confirmed that they understood the legislative requirements of their roles and were provided with appropriate instructions to complete their work tasks in a safe manner.
- 

Element 2.8      **All workers have access to current legislation, standards, codes of practice, guidance notes, agreements and guidelines that impact upon their activities**

**Findings:**      Satisfactory

- Observation:**
- Discussions had with workers confirmed that they were aware of the legislative requirements for the work tasks performed as well as where they could readily obtain further information.
  - Information regarding health hazards relevant to the work task being performed are accessible within the workplace and risk assessments via the SWMS process have been completed on identified hazardous substances.
  - Health and safety information is readily available on staff noticeboards and the intranet.
- 

Element 2.9      **The organisation and individuals satisfy legal requirements to undertake specific activities, perform work or operate equipment**

**Findings:**      Insufficient

- Observation:**
- Plant and equipment is regularly maintained and plant and equipment registrations obtain in accordance with WorkSafe WA and other government agency requirements.
-

- The People and Culture team are currently developing a Qualifications register and Training Matrix that will record all workers qualifications including qualifications required by legislation. Supervisors and managers have ready access to this information.

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**Recommendations:** • Ensure Training Matrix is developed.

---

### 3.0 Consultation and Reporting

Element 3.1

**There are agreed procedures for involvement and consultation with workers on health and safety issues, including both physical and psychological risks**

**Findings:** Satisfactory

**Observation:**

- The WHS Consultation and Communication Procedure communicates the consultation process for the involvement of workers on health and safety matters.
- There is a Consultation and Communication tab available on the intranet where consultation and communication materials are available such as, but not limited to, toolbox and WHS Committee minutes, safety alerts and reports and legislation updates.
- There is a Terms of Reference for the WHS Committee and minutes are regularly maintained.
- A resolution of issues procedure and flow chart has been developed and readily available through the intranet and staff noticeboards.
- Staff surveys regarding the consultation process have been conducted and feedback obtained and considered.

---

**Recommendations:**

- Ensure the process for feedback during purchasing safety equipment is assessed and consulted back to workers.

---

Element 3.2

**Consultative arrangements are communicated to workers and are well understood**

**Findings:** Satisfactory

**Observation:**

- Consultation arrangements are communicated within the health and safety inductions and regularly reinforced within various training.
- Health and safety information is communicated via the staff notice boards.
- Consultative methods are further reinforced by managers and supervisors who regularly conduct pre-start, toolbox and team meetings where attendance and participation is encouraged.
- Discussions had with workers confirmed that communication and consultation methods were enacted and understood.

---

Element 3.3      **Workers or their representatives are involved in planning processes for the management of health, safety and psychosocial risk at the workplace**

**Findings:**                      Satisfactory

**Observation:**

- Discussions had with workers and their health and safety representatives confirmed that they are involved in the planning, development and implementation of safety processes and systems within their areas.
- Minutes were sighted to demonstrate consultation with workers within toolbox, staff and other committees/workshops.
- Discussions held with Exec confirmed that they are aware of the legislative requirements for psychosocial risk and there is an action plan to address although, in consultation with workers it has been assessed as relatively low risk.

---

Element 3.4      **Workers or their representatives are consulted regarding proposed changes to the work environment, processes or procedures and purchasing decisions that could affect their physical and psychological health and safety**

**Findings:**                      Satisfactory

**Observation:**

- Workers and their health and safety representatives confirmed they are consulted with regarding proposed changes to the work environment, procedures, processes, and purchasing decisions to be made.
- WHS Committee meeting minutes, team and toolbox meeting minutes support the consultation process.
- Although the workers were consulted prior to the Shire purchasing relevant safety equipment, workers felt their feedback was not considered as the cheapest option was purchased.

---

**Recommendations:**      • As per recommendation at 3.2

---



Element 3.5 **Workers or their representatives are consulted regarding management of physical and psychosocial hazards in the workplace**

**Findings:** Satisfactory

**Observation:**

- Discussions had with workers and their representatives confirmed that they are consulted with regarding the management of hazards within their workplace.
- Meeting minutes sighted from WHS Committee, toolbox and staff meetings confirm workers or their representatives are consulted regarding hazards within the workplace.
- The induction process as well as training records viewed confirmed workers, including managers and supervisors, have been trained in hazard management principles.

---

Element 3.6 **There are arrangements in place for the acquisition, provision and exchange of health, safety and psychosocial information with external parties, including customers, suppliers, contractors and relevant public authorities**

**Findings:** Insufficient

**Observation:**

- The Shire collects relevant safety documentation from suppliers and third parties.
- There was no evidence of procedures to follow during
- The tendering documentation had very little relevant information for safety requirements

---

**Recommendations:**

- Develop a procedure to ensure the Shire requirements for managing contractors are documented and followed.
- Revise Request for Tender documentation to include WHS requirements

---

Element 3.7 **Consultative and reporting arrangements are regularly evaluated and modified where required**

**Findings:** Satisfactory

**Observation:**

- Discussions had with workers and their representatives confirmed that they contribute to the evaluation of the consultation and reporting arrangements within the organisation.
- The WHS Committee and ELT review feedback from workers and make modifications to processes where required.

---

## 4.0 Hazard Management

Element 4.1	<b>Requirements for reducing risks are understood by management and workers</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>• Discussions had with workers confirmed that they have been provided with information, instruction and resources to identify and reduce risks within their workplace.</li><li>• Workers, visitors and contractors are required to take part in a WHS induction which includes risk management process and requirements.</li><li>• Discussion with ELT, managers, supervisors confirmed they were aware of their WHS roles and responsibilities including recently updated WHS legislative changes and requirements.</li></ul>
Element 4.2	<b>Work environments are regularly inspected and physical and psychosocial hazards are identified</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>• Workplace inspection checklists have been developed and implemented and the findings are actioned within the ProMapps system</li><li>• ELT and Management carry out regular workplace inspections although there is no formal process to document an onsite safety observation.</li><li>• There are no other forms to inspect work environments</li><li>• Discussions had with workers confirmed that regular inspections are taking place by ELT with an opportunity for workers to discuss safety concerns.</li></ul>
<b>Recommendations:</b>	<ul style="list-style-type: none"><li>• Develop process to document safety observations by ELT and Managers</li></ul>
Element 4.3	<b>Work activities are analysed and physical and psychosocial hazards identified</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>• Discussions had with workers confirmed that they have been actively involved in the analysis of hazards and further supported through documentation.</li><li>• Work activities are assessed via SWMS and it was identified during the site walk through that a high risk task had not been assessed.</li></ul>
<b>Recommendations:</b>	<ul style="list-style-type: none"><li>• Ensure all high risk tasks have been appropriately assessed and communicated to the workers involved.</li></ul>
Element 4.4	<b>Risk assessments are undertaken on identified physical and psychosocial hazards</b>
<b>Findings:</b>	Insufficient

- Observation:**
- Risk assessments are carried out in the form of Take 5's and SWMS, hazardous substance risk assessments, hazard/incident/near miss reports, workplace inspections and pre-start checks.
  - The Shire uses a formalised risk matrix to define the likelihood and consequence level of the hazard and any controls implemented.
  - Workers confirmed they are aware of the risk assessment process and the relevant tools to use as part of the risk assessment process.
- 

- Recommendations:**
- Ensure risk assessments for all high risk activities have been completed by the workers.
  - Consider using safe operating procedures and risk assessments where necessary and using SWMS for high risk construction work only.
- 

Element 4.5      **Hazards are prioritised and controlled using the hierarchy of controls and having regard to the identified level of risk**

**Findings:** Satisfactory

- Observation:**
- Workers and contractors are provided with training on the hierarchy of control methodology and practices through health and safety induction process
  - Workplace inspections confirm the application of risk control.
  - Management actively seek confirmation that appropriate controls have been applied following inspections/incidents and subsequently close off.
  - Discussions had with workers confirmed that they understood the hierarchy of control and its importance to effectively control hazards within the workplace.
- 

Element 4.6      **The effectiveness of the physical and psychosocial hazard identification, risk assessment and risk control process is periodically reviewed and documented**

**Findings:** Satisfactory

- Observation:**
- SWMS, management workplace inspections and job observations regularly review the workplace and tasks performed.
  - Discussions had with workers and their representatives confirmed that they take part in evaluation and review of risk control measures.
-



Element 4.7 **Physical and psychosocial incidents, injuries and diseases are reported and investigated**

**Findings:** Satisfactory

**Observation:**

- A WHS Incident Reporting and Investigation Procedure identifies the process for hazards and incident reporting and investigation requirements at the Shire. This is inclusive of reporting for work and non-work related incidents.
- A process has been implemented that clearly identifies the level of risk and the appropriate action for escalation and that the WHS Officer investigates all incidents.

---

**Recommendations:**

- Consider reviewing the procedure where the WHS Officer investigates all incidents as this is currently not being achieved successfully with some incident investigations overdue.
- Ensure the process outlines the requirement for reporting notifiable incidents and that those responsible are aware.

---

Element 4.8 **Is there a process in place for identifying and measuring worker fitness for work that includes both physical and psychosocial capacities**

**Findings:** Satisfactory

**Observation:**

- A process is in place for managing any fitness to work issues raised as well as any actions regarding failure to meet requirements.
- Pre-employment assessments include function and capacity assessments for identified workers.
- Discussions had with workers and their representatives confirmed that there are arrangements in place to assess fitness to work requirements.

---

## 5.0 Training and Supervision

Element 5.1 **An induction program is in place for all workers and contractors, providing relevant health and safety information and instruction**

**Findings:** Satisfactory

**Observation:**

- Health and safety induction program is in place for all workers, contractors, volunteers and visitors that provides relevant instruction and information regarding potential health and safety risks within the organisation and applicable workplace/area. The induction process also includes information on the Shire's Employee Assistance Program (EAP).
- Health and safety training objectives are identified and included within training materials.
- Discussions had with workers and their representatives confirmed that they undertook health and safety induction training.

---

Element 5.2 **All management and supervisory personnel have received training in health, safety and psychosocial management principles and practices appropriate to their roles and responsibilities**

**Findings:** Satisfactory

**Observation:**

- Senior management and supervisory personnel have been provided with and undertaken various health and safety related training applicable to their WHS role and responsibility.
- The TNA has not yet been completed although the Shire were able to evidence the training provided.
- The performance review process enables managers and supervisors to discuss any training needs.

---

Element 5.3 **The organisation has identified the training needs of all workers**

**Findings:** Insufficient

**Observation:**

- Position Descriptions (PD's) for each role has been implemented and the PD includes the relevant training requirements for the position.
- A training matrix is in the process of being developed for the recording and reporting of the PD's training requirements.
- A training needs analysis is in the process of being developed to identify what training is actually required for all roles and if this training has been provided.
- The Performance Review Process identifies any specific training requirements that a worker would benefit from.
- Training is annually budgeted for and further reviewed where required to ensure it is sufficient.
- Discussions had with workers and their representatives confirmed that they are consulted regarding their training needs and they are also provided health and safety training applicable to their role.

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**Recommendations:** • As per recommendation at 2.9

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Element 5.4 **Tasks are allocated according to capability, level of training and supervision of workers**

**Findings:** Satisfactory

**Observation:**

- Position descriptions define the competency, capability and experience required for the role.
- The Shire incorporates a pre-employment medical assessment as part of the recruitment process to ensure that workers have the capabilities required for the role.
- Discussions had with workers and their representatives confirmed that they felt the level of supervision and training received was appropriate for their work activities and they would feel comfortable raising concerns around training being inadequate.

---

Element 5.5 **Training is delivered by people with appropriate knowledge skills and experience**

**Findings:** Satisfactory

**Observation:**

- The organisation assesses trainers before training is provided which includes, but not limited to, obtaining internal or external trainer qualifications skills and experience and evaluating course materials, outlines and objectives. However records are not effectively maintained.
- Discussions had with workers and their representatives confirmed that training undertaken was of a good standard and any concerns are raised immediately for further action.

---

Element 5.6 **The training program is evaluated and reviewed**

**Findings:** Satisfactory

**Observation:**

- Discussions had with workers and their representatives confirmed that health and safety training relevant to their role is evaluated. They also confirmed that they feel comfortable raising issues with trainers and that appropriate action would be taken.
- Injury statistics are regularly monitored by the WHS Committee and ELT for training improvements.
- Training is reviewed at least annually by the WHS Team, ELT and WHS Committee.

---

Element 5.7 **Supervision is undertaken by people with appropriate health, safety and psychosocial knowledge, skills and experience**

**Findings:** Satisfactory

**Observation:**

- Management and supervisors have undertaken health and safety training relevant to their roles and responsibilities.
  - Safety and health performance criteria has been developed for managers and supervisors that is relevant to their role.
  - Discussions had with workers and their representatives confirmed that supervision was appropriate to the work activities being performed. Workers were comfortable with the level of skill and knowledge of their supervisors.
-

## 6.0 Volunteer Management

Element 6.1	<b>There are policies and procedures in place for managing volunteers</b>
<b>Findings:</b>	Insufficient
<b>Observation:</b>	<ul style="list-style-type: none"><li>• There's no policies and procedures in place for managing volunteers.</li><li>• Volunteers are provided with a Shire and on site induction and records are maintained in accordance with the Volunteer Checklist.</li><li>• Volunteer Supervisors understand the process for managing volunteers and have undertaken training to recognise any special requirements the volunteer may need.</li></ul>
<b>Recommendations:</b>	<ul style="list-style-type: none"><li>• Ensure processes are in place for managing volunteers including the Shire's WHS responsibilities</li></ul>
Element 6.2	<b>Records of volunteer management are retained</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>• Volunteer records are currently retained.</li><li>• Discussions with workers identified that on site observations and supervision of volunteers occur where possible and any issues addressed straight away.</li></ul>
Element 6.3	<b>Volunteers are provided work instructions that reflect current legislation, standards and codes of practice</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>• Volunteers receive specialist training from their organisation for the duties they perform and the evidence is provided to the Shire/the Shire can access the information.</li><li>• Checklist or process instructions appropriate to the activity/task have been developed where appropriate.</li><li>• Event management plans identify legislative requirements.</li></ul>
Element 6.4	<b>Where required volunteers meet legislative requirements for the tasks they are undertaking</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>• Volunteers are required to undertake inductions where health and safety requirements, including duty of care, are communicated.</li><li>• Tasks/activities have been assessed to not require further legislative actions and where a certain licence or qualification is required, a competent Shire worker will perform the task/activity.</li></ul>

Element 6.5	<b>The organisation conducts ongoing training and verification of competency for volunteers</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>Volunteers receive specialist training from their organisation for the duties they perform and the evidence is provided to the Shire/the Shire can access the information.</li><li>Volunteers undertake induction training and records are maintained.</li><li>Volunteers are regularly supervised and any issues verbally addressed.</li></ul>
<b>Recommendations:</b>	<ul style="list-style-type: none"><li>Develop a process where Volunteer Supervisors can document volunteer observations to verify competencies.</li></ul>

Element 6.6	<b>Equipment (including PPE) suitable for the work being conducted is provided to volunteers and volunteers are trained in its use</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>All required PPE is provided by the Shire which includes, but not limited to, shirts, hats, sun cream and small hand tools.</li><li>Volunteers are instructed on the use and maintenance of PPE within the induction process.</li></ul>

Element 6.7	<b>There are arrangements in place for the consultation and communication with volunteers</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>Volunteer induction includes the consultation arrangements and this is further communicated on staff noticed boards.</li><li>Volunteers take part in consultation and communication before tasks/activities commence.</li><li>Volunteers complete hazard and incident reports with their Volunteer Supervisor which are discussed at the WHS Committee and ELT meetings.</li></ul>

Element 6.8	<b>Where appropriate volunteers are involved in the planning and risk assessment of tasks they are involved in</b>
<b>Findings:</b>	Satisfactory
<b>Observation:</b>	<ul style="list-style-type: none"><li>Discussion with management, workers and volunteers confirmed they were consulted on safety issues and are given the opportunity to provide feedback.</li><li>Volunteers are engaged in conducting their risk assessments for tasks they're involved in.</li></ul>

Element 6.9

**There is a process for identifying and managing fatigue in volunteers**

**Findings:**

Satisfactory

**Observation:**

- Fatigue management plan require volunteers to notify the Shire of any other works that the volunteer may be performing. These duties are recorded by the Volunteer Supervisor.
  - Volunteer tasks/activities primarily take place within business hours or controlled durations.
-

## ISSUES IDENTIFIED DURING THE ASSESSMENT NOT RECORDED ELSEWHERE

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### Shire Depot

- Large amount of waste/recyclable equipment on site such as dismantled skate park and fencing.
  - **Recommendation** – carry out some housekeeping of the yard and remove the waste.

### Northam Aquatic Centre

- Large storage area contains equipment for local sporting clubs. The area was clean and well maintained although there was an old trailer with significant damage which could cause harm to those using it.
  - **Recommendation** – the Shire should provide feedback to the sporting club that the equipment is in a poor state of repair and is a hazard to those using the equipment and accessing the shed. It should be assessed if fit for purpose and action taken.



## NEXT STEPS

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Step 2 of the *3 Steps to Safety* program involves the Shire of Northam developing a WHS Action Plan to address any outcomes assessed as *insufficient*, *ad hoc* and *unsatisfactory*.

Once the WHS Action Plan is developed, it should be provided to the Assessor to ensure that the actions proposed will address the criteria and drive continuous improvement.

LGIS, through the WHS Team, is available to provide ongoing assistance during the development of the WHS Action Plan, and thereafter to assist the Shire of Northam to continuously improve their WHS performance.

## ACKNOWLEDGEMENTS

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LGIS would like to thank the Shire of Northam for their hospitality during the assessment. This appreciation is extended to all personnel who were involved in the activity who made themselves available or prepared and presented documents.

## CONTACTS

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Shire of Northam  
*Heritage, Commerce and Lifestyle*

## Shire of Northam

### Minutes

### Work Health and Safety

### Committee

1<sup>st</sup> August 2023



## Health and Safety Committee – Minutes

**Meeting Number: #1**

**Meeting held on: Tuesday, 1<sup>st</sup> August 2023**

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**Attendees:**

Jason Whiteaker	Chadd Hunt	Colin Young
Nicole Hampton	David Emery	Clare Murray
Allan Jones	Joanne Griffiths	Jan Byers
Jamie Hawkins	Gordon Tester	Keith Boase

**Apologies:**

Paul Devcic	Louisa Dyer	Charles Carr
Santo Leotto	Anastasia Williams	Ian Kely Jacky Jurman

**Meeting Open:** 10.03am

**Key points for discussion:**

**Terms Of Reference.**

The terms of reference for the WHS Committee were adopted, by the WHS Committee and slight wording changed as requested.

**Moved By** Keith Boase

**Second By** Nicole Hampton

**LGIS AUDIT – 3 Steps to Safety Program.**

The safety assessment was conducted from the 29<sup>th</sup> of May – 31<sup>st</sup> May 2023 as part of the 3 steps to safety program.

The WHS Action Plan was presented along with the Assessment report.



The Action Plan was adopted by the WHS Committee, who collectively decided on the responsible persons / positions who will follow through with the improvements required.

**Action items:**

The Action Plan will be developed in smart sheet and shared amongst the WHS Committee.

Progress is to be reported at each WHS Committee Meeting.

Completion dates to be decided and recorded.

**Summary of General Business:**

Work Health and Safety Representatives,

Three of the current positions have expired and two of those representatives, no longer wish to continue. The shire of Northam has 4 vacant positions across the organisation. A notification was added to yammer requesting any interest, the terms of reference have now been added to this post.

A soft copy is to be emailed to the safety representative at the depot for posting and advertising.

**Moved By** David Emery

**Second By** Keith Boase

**Meeting Close:** 10.55am

**Next Meeting:** 23<sup>rd</sup> November 2023

## 6.4 Privacy and Responsible Information Sharing

<b>File Reference:</b>	1.4.4.14
<b>Reporting Officer:</b>	Alysha McCall (Governance Coordinator)
<b>Responsible Officer:</b>	Jason Whiteaker (Chief Executive Officer)
<b>Officer Declaration of Interest:</b>	Nil
<b>Voting Requirement:</b>	Simple Majority
<b>Press release to be issued:</b>	No

### BRIEF

To protect the personal information of Western Australians and facilitate responsible use and sharing of government data, the WA Government is drafting privacy and responsible information sharing (PRIS) legislation. Officers have developed an Action Plan to coordinate the PRIS readiness activities to ensure compliance when the new legislation comes into effect.

This report provides an update to Council on the required actions and progress to date.

### ATTACHMENTS

1. PRIS Action Plan [6.4.1 - 3 pages]

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### A. BACKGROUND / DETAILS

The privacy and responsible information sharing legislation will provide Western Australians with greater control over their personal information and improve the delivery of government services. This legislation will enable data to be shared within government for the right reasons and provide greater accountability and transparency about how government uses your information.

Broadly, the legislation introduces reforms that provide:

1. guiding principles and a framework to govern the collection, protection, use and disclosure of personal information across the public sector;
2. a mandatory data breach notification scheme, requiring agencies to notify the Privacy Commissioner and affected individuals of serious data breaches involving personal information; and



3. a mechanism that supports Aboriginal data sovereignty and governance in WA, by requiring that Aboriginal people and communities are involved or consulted when data about them is shared.

An Agency PRIS Readiness Plan and Checklist has been developed to help agencies prepare for and implement the legislation. The Readiness Plan describes the approach, governance, key activities, deliverables and milestones to ensure agencies are prepared to meet both the privacy and responsible information sharing requirements of the PRIS legislation once it commences. The Checklist outlines the minimum policies and processes an agency should have in place and includes the requirement to develop an agency action plan.

The Shire's Action Plan (attached) is an internal planning document, describing the approach the Shire will take to prepare for the proposed privacy and responsible information sharing reforms. It is a high-level project management document to direct and coordinate PRIS readiness activities across the organisation. Its purpose is to enable Officers to work systematically towards a defined level of capability by the time new legislation is anticipated to come into force. The Action Plan describes the results of the Shire's PRIS Readiness Assessment and the actions required to resolve any identified gaps in PRIS readiness capabilities. It notes who is responsible for these actions and indicates due dates for completion.

## **B. CONSIDERATIONS**

### **B.1 Strategic Community / Corporate Business Plan**

Performance Area: Performance.

Outcome 12: Excellence in organisational performance and customer service.

Objective 12.1: Maintain a high standard of corporate governance and financial management.

Priority Action: Nil.

### **B.2 Financial / Resource Implications**

Staffing resources are required in order to action the recommendations detailed within the PRIS Action Plan.

### **B.3 Legislative Compliance**

Privacy and Responsible Information Sharing (PRIS) reforms.

### **B.4 Policy Implications**

Nil.

### **B.5 Stakeholder Engagement / Consultation**

Nil.

**B.6 Risk Implications**

Refer to Risk Matrix [here](#).

<b>Risk Category</b>	<b>Description</b>	<b>Rating (likelihood x consequence)</b>	<b>Mitigation Action</b>
Financial	Nil.		
Health & Safety	Nil.		
Reputation	Nil.		
Service Interruption	Nil.		
Compliance	Non-compliance with PRIS reforms.	Possible (3) x Medium (3) = Moderate (9)	Implement agency Action Plan with regular monitoring and reporting undertaken to the Audit and Risk Management Committee.
Property	Nil.		
Environment	Nil.		

**B.7 Natural Environment Considerations**

Nil.

**C. OFFICER'S COMMENT**

Officers have developed the Action Plan which is provided to the committee in attachment 6.4.1. Progress has commenced towards the required actions with the timeframes to date being achieved.

Key to table:

**Completed**

**No Action**

**Underway**

**RECOMMENDATION**

**That Council:**

- 1. Receive the update as provided in Attachment 6.4.1 in relation to the progress made towards the Privacy and Responsible Information Sharing (PRIS) Action Plan.**
- 2. Request the Chief Executive Officer to report progress towards the PRIS Action Plan to future Audit and Risk Management Committee meetings.**

## Audit & Risk Management Committee Agenda 22 August 2023

## Attachment 6.4.1

Readiness Plan Reference No.	Action Item.	Target	Target Completion Date	Responsible Officer	Progress To Date	Status	Completion Date
4.1	Designate PRIS Champions	The designated PRIS Champion(s) have attended sector wide PRIS awareness sessions and briefings. The PRIS Champion(s) consistently promotes a culture that values the protection of personal information, supports safe and responsible information sharing practices, and encourages integration of PRIS requirements with broader business processes.	30/04/23	Alysha McCall	Governance Coordinator designated as PRIS Champion. Briefing session held on 19 June 2023.	Completed	20/06/23
5.3	Complete PRIS Action Plan	The agency PRIS Action Plan is completed and approved by the responsible senior officer.	30/06/23	Alysha McCall, Jason Whiteaker	PRIS Readiness Assessment Tool completed and this plan has been developed based on this assessment. Approved by CEO and to be reported to Audit & Risk Management Committee quarterly.	Completed	04/07/23
4.3	Map PRIS to Agency Values	The agency has produced a document (e.g., fact sheet or intranet page) for use in staff training or inclusion in a policy, emphasising the connection between PRIS and the agency's corporate values, promoting a culture of respect for the personal information and privacy of individuals with whom the agency engages, and a commitment to responsible information sharing practices. This connection is understood by staff.	31/08/23	Alysha McCall	In progress.	Underway	
4.4	Designate PRIS Officers	A Privacy Officer and Information Sharing Officer have been formally designated. The Officer(s) may be primarily compliance-focused and have some practices, procedures and systems in place, but these are generally siloed from broader organisational frameworks. Some staff are aware of the Privacy Officer and Information Sharing Officer.	31/08/23	Alysha McCall	Reviewing role against current positions. Likely appointments to be Governance Coordinator, Governance Officer and Senior Records Officer. Clarified with Department of Premier Cabinet in relation to whether CEO can make appointment or if Council resolution is required.	Underway	
3.4	Attend PRIS Awareness Sessions	The designated Privacy Officer and Information Sharing Officer – and any other key staff from the Agency – have attended all relevant sector wide PRIS awareness sessions and briefings conducted to date.	31/10/23	Alysha McCall, Jason Whiteaker, Tamika Van Beek		No Action	
8.2	Conduct a Survey of Information Holdings	The agency has identified high risk and/or high value areas of its business, the information and systems that support these business areas. A survey of information holdings has been completed for privacy and responsible information sharing requirements across these business areas.	31/12/23	Alysha McCall, Kunal Sarma		No Action	
8.3	Establish an information Asset Register	The agency has identified high risk and/or high value areas of its business, the information and systems that support these business areas. The IAR documents privacy and responsible information sharing requirements across these business areas. The IAR records the general categories of personal information that are collected, used and disclosed by the agency. It describes the purposes for which the information is collected and how it is stored (such as whether it is stored offshore, with a cloud service provider or other third party).	31/12/23	Alysha McCall		No Action	
8.4	Review Agency Legislation	The agency has completed an analysis of priority legislation to identify specific interactions with PRIS provisions or PRIS readiness activities. Activities to address these interactions have been completed or captured in the agency's PRIS Action Plan; or they have been brought to the attention of the PRIS Implementation Steering Committee for discussion.	29/02/24	Alysha McCall		No Action	
9.1	Publish a Privacy Policy	A Privacy Policy is readily available to the public. The Policy is compliance-focused, and provides the information required by law. Staff have been made aware of the Policy.	31/03/24	Alysha McCall		No Action	
10.1	Publish a Data Breach Policy	A Data Breach Policy is readily available to the public. The Policy is compliance-focused, and provides the information required by law. It covers all parts of the organisation. Staff have been made aware of the Policy.	31/03/24	Alysha McCall		No Action	

Readiness Plan Reference No.	Action Item.	Target	Target Completion Date	Responsible Officer	Progress To Date	Status	Completion Date
10.2	Establish a Register of Data Breaches	A Data Breach Register has been established, which records the following information: (a) the type of breach – whether personal information was involved, whether the data was subject to an information sharing agreement, how the breach was assessed; (b) who was notified of the breach; (c) when the breach was notified; (d) details of actions taken to prevent future breaches; and (e) the estimated cost of the breach. All identified data breaches are recorded in the register, including: •data breaches involving personal information; •data breaches involving non-personal information; •data breaches assessed as "eligible" or "notifiable" and •data breaches that are not considered "eligible" or "notifiable" – and how this was assessed.	30/04/24	Alysha McCall		No Action	
9.2	Publish Collection Notices	Privacy notices are provided where personal information is collected. Notices are compliance-focused, providing the information required by law. Privacy messaging is viewed neutrally as a legal requirement.	30/06/24	Alysha McCall, Tamika Van Beek		No Action	
8.5	Publish a Privacy Management Plan	The agency has a Privacy Management Plan in place and some staff are aware of it. The Privacy Management Plan includes measures for addressing any known privacy compliance gaps.	31/08/24	Alysha McCall		No Action	
10.3	Publish a Data Breach Response Plan	A basic Data Breach Response Plan is in place that reflects the recommended steps (Contain, Assess, Notify, Prevent). Staff are generally aware of how to recognise a data breach and are likely to speak up about breaches. Decision making in breach response is largely reliant on the Privacy Officer.	31/08/24	Alysha McCall		No Action	
8.6	Review Agency Contracts	New or updated contracts include a confidentiality clause and standard privacy terms. The agency has established a clear and documented process to assess third party privacy policies, practices or systems. It is applied consistently where a third party may have access to personal information. Third parties are only engaged if their privacy practices are equivalent to the agency's, or any gaps are mitigated by contractual controls.	30/09/24	Alysha McCall, Kristy Hopkins		No Action	
8.7	Review Retention and Disposal Requirements	The agency has completed an analysis of priority retention and disposal arrangements to identify specific interactions with PRIS provisions or PRIS readiness activities. Activities to address these interactions have been addressed or captured in the agency's PRIS Action Plan; or they have been brought to the attention of the PRIS Implementation Steering Committee for discussion.	30/09/24	Alysha McCall, Marlene Plews, Tamika Van Beek		No Action	
9.3	Establish procedure for handling and tracking complaints about privacy or responsible information sharing	The agency has established procedures for responding to complaints about privacy or responsible information sharing. Key staff are able to identify and manage a complaint. There is a general channel for the public to engage with the agency and this can be used for complaints (e.g., "Contact us webform). Management of complaints is reliant on the Privacy Officer or Information Sharing Officer.	31/10/24	Alysha McCall		No Action	
9.4	Establish procedure for individual requests for access to, and correction of, personal information	The agency has established a procedure for responding to individual requests for access to, and correction of, personal information where it is determined to be lawful and appropriate. Key staff are aware of the procedures. Decision making for responses is largely reliant on the Privacy Officer. Request handling and response is compliance focused. Response timeframes may be exceeded, due to resource constraints or limited understanding of information holdings.	31/10/24	Alysha McCall		No Action	

Readiness Plan Reference No.	Action Item.	Target	Target Completion Date	Responsible Officer	Progress To Date	Status	Completion Date
9.5	Establish procedure for handling and tracking information sharing requests and data holding requests	The agency has established procedures for responding to information sharing requests and data holdings requests, according to legal requirements. Key staff are aware of the procedures. Decision making for responses is largely reliant on the Information Sharing Officer.	31/10/24	Alysha McCall		No Action	
10.4	Establish a procedure for data breach notification and reporting	Procedures for Data Breach Notification have been established. Clear processes are in place to evaluate breaches and assess whether notification is necessary or desirable, with a primary focus on compliance-risks to the agency. Determining whether to notify is driven by the Privacy Officer. Data breach notification occurs where required by law.	31/10/24	Alysha McCall		No Action	
12.2	Establish a procedure for conducting Privacy Impact Assessments	PIA process is established but it is only used for high privacy-risk projects. Privacy issues which do not meet the high privacy risk threshold are rarely considered. Where PIAs are completed, they are run by privacy or risk staff and may not be integrated into wider agency change management or project management processes.	31/10/24	Alysha McCall		No Action	
4.5 & 4.6	Deliver Internal Staff Training	A training program is established. All customer-facing staff have been trained and are aware of key PRIS requirements relevant to their role and function. All new staff are being trained at induction. Training is compliance-focused and targets specific legal obligations. Staff completion rates and understanding of privacy are monitored.	30/11/24	Alysha McCall, Jan Byers		No Action	
12.4	Establish Monitoring and Reporting	Monitoring and reporting processes are established. Compliance with regulatory obligations is documented, including keeping records on privacy and responsible information sharing activities. Roles and accountabilities for compliance and senior oversight are documented and well understood across the organisation. Thresholds for escalation of risks, issues, incidents and complaints are defined. Reporting lines are clear and senior management is routinely informed about the performance of PRIS activities.	31/12/24	Alysha McCall		No Action	

## 6.5 Risk Register

<b>File Reference:</b>	8.2.7.1
<b>Reporting Officer:</b>	Alysha McCall (Governance Coordinator)
<b>Responsible Officer:</b>	Jason Whiteaker (Chief Executive Officer)
<b>Officer Declaration of Interest:</b>	Nil
<b>Voting Requirement:</b>	Simple Majority
<b>Press release to be issued:</b>	No

### BRIEF

To provide Council with information pertaining to the organisational risk register.

### ATTACHMENTS

1. Overdue / Non-Compliant Risks [6.5.1 - 8 pages]

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### A. BACKGROUND / DETAILS

The Shire of Northam have an organisational wide risk register which has been developed over a period of time. Council has been advised previously that the management of risk is an area which has been under developed within the Shire of Northam and an area which was receiving a focus to ensure the Elected Council was aware of the identified risks and treatments strategies in place.

To assist in the effective management of risk the Shire of Northam are using the Promapp system, which allows for recording of organisational risks and the tracking of the associated treatment actions.

### B. CONSIDERATIONS

#### **B.1 Strategic Community / Corporate Business Plan**

Performance Area: Performance, Outcome 12: Excellence in organisational performance and customer service.

Objective 12.1: Maintain a high standard of corporate governance and financial management.

Priority Action 12.1.4: Provide internal auditing capabilities (including providing additional human or financial resources) and publish findings annually.

#### **B.2 Financial / Resource Implications**

Council allocates \$27,000 per annum for the Promapp system. Promapp is used for process mapping, risk management and OHS management.

**B.3 Legislative Compliance**

AS/NZS ISO 31000:2018.

**B.4 Policy Implications**

Policy G1.11 – Risk Management.

**B.5 Stakeholder Engagement / Consultation**

Council was involved in the development of the risk management policy and the past endorsement of the risk management plan.

**B.6 Risk Implications**

Refer to Risk Matrix [here](#).

<b>Risk Category</b>	<b>Description</b>	<b>Rating (likelihood x consequence)</b>	<b>Mitigation Action</b>
Financial	Nil.		
Health & Safety	Nil.		
Reputation	Negative community perception due to lack of adequate risk management practices within the Shire of Northam	Minor(2) x Possible(3) = Moderate(6)	Per recommendation within this report
Service Interruption	Nil.		
Compliance	Non-compliance of Australian Standards and legislation due to lack of risk management practices.	Minor(2) x Possible(3) = Moderate(6)	Per recommendation within this report
Property	Nil.		
Environment	Nil.		

**B.7 Natural Environment Considerations**

Nil.

**C. OFFICER'S COMMENT**



As part of the risk management policy Council has established two main performance indicators being;

1. % of high or extreme risks without mitigation / treatment strategies in place.

*Currently all high or extreme risks have mitigation/treatment strategies.*

2. % of risk mitigation / treatment strategies overdue

Currently have 166 risk mitigation/treatment strategies, of which **4 are overdue/non-compliant (which equates to 2.41%)**.

- MC00054 – OVERDUE - Prepare Elected Members Monthly Report - Publish Monthly Report. Major Project status reporting to Council (through monthly elected member report)

*Comment – Treatment sign off pending finalisation/collating of report from information provided. Sign off proposed prior to Audit and Risk Management Committee Meeting.*

- MC00111 – NON-COMPLIANT - Fraud and Corruption Control Plan in place

*Comment – Treatment sign off pending adoption of the reviewed Fraud and Corruption Control Plan presented to this meeting.*

- MC00007 – OVERDUE - Manage Inductions - Conduct New Employee Induction. All new employees are provided with adequate inductions.

*Comment – Treatment sign off pending implementation of new induction.*

- MC00012 – OVERDUE – Review Administration Policies.

*Comment – Treatment sign off pending Children on Fire Ground Policy being revoked and incorporated into the Bush Fire Manual. Revocation of policy and adoption of manual is proposed for October 2023.*

#### **RECOMMENDATION**

**That Council receives the August 2023 Shire of Northam Risk Register update.**



**Overdue / Non-Compliant Risks**

Filter: Overdue / Non-compliant

RESIDUAL  
**6.0**  
 MODERATE

INHERENT  
**20.0**

R00001

CHIEF EXECUTIVES OFFICE, COMPLIANCE - LEGISLATIVE

**Failure to fulfil statutory, regulatory or compliance requirements**

Council is exposed to reputation damage and serious breaches due to a failure to comply with legislative and compliance requirements

OWNER Jason Whiteaker

CREATED 08/04/2019 14:46:49

LIKELIHOOD Almost Certain

SEVERITY Major

CONTROL EFFECTIVENESS Strong

TREATMENT MC00002

Audit of monthly compliance calendar

SIGNOFF(S): Alysha McCall

DUE DATE: 14 Sep 2023

FREQUENCY: 14th day of every month

TREATMENT MC00007

**Manage Inductions - Conduct New Employee Induction**  
 All new employees are provided with adequate inductions

**OVERDUE, CHANGE(S) PENDING**

SIGNOFF(S): Janice Byers

DUE DATE: 21 Jul 2023

FREQUENCY: Fri every week

TREATMENT MC00009

Monthly random internal audit of five (5) purchases to be performed to ensure compliance with purchasing requirements.

SIGNOFF(S): Alysha McCall

DUE DATE: 14 Sep 2023

FREQUENCY: 14th day of every month

TREATMENT MC00058

Organisational Compliance Calendar in place and reviewed by Executive Management Group

SIGNOFF(S): Alysha McCall

DUE DATE: 01 Mar 2024

FREQUENCY: The first Day of every 12 months

TREATMENT MC00059

Induction & Training provided to elected members

SIGNOFF(S): Alysha McCall

DUE DATE: 30 Nov 2023

FREQUENCY: The last Day of every 24 months

TREATMENT MC00060

Complete Annual Compliance Return (Dept Local Government)

SIGNOFF(S): Alysha McCall

DUE DATE: 29 Feb 2024

FREQUENCY: The last Day of every 12 months

RESIDUAL  
**4.8**  
 MODERATE

INHERENT  
**16.0**

R00020

CORPORATE SERVICES, FINANCIAL - OPERATIONAL, FINANCIAL - STRATEGIC

**External Theft & Fraud (inc. Cyber Crime)**

Loss of funds, assets, data or unauthorised access, (whether attempts or successful) by external parties, through any means (including electronic), for the purposes of;

- Fraud – benefit or gain by deceit
- Malicious Damage – hacking, deleting, breaking or reducing the integrity or performance of systems
- Theft – stealing of data, assets or information (no deceit)

OWNER Colin Young

CREATED 01/07/2019 14:32:52

LIKELIHOOD Likely

SEVERITY Major

CONTROL EFFECTIVENESS Strong

TREATMENT MC00111

Fraud and Corruption Control Plan in place

**NON-COMPLIANT**

SIGNOFF(S):

Alysha McCall

Jason Whiteaker

DUE DATE:

28 Jul 2023

FREQUENCY:

The last Weekday of every 24 months

TREATMENT MC00156

Incorrect bank details for payments - 100% of system changed reported on at end of month and signed off by Senior Finance Officer.

SIGNOFF(S):

Codey Redmond

DUE DATE:

31 Aug 2023

FREQUENCY:

The last Weekday of every month

RESIDUAL  
**3.6**  
 LOW

INHERENT  
**12.0**

R00033

GENERAL, REPUTATION - COMMUNITY

**Errors, Omissions & Delays**

Errors, omissions or delays in operational activities as a result of unintentional errors or failure to follow due process or potentially inadequate resources. This includes instances of;

- Human errors, incorrect or incomplete processing
- Inaccurate recording, maintenance, testing and / or reconciliation of data.
- Errors or inadequacies in model methodology, design, calculation or implementation of models.

This may result in incomplete or inaccurate information.

Consequences include;

- Inaccurate data being used for management decision making and reporting.
- Delays in service to customers
- Inaccurate data provided to customers

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

OWNER Jason Whiteaker

CREATED 02/07/2019 13:56:01

LIKELIHOOD Likely

SEVERITY Medium

CONTROL EFFECTIVENESS Strong

TREATMENT MC00002

Audit of monthly compliance calendar

SIGNOFF(S):

Alysha McCall

DUE DATE:

14 Sep 2023

FREQUENCY:

14th day of every month

TREATMENT MC00007

Manage Inductions - Conduct New Employee Induction  
 All new employees are provided with adequate inductions

**OVERDUE, CHANGE(S) PENDING**

SIGNOFF(S):

Janice Byers

DUE DATE:

21 Jul 2023

FREQUENCY:

Fri every week

TREATMENT MC00009

Monthly random internal audit of five (5) purchases to be performed to ensure compliance with purchasing requirements.

SIGNOFF(S):

Alysha McCall

DUE DATE:

14 Sep 2023

FREQUENCY:

14th day of every month

TREATMENT MC00083

Manage Inductions - Conduct New Employee Induction  
 Ensure staff are inducted into the organisation

**CHANGE(S) PENDING**

SIGNOFF(S):

Janice Byers

DUE DATE:

01 Oct 2023

FREQUENCY:

The first Day of every 12 months

TREATMENT MC00084

Have critical processes mapped to assist staff eliminate errors, omissions and delays (wastage)

SIGNOFF(S):

Alysha McCall

DUE DATE:

01 Dec 2023

FREQUENCY:

The first Day of every 12 months

RESIDUAL  
**3.6**  
 LOW

INHERENT  
**12.0**

R00035

CHIEF EXECUTIVES OFFICE, COMPLIANCE - LEGISLATIVE, REPUTATION - COMMUNITY, REPUTATION - INDUSTRY

**Misconduct/Fraud**

Intentional activities (including fraud) in excess of authority granted to an employee, which circumvent endorsed policies, procedures or delegated authority. This would include instances of:

- Relevant authorisations not obtained.
- Distributing confidential information.
- Accessing systems and / or applications without correct authority to do so.
- Misrepresenting data in reports.
- Theft by an employee
- Collusion between Internal & External parties

This does not include instances where it was not an intentional breach - refer Errors, Omissions or delays in transaction processing, or Inaccurate Advice.

OWNER Jason Whiteaker  
 CREATED 02/07/2019 14:09:25

LIKELIHOOD Possible  
 SEVERITY Major  
 CONTROL EFFECTIVENESS Strong

TREATMENT MC00007

Manage Inductions - Conduct New Employee Induction  
 All new employees are provided with adequate inductions

TREATMENT MC00059

Induction & Training provided to elected members

TREATMENT MC00087

Manage Procurement - Identify need for procurement  
 Process minimises opportunity for misconduct

TREATMENT MC00102

Fraud Control Plan in place (refer OAG 2019/20 Report 5 - Fraud Prevention)

**OVERDUE, CHANGE(S) PENDING**

SIGNOFF(S): Janice Byers  
 DUE DATE: 21 Jul 2023  
 FREQUENCY: Fri every week

SIGNOFF(S): Alysha McCall  
 DUE DATE: 30 Nov 2023  
 FREQUENCY: The last Day of every 24 months

SIGNOFF(S): Colin Young  
 Kristy Hopkins  
 DUE DATE: 01 Oct 2023  
 FREQUENCY: The first Day of every 12 months

SIGNOFF(S): Alysha McCall  
 DUE DATE: 28 Feb 2025  
 FREQUENCY: The last Day of every 24 months

RESIDUAL  
**3.6**  
 LOW

INHERENT  
**12.0**

R00031

GENERAL, REPUTATION - COMMUNITY

**Providing inaccurate advice / information to stakeholders**

Incomplete, inadequate or inaccuracies in advisory activities to customers or internal staff. This could be caused by using unqualified, or inexperienced staff, however it does not include instances relating to Misconduct.

Examples include;

- incorrect planning, development or building advice,
- incorrect health or environmental advice
- inconsistent messages or responses from Customer Service Staff
- any advice that is not consistent with legislative requirements, local laws or policies.

OWNER Jason Whiteaker  
 CREATED 02/07/2019 13:27:54

LIKELIHOOD Likely  
 SEVERITY Medium  
 CONTROL EFFECTIVENESS Strong

TREATMENT MC00007

Manage Inductions - Conduct New Employee Induction  
 All new employees are provided with adequate inductions

TREATMENT MC00013

Manage Customer Requests - Receive Request  
 Ensuring that the organisation captures and responds appropriately to community and internal requests for works or services

TREATMENT MC00051

Manage Staff Training - Identify Training Needs  
 Ensure staff training needs are identified and met

**OVERDUE, CHANGE(S) PENDING**

SIGNOFF(S): Janice Byers  
 DUE DATE: 21 Jul 2023  
 FREQUENCY: Fri every week

**CHANGE(S) PENDING**  
 SIGNOFF(S): Jason Whiteaker  
 Alysha McCall  
 DUE DATE:  
 FREQUENCY: Once

**CHANGE(S) PENDING**  
 SIGNOFF(S): Janice Byers  
 DUE DATE: 31 Oct 2023  
 FREQUENCY: The last Day of every 12 months

RESIDUAL  
**3.6**  
 LOW

INHERENT  
**12.0**

R00048

MAJOR PROJECTS, FINANCIAL - OPERATIONAL, HEALTH & SAFETY, PROPERTY - LIABILITY, REPUTATION - COMMUNITY, STRATEGIC - COMMUNITY

**Aquatic Facility - Ineffective Project Management**  
 Aquatic Facility Project not managed effectively

OWNER Jason Whiteaker  
 CREATED 14/09/2020 14:23:26  
 LIKELIHOOD Possible  
 SEVERITY Major  
 CONTROL EFFECTIVENESS Strong

TREATMENT MC00053  
 Project management framework in place, providing parameters for staff to operate within  
 SIGNOFF(S): Jason Whiteaker  
 DUE DATE: 31 Jul 2024  
 FREQUENCY: The last Day of every 12 months

TREATMENT MC00054  
 Prepare Elected Members Monthly Report - Publish Monthly Report  
 Major Project status reporting to Council (through monthly elected member report)  
**OVERDUE, CHANGE(S) PENDING**  
 SIGNOFF(S): Tamika Van Beek  
 DUE DATE: 15 Aug 2023  
 FREQUENCY: 15th day of every month

TREATMENT MC00064  
 Independent Project Superintendent appointed with requisite skills to acknowledge scale and complexity of this project  
 SIGNOFF(S): Jason Whiteaker  
 DUE DATE:  
 FREQUENCY: Once

TREATMENT MC00067  
 Construction project progress reports to be provided  
 SIGNOFF(S): Jason Whiteaker  
 DUE DATE:  
 FREQUENCY: Once

TREATMENT MC00068  
 Project Superintendent (Donovan Payne) reports to be provided monthly  
 SIGNOFF(S): Jason Whiteaker  
 DUE DATE:  
 FREQUENCY: Once

TREATMENT MC00069  
 Financial variations to be signed off by Project Manager  
 SIGNOFF(S): Jason Whiteaker  
 DUE DATE:  
 FREQUENCY: Once

TREATMENT MC00070  
 All request for information and clarification to be signed off / cited by Council Project Manager  
 SIGNOFF(S): Jason Whiteaker  
 DUE DATE:  
 FREQUENCY: Once

TREATMENT MC00071  
 Project assessment / evaluation to be undertaken at completion and reported to audit committee  
 SIGNOFF(S): Jason Whiteaker  
 DUE DATE:  
 FREQUENCY: Once

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TREATMENT MC00074	SIGNOFF(S):	Jason Whiteaker
Project time delays to be signed off in accordance with contract	DUE DATE:	
	FREQUENCY:	Once

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RESIDUAL  
**2.7**  
LOW

INHERENT  
**9.0**

R00057

GENERAL, COMPLIANCE - POLICY

**Up to date Council Policy**  
Failure to review policies bi-annually.

OWNER Jason Whiteaker  
CREATED 04/01/2023 15:39:02

LIKELIHOOD Possible  
SEVERITY Medium  
CONTROL EFFECTIVENESS Strong

TREATMENT MC00115  
Review Governance Policies.

SIGNOFF(S): Jason Whiteaker  
Alysha McCall  
Janice Byers  
DUE DATE: 30 Jun 2025  
FREQUENCY: 30th day of every 24 months

TREATMENT MC00116  
Review Community Support Policies.

SIGNOFF(S): Jason Whiteaker  
Jaime Hawkins  
Louisa Dyer  
Alysha McCall  
DUE DATE: 30 Jun 2024  
FREQUENCY: 30th day of every 24 months

TREATMENT MC00117  
Review Finance / Accounting policies.

SIGNOFF(S): Colin Young  
Kudzai Matanga  
Codey Redmond  
Kristy Hopkins  
DUE DATE: 30 Jun 2025  
FREQUENCY: 30th day of every 24 months

TREATMENT MC00118  
Review Works policies.

SIGNOFF(S): Paul Devcic  
Helen Singh  
Santo Leotta  
Keith Boase  
DUE DATE: 30 Jun 2025  
FREQUENCY: 30th day of every 24 months

TREATMENT MC00119  
Review Health Policies.

SIGNOFF(S): Gordon Tester  
Chadd Hunt  
DUE DATE: 30 Jun 2025  
FREQUENCY: 30th day of every 24 months

TREATMENT MC00120  
Review Planning Policies

SIGNOFF(S): Chadd Hunt  
DUE DATE: 30 Jun 2025  
FREQUENCY: 30th day of every 24 months

TREATMENT MC00121  
Review Building Policies.

SIGNOFF(S): Gordon Tester  
Chadd Hunt  
DUE DATE: 30 Jun 2025  
FREQUENCY: 30th day of every 24 months

TREATMENT MC00122  
Review Administration Policies.

**NON-COMPLIANT**  
SIGNOFF(S): Alysha McCall  
Jason Whiteaker  
Alex Espey  
Chadd Hunt  
DUE DATE: 30 Jun 2023  
FREQUENCY: 30th day of every 24 months

RESIDUAL  
**2.7**  
 LOW

INHERENT  
**9.0**

R00024

CHIEF EXECUTIVES OFFICE, COMPLIANCE - POLICY, FINANCIAL - OPERATIONAL, HEALTH & SAFETY - OCCUPATIONAL

**Inadequate Project Management**

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

- Inadequate Change Management Framework to manage and monitor change activities.
- Inadequate understanding of the impact of project change on the business.
- Failures in the transition of projects into standard operations.

OWNER Jason Whiteaker

CREATED 01/07/2019 15:20:45

LIKELIHOOD Possible

SEVERITY Medium

CONTROL EFFECTIVENESS Strong

TREATMENT MC00053

Project management framework in place, providing parameters for staff to operate within

SIGNOFF(S): Jason Whiteaker

DUE DATE: 31 Jul 2024

FREQUENCY: The last Day of every 12 months

TREATMENT MC00054

Prepare Elected Members Monthly Report - Publish Monthly Report  
 Major Project status reporting to Council (through monthly elected member report)

**OVERDUE, CHANGE(S) PENDING**

SIGNOFF(S): Tamika Van Beek

DUE DATE: 15 Aug 2023

FREQUENCY: 15th day of every month

TREATMENT MC00055

Internal audit of project and major project (as defined by corporate business plan) management framework compliance.

SIGNOFF(S): Jason Whiteaker

DUE DATE: 31 May 2024

FREQUENCY: The last Day of every 12 months

TREATMENT MC00057

Manage Major Projects - Project Performance and Control  
 Provides process for managing projects

**CHANGE(S) PENDING**

SIGNOFF(S): Paul Devcic  
 Jason Whiteaker

DUE DATE: 30 Sep 2023

FREQUENCY: The last Day of every 12 months



RESIDUAL  
**2.7**  
 LOW

INHERENT  
**9.0**

R00003

CHIEF EXECUTIVES OFFICE, STRATEGIC - ORGANISATIONAL

**Ineffective People Management / Employment Practices**

Failure to effectively manage and lead human resources (full/part time, casuals, temporary and volunteers). This includes not having an effective Human Resources Framework in addition to not having appropriately qualified or experienced people in the right roles or not having sufficient staff numbers to achieve objectives. Other areas in this risk theme to consider are;

- Breaching employee regulations (excluding OH&S).
- Discrimination, Harassment & Bullying in the workplace.
- Poor employee wellbeing (causing stress)
- Key person dependencies without effective succession planning in place.
- Induction issues.
- Terminations (including any tribunal issues).
- Industrial activity.

Care should be taken when considering insufficient staff numbers as the underlying issue could be a process inefficiency.

OWNER Jason Whiteaker

CREATED 06/05/2019 13:23:01

LIKELIHOOD Possible

SEVERITY Medium

CONTROL EFFECTIVENESS Strong

TREATMENT MC00007

Manage Inductions - Conduct New Employee Induction  
 All new employees are provided with adequate inductions

TREATMENT MC00049

100% of annual performance reviews undertaken

TREATMENT MC00050

Manage Employee Termination - Receive notification  
 Ensuring that employee terminations are managed appropriately and equitably to minimise risk of further action

TREATMENT MC00051

Manage Staff Training - Identify Training Needs  
 Ensure staff training needs are identified and met

TREATMENT MC00052

Manage Employee Discipline / Misconduct - Receive Notification / Identify Misconduct  
 Ensure any / all staff misconduct in managed effectively and consistently

**OVERDUE, CHANGE(S) PENDING**

SIGNOFF(S): Janice Byers

DUE DATE: 21 Jul 2023

FREQUENCY: Fri every week

SIGNOFF(S): Janice Byers

DUE DATE: 31 Dec 2023

FREQUENCY: The last Day of every 12 months

SIGNOFF(S): Janice Byers

DUE DATE: 01 Oct 2023

FREQUENCY: The first Day of every 3 months

**CHANGE(S) PENDING**

SIGNOFF(S): Janice Byers

DUE DATE: 31 Oct 2023

FREQUENCY: The last Day of every 12 months

**CHANGE(S) PENDING**

SIGNOFF(S): Jason Whiteaker  
 Chadd Hunt  
 Colin Young  
 Paul Devcic

DUE DATE: 01 Oct 2023

FREQUENCY: The first Day of every 3 months

## 6.6 Risk Register Review - Financial

<b>File Reference:</b>	8.2.7.1
<b>Reporting Officer:</b>	Jason Whiteaker (Chief Executive Officer)
<b>Responsible Officer:</b>	Jason Whiteaker (Chief Executive Officer)
<b>Officer Declaration of Interest:</b>	Nil
<b>Voting Requirement:</b>	Simple Majority
<b>Press release to be issued:</b>	No

### BRIEF

For Council to endorse the review of the "Financial" risk section of the Shire of Northam Risk Register.

### ATTACHMENTS

1. Risk Register - Financial [**6.6.1** - 10 pages]

### A. BACKGROUND / DETAILS

The Shire of Northam has an organisational wide risk register which has been developed over a period. Council has been advised previously that the management of risk is an area which has been underdeveloped within the Shire of Northam and an area which was receiving a focus to ensure the Elected Council was aware of the identified risks and treatments strategies in place.

To assist in the effective management of risk the Shire of Northam are using the Promapp system, which allows for recording of organisational risks and the tracking of the associated treatment actions.

The Shire of Northam Risk Register is categorised into the following section, the intent is to review one section at each meeting (red indicates review completed, bold is review in this agenda item);

1. Compliance – Review Completed
  - a. Legislation
  - b. Policy
2. Environmental – Review Completed
  - a. Built
  - b. Natural
3. **Financial**
  - a. **Operating**

- b. Strategic**
- 4. Health & Safety
  - a. General
  - b. Occupational
  - c. Community
- 5. Property
  - a. Damage
  - b. Liability
- 6. Reputation
  - a. Community
  - b. Industry
- 7. Strategic
  - a. Community
  - b. Organisational

**B. CONSIDERATIONS**

**B.1 Strategic Community / Corporate Business Plan**

Performance Area: Performance. Outcome 12: Excellence in organisational performance and customer service.

Objective 12.1: Maintain a high standard of corporate governance and financial management.

Priority Action: Nil.

**B.2 Financial / Resource Implications**

Each of the mitigation actions has been incorporated into annual delivery plans with appropriate budgets and time allocations to ensure achievable.

**B.3 Legislative Compliance**

AS/NZS ISO 31000:2018

**B.4 Policy Implications**

Policy G1.11 – Risk Management

**B.5 Stakeholder Engagement / Consultation**

Appropriate staff have been included in the review of the register.

**B.6 Risk Implications**

Refer to Risk Matrix [here](#).

<b>Risk Category</b>	<b>Description</b>	<b>Rating (likelihood x consequence)</b>	<b>Mitigation Action</b>
Financial	Nil.		
Health & Safety	Nil.		

Reputation	Negative community perception due to lack of adequate risk management practices within the Shire of Northam	Minor(2) x Possible(3) = Moderate(6)	Per recommendation within this report
Service Interruption	Nil.		
Compliance	Nil.		
Property	Nil.		
Environment	Nil.		

**B.7 Natural Environment Considerations**

Nil.

**C. OFFICER'S COMMENT**

The financial risk register categories are further split into operational and strategic. There are xx operational risk categories which have been reviewed as well as XX strategic risk categories;

**Operational Risks**

**1. Inadequate procurement / tender process**

- a. Manage Procurement - Identify need for procurement. Establish and comply with a purchasing policy.
- b. Monthly random internal audit of five (5) purchases to be performed to ensure compliance with purchasing requirements.
- c. Ensure the delegated authority register is up to date for tenders and purchases through E-Quotes.
- d. Review Procurement Policy

**2. Aquatic Facility - Grant partners milestones not met**

**Recommend archiving this risk category as project completed.**

**3. Future financial requirements for buildings unknown**

- a. Up to date and accurate building asset management plan in place
- b. Long Term Financial Plan aligned to asset management plans
- c. Long Term Financial Plan in Place
- d. Annual Budget adopted and aligned with long term financial plan

**4. Maintenance not planned (building)**

- a. Up to date and accurate building asset management plan in place
- b. Annual Budget adopted and aligned with long term financial plan

## **5. Inadequate Project Management**

- a. Project management framework in place, providing parameters for staff to operate within
- b. Prepare Elected Members Monthly Report - Publish Monthly Report. Major Project status reporting to Council (through monthly elected member report)
- c. Internal audit of project and major project (as defined by corporate business plan) management framework compliance.
- d. Manage Major Projects - Project Performance and Control. Provides process for managing projects

### **Recommend adding the following mitigation actions**

- e. **Review the project management framework to ensure it remain appropriate/relevant**

## **6. Inadequate Supplier / Contract Management**

### **Recommend adding the following mitigation actions**

- a. **Have an external legal review of standard contract documents every three years**
- b. **Internal audit of one major contract for compliance every twelve months**

## **Strategic Risks**

### **7. Covid-19 Pandemic**

- a. Implementation of the Shire of Northam Business Continuity Plan
- b. Council to issue press release to community outlining initial response to Covid-19 pandemic
- c. Council to monitor cashflow – monthly
- d. Council to establish and review quarterly a Covid-19 Strategic Response

### **Recommend archiving this risk category as pandemic is over.**

### **8. Inadequate Financial, Accounting or Business Acumen**

- a. Long Term Financial Plan in Place
- b. Annual Budget adopted and aligned with long term financial plan
- c. Investment strategy / policy in place
- D.** Manage Debtors - Identify Debtor. Process to manage general debtors
- e. Arrange payment plans for Rates - Setup payment arrangement with Rate payer. Process which ensures rate debts are collected / managed effectively
- f. Develop Annual Budgets - Send Email. Ensure budget process is managed effectively
- g. Manage Rates Recovery - Confirm rates outstanding. Manage recovery of rated
- h. Undertake a financial review every 3 years

**9. External Theft & Fraud (inc. Cyber Crime)**

- a. Fraud and Corruption Control Plan in place
- b. Incorrect bank details for payments - 100% of system changed reported on at end of month and signed off by Senior Finance Officer.

**10. Aquatic Facility - Ineffective Project Management**

**Recommend archiving this risk category as project completed.**

**11. Capital projects can not be prioritised against the strategic community plan**

- a. Project evaluation procedure in place and utilised  
**Recommend that the Committee review this risk category to determine whether it is appropriate to remain in the risk register.**

**This risk category and risk mitigation action were put in place with the view of developing a framework to assess potential projects against. Staff have reviewed this possibility and have found it difficult to find or develop any type of project decision making criteria/framework. This being the case the recommendation is to remove.**

**12. Inadequate Asset Management Practices**

- a. Up to date and accurate transport management plan in place
- b. Up to date and accurate building asset management plan in place
- c. Up to date and accurate parks & reserves asset management plan in place
- d. Long Term Financial Plan aligned to asset management plans

**13. Financial **sustainability** performance indicators not met**

- a. Up to date and accurate building asset management plan in place
- b. Long Term Financial Plan aligned to asset management plans
- c. Revaluations of Council Building Assets (Fair Value)
- d. Revaluations of Council Transport Infrastructure Assets (Fair Value)

**14. Sale of 239 Yilgarn Avenue - Contract Requirements not satisfied**

**Recommend archiving this risk category as project completed.**

**RECOMMENDATION**

**That Council**

1. Confirms the 'Financial Operational' risk register as presented with the following amendments:

- a. Archiving risk category Aquatic Facility - Grant partners milestones not met – as project is completed.
  - b. Adding the following mitigation action to Inadequate Project Management:
    - i. Review the project management framework to ensure it remain appropriate/relevant.
  - c. Adding the following mitigation action to Inadequate Supplier / Contract Management:
    - i. Have an external legal review of standard contract documents every three years.
    - ii. Internal audit of one major contract for compliance every twelve months.
2. Confirms the 'Financial Strategic' risk register as presented with the following amendments:
- a. Archiving risk category Pandemic – as it is no longer considered relevant.
  - b. Archiving risk category Aquatic Facility - Grant partners milestones not met – as project is completed.
  - c. Archiving risk category Capital projects cannot be prioritised against the strategic community plan and its associated mitigation actions.
  - d. Adjusting the Financial performance indicators not met category name to Financial sustainability performance indicators not met.



**Risk Register**

Filter: Classification(s): Financial - Operational, Financial - Strategic

RESIDUAL  
**7.5**  
MODERATE

INHERENT  
**25.0**

R00011

CORPORATE SERVICES, COMPLIANCE - LEGISLATIVE, FINANCIAL - OPERATIONAL

**Inadequate procurement / tender process**

Council fails to meet legislative obligations, Council policy and Council delegations relating to procurement resulting in departmental investigation, potential disciplinary action, poor financial outcomes and reputation damage.

OWNER Executive Manager Corporate Services (Portfolio Manager)  
CREATED 07/05/2019 10:29:20

LIKELIHOOD Almost Certain  
SEVERITY Extreme  
CONTROL EFFECTIVENESS Strong

TREATMENT MC00008

Manage Procurement - Identify need for procurement  
Establish and comply with a purchasing policy.

**CHANGE(S) PENDING**

SIGNOFF(S): Colin Young  
Kristy Hopkins  
DUE DATE: 01 May 2025  
FREQUENCY: The first Day of every 24 months

TREATMENT MC00009

Monthly random internal audit of five (5) purchases to be performed to ensure compliance with purchasing requirements.

SIGNOFF(S): Alysha McCall  
DUE DATE: 14 Sep 2023  
FREQUENCY: 14th day of every month

TREATMENT MC00010

Ensure the delegated authority register is up to date for tenders and purchases through E-Quotes.

SIGNOFF(S): Alysha McCall  
DUE DATE: 14 Sep 2023  
FREQUENCY: 14th day of every month

TREATMENT MC00112

Review Procurement Policy.

SIGNOFF(S): Kristy Hopkins  
Colin Young  
DUE DATE: 01 Oct 2023  
FREQUENCY: 1st day of every 12 months



RESIDUAL  
**7.5**  
MODERATE

INHERENT  
**25.0**

R00047

GENERAL, COMPLIANCE - LEGISLATIVE, COMPLIANCE - POLICY, FINANCIAL - OPERATIONAL, FINANCIAL - STRATEGIC, HEALTH & SAFETY, HEALTH & SAFETY - OCCUPATIONAL, HEALTH & SAFETY - PUBLIC, REPUTATION - COMMUNITY, REPUTATION - INDUSTRY, SERVICE INTERRUPTION, STRATEGIC - COMMUNITY, STRATEGIC - ORGANISATIONAL

**Covid-19 Pandemic**

Australia & Western Australia are in a declared state of emergency as a result of the Covid-19 pandemic.

OWNER Jason Whiteaker  
CREATED 22/04/2020 16:26:59

LIKELIHOOD Almost Certain  
SEVERITY Extreme  
CONTROL EFFECTIVENESS Strong

TREATMENT MC00098

Implementation of the Shire of Northam Business Continuity Plan

SIGNOFF(S): Jason Whiteaker  
DUE DATE:  
FREQUENCY: Once

TREATMENT MC00099

Council to issue press release to community outlining initial response to Covid-19 pandemic

SIGNOFF(S): Jason Whiteaker  
DUE DATE:  
FREQUENCY: Once

TREATMENT MC00100

Council to monitor cashflow - monthly

SIGNOFF(S): Colin Young  
Jason Whiteaker  
DUE DATE: 01 Oct 2023  
FREQUENCY: The first Day of every month

TREATMENT MC00101

Council to establish and review quarterly a Covid-19 Strategic Response

SIGNOFF(S): Jason Whiteaker  
DUE DATE:  
FREQUENCY: Once

RESIDUAL  
**6.0**  
 MODERATE

INHERENT  
**20.0**

R00021

CORPORATE SERVICES, FINANCIAL - OPERATIONAL, FINANCIAL - STRATEGIC

**Inadequate Financial, Accounting or Business Acumen**

Inadequate identification or quantification of financial exposure or risk associated with decisions to invest in land transactions, financial derivatives or investments or poor long term forecasting / assumptions. Examples include;

- Poor credit management (short or long term borrowing restricting capacity or flexibility).
- Ineffective market analysis (over or under estimating).
- Ineffective Business Planning (poor scope / competition analysis).
- Ineffective financial modelling, forecasting and projection techniques / processes.

OWNER Colin Young  
 CREATED 01/07/2019 14:34:50

LIKELIHOOD Likely  
 SEVERITY Extreme  
 CONTROL EFFECTIVENESS Strong

TREATMENT MC00034  
 Long Term Financial Plan in Place

SIGNOFF(S): Colin Young  
 DUE DATE: 01 Jul 2024  
 FREQUENCY: The first Day of every 12 months

TREATMENT MC00035  
 Annual Budget adopted and aligned with long term financial plan

SIGNOFF(S): Colin Young  
 DUE DATE: 31 Jul 2024  
 FREQUENCY: The last Day of every 12 months

TREATMENT MC00036  
 Investment strategy / policy in place

SIGNOFF(S): Colin Young  
 DUE DATE: 01 Jul 2024  
 FREQUENCY: The first Day of every 12 months

TREATMENT MC00037  
 Manage Debtors - Identify Debtor Process to manage general debtors

**CHANGE(S) PENDING**  
 SIGNOFF(S): Colin Young  
 Kristy Hopkins  
 DUE DATE: 01 Jul 2024  
 FREQUENCY: The first Day of every 12 months

TREATMENT MC00038  
 Arrange payment plans for Rates - Setup payment arrangement with Rate payer Process which ensures rate debts are collected / managed effectively

SIGNOFF(S): Colin Young  
 Anastasia Williams  
 DUE DATE:  
 FREQUENCY: Once

TREATMENT MC00039  
 Develop Annual Budgets - Send Email Ensure budget process is managed effectively

**CHANGE(S) PENDING**  
 SIGNOFF(S): Colin Young  
 Kristy Hopkins  
 DUE DATE: 29 Feb 2024  
 FREQUENCY: The last Day of every 12 months

TREATMENT MC00040  
 Manage Rates Recovery - Confirm rates outstanding Manage recovery of rated

**CHANGE(S) PENDING**  
 SIGNOFF(S): Anastasia Williams  
 DUE DATE: 01 Jul 2024  
 FREQUENCY: The first Day of every 12 months

TREATMENT MC00114  
 Undertake a financial review every 3 years

SIGNOFF(S): Colin Young  
 DUE DATE: 01 Jan 2025  
 FREQUENCY: The first Day of every 36 months

<p>RESIDUAL <b>4.8</b> MODERATE</p> <p>INHERENT <b>16.0</b></p> <p>R00013</p>	<p>CORPORATE SERVICES, ENGINEERING SERVICES, ENVIRONMENTAL - BUILT, FINANCIAL - STRATEGIC, SERVICE INTERRUPTION</p> <p><b>Inadequate Asset Management Practices</b> Failure or reduction in service of infrastructure assets, plant, equipment or machinery. These include fleet assets in addition to community use based assets including playgrounds, boat ramps and other maintenance based assets. Areas included in the scope are;</p> <ul style="list-style-type: none"> <li>• Inadequate design (not fit for purpose).</li> <li>• Ineffective usage (down time)</li> <li>• Outputs not meeting expectations</li> <li>• Inadequate maintenance activities.</li> <li>• Inadequate or unsafe modifications.</li> </ul> <p>It does not include issues with the inappropriate use of the Plant, Equipment or Machinery. Refer Misconduct.</p> <p>OWNER Jason Whiteaker CREATED 24/05/2019 14:29:02</p> <p>LIKELIHOOD Likely SEVERITY Major CONTROL EFFECTIVENESS Strong</p>	<p>TREATMENT MC00018</p> <p>Up to date and accurate transport management plan in place</p> <p>TREATMENT MC00019</p> <p>Up to date and accurate building asset management plan in place</p> <p>TREATMENT MC00020</p> <p>Up to date and accurate parks &amp; reserves asset management plan in place</p> <p>TREATMENT MC00021</p> <p>Long Term Financial Plan aligned to asset management plans</p>	<p>SIGNOFF(S): Paul Devcic Colin Young</p> <p>DUE DATE: 01 Feb 2025</p> <p>FREQUENCY: The first Day of every 24 months</p> <p>SIGNOFF(S): Paul Devcic Colin Young</p> <p>DUE DATE: 01 Jun 2025</p> <p>FREQUENCY: The first Day of every 24 months</p> <p>SIGNOFF(S): Paul Devcic Colin Young</p> <p>DUE DATE: 01 Sep 2025</p> <p>FREQUENCY: The first Day of every 24 months</p> <p>SIGNOFF(S): Colin Young</p> <p>DUE DATE: 01 Dec 2023</p> <p>FREQUENCY: The first Day of every 12 months</p>
	<p>CORPORATE SERVICES, FINANCIAL - OPERATIONAL, FINANCIAL - STRATEGIC</p> <p><b>External Theft &amp; Fraud (inc. Cyber Crime)</b> Loss of funds, assets, data or unauthorised access, (whether attempts or successful) by external parties, through any means (including electronic), for the purposes of;</p> <ul style="list-style-type: none"> <li>• Fraud – benefit or gain by deceit</li> <li>• Malicious Damage – hacking, deleting, breaking or reducing the integrity or performance of systems</li> <li>• Theft – stealing of data, assets or information (no deceit)</li> </ul> <p>OWNER Colin Young CREATED 01/07/2019 14:32:52</p> <p>LIKELIHOOD Likely SEVERITY Major CONTROL EFFECTIVENESS Strong</p>	<p>TREATMENT MC00111</p> <p>Fraud and Corruption Control Plan in place</p> <p>TREATMENT MC00156</p> <p>Incorrect bank details for payments - 100% of system changed reported on at end of month and signed off by Senior Finance Officer.</p>	<p><b>NON-COMPLIANT</b></p> <p>SIGNOFF(S): Alysha McCall Jason Whiteaker</p> <p>DUE DATE: 28 Jul 2023</p> <p>FREQUENCY: The last Weekday of every 24 months</p> <p>SIGNOFF(S): Codey Redmond</p> <p>DUE DATE: 31 Aug 2023</p> <p>FREQUENCY: The last Weekday of every month</p>

RESIDUAL  
**4.8**  
MODERATE

INHERENT  
**16.0**

R00043

AMP - BUILDINGS, FINANCIAL - STRATEGIC

**Capital projects can not be prioritised against the strategic community plan**

Council is unable to assess projects and make determinations around priorities, based on any framework or decision criteria.

OWNER Jason Whiteaker  
CREATED 16/07/2019 11:33:15

LIKELIHOOD Likely  
SEVERITY Major  
CONTROL EFFECTIVENESS Strong

TREATMENT MC00089

Project evaluation procedure in place and utilised

SIGNOFF(S):

Paul Devcic

DUE DATE:

01 Apr 2024

FREQUENCY:

The first Day of every 24 months

RESIDUAL  
**3.6**  
LOW

INHERENT  
**12.0**

R00044

AMP - BUILDINGS, FINANCIAL - OPERATIONAL

**Maintenance not planned**

Planned Maintenance & operation schedules, with budgets, do not exist, resulting in long term financial costs and asset deterioration

OWNER Shane Moorhead  
CREATED 16/07/2019 11:36:36

LIKELIHOOD Possible  
SEVERITY Major  
CONTROL EFFECTIVENESS Strong

TREATMENT MC00019

Up to date and accurate building asset management plan in place

SIGNOFF(S):

Paul Devcic  
Colin Young

DUE DATE:

01 Jun 2025

FREQUENCY:

The first Day of every 24 months

TREATMENT MC00035

Annual Budget adopted and aligned with long term financial plan

SIGNOFF(S):

Colin Young

DUE DATE:

31 Jul 2024

FREQUENCY:

The last Day of every 12 months

RESIDUAL  
**3.6**  
LOW

INHERENT  
**12.0**

R00045

AMP - BUILDINGS, FINANCIAL - STRATEGIC

**Financial performance indicators not met**  
The asset class does not meet the established financial performance parameters, resulting in an indication of asset sustainability

OWNER Jason Whiteaker  
CREATED 16/07/2019 11:38:59

LIKELIHOOD Likely  
SEVERITY Medium  
CONTROL EFFECTIVENESS Strong

TREATMENT MC00019  
Up to date and accurate building asset management plan in place

SIGNOFF(S): Paul Devcic  
Colin Young  
DUE DATE: 01 Jun 2025  
FREQUENCY: The first Day of every 24 months

TREATMENT MC00021  
Long Term Financial Plan aligned to asset management plans

SIGNOFF(S): Colin Young  
DUE DATE: 01 Dec 2023  
FREQUENCY: The first Day of every 12 months

TREATMENT MC00090  
Revaluations of Council Building Assets (Fair Value)

SIGNOFF(S): Colin Young  
DUE DATE: 01 Feb 2027  
FREQUENCY: The first Day of every 60 months

TREATMENT MC00091  
Revaluations of Council Transport Infrastructure Assets (Fair Value)

SIGNOFF(S): Colin Young  
DUE DATE: 30 Jun 2028  
FREQUENCY: The last Day of every 60 months

RESIDUAL  
**3.6**  
LOW

INHERENT  
**12.0**

R00042

AMP - BUILDINGS, FINANCIAL - OPERATIONAL

**Future financial requirements for buildings unknown**  
Council fails to understand and plan for future building maintenance / expansion requirements

OWNER Jason Whiteaker  
CREATED 16/07/2019 11:28:36  
LIKELIHOOD Possible  
SEVERITY Major  
CONTROL EFFECTIVENESS Strong

TREATMENT MC00019

Up to date and accurate building asset management plan in place

SIGNOFF(S): Paul Devcic  
Colin Young  
DUE DATE: 01 Jun 2025  
FREQUENCY: The first Day of every 24 months

TREATMENT MC00021

Long Term Financial Plan aligned to asset management plans

SIGNOFF(S): Colin Young  
DUE DATE: 01 Dec 2023  
FREQUENCY: The first Day of every 12 months

TREATMENT MC00034

Long Term Financial Plan in Place

SIGNOFF(S): Colin Young  
DUE DATE: 01 Jul 2024  
FREQUENCY: The first Day of every 12 months

TREATMENT MC00035

Annual Budget adopted and aligned with long term financial plan

SIGNOFF(S): Colin Young  
DUE DATE: 31 Jul 2024  
FREQUENCY: The last Day of every 12 months

RESIDUAL  
**3.6**  
LOW

INHERENT  
**12.0**

R00048

MAJOR PROJECTS, FINANCIAL - OPERATIONAL, HEALTH & SAFETY, PROPERTY - LIABILITY, REPUTATION - COMMUNITY, STRATEGIC - COMMUNITY

**Aquatic Facility - Ineffective Project Management**  
Aquatic Facility Project not managed effectively

OWNER Jason Whiteaker  
CREATED 14/09/2020 14:23:26  
LIKELIHOOD Possible  
SEVERITY Major  
CONTROL EFFECTIVENESS Strong

TREATMENT MC00053

Project management framework in place, providing parameters for staff to operate within

SIGNOFF(S): Jason Whiteaker  
DUE DATE: 31 Jul 2024  
FREQUENCY: The last Day of every 12 months

TREATMENT MC00054

Prepare Elected Members Monthly Report - Publish Monthly Report  
Major Project status reporting to Council (through monthly elected member report)

**OVERDUE, CHANGE(S) PENDING**  
SIGNOFF(S): Tamika Van Beek  
DUE DATE: 15 Aug 2023  
FREQUENCY: 15th day of every month

TREATMENT MC00064

Independent Project Superintendent appointed with requisite skills to acknowledge scale and complexity of this project

SIGNOFF(S): Jason Whiteaker  
DUE DATE:  
FREQUENCY: Once

TREATMENT MC00067

Construction project progress reports to be provided

SIGNOFF(S): Jason Whiteaker  
DUE DATE:  
FREQUENCY: Once

TREATMENT MC00068 Project Superintendent (Donovan Payne) reports to be provided monthly	SIGNOFF(S): DUE DATE: FREQUENCY:	Jason Whiteaker  Once
TREATMENT MC00069 Financial variations to be signed off by Project Manager	SIGNOFF(S): DUE DATE: FREQUENCY:	Jason Whiteaker  Once
TREATMENT MC00070 All request for information and clarification to be signed off / cited by Council Project Manager	SIGNOFF(S): DUE DATE: FREQUENCY:	Jason Whiteaker  Once
TREATMENT MC00071 Project assessment / evaluation to be undertaken at completion and reported to audit committee	SIGNOFF(S): DUE DATE: FREQUENCY:	Jason Whiteaker  Once
TREATMENT MC00074 Project time delays to be signed off in accordance with contract	SIGNOFF(S): DUE DATE: FREQUENCY:	Jason Whiteaker  Once

RESIDUAL  
**3.6**  
LOW

INHERENT  
**12.0**

MAJOR PROJECTS, FINANCIAL - OPERATIONAL

**Aquatic Facility - Grant partners milestones not met**  
Aquatic Facility Project funding organisations require regular reporting, failure to do so may result in withdrawal of funds

OWNER Jason Whiteaker  
CREATED 14/09/2020 14:30:08

LIKELIHOOD Possible  
SEVERITY Major  
CONTROL EFFECTIVENESS Strong

TREATMENT MC00072 Department of Sport & Recreation milestone reports provided	SIGNOFF(S): DUE DATE: FREQUENCY:	Jason Whiteaker  Once
TREATMENT MC00073 Federal Building Better Regions Fund milestone reporting	SIGNOFF(S): DUE DATE: FREQUENCY:	Jason Whiteaker  Once

R00051

<b>RESIDUAL</b> <b>3.6</b> LOW	MAJOR PROJECTS, COMPLIANCE - LEGISLATIVE, FINANCIAL - STRATEGIC <b>Sale of 239 Yilgarn Avenue - Contract Requirements not satisfied</b> 239 Yilgarn Avenue sale of land does not proceed as a result of non compliance with contract requirements	TREATMENT MC00094 The Buyer shall submit a Development Application within six calendar months of the contract date	SIGNOFF(S): Jason Whiteaker DUE DATE: FREQUENCY: Once
	<b>INHERENT</b> <b>12.0</b>	OWNER Jason Whiteaker CREATED 14/09/2020 14:31:42 LIKELIHOOD Possible SEVERITY Major CONTROL EFFECTIVENESS Strong	

R00052

<b>RESIDUAL</b> <b>2.7</b> LOW	CHIEF EXECUTIVES OFFICE, COMPLIANCE - POLICY, FINANCIAL - OPERATIONAL, HEALTH & SAFETY - OCCUPATIONAL <b>Inadequate Project Management</b> Inadequate analysis, design, delivery and / or status reporting of change initiatives, resulting in additional expenses, time requirements or scope changes. This includes: • Inadequate Change Management Framework to manage and monitor change activities. • Inadequate understanding of the impact of project change on the business. • Failures in the transition of projects into standard operations.	TREATMENT MC00053 Project management framework in place, providing parameters for staff to operate within	SIGNOFF(S): Jason Whiteaker DUE DATE: 31 Jul 2024 FREQUENCY: The last Day of every 12 months
	<b>INHERENT</b> <b>9.0</b>	OWNER Jason Whiteaker CREATED 01/07/2019 15:20:45 LIKELIHOOD Possible SEVERITY Medium CONTROL EFFECTIVENESS Strong	TREATMENT MC00054 Prepare Elected Members Monthly Report - Publish Monthly Report Major Project status reporting to Council (through monthly elected member report)

R00024

TREATMENT MC00055 Internal audit of project and major project (as defined by corporate business plan) management framework compliance.	SIGNOFF(S): Jason Whiteaker DUE DATE: 31 May 2024 FREQUENCY: The last Day of every 12 months
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TREATMENT MC00057 Manage Major Projects - Project Performance and Control Provides process for managing projects	<b>CHANGE(S) PENDING</b> SIGNOFF(S): Paul Devcic Jason Whiteaker DUE DATE: 30 Sep 2023 FREQUENCY: The last Day of every 12 months
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RESIDUAL  
**2.7**  
LOW

INHERENT  
**9.0**

R00025

CHIEF EXECUTIVES OFFICE, COMMUNITY SERVICES, CORPORATE SERVICES, DEVELOPMENT SERVICES, ENGINEERING SERVICES, FINANCIAL - OPERATIONAL, HEALTH & SAFETY - OCCUPATIONAL, SERVICE INTERRUPTION

**Inadequate Supplier / Contract Management**

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
- Vendor sustainability

It does not include failures in the tender process; refer "Inadequate Procurement, Disposal or Tender Practices".

OWNER Kristy Hopkins

CREATED 01/07/2019 15:54:58

LIKELIHOOD Possible

SEVERITY Medium

CONTROL EFFECTIVENESS Strong

## 6.7 Progress Towards the Regulation 17 Review

<b>File Reference:</b>	8.2.7.1
<b>Reporting Officer:</b>	Alysha McCall (Governance Coordinator)
<b>Responsible Officer:</b>	Jason Whiteaker (Chief Executive Officer)
<b>Officer Declaration of Interest:</b>	Nil
<b>Voting Requirement:</b>	Simple Majority
<b>Press release to be issued:</b>	No

### **BRIEF**

To provide Council with an update of the progress made towards the Regulation 17 Review Action Plan that was presented to Council at the 21 December 2022 Ordinary Council Meeting for adoption.

This report aims to establish a level of accountability in respect to completing the actions identified through the Regulation 17 Review to ensure that Council's risk management, internal controls and legislative compliance is appropriate and effective.

### **ATTACHMENTS**

1. Regulation 17 Action Plan [**6.7.1** - 2 pages]

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### **A. BACKGROUND / DETAILS**

Section 17 of the Local Government (Audit) Regulations requires the Chief Executive Officer to review the appropriateness and effectiveness of the Council's systems and procedures as they relate to the following areas;

- Risk management
- Internal controls, and
- Legislative compliance

The Chief Executive Officer carried out the review internally, the attached report is supplied to Council with the findings and recommendations.

A report has then been prepared identifying the findings from the review along with recommendations (if applicable). These findings and recommendations have been developed into an action plan and provided in Attachment 1.

## **B. CONSIDERATIONS**

### **B.1 Strategic Community / Corporate Business Plan**

Performance Area: Performance. Outcome 12: Excellence in organisational performance and customer service.

Objective 12.1: Maintain a high standard of corporate governance and financial management.

Priority Action 12.1.4: Provide internal auditing capabilities (including providing additional human or financial resources) and publish findings annually.

### **B.2 Financial / Resource Implications**

Staffing resources are required in order to action the recommendations detailed within the BPR Action Plan

### **B.3 Legislative Compliance**

Local Government Act 1995 and relevant subsidiary legislation.

### **B.4 Policy Implications**

Nil.

### **B.5 Stakeholder Engagement / Consultation**

Nil.

### **B.6 Risk Implications**

Refer to Risk Matrix [here](#).

<b>Risk Category</b>	<b>Description</b>	<b>Rating (likelihood x consequence)</b>	<b>Mitigation Action</b>
Financial	Revenue loss to the Shire	Rare (1) x Minor (2) = Low (2)	Managed by ensuring good practices.
Health & Safety	Nil.		
Reputation	Disruption to current service.	Rare (1) x Minor (2) = Low (2)	Ensure IT and other services are managed professionally.
Service Interruption	Potential for IT and Administrative disruption.	Rare (1) x Insignificant (1) = Low (1)	Ensure changes are managed professionally.
Compliance	Not compliant with legislation.	Rare (1) x Minor (2) = Low (2)	Review legislation regularly.
Property	Nil.		
Environment	Nil.		

**B.7 Natural Environment Considerations**

Nil.

**C. OFFICER'S COMMENT**

This review indicated that the Shire of Northam is proactive in managing risk, internal controls and legislative compliance as well as taking the necessary steps to ensure appropriate risk management, internal controls and legislative compliance policies and practices are in place. Areas for improvement and recommendations have been detailed in Attachment 1 with comments in respect to the progress made towards each of these.

Officers are working towards addressing the recommendations from the review whilst continuing the improvements already underway in order to achieve an optimum levels of risk management, internal controls and legislative compliance into the future. The Action Plan for Review has been provided in Attachment 1 with an update of the progress made towards the recommendations.

Key to table:

**Completed**

**No Action**

**Underway**

**RECOMMENDATION**

**That Council receive the update as provided in Attachment 6.7.1 in relation to the progress made towards the Regulation 17 Action Plan.**

Number	Area	Control	Recommendation	Responsible Officer	Progress To Date	Status
1	1. Risk Management	1.1 Reviewing whether the local government has an effective risk management system and that material operating risks to the local government are appropriately considered;	Review Risk Management Policy	Alysha McCall	15/03/2023 - Policy adopted by Council.	Completed
2	1. Risk Management	1.1 Reviewing whether the local government has an effective risk management system and that material operating risks to the local government are appropriately considered;	Develop a Risk Management Process	Alysha McCall	14/04/2023 - Framework and Process is set out in risk policy, process in Promapp not required. Committee has reviewed the overall risk register framework and is reviewing each individual risk area at each of their meetings.	Completed
3	1. Risk Management	1.2 Reviewing whether the local government has a current and effective business continuity plan (including disaster recovery) which is tested from time to time;	Review a Business Continuity Plan	Alysha McCall	No progress.	No Action
5	1. Risk Management	1.2 Reviewing whether the local government has a current and effective business continuity plan (including disaster recovery) which is tested from time to time;	Establish a program to test the Business Continuity Plan and IT Disaster Recovery Plan annually to ensure efficacy.	Alysha McCall, Colin Young, Kunal Sarma	12/04/2023 Have liaised with external ICT provider JH Computers to organize a testing phase for the IT Disaster recovery and Business Continuity plan.  05/05/2023 Preparing on how to carry out the IT Disaster recovery plan. Waiting for JH Computers to provide more information on the existing backups and system recovery.  2/06/2023 - Awaiting to hear back from Tim from JH Computers.  7/07/2023 - JH Computers have provided quote for a complete BCDR plan - need to review. We dont have a full-fledged working BCDR plan in place.	Underway
6	1. Risk Management	1.3 Assessing the internal processes for determining and managing material operating risks in accordance with the local government's identified tolerance for risk, particularly in the following areas;  1.10 Ascertaining whether fraud and misconduct risks have been identified, analysed, evaluated, have an appropriate treatment plan which has been implemented, communicated, monitored and there is regular reporting and ongoing management of fraud and misconduct risks.	Review the Fraud and Corruption Plan prior to June 2023.	Alysha McCall	31/07/2023 - Reviewed plan being presented to Audit & Risk Management Committee on 22 August 2023.	Underway
7	1. Risk Management	1.3 Assessing the internal processes for determining and managing material operating risks in accordance with the local government's identified tolerance for risk, particularly in the following areas;	Develop internal audit framework to include audits on identified risks in the Fraud and Corruption Control Plan.	Alysha McCall	01/08/2023 - Risks treatments to be audited bi-monthly on rotation (i.e. 50% audited each month).	Completed
11	1. Risk Management	1.5 Assessing the adequacy of Local Government processes to manage insurable risks and ensure the adequacy of insurance cover, and if applicable, the level of self-insurance;	Implement systems to ensure appropriate insurance is maintained where required by the Shire of Northam for leases and licenses.	Alysha McCall	06/02/2023 - Documenting within Smartsheet leased properties and the requirements with respect to insurance. Review yet to be undertaken comparing the property insurance register to lease register. 1/08/2023 - A review was undertaken for leased properties against the insurance property register to ensure appropriate insurance is maintained. An annual review has been incorporated as an action on the CEO Office Annual Delivery Plan.	Completed
12	2. Internal Control	2.2 Control of approval of documents, letters and financial records;	Staff to be provided with training/reminder of need to register certain documents whilst limiting access.	Alysha McCall, Janice Byers	Developing a suite of weekly 'Did you know' alerts to staff in addition with training videos for registering documents.	Underway
13	2. Internal Control	2.3 Limit of direct physical access to assets and records;	Store physical lease and licence records in the Records room to ensure records are appropriately administered.	Alysha McCall	Cabinet moved on 21/04/2023.	Completed

Number	Area	Control	Recommendation	Responsible Officer	Progress To Date	Status
15	3. Legislative Compliance	3.1 Reviewing the annual Compliance Audit Return and reporting to council the results of that review;	Have the Compliance Audit Return (CAR) undertaken independently once in every three years (next due for 2023 period)  CAR completed progressively on a monthly basis as part of internal audit process.	Alysha McCall	01/02/2023 - No progress able to be taken until second quarter of 2023/24. Sourcing quotes to include in 2023/24 budget. 12/04/2023 - Quotes sought and budget request submitted for 2023/24. 1/08/2023 - Included in 2023/24 budget.	Underway
16	3. Legislative Compliance	3.2 How management is monitoring the effectiveness of its compliance and making recommendations for change as necessary;	Report non-compliances identified through internal audits to the Executive Management monthly meeting.	Alysha McCall, Tamika Van Beek	Executive Managers Meeting Agenda template (V8) has been updated and uploaded in to Promapps. This version will commence use in March 2023	Completed
18	3. Legislative Compliance	3.3 Reviewing whether the local government has procedures for it to receive, retain and treat complaints, including confidential and anonymous employee complaints;	Review the Manage Complaints Process incorporating the following: a) Translating services being provided where appropriate. b) Special arrangements that may be required for responding to particular client groups. c) Reference to the public interest disclosure and misconduct processes. d) Declaring interests. e) The Ombudsman's Conducting Investigations Guidelines. f) The Ombudsman's Procedural Fairness Guidelines. g) A review process in which the Complaint Handling Officer's decision is reviewed by a suitably experienced colleague/superior before the complaint is finalised. h) An independent internal review process. i) Consideration towards establishing a designated Complaint Handling Officer. j) A system for analysing complaint information to enable continuous improvement.	Alysha McCall	01/02/2023 - Limited. 12/04/2023 - Review underway. 4/07/2023 - Complaints process and website updated. Waiting for finalisation of process for complaints relating to council member breaches of the code of conduct. 01/08/2023 - Policy for council member breaches of the code of conduct has been workshopped with council and to be presented to the August OCM for endorsement. 16/08/2023 - Policy endorsed for Council member breaches of the code of conduct which is incorporated into the complaints process.	Completed
19	3. Legislative Compliance	3.3 Reviewing whether the local government has procedures for it to receive, retain and treat complaints, including confidential and anonymous employee complaints;	Review the information available on the Shire of Northam website incorporating the following: a) Providing clear information that complaints are handled at no charge. b) Providing the information in the form of other languages and incorporating a "Listen" option.	Alysha McCall, Colin Young	01/02/2023 - Requested quote for 'Listen' feature 12/04/2023 - Feature implemented.	Completed
20	3. Legislative Compliance	3.3 Reviewing whether the local government has procedures for it to receive, retain and treat complaints, including confidential and anonymous employee complaints;	Include the effectiveness of the complaint handling system within the internal audit framework.	Alysha McCall, Colin Young	1/08/2023 - Complaint audit implemented commencing July 2023.	Completed

## 6.8 Progress Towards the Financial Management Review

<b>File Reference:</b>	8.2.7.1
<b>Reporting Officer:</b>	Kudzai Matanga (Senior Accountant)
<b>Responsible Officer:</b>	Colin Young (Executive Manager Corporate Services)
<b>Officer Declaration of Interest:</b>	Nil
<b>Voting Requirement:</b>	Simple Majority
<b>Press release to be issued:</b>	No

### BRIEF

To provide Council with an update towards the Financial Management System Review report.

### ATTACHMENTS

1. Financial Management Review Action Plan [**6.8.1** - 3 pages]

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### A. BACKGROUND / DETAILS

Macri Partners PTY Ltd were engaged to conduct the review for the period 1 July 2021 to 30 April 2022. In accordance with Regulation 5(2)(c) of the Local Government Financial Management Regulations 1996 Council is required to have a review of its financial system to ensure its appropriateness and effectiveness at least once every three years.

This report is to provide Council with the progress that has been made against the recommendations within the Financial Management Review.

### B. CONSIDERATIONS

#### **B.1 Strategic Community / Corporate Business Plan**

Performance Area: Performance. Outcome 12: Excellence in organisational performance and customer service.

Objective 12.1: Maintain a high standard of corporate governance and financial management.

Priority Action: Nil.

#### **B.2 Financial / Resource Implications**

Nil.

**B.3 Legislative Compliance**

Local Government Act (1995) Section 7.12A & Local Government Financial Management Regulations 1996 Regulation 5(2)(c)

**B.4 Policy Implications**

Nil.

**B.5 Stakeholder Engagement / Consultation**

Nil.

**B.6 Risk Implications**

Refer to Risk Matrix [here](#).

<b>Risk Category</b>	<b>Description</b>	<b>Rating (likelihood x consequence)</b>	<b>Mitigation Action</b>
Financial	Nil.		
Health & Safety	Nil.		
Reputation	Nil.		
Service Interruption	Nil.		
Compliance	Nil.		
Property	Nil.		
Environment	Nil.		

**B.7 Natural Environment Considerations**

Nil.

**C. OFFICER'S COMMENT**

The Auditor raised a number of findings within the Financial Management Systems Review that need to be addressed to ensure that best practices are being followed by Council. The issues raised are contained in attachment 1. The auditor's report provided recommendations on the best way to resolve the

issues and additionally management comments have been put in place as well as actions taken. The level of risk for eight of the issues were considered moderate and five raised were low.

Key to table:

**Completed**

**No Action**



**Underway**

**RECOMMENDATION**

**That Council receive the update as provided in Attachment 6.8.1 in relation to the progress made towards the Financial Management Systems Review Action Plan.**

Number	Finding	Recommendation / Solution	Expected Completion	Responsibility	Progress To Date	Status
1	Bank Reconciliations - Bank reconciliations not being dated by reviewer.	1. The date of bank reconciliation review should be documented.	July 2022	Corporate Services / Finance	Monthly bank reconciliations are sent to Accountant for review and the accountant signs and confirms the bank rec.	Completed
2	Investments - Shire does not have a formally established and documented internal control procedures for investments.	1.An Investment Procedural Guideline should be drafted and adopted by the Shire that should be followed by employees to ensure control over investments and also to be compliant with S.19 of the Local Government (Financial Management) Regulations 1996.  2.The Shire should also establish and maintain an investment register indicating the name of the financial institute, amount of the investment, term of the investment and date of maturity.	July 2022	Corporate Services / Finance	1.An investment process has been established and will be added to PROMAPPS  2.An investment register was created and is reported monthly to council and includes the recommended information.	Completed
3	Investment Policy - The Shire's Investment Policy has not been reviewed by the Shire in the 2021 year as required by the policy.	1.The Investment Policy should be reviewed and presented to Council as required by the policy at the earliest and update the policy if required based on the investment objectives of the Shire	February 2023	Corporate Services / Finance	Investment Policy Updated	Completed
4	Investment Policy - The Shire's investment policy F4.3 requires that investments be spread to ensure that no single financial institute holds more than 50% of the Shire's investments.	1.The Shire should look at restructuring its investments at the earliest to comply with the requirements of the investment policy and minimise its exposure to financial risks.	February 2023	Corporate Services / Finance	Investments now meet the guidelines of the policy.	Completed
5	Procurement of goods and services - The same staff issued and approved the purchase orders, receipted the goods/services, and also authorised the related supplier invoices.	1.Management should implement appropriate segregation of duties, particularly between authorisation of purchase order and approving relevant supplier invoices.	February 2023	Corporate Services / Procurement	Process edit is pending loading in Promaps where all purchase orders are to be checked for compliance by credit officer. A P.O initiator can also be an authoriser for approved authorising thresholds however compliance will be verified by credit officer.  13/04/23 this procedure has been revamped and the Creditors Officer now signs the purchase order is compliant	Completed
6	Procurement Policy - Policy allows for minor variations , however the minor variation is not specified.	1.The procurement policy should define a minor variation	February 2023	Corporate Services / Procurement	Procurement policy updated,	Completed
7	Credit Cards - Credit card statements had no documentary evidence of review by an officer independent of the cardholder	1.The monthly credit card statements of all credit cardholders should be reviewed by a senior officer independent of the cardholder and the reviewer should initial and date the credit card statement to indicate that the review was done in a timely manner	November 2022	Corporate Services / Finance	Credit cards statements being reviewed by both Senior Finance officer and the accountant. Accountant signs and dates the credit card statement	Completed
8	Creditors - Monthly Creditor reconciliations not dates by reviewer.	1.The reviewer should indicate the date of review on the monthly creditor reconciliations	July 2022	Corporate Services / Finance / Procurement	Monthly Creditor reports and reconciliations reviewed by accountant signed and dated.	Completed
9	Rates – Rate debts outstanding for more than 3 years approximately 29% of the total rates debts outstanding.	1.The recoverability of all long outstanding rate debts should be reviewed by the management and appropriate action be taken to recover them without delay.  2.Also the need to create a provision for doubtful debts in the annual financial report should be reviewed.	December 2022	Corporate Services / Finance	1.Of the current outstanding debt \$340,000 is related to one subdivision that that was held by a now insolvent company Council lawyers are progressing with legal action against the Outstanding debt.  2.The Annual Financial Report currently has a provision for doubtful debts which includes rate debt that is expected to be written off in the next 12 months.	Completed
10	Debtors - 86% of the total sundry debtors have been outstanding for more than 90 days	1.The recoverability of all long outstanding sundry debts should be reviewed by the management and appropriate action be taken to recover them without delay.  2.Also the need to create a provision for doubtful debts in the annual financial report should be reviewed	December 2022	Corporate Services / Finance	1.Majority of the then reported Percentage was a capital grant from DFES which came through in June 22. debtors are reviewed monthly and the necessary follow ups are done. Accountant dates and signs of the monthly review.  2.No Action-The Annual Financial Report currently has a provision for doubtful debts	Completed
11	Creditors - Retention money for goods and services paid out tom supplier and the supplier set as a debtor	1.The management should ensure there are adequate controls in place to prevent erroneous payments to suppliers	July 2022	Corporate Services / Procurement	Procedures have been put in place to ensure retentions are withheld correctly	Completed

Number	Finding	Recommendation / Solution	Expected Completion	Responsibility	Progress To Date	Status
12	Credit Note Requisitions - Shire does not use a formal credit requisition form to raise credit notes relating to sundry debtors. Instead, credit notes are raised based on email requests from the staff requesting the credit note	1.The Shire should develop and use a formal credit note requisition form to be authorised by the responsible officer when a credit note needs to be raised.	February 2023	Corporate Services / Finance	1.Credit note requisition form created pending approval. 2.Credit note requisition process to be added in pro maps by Feb 23  13/04/2023, has been approved and added to promapps	Completed
13	Cancellation of Receipts - The Shire does not have a formally established and documented internal control procedure for cancellation of receipts.	1.The Shire should develop and use a documented internal control procedural guideline for the benefit of the relevant staff	February 2023	Corporate Services / Finance	Receipt Cancellation procedure documents done and added into promaps by Feb 23	Completed
14	Daily Receipting - There was no documentary evidence of a review of the daily receipting report.	1.The daily receipting report should be reviewed by an officer independent of the receipting function and the evidence of such review should be documented. Any discrepancies should be investigated and rectified without delay	July 2022	Corporate Services / Finance	Receipting batches are reviewed daily, and discrepancies are investigated at that point by the Senior Finance Officer. Senior Finance Signs and dates the batches.	Completed
15	Front Counter Cash Register - All operators of the front counter cash register use the same password.	1.The management should seek the possibility of introducing different passwords for each operator or introducing documented procedures to minimise the risk of unauthorised or fraudulent transactions occurring.	July 2024	Corporate Services / Finance	Difficult to implement with the current ERP. To be resolved once we migrate to Altus  Aug 2023 - Altus discovery workshops to commence in Sept- Oct 2023.	No Action
16	Payroll - Employee termination payment calculations were not evidenced as being reviewed and approved by a senior staff of the Shire.	1.Recommend that calculations of all termination payments are independently reviewed and the review be evidenced on the calculation sheet and it be retained.	July 2022	Corporate Services / Finance	These are currently being reviewed by both Senior Finance officer and Accountant who both sign and date the calculation sheet.	Completed
17	Payroll - We noted that in 3 out of 6 employee fortnightly payments we tested, there was no deduction authority in two instances and also anomalies were found in the amount deducted in one instance.	1.We recommend that supporting documents in respect of all deductions are retained and also care is taken to ensure that deductions are made in accordance with the deduction authority provided by the employees.	N/A	Corporate Services / Finance	Current procedures have all deduction amounts recorded against personal files.	Completed
18	Payroll - Employee pay slips show penalty as normal hours.	1.We recommend that management investigates this matter and take appropriate measures to rectify the issue.	TBA	Corporate Services / Finance	We hope the move to Altus will resolve this as efforts to get this resolved by IT vision with synergy have been fruitless.  Aug 2023 - Altus Financials and Payroll as part of the Altus upgrade will address this. Workshops to commence September-October onwards as part of discovery and requirements gathering phase.	No Action
19	General Journals - The same officer prepares and posts the journal entry without an independent review by a second officer.	1.We recommend that a senior person independent of the preparer reviews and authorises all journal entries before they are processed and evidence of authorisation retained.	July 2022	Corporate Services / Finance	Journals are signed off by either the Accountant, Senior Finance Officer or Exec Manager Corporate services.	Completed
20	General Journals - The Shire does not have a comprehensive documented policy or procedural guideline for general journals.	1.recommend that management develops and implements a comprehensive policy and procedures for the general journal process. The policy should be approved by the Council prior to being implemented.	February 2023	Corporate Services / Finance	More of a procedure guideline to be documented rather than a policy. Journals are done by Finance personnel and currently only the EMCS, Senior Accountant and senior finance officer can post journals. A guideline for journal procedure to be documented however currently the process is one initiates the journal and sends to another officer for authorisation.	Completed
21	Fixed Assets - Currently there is no process of formally documenting the disposal of assets i.e. Asset Disposal Form, and obtaining managements approval prior to disposal of individual assets.	1.We recommend that management introduce an Asset Disposal/Deletion form to formalise the asset disposals/deletions process, which should also be subject to appropriate authorisation.	December 2022	Corporate Services / Finance	Asset disposal form created, and procedure documented and uploaded in pro maps	Completed
22	Fixed Assets Reconciliation - That the monthly fixed asset reconciliations for the months of August 2021 to February 2022 have not been dated by the reviewer and the reconciliations for the months of March and April 2022 were not performed at the time of the review.	1.We recommend that monthly fixed asset reconciliations are performed in a timely manner and reviewed by an officer independent of the preparer and evidence of such review be documented on the reconciliation.	December 2022	Corporate Services / Finance	Fixed assets reconciled monthly by Senior Finance Officer and sent to Accountant for review. Accountant signs and dates.	Completed

Number	Finding	Recommendation / Solution	Expected Completion	Responsibility	Progress To Date	Status
23	IT Security Policy - The Shire does not have a formal (IT) Security Policy. Furthermore there is no formal process to review user access rights and privileges in the system to ensure they are in line with the responsibilities of individual staff member's roles/positions.	1.The Shire should develop a formal IT Security Policy and also ensure user access rights are periodically reviewed to ensure they are in line with individual staff roles and responsibilities.	N/A	Corporate Services / ICT	No Action  July 2023 - there are certain security policy groups in place which enables only certain users with privileges to access those files in G drive. Further security can be enhanced where cross department access can be restricted and individuals cannot access certain files & folders. And user can be given access upon managers approval.	No Action

## 6.9 Progress Towards the ICT Strategy Plan

<b>File Reference:</b>	1.1.9.1
<b>Reporting Officer:</b>	Kunul Sarma (Business Systems Coordinator)
<b>Responsible Officer:</b>	Colin Young (Executive Manager Corporate Services)
<b>Officer Declaration of Interest:</b>	Nil
<b>Voting Requirement:</b>	Simple Majority
<b>Press release to be issued:</b>	No

### BRIEF

To provide Council with an update on the progress made towards the ICT Strategy Plan.

This report aims to establish a level of accountability in respect to completing the actions identified through the audit undertaken by LGIS in 2019 in order to ensure that continuous improvement occurs within the organisation.

### ATTACHMENTS

1. ICT Strategic Plan Action Plan [**6.9.1** - 2 pages]

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### A. BACKGROUND / DETAILS

The Shire of Northam is moving through a significant period of change and development. In recognition of this and the need to ensure that it can continue to meet the aspirations of the community, the Shire of Northam has undertaken to put in place a number of Strategic and Business Plans to deliver short-, medium and long-term objectives. The Shire of Northam is providing committed strategic planning and leadership, focused on strengthening our community, providing growth, and diversifying the local economy.

### B. CONSIDERATIONS

#### **B.1 Strategic Community / Corporate Business Plan**

Performance Area: Prosperity.

Outcome 10: An attractive destination for investors, business and visitors; helping to grow the economy and local jobs.

Objective 10.1: Pursue economic growth, innovation and diversification.  
 Priority Action: Nil.

**B.2 Financial / Resource Implications**

To be advised / determined

**B.3 Legislative Compliance**

Local Government Act 1995 and relevant subsidiary legislation.

**B.4 Policy Implications**

Nil.

**B.5 Stakeholder Engagement / Consultation**

Nil.

**B.6 Risk Implications**

Refer to Risk Matrix [here](#).

<b>Risk Category</b>	<b>Description</b>	<b>Rating (likelihood x consequence)</b>	<b>Mitigation Action</b>
Financial	Lack of investment into ICT	Possible (3) x Medium (3) = Moderate (9)	ICT Strategic / forward planning involving stakeholders to determine needed and desired current and future outcomes that can be budgeted for.
Health & Safety	EOL/less than WHS ideal ICT hardware, RF and prolonged machine noise exposure	Possible (3) x Medium (3) = Moderate (9)	EOL hardware replacement decisions to consider WHS requirements. Suitable placement or enclosures for noisy ICT gear such as servers and switches.
Reputation	Slow take up of new technologies	Likely (4) x Minor (2) = Moderate (8)	ICT Team continuing to engage with Shire stakeholders, 3 <sup>rd</sup> party vendors, and other councils re:

			current and emerging technologies and methods of delivering desired services.
Service Interruption	Nil.	Nil.	Nil.
Compliance	Nil.	Nil.	Nil.
Property	Nil.	Nil.	Nil.
Environment	Nil.	Nil.	Nil.

**B.7 Natural Environment Considerations**

Nil.

**C. OFFICER'S COMMENT**

ICT services are presently provided to approximately 130 full time, part time, and casual employees across the following sites, Administration, Northam depot, Wundowie Depot, Northam library, Wundowie library, Bilya Koort Boodja Cultural centre, Visitor centre, Killara adult day care, Northam aquatic facility, the Wundowie swimming pool, Bush Fire Brigade facilities, as well as to the community and stakeholders. This ICT Strategic Plan establishes a course of action to guide the future development and delivery of ICT services for the Shire of Northam.

Key to table:

**Completed**

**No Action**

**Underway**

**RECOMMENDATION**

**That Council receive the update as provided in Attachment 6.9.1 in relation to the progress made towards the ICT Strategic Plan.**



Number	Area for Further Development	Recommendation / Action	Timeframe	Responsibility	Progress To Date	Status
1	Governance	ICT decisions and operations within the Shire will be controlled and guided through a formalised ICT Governance framework. This framework will ensure the alignment of ICT activities with business priorities.	2021 / 2026	Corporate Services / ICT	Draft strategic and operations plans developed. SLAs to be determined.  February 2022 Update: In early discussions with external provider regarding SLAs.  August 2022 Update: No progress.  December 2022 Update: No progress.  April 2023 - to review and work on it.	Underway
2	Emerging Trends and Technologies	ICT policies and procedures need to be current enabling the organisation to conduct considered reviews of emerging technologies and trends, to ensure they meet current and emerging needs of the organisation.	2021 / 2026	Corporate Services / ICT	Acceptable Use and BYOD policies adopted.	Completed
3	Business Systems and Applications	Appropriately managed business systems and applications will help consolidate and streamline business processes.	2021 / 2026	Corporate Services / ICT	Inventory Register established. RFQ re: potential CRM/RMS upgrade/migration from Synergysoft occurring.  February 2022 Update: Tenders have been received and staff will be evaluation and expecting to present to the next Audit Committee meeting.  May 2022 Update: No progress.  August: Staff are expecting to receive an overview of the Altus System within the month, this will then determine the best way forward.  Feb 2023 Data Cleaning in process. COA restructuring project will be commencing soon.  April 2023 - COA restructuring underway.  July 2023 - Go live with new COA.  Aug 2023 - New COA restructuring completed and currently used in Synergy. Staff's are being trained on using the new codes.  Discovery phase for Health/Planning/Building modules through Greenlight to commence for 3 days starting 15th August 2023. Parallely to run HR ,odule workshop through Pulse.	Underway
4	Infrastructure and Technology	ICT has extensive assets and services under management. The best value and maximum benefit from this investment can only be obtained if suitably managed.		Corporate Services / ICT	Systems manual to be developed. Network communications infrastructure plan to be developed.  February 2022 Update: No progress.  May 2022 Update: No progress.  August 2022, limited progress made largely around the Shires CCTV infrastructure which is having a needs assessment carried out.  December 2022 Update: No progress.  April 2023 - To investigate and enquire with Telstra if they have any open nodes available across Fitzgerald St to rent lines to connect the CCTV poles in order to reduce the congestion in the wireless link for the CCTV infrastructure.  July 2023 - To update the existing document as per Shire strategy for grant funding and improving the current CCTVs in place.	Underway



Number	Area for Further Development	Recommendation / Action	Timeframe	Responsibility	Progress To Date	Status
5	Disaster Recovery	ICT needs to work with the organisation to establish mission critical services and ensure that disaster recovery and business continuity plans meet current and emerging needs	2021 / 2026	Corporate Services / ICT	Adhoc DR / Business Continuity plan in place and partially tested. Data retention plan developed	Completed
6	Security	The threat of cyber security incidents continues to rise. The Shire needs to develop and implement security policies and procedures to meet this increasing threat.	2021 / 2026	Corporate Services / ICT	<p>Ongoing development and training will always be occurring.</p> <p>May 2022 Update: No progress.</p> <p>August 2022, No progress.</p> <p>Februarys 2022 Update: No progress.</p> <p>April 2023 - Currently Northam has in place Rocket cyber with is a 24/7 managed security operations centre (SOC) which monitors for any unusual activity on the network including the 365 tenancy , Datto SAAS protection is the 365 tennacy backups, Datto defence is software that sits in the 365 tenancy and monitors for any injected code into emails, phishing and ransomware attacks on teams, Sharepoint, Outlook, OneDrive . Datto EDR is endpoint detection and remediation . EDR is designed to sit between AV and SOC services and protect endpoints from any unusual activity. And we have Trend AV on all machines</p> <p>July 2023 - Existing Cybersecurity in place is currently functioning well. Next phase is enabling Office365 MFA (multifactor authentication).</p>	Underway
7	Project Management	The effective delivery of ICT projects requires a suitable management framework to be implemented	2022	Corporate Services / ICT	<p>Project Management ICT Procedure to be developed.</p> <p>February 2022 Update: No progress.</p> <p>August 2022 Update: No progress.</p> <p>December 2022 Update: No progress.</p> <p>April 2023 - to review and develop a frame work</p> <p>May 2023 - yet to review and develop</p> <p>July 2023 - Project Management document currently available reviewing that document.</p>	No Action

**7 URGENT BUSINESS APPROVED BY DECISION**

Nil.

**8 DATE OF NEXT MEETING**

Upcoming meetings:

- 23 November 2023 at 5:00pm

**9 DECLARATION OF CLOSURE**