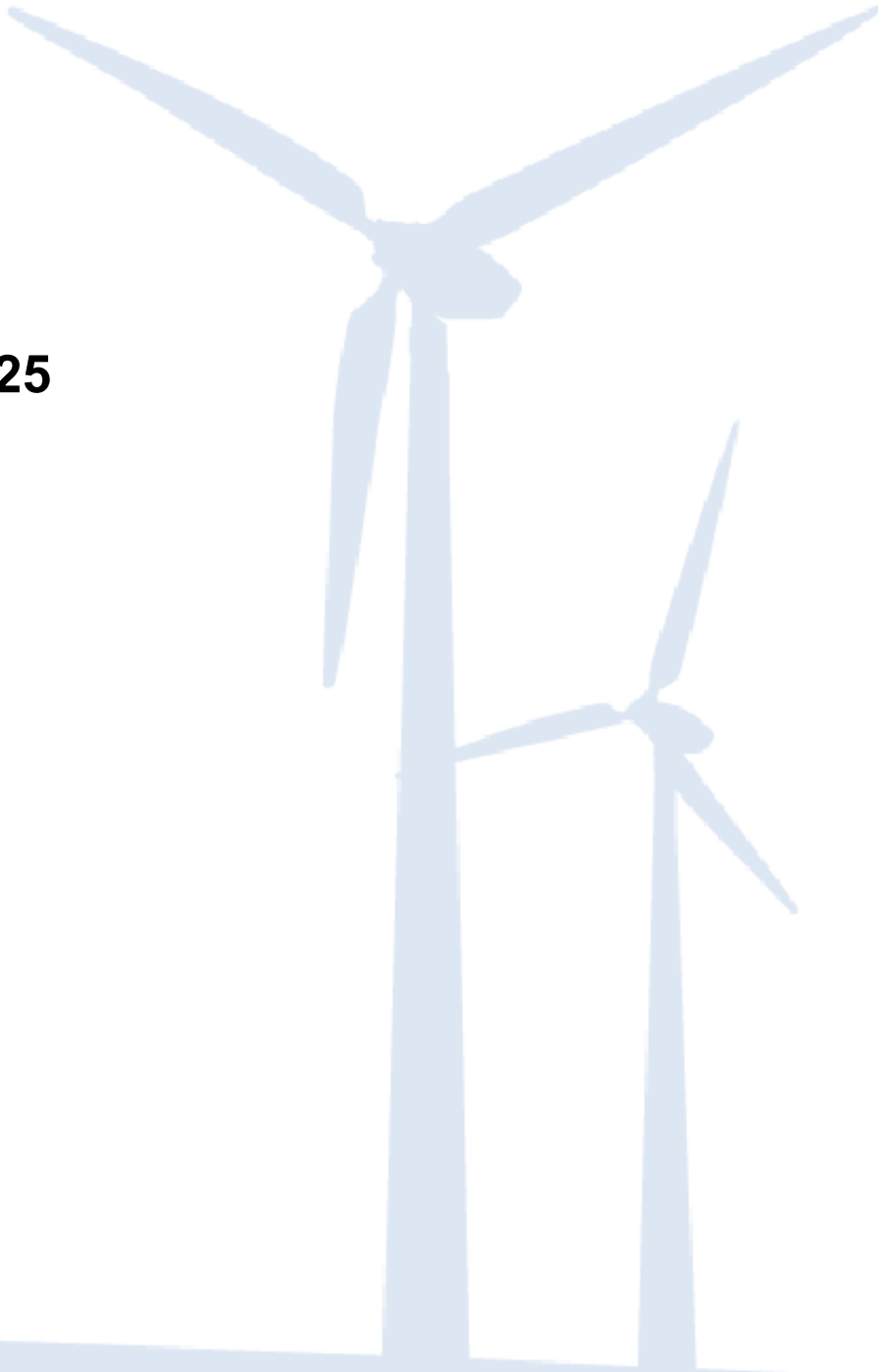


Shire of Esperance

AUDIT COMMITTEE

TUESDAY 27 MAY 2025

MINUTES



DISCLAIMER

No responsibility whatsoever is implied or accepted by the Shire of Esperance for any act, omission or statement or intimation occurring during Council or Committee meetings. The Shire of Esperance disclaims any liability for any loss whatsoever and howsoever caused arising out of reliance by any person or legal entity on any such act, omission or statement or intimation occurring during Council or Committee meetings. Any person or legal entity who acts or fails to act in reliance upon any statement, act or omission made in a Council or Committee meeting does so at that person's or legal entity's own risk.

In particular and without derogating in any way from the broad disclaimer above, in any discussion regarding any planning application or application for a licence, any statement or intimation of approval made by a member or officer of the Shire of Esperance during the course of any meeting is not intended to be and is not to be taken as notice of approval from the Shire of Esperance. The Shire of Esperance warns that anyone who has any application lodged with the Shire of Esperance 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 Esperance in respect of the application.

ETHICAL DECISION MAKING AND CONFLICTS OF INTEREST

Council is committed to a code of conduct and all decisions are based on an honest assessment of the issue, ethical decision-making and personal integrity. Councillors and staff adhere to the statutory requirements to declare financial, proximity and impartiality interests and once declared follow the legislation as required.

ATTACHMENTS

Please be advised that in order to save printing and paper costs, all attachments referenced in this paper are available in the original Agenda document for this meeting.

Table of Contents / Index

ITEM NO.	ITEM HEADING	PAGE
1.	OFFICIAL OPENING	5
2.	ATTENDANCE	5
3.	APOLOGIES & NOTIFICATION OF GRANTED LEAVE OF ABSENCE	5
4.	DEPUTATIONS, PRESENTATIONS, INSPECTIONS, PETITIONS	5
5.	DECLARATION OF MEMBERS INTERESTS	5
	5.1 Declarations of Financial Interests – Local Government Act Section 5.60a	5
	5.2 Declarations of Proximity Interests – Local Government Act Section 5.60b	5
	5.3 Declarations of Impartiality Interests – Admin Regulations Section 34c	5
6.	CONFIRMATION OF MINUTES	6
7.	NEW BUSINESS OF AN URGENT NATURE	6
8.	MATTERS REQUIRING A DETERMINATION OF COMMITTEE	7
	8.1 CEO Review of Systems and Procedures (Reg.17)	7
	8.2 Interim Audit Report	69
9.	ELECTED MEMBERS	75
10.	SHIRE OFFICERS	75
11.	MATTERS BEHIND CLOSED DOORS	75
12.	CLOSURE	75

SHIRE OF ESPERANCE

MINUTES

**AUDIT COMMITTEE MEETING HELD IN COUNCIL MEETING ROOM ON
27 May 2025
COMMENCING AT 1:00 PM**

1. OFFICIAL OPENING

The Presiding Member declared the meeting open at 1:02pm.

2. ATTENDANCE

Members

Cr S McMullen	Shire of Esperance (Presiding Member)
Cr S Flanagan	Shire of Esperance
Pres R Chambers	Shire of Esperance
Cr G Johnston	Shire of Esperance

Shire Officers

Mr S Burge	Chief Executive Officer
Mrs F Baxter	Director Corporate & Community Services
Ms S Walsh	Coordinator Governance and Corporate Support

Guests

Jay Teichert	Office of the Auditor General (via TEAMS)
--------------	---

3. APOLOGIES & NOTIFICATION OF GRANTED LEAVE OF ABSENCE

Mr K Mills	Community Representative
------------	--------------------------

4. DEPUTATIONS, PRESENTATIONS, INSPECTIONS, PETITIONS

Nil

5. DECLARATION OF MEMBERS INTERESTS

5.1 Declarations of Financial Interests – Local Government Act Section 5.60a
Nil

5.2 Declarations of Proximity Interests – Local Government Act Section 5.60b
Nil

5.3 Declarations of Impartiality Interests – Admin Regulations Section 34c
Nil

6. CONFIRMATION OF MINUTES

Moved: Cr Flanagan
Seconded: Pres Chambers

AU0525-111

That the Minutes of the Audit Committee Meeting of the 4 March 2025 be confirmed as a true and correct record.

**CARRIED
F3 - A0**

Pres Chambers, Cr McMullen, Cr Flanagan

Cr Johnston entered the Council Meeting Room at 1:12pm.

7. NEW BUSINESS OF AN URGENT NATURE

Nil

8. MATTERS REQUIRING A DETERMINATION OF COMMITTEE

Item: 8.1

CEO Review of Systems and Procedures (Reg.17)

Author/s	Sarah Walsh	Coordinator Governance & Corporate Support
Authoriser/s	Felicity Baxter	Director Corporate and Community Services

File Ref: D25/12095

Applicant

Internal

Location/Address

Shire of Esperance

Executive Summary

For the Audit Committee to consider the report from the CEO on the appropriateness and effectiveness of the Shire of Esperance systems and procedures in relation to risk management, internal control and legislative requirements.

Recommendation in Brief

That the Audit Committee accept the report from the CEO on the appropriateness and effectiveness of the Shire of Esperance systems and procedures in relation to risk management, internal control and legislative requirements and recommend the review to Council for endorsement.

Background

In accordance with Regulation 17 of the *Local Government (Audit) Regulations 1996*, the CEO is required to review the appropriateness and effectiveness of the Shire of Esperance's systems and procedures in relation to risk management, internal control and legislative requirements, not less than once every three years.

The last review was undertaken in March 2023 and the review recently undertaken by the CEO is now being put forward to the Audit Committee to be considered.

The Shire's Risk Management Policy (Attachment A) provides guidance and direction in relation to risk management and determines the Shire's risk appetite regarding the measures of consequence and likelihood of each risk.

Risk management systems are a key expression of a local government's attitude to effective controls.

It is important for organisations to establish and review processes for mitigating material operating risks. Tolerance for risk is central to this process, particularly in the following areas;

- Potential non-compliance with legislation, regulations, standards and local government's policies;
- Important accounting judgements or estimates that prove to be wrong;
- Litigation and claims;
- Misconduct, fraud and theft;

- Significant business risks, recognising responsibility for general or specific risk areas. For example, environmental, work health and safety risk, and how they are managed by the local government.

Obtaining regular risk reports, which identify key risks, the status and the effectiveness of the risk management systems, ensures that identified risks are monitored and new risks are identified, mitigated and reported.

Officer's Comment

The Shire's organisational Risk Register has been reviewed to ensure all risk profiles are current. This report (Attachment B) commences with a brief snapshot of each risk profile identifying the risk rating, the level of control and proposed actions to improve the level of control for each risk profile, reducing the level of risk. The full analysis for each profile is then attached listing all the controls and their effectiveness.

As part of this review, it was identified that 13 actions have been closed, 30 have been carried over and 46 new mitigating actions have been added to the Risk Register since the last review.

The Audit Regulation 17 review provides the CEO and Council with assurance of legislative compliance, risk mitigation and internal control toward a culture of continuous improvement.

The last Audit Regulation 17 review was undertaken by Civic Legal, who suggested 23 Risk Management actions, 19 Internal Control actions and 10 Legislative Compliance actions.

Only the action suggesting that the Audit Committee meet monthly to consider the Shire's monthly accounting reports was not recommended for endorsement, due to the resources required and was considered to be low risk as the financial report is put to Council each month.

25 of the 51 actions suggested by Civic Legal have been completed.

The Action Summary Report (Attachment C) provides updates on the current actions, and the Status Summary (Attachment D) provides the status of each suggested action for reference.

Consultation

Middle Management
Directors

Financial Implications

Although there are no direct financial implications arising from this report, identified actions may have financial or resource implications for the organisation. The cost of implementing the controls to reduce or manage risk will need to be weighed up against the risk appetite of the organisation to determine the most appropriate course of action.

Asset Management Implications

Nil

Statutory Implications

Local Government (Audit) Regulations 1996 – r.17 CEO to review certain systems and procedures.

Policy Implications

Risk Management Policy

Strategic Implications

Council Plan 2022 - 2032

Performance - Outcome 15. Operational excellence and financial sustainability

Objective 15.1. Provide responsible, agile and innovative planning and resource management.

Environmental Considerations

Nil

Attachments

- A [↓](#). Risk Management Policy
- B [↓](#). Audit Regulation 17 Action Summary Report Q3 2024/25
- C [↓](#). Audit Regulation 17 Action Status Summary
- D [↓](#). Reviewed Risk Register November 2024

RECOMMENDATION AND DECISION

Item 8.1 CEO Review of Systems and Procedures (Reg.17)

Moved: Pres Chambers

Seconded: Cr Flanagan

AU0525-112

That the Audit Committee;

- 1. Accept the CEO's review of the appropriateness and effectiveness of the Shire of Esperance systems and procedures in relation to risk management, internal control and legislative compliance; and**
- 2. Recommend the review to Council for endorsement.**

CARRIED

F4 - A0

Pres Chambers, Cr McMullen, Cr Flanagan, Cr Johnston



POL 0015: Risk Management

COUNCIL POLICY

Purpose

The Shire of Esperance's Risk Management Policy documents the commitment and objectives regarding managing uncertainty that may impact the Shire's strategies, goals or objectives. The purpose of risk management is to reduce the potential effects of risk by reducing liability, preventing litigation and improving loss control.

Scope

This policy covers all operations of the organisation including but not limited to all workers, contractors, visitors and volunteers. The key drivers for risk management are Managements responsibility.

Definitions

CEO: Chief Executive Officer

Councillor: a member of an elected group of local government representatives

Risk: a situation involving exposure to danger

Risk Appetite: the amount and type of risk that an organisation is willing to accept whilst pursuing its objectives.

SOE: Shire of Esperance

WHS: Work Health and Safety

Practice

It is the Shire's Policy to achieve best practice in the management of all risks that may affect the SOE, its customers, people, assets, functions, objectives, operations or members of the public.

Risk Management will form part of the Strategic, Operational, Project and Line Management responsibilities and where possible, be incorporated within the Shire's Integrated Planning Framework.

Council shall determine the Risk Management policy for the SOE. The Shire's Executive Management Team will communicate the *Risk Management Policy* and Objectives and determine Procedures for the implementation of Risk Management, as well as direct and monitor practice and performance.

Every Councillor, worker, volunteer and contractor within the SOE is recognised as having a role in risk management, from the identification of risks, to implementing risk treatments and shall be invited and encouraged to participate in the process.

Consultants may be retained at times to advise and assist in the risk management process or management of specific risks or categories of risk.

Risk Management Objectives

1. Optimise the achievement of our vision, mission, strategies, goals and objectives.
2. Provide transparent and formal oversight of the risk and control environment to enable effective decision making.
3. Enhance risk versus return within our risk appetite.
4. Embed appropriate and effective controls to mitigate risk.
5. Achieve effective corporate governance and adherence to relevant statutory, regulatory and compliance obligations.
6. Enhance organisational resilience.
7. Identify and provide for the continuity of critical operations.

Risk Appetite

The Shire has defined its risk appetite through the development and endorsement of the Shire's *Risk Assessment Criteria*. The criteria is subjected to ongoing review in conjunction with this policy.

All organisational risks to be reported at a corporate level are to be assessed according to the Shire's *Risk Assessment Criteria* to allow consistency and informed decision making. For operational requirements such as projects or to satisfy external stakeholder requirements, alternative risk assessment criteria may be utilised, however these cannot exceed the organisations appetite and are to be noted within the individual risk assessment.

Roles, Responsibilities & Accountabilities

The CEO is responsible for the allocation of roles, responsibilities and accountabilities. These are documented in the Risk Management Procedures Operational Document.

Monitor and Review

The Shire will implement and integrate a monitor and review process to report on the achievement of the Risk Management Objectives, the management of individual risks and the ongoing identification of issues and trends.

This policy will be kept under review by Council and will be reviewed biennially.

Appendix A – Risk Assessment Criteria

Applied Risk Matrix			Consequence				
			Insignificant	Minor	Moderate	Major	Catastrophic
			1	2	3	4	5
Likelihood	Almost Certain	5	(5) Moderate	(10) High	(15) High	(20) Extreme	(25) Extreme
	Likely	4	(4) Low	(8) Moderate	(12) High	(16) High	(20) Extreme
	Possible	3	(3) Low	(6) Moderate	(9) Moderate	(12) High	(15) High
	Unlikely	2	(2) Low	(4) Low	(6) Moderate	(8) Moderate	(10) High
	Rare	1	(1) Low	(2) Low	(3) Low	(4) Low	(5) Moderate

Measures of Likelihood			
Level	Rating	Description	Frequency
5	Almost Certain	The event is expected to occur in most circumstances (>90% chance)	More than once per year
4	Likely	The event will probably occur in most circumstances (>50% chance)	At least once per year
3	Possible	The event should occur at some time (20% chance)	At least once in 3 years
2	Unlikely	The event could occur at some time (<10% chance)	At least once in 10 years
1	Rare	The event may only occur in exceptional circumstances (<5% chance)	Less than once in 15 years

Rating (Level)	Health	Financial Impact	Service Interruption	Compliance	Reputational	Property	Environmental
Insignificant (1)	Near miss. Minor first aid injuries	Less than \$20,000	No material service interruption	No noticeable regulatory or statutory impact	Unsubstantiated, low impact, low profile or 'no news' item	Inconsequential damage.	Contained, reversible impact managed by on site response
Minor (2)	Medical type injuries	\$20,001 - \$500,000	Short term temporary interruption – backlog cleared < 1 day	Some temporary non-compliances	Substantiated, low impact, low news item	Localised damage rectified by routine internal procedures	Contained, reversible impact managed by internal response
Moderate (3)	Lost time injury <30 days	\$500,001 - \$1.5 Million	Medium term temporary interruption – backlog cleared by additional resources	Short term non-compliance but with significant regulatory requirements imposed	Substantiated, public embarrassment, moderate impact, moderate news profile	Localised damage requiring external resources to rectify	Contained, reversible impact managed by external agencies
Major (4)	Lost time injury >30 days	\$1.5 Mil - \$3 Million	< 1 week	Non-compliance results in termination of services or imposed penalties	Substantiated, public embarrassment, high impact, high news profile, third party actions	Significant damage requiring internal and external resources to rectify	Uncontained, reversible impact managed by a coordinated response from external agencies
Catastrophic (5)	Fatality, permanent disability	More than \$3 Million	Prolonged interruption of services – additional resources; performance affected	Non-compliance results in litigation, criminal charges or significant damages or penalties	Substantiated, public embarrassment, very high multiple impacts, high widespread multiple news profile, third party actions	Extensive damage requiring prolonged period of restitution Complete loss of plant, equipment and building	Uncontained, irreversible impact

Existing Controls Rating		
Rating	Foreseeable	Description
Effective	There is little scope for improvement	<ol style="list-style-type: none"> 1. Process (controls) operating as intended and aligned to policies / procedures 2. Subject to ongoing monitoring 3. Reviewed and tested regularly
Adequate	There is <u>some</u> scope for improvement	<ol style="list-style-type: none"> 1. Processes (controls) generally operating as intended, however inadequacies exist 2. Nil or limited monitoring 3. Reviewed and tested, but not regularly
Inadequate	There is a <u>need</u> for improvement or action	<ol style="list-style-type: none"> 1. Processes (controls) not operating as intended 2. Processes (controls) do not exist, or are not being complied with 3. Have not been reviewed or tested for some time

Risk Acceptance Criteria			
Risk Rating	Description	Criteria	Responsibility
Low	Acceptable	Risk acceptable with adequate controls, managed by routine procedures and subject to annual monitoring	Supervisor / Team Leader
Moderate	Monitor	Risk acceptance with adequate controls, managed by specific procedures and subject to semi-annual monitoring	Service Manager
High	Urgent Attention Required	Risk acceptable with excellent controls, managed by senior management / executive and subject to monthly monitoring	Executive Management Group
Extreme	Unacceptable	Risk only acceptable with excellent controls and all treatment plans to be explored and implemented where possible, managed by highest level of authority and subject to continuous monitoring	CEO and Council

Risk Treatment & Review Timeframes				
Risk Rating	Description	Risk Treatment	Responsibility	Risk Review
Low (1-4)	Acceptable	Treated within 6 months	Supervisor / Team Leader	Review every 6 months
Moderate (5-9)	Monitor	Treated within 3 months	Service Manager	Review every 3 months
High (10-16)	Urgent Attention Required	Treated within 2 weeks	Executive Management Group	Review within 2 weeks then monthly
Extreme (20-25)	Unacceptable	Treated within 1 week	CEO and Council	Review every 2 weeks

.....End.....

Document Information

Responsible Position	Manager Human Resources
Risk Rating	Medium

Referencing Documents

- *Local Government Act 1995*
- *Risk Management Framework*
- *Risk Assessment Criteria*

Revision History

Date	Version	CM Reference	Reason for Change	Resolution #	Next Review
Feb 2013		D13/4305[v1]	Draft policy		
Apr 2013	1		New policy	O0413-017	Apr 2015
Jun 2013		D13/4305[v2]	Draft policy		
Nov 2014	2	D14/23268		O1114-022	Nov 2016
Mar 2018	3	D16/29010	Biennial review, update document controller	O0318-073	Mar 2020
Nov 2019	4	D16/29010[v2]	Biennial review, no change	O1119-248	Nov 2021
Oct 2020	5	D16/29010[v3]	Update ISO standard reference	O1020-317	Oct 2022
Jan 2022	6	D16/29010[v4]	Biennial review, no change	O0122-012	Jan 2024
Nov 2023	7	D16/29010[v5]	Biennial review, no change.	O1123-189	Nov 2025
Aug 2024	8	D16/29010[v6]	Update purpose, scope, definitions, SOE references. Replace employee references with worker in line with new legislation. Remove reference to ISO. Update Risk Assessment Criteria tables. Update referencing documents.	O0824-028	Aug 2026



Audit Regulation 17 Review Summary Q3 2024/2025



Shire of Esperance

Audit Regulation 17 Review Q3 2024/2025

Action Code	Action Name	Comments	Responsible Officer Position
r.17.2	Draft and endorse a standard operating procedure for reviewing the Risk Register. This should address when identified risks are to be included in the register before the biennial review. Such risks may be identified, for example, through Hazard/Incident Report Forms.	Management practice drafted, to be peer reviewed and approved.	Governance & Corporate Support Coordinator
r.17.3	Undertake an audit/review of the Risk Management Procedures document, to ensure it is up to date and governance processes are being undertaken (e.g. internal audit on internal control procedures). Include review details for the Risk Management Procedures document at the beginning or end of the document.		Coordinator Workplace Health and Safety
r.17.4	Ensure the approval date and review dates are recorded in the Work Health and Safety Procedure - Workplace Inspections.		Coordinator Workplace Health and Safety
r.17.5	Draft a management practice or standard operating procedure for reviewing the BCP.	Not Started.	Coordinator Workplace Health and Safety
r.17.8	Draft a procedure to address incorrect accounting estimates, capturing how to avoid them in the first instance, and how to address them if they occur.	The method for accounting estimates should be defined in the Financial Management Manual which is currently being collated.	Manager Financial Services

Shire of Esperance

Audit Regulation 17 Review Q3 2024/2025

Action Code	Action Name	Comments	Responsible Officer Position
r.17.9	Draft a management practice for dealing with litigious matters.	Not required - We have qualified staff to know which type of legal support is best to utilise.	Governance & Corporate Support Coordinator
r.17.10	Continue reminding employees about the Employee Code of Conduct and other ethical matters on a regular basis.	All new starters read and sign Code of Conduct, whilst existing staff are constantly reminded of the Shire's values which underpin the Code.	Manager Human Resources
r.17.13	Review the Occupational Safety and Health Management Plan.	Now called WHS Plan.	Coordinator Workplace Health and Safety
r.17.14	Review the Work Health and Safety Procedure - Working in Adverse Weather Conditions (February 2018) including the heading to ensure it reflects its intended purpose. Ensure the functions of the Health and Safety Committee are reflected in the procedural document where appropriate.	Due to go to Document Control Group, finished consultation with SME.	Coordinator Workplace Health and Safety
r.17.15	Develop a procedure for managing insurable risks, including the need for officers to actively participate in the insurers annual risk assessment process.	Corporate Support have developed a procedure for completing insurance renewals which includes incorporating feedback from relevant officers. This will be updated when time allows.	Governance & Corporate Support Coordinator
r.17.17	Draft and endorse a management procedure regarding the management of large projects. This would address the question of when a project manager or other external consultants should be hired, as well as additional financial and other risk mitigation strategies.	Not started	Director Asset Management

Shire of Esperance

Audit Regulation 17 Review Q3 2024/2025

Action Code	Action Name	Comments	Responsible Officer Position
r.17.18	Ensure written guidance is provided to officers regarding when the (more extensive) evaluation process ought to occur, rather than allowing price to be the only consideration.	Not started	Director Asset Management
r.17.20	HR to conduct a review of individual business area inductions to ensure they are appropriate and are conducted consistently.	Work continues to update all site inductions. HR and WHS inductions being updated and should be implemented in last quarter of 24/25.	Manager Human Resources
r.17.24	Reinforce the requirement to record the use of delegations in accordance with statutory requirements. This may be a topic of an internal audit and/or could be addressed in the performance reviews of relevant officers.	Information regarding the requirement to record delegations is provided to all relevant staff annually when the new documentation is provided. Noted that training/induction for staff is on the list to be looked into further when time allows.	Governance & Corporate Support Coordinator
r.17.26	Begin a program of conducting periodic internal reviews of systems and procedures. This may address discrete topics such as recording the use of delegations or completion of cash acknowledgement forms.	Planning for Internal Audit will be tabled for discussion with the Audit Committee.	Chief Executive Officer
r.17.28	Draft a management procedure or standard operating procedure for engaging legal advisors. This should provide guidance on how to assess when legal advice is required and who is authorised to approve legal advice being sought.	SOP is not necessary as each area's process is different so shouldn't sit with one person. We have qualified staff to know which type of legal support is best to utilise for each situation that arises.	Governance & Corporate Support Coordinator

Shire of Esperance

Audit Regulation 17 Review Q3 2024/2025

Action Code	Action Name	Comments	Responsible Officer Position
r.17.29	Consider including employee authority levels regarding the execution of documents in job descriptions.	Deferred until HR has capacity to review.	Manager Human Resources
r.17.30	Draft a written procedure for logging records in and out, to assist records officers.	No Change	Information Management Coordinator
r.17.31	Draft a standard operating procedure for the internal audits of IT software.		Manager Information Services
r.17.32	Financial procedures should be reviewed and collated into a comprehensive Financial Procedures Manual. This will help to make procedures and standards clearer for employees to follow.	Financial Management Manual is around 60% complete. With the implementation of new systems, some areas are under review to ensure they match up to system and internal controls.	Manager Financial Services
r.17.33	Draft a standard operating procedure for investigating variances.	Will make up part of financial management manual. Uncertain as to how much guidance is needed in the investigation of variances, it will likely be very generic.	Manager Financial Services
r.17.34	Continue to regularly reinforce records management protocols including the transfer of finalised documents into TRIM.	Records Officers have improved and developed new induction and training documentation. With Manager of Information Services for review.	Information Management Coordinator
r.17.36	Ensure the complete procedure for the approval of financial payments is captured in a written procedure.	This will be covered in the Financial Management Manual. With the implementation of P2P it is expected that this procedure will need review to ensure sound internal controls.	Manager Financial Services

Shire of Esperance

Audit Regulation 17 Review Q3 2024/2025

Action Code	Action Name	Comments	Responsible Officer Position
r.17.38	Ensure that the cash management practice for the Shire is captured in a written procedure. Ensure all facilities where cash is collected have written procedures to support staff managing or handling the cash received.	Cash management practices have been reviewed and will be added to the financial management manual.	Manager Financial Services
r.17.39	Conduct periodic audits to ensure that the receipt forms are correctly signed. Ensure all relevant officers are promptly reminded of the correct procedure or receive further training, whenever the form is not correctly signed or completed.		Manager Financial Services
r.17.40	Review the Records Management Procedures Manual. Ensure the manual is reviewed regularly (every two years).	Staff are working through individual tasks and creating SOPs that will form the new Records Management Procedures Manual	Information Management Coordinator
r.17.42	Consider expanding the scope of the Compliance Calendar to include legislative compliance matters in other departments. Alternatively, a separate global calendar could be created for this more expansive purpose. Ensure all departments have an adequate system of monitoring legislative compliance.	Completed.	Governance & Corporate Support Coordinator

Shire of Esperance

Audit Regulation 17 Review Q3 2024/2025

Action Code	Action Name	Comments	Responsible Officer Position
r.17.45	Review Complaint Handling Policy to ensure all types of complaints are captured including Public Interest Disclosures and Corruption & Crime Commissions reporting.	Documentation for complaint handling and the relevant policies and procedures are available on the Shire's website.	Director Corporate and Community Services
r.17.46	Develop internal procedures to identify adverse trends if this is practicable (e.g. include item on Executive Team agenda for discussion; monitoring external customer and stakeholder feedback).	An item for this is included on all EMT Agendas.	Director Corporate and Community Services
r.17.47	Review the role of the audit committee with particular consideration towards increasing its involvement in matters relating to risk.	Scope for Audit Committee was determined post the last election.	Director Asset Management
r.17.48	Ensure adequate training is provided to the independent member of the audit committee in regard to local government practices and the functions of the audit committee.	Not due until after the LG election when an independent chair is required for the Audit Committee.	Chief Executive Officer
r.17.49	Incorporate into the Evaluation Report, a declaration to confirm relevant processes and legislative requirements have been met.	Declaration has been included in the evaluation report.	Director Asset Management



Audit Regulation 17

Action Status Summary

May 2025



Shire of Esperance

Audit Regulation 17 Action Status Summary

Action Code	Action Name	Comments	Responsible Officer Position
r.17.1	Include a review deadline in all council policies, with every endeavour being given to undertaking those reviews in a timely manner.	Completed	Governance & Corporate Support Coordinator
r.17.2	Draft and endorse a standard operating procedure for reviewing the Risk Register. This should address when identified risks are to be included in the register before the biennial review. Such risks may be identified, for example, through Hazard/Incident Report Forms.	In Progress	Governance & Corporate Support Coordinator
r.17.3	Undertake an audit/review of the Risk Management Procedures document, to ensure it is up to date and governance processes are being undertaken (e.g. internal audit on internal control procedures). Include review details for the Risk Management Procedures document at the beginning or end of the document.	Completed	Coordinator Workplace Health and Safety
r.17.4	Ensure the approval date and review dates are recorded in the Work Health and Safety Procedure – Workplace Inspections.	Completed	Coordinator Workplace Health and Safety
r.17.5	Draft a management practice or standard operating procedure for reviewing the BCP.	Not Started	Coordinator Workplace Health and Safety
r.17.6	Include a reminder to review the BCP in the compliance calendar.	Completed	Governance & Corporate Support Coordinator
r.17.7	Include a review deadline in the IT Disaster Recovery Plan.	Completed	Manager Information Services
r.17.8	Draft a procedure to address incorrect accounting estimates, capturing how to avoid them in the first instance, and how to address them if they occur.	In Progress	Manager Financial Services
r.17.9	Draft a management practice for dealing with litigious matters.	Not Started	Governance & Corporate Support Coordinator
r.17.10	Continue reminding employees about the Employee Code of Conduct and other ethical matters on a regular basis.	Ongoing	Manager Human Resources

Shire of Esperance

Audit Regulation 17 Action Status Summary

Action Code	Action Name	Comments	Responsible Officer Position
r.17.11	Ensure a review deadline is included in all management practices.	Completed	Governance & Corporate Support Coordinator
r.17.12	Ensure the revision history for all policies/plans/procedures is updated as reviews occur, including the Occupational Safety and Health Management Plan.	Completed	Governance & Corporate Support Coordinator
r.17.13	Review the Occupational Safety and Health Management Plan.	Completed	Coordinator Workplace Health and Safety
r.17.14	Review the Work Health and Safety Procedure – Working in Adverse Weather Conditions (February 2018) including the heading to ensure it reflects its intended purpose. Ensure the functions of the Health and Safety Committee are reflected in the procedural document where appropriate.	Completed	Coordinator Workplace Health and Safety
r.17.15	Develop a procedure for managing insurable risks, including the need for officers to actively participate in the insurers annual risk assessment process.	Not Started	Governance & Corporate Support Coordinator
r.17.16	Ensure the six month follow up report is scheduled in the Compliance Calendar.	Completed	Governance & Corporate Support Coordinator
r.17.17	Draft and endorse a management procedure regarding the management of large projects. This would address the question of when a project manager or other external consultants should be hired, as well as additional financial and other risk mitigation strategies.	Not Started	Director Asset Management
r.17.18	Ensure written guidance is provided to officers regarding when the (more extensive) evaluation process ought to occur, rather than allowing price to be the only consideration.	Not Started	Director Asset Management

Shire of Esperance

Audit Regulation 17 Action Status Summary

Action Code	Action Name	Comments	Responsible Officer Position
r.17.19	Ensure changes to the Shire's control environment are regularly discussed at Organisational Management Team meetings. Draft a short management practice regarding what control changes must be communicated to staff and how they are to be communicated. This may include responses to auditor comments, changes to legislation, policy reviews, management practice reviews, standard operating procedure reviews, etc.	In Progress	Director Corporate and Community Services
r.17.20	HR to conduct a review of individual business area inductions to ensure they are appropriate and are conducted consistently.	Completed	Manager Human Resources
r.17.21	Review the New Employee Acknowledgment of Receipt to ensure all relevant/useful documents are included. This may, for example, include certain policies applicable to most or all employees.	Completed	Manager Human Resources
r.17.22	Ensure IT practices are supported by written procedural documents. Ensure those documents are regularly reviewed.	Ongoing	Manager Information Services
r.17.23	Draft a policy to identify the Shire's standards regarding cyber security. Draft procedural documents to support officers working in this area.	In Progress	Manager Information Services
r.17.24	Reinforce the requirement to record the use of delegations in accordance with statutory requirements. This may be a topic of an internal audit and/or could be addressed in the performance reviews of relevant officers.	Not Started	Governance & Corporate Support Coordinator
r.17.25	Ensure the Policy Review Checklist is either attached to, or referenced in, the relevant standard operating procedure.	Completed	Governance & Corporate Support Coordinator
r.17.26	Begin a program of conducting periodic internal reviews of systems and procedures. This may address discrete topics such as recording the use of delegations or completion of cash acknowledgement forms.	Deferred	Director Corporate and Community Services
r.17.27	Ensure review deadlines are included in council policies, management practices and standard operating procedure.	Completed	Governance & Corporate Support Coordinator

Shire of Esperance

Audit Regulation 17 Action Status Summary

Action Code	Action Name	Comments	Responsible Officer Position
r.17.28	Draft a management procedure or standard operating procedure for engaging legal advisors. This should provide guidance on how to assess when legal advice is required and who is authorised to approve legal advice being sought.	Not Started	Governance & Corporate Support Coordinator
r.17.29	Consider including employee authority levels regarding the execution of documents in job descriptions.	Deferred	Manager Human Resources
r.17.30	Draft a written procedure for logging records in and out, to assist records officers.	In Progress	Information Management Coordinator
r.17.31	Draft a standard operating procedure for the internal audits of IT software.	Not Started	Manager Information Services
r.17.32	Financial procedures should be reviewed and collated into a comprehensive Financial Procedures Manual. This will help to make procedures and standards clearer for employees to follow.	Ongoing	Manager Financial Services
r.17.33	Draft a standard operating procedure for investigating variances.	In Progress	Manager Financial Services
r.17.34	Continue to regularly reinforce records management protocols including the transfer of finalised documents into TRIM.	Ongoing	Information Management Coordinator
r.17.35	Develop and finalise the User Terms and Conditions.	Ongoing	Information Management Coordinator
r.17.36	Ensure the complete procedure for the approval of financial payments is captured in a written procedure.	Ongoing	Manager Financial Services
r.17.37	Ensure all procedural documents are dated.	Completed	Governance & Corporate Support Coordinator
r.17.38	Ensure that the cash management practice for the Shire is captured in a written procedure. Ensure all facilities where cash is collected have written procedures to support staff managing or handling the cash received.	In Progress	Manager Financial Services

Shire of Esperance

Audit Regulation 17 Action Status Summary

Action Code	Action Name	Comments	Responsible Officer Position
r.17.39	Conduct periodic audits to ensure that the receipt forms are correctly signed. Ensure all relevant officers are promptly reminded of the correct procedure or receive further training, whenever the form is not correctly signed or completed.	Ongoing	Manager Financial Services
r.17.40	Review the Records Management Procedures Manual. Ensure the manual is reviewed regularly (every two years).	Not Started	Information Management Coordinator
r.17.41	Include the Assets Register review in the Compliance Calendar.	Completed	Governance & Corporate Support Coordinator
r.17.42	Consider expanding the scope of the Compliance Calendar to include legislative compliance matters in other departments. Alternatively, a separate global calendar could be created for this more expansive purpose. Ensure all departments have an adequate system of monitoring legislative compliance.	Completed	Governance & Corporate Support Coordinator
r.17.43	Complete the standard operating procedure for completing CARs before the next CAR deadline. Ensure this addresses the standard of evidence/sampling required to adequately answer the questions.	Completed	Governance & Corporate Support Coordinator
r.17.44	Consider including a consistent 'Governance Updates' section within each Handy Facts newsletter. This will ensure changes to policies, legislation and other governance issues are regularly considered and communicated to employees.	Completed	Governance & Corporate Support Coordinator
r.17.45	Review Complaint Handling Policy to ensure all types of complaints are captured including Public Interest Disclosures and Corruption & Crime Commissions reporting.	Completed	Director Corporate and Community Services
r.17.46	Develop internal procedures to identify adverse trends if this is practicable (e.g. include item on Executive Team agenda for discussion; monitoring external customer and stakeholder feedback).	Completed	Director Corporate and Community Services

Shire of Esperance

Audit Regulation 17 Action Status Summary

Action Code	Action Name	Comments	Responsible Officer Position
r.17.47	Review the role of the audit committee with particular consideration towards increasing its involvement in matters relating to risk.	Completed	Chief Executive Officer
r.17.48	Ensure adequate training is provided to the independent member of the audit committee in regard to local government practices and the functions of the audit committee.	Not Due to Start	Chief Executive Officer
r.17.49	Incorporate into the Evaluation Report, a declaration to confirm relevant processes and legislative requirements have been met.	Completed	Director Asset Management
r.17.50	Draft and endorse the standard operating procedure to guide the local law review.	Completed	Governance & Corporate Support Coordinator
r.17.51	Ensure local law reviews are begun in time to enable deadlines to be met. The Shire should be aware that this process often requires over a year to complete.	Completed	Governance & Corporate Support Coordinator

Shire of Esperance Risk Dashboard Report November 2024

Asset Sustainability practices		Risk	Control
		Moderate	Adequate
Failure or reduction in service of infrastructure assets, plant, equipment or machinery. These include fleet, buildings, roads and playgrounds and all other assets during their lifecycle from procurement to disposal.			
Actions	Due Date	Responsibility	
Develop SOPs for plant and equipment	Dec-25	Manager Asset Operations	
Develop SOPs for fleet management	Dec-25	Manager Asset Operations	
Develop SOPs for building routine maintenance	Dec-25	Manager Projects & Buildings	
Review SOPs for workshop equipment	Dec-25	Manager Asset Operations	
Implement risk assessment processes for high risk Assets	Jun-26	Manager Asset Planning & Development	
Building routine maintenance to be incorporated into MEX	Dec-25	Manager Projects & Buildings	
Identify end users as a key stakeholder in the project management plan for capital and major replacements/upgrades of assets	Dec-25	Manager Projects & Buildings	
Create SOP for prioritising annual works programs	Dec-25	Manager Asset Planning & Development	

Business & Community disruption		Risk	Control
		Moderate	Adequate
Failure to adequately prepare and respond to events that cause disruption to the local community and / or normal business activities. This could be a natural disaster, weather event, or an act carried out by an external party (e.g. sabotage / terrorism).			
Actions	Due Date	Responsibility	
Develop Generator action plan	Jun-25	Manager Projects & Buildings	
Test and review IT Disaster recovery plan	Jul-25	Manager Information Services	
Review Business Continuity Plan with operational teams	Jun-25	Chief Executive Officer	
Develop cyber response plan	Jul-25	Manager Information Services	
Airport Business Continuity Plan	Jun-25	Manager Economic Development	
Increased communication and awareness in emergency evacuation processes	Jun-25	Chief Warden	
align safety officers and fire wardens to report to WHS committee and creating management practice	Sep-25	Chief Warden/WHS	

Compliance requirements		Risk	Control
		Moderate	Adequate
Failure to fulfil Compliance requirements (statutory, regulatory) Failure to correctly identify, interpret, assess, respond and communicate laws and regulations as a result of an inadequate compliance framework. This includes, new or proposed regulatory and legislative changes, in addition to the failure to maintain updated internal & public domain legal documentation.			
Actions	Due Date	Responsibility	
Develop SOPs on compliance.	Jun-25	Manager Development Services	
Review induction process	Jun-25	Manager Human Resources	
implementing standardised delegation register for recording use of delegations	Jun-25	Supervisor External Services Customer Experience	
investigate training opportunities for delegations (officer level)	Dec-25	Coordinator Governance & Corporate Support	
review procurement controls with implementation of procure to pay	Sep-25	Manager Financial Services	

Document Management processes		Risk	Control
		Moderate	Adequate
Failure to adequately capture, store, archive, retrieve, provide or dispose of documentation.			
Actions	Due Date	Responsibility	
Implementing refresher training in records management system for all staff periodically.	Mar-26	Coordinator Information Management	
Records manual to be updated	Mar-26	Coordinator Information Management	
Records disaster recovery plan to be updated	Mar-26	Coordinator Information Management	

Employment practices		Risk	Control
		Low	Adequate
Failure to effectively manage and lead human resources (full-time, part-time, casuals, temporary and volunteers).			
Actions	Due Date	Responsibility	
Establish HR SOPs (document control, approval and communication processes)	Jun-25	Manager Human Resources	
Identify Critical Roles within the organisation	Mar-25	Manager Human Resources	
improve cross organisational communication	Dec-25	OMG	
educate staff on performance management/grievance process	Dec-25	Manager Human Resources	
review performance review documentation - matrix for performance	Dec-25	Manager Human Resources	
implement internal recruitment onboarding processes	Dec-25	Manager Human Resources	

Engagement practices		Risk	Control
		Moderate	Adequate
Failure to maintain effective working relationships with the Community (including local Media), Stakeholders, Key Private Sector Companies, Government Agencies and / or Elected Members. This includes activities where communication, feedback or consultation is required and where it is in the best interests to do so.			
Actions	Due Date	Responsibility	
Finalise draft internal engagement plan	Jun-25	Manager Marketing and Communications	
Social media record keeping SOPs	Dec-25	Manager Marketing and Communications	
FAQ document for customer service staff to be continually updated. Process to be created for this.	Jun-25	Supervisor Asset Administration / Supervisor External Service Customer Experience	
Review DAIP	Jun-25	Manager Development Services	
Reassess social media use, including all pages	Dec-25	Manager Marketing and Communications	
Update communication and engagement strategy	Dec-25	Manager Marketing and Communications	

Shire of Esperance
Risk Dashboard Report
November 2024

Project / Change management			Risk	Control
			Moderate	Adequate
Inadequate analysis, design, delivery and / or status reporting of change initiatives, resulting in additional expenses, time delays or scope changes.				
Actions	Due Date	Responsibility		
Project contract management procedures	Dec-25	Coordinator Projects and Buildings		
Create handy hints sheet for projects	Dec-25	Manager Financial Services		

Safety and Security practices			Risk	Control
			Moderate	Adequate
Non-compliance with the Work Health & Safety Act, associated regulations and standards. It is also the inability to ensure the physical security requirements of staff, contractors and visitors. Other considerations are negligence or carelessness.				
Actions	Due Date	Responsibility		
Establish emergency drill schedule for all sites	Jun-25	Chief Warden		
Implement actions from LGIS audit	Jun-25	Coordinator WHS		
Security Upgrade (fobs)	Jun-25	Manager Projects & Buildings		
Introduce procedures for management of psychological hazards	Jun-25	Manager Human Resources		
Implement WHS system	Jun-25	Manager Human Resources		
Schedule regular communications for where to locate documents and procedures	Jun-25	Coordinator WHS		
Communicate the emergency plans for each work	Jun-25	Coordinator WHS		
Review site inductions	Jun-25	WHS Admin and Training Officer		
develop and follow consistent procedures for investigations to resolve in reasonable timeframes	Jun-25	Coordinator WHS		

Supplier / Contract management			Risk	Control
			Moderate	Adequate
Inadequate management of external Suppliers, Contractors, IT Vendors or Consultants engaged for core operations. This includes issues that arise from the ongoing supply of services or failures in contract management & monitoring processes.				
Actions	Due Date	Responsibility		
Contractor inductions & training in use of Rapid Global	Jun-25	Director Asset Management		
Develop procedure for minor contract supervision	Jun-25	Director Asset Management		
Review procurement process in line with procure to pay	Dec-25	Manager Financial Services		

Council Plan Objectives			Risk	Control
			Low	Adequate
A source of loss or failure from the pursuit of an unsuccessful business plan. This includes: • Poor or uninformed decisions • Substandard execution of decisions • Inadequate resource allocation • Failure to respond to changes in the community Strategic risk can be classified as either internal or external. Internal risks arise from variables which can be controlled, such as Human, Technological, Physical and Operational factors. External risks arise from variables which can be managed but cannot be controlled, such as economics, politics, natural disasters and compliance.				
Actions	Due Date	Responsibility		
Develop SOPs for Governance, corporate reporting and corporate support areas	Dec-25	Coordinator Governance and Corporate Support		
Schedule ongoing internal and external communications for Council Plan	Dec-25	Manager Marketing & Communications		
Review Asset Management Plans	Dec-25	Manager Asset Planning & Development		
Develop IT Strategy	Dec-25	Manager Information Services		

Child Safe Organisation			Risk	Control
			Low	Adequate
Inadequate management of children within the Shire of Esperance and non-compliance with relevant legislation to safeguard children when in Shire facilities or attending Shire events.				
Actions	Due Date	Responsibility		
Discuss with DLGSC to determine what is required for Local Governments for the child safe framework	Sep-25	Community Development		

Asset Sustainability practices

Risk Context

Failure or reduction in service of infrastructure assets, plant, equipment or machinery.
These include fleet, buildings, roads and playgrounds and all other assets during their lifecycle from procurement to disposal.

Areas included in the scope are;

- Inadequate design (not fit for purpose)
- Ineffective usage (down time)
- Outputs not meeting expectations
- Inadequate maintenance activities.
- Inadequate financial management and planning (capital renewal plan).

It does not include issues with the inappropriate use of the Plant, Equipment or Machinery. Refer Misconduct.

Potential causes include:

Skill level & behaviour of operators	Unavailability of parts
Lack of trained staff	Lack of formal or appropriate scheduling (maintenance / inspections)
Outdated equipment	Unexpected breakdowns
Insufficient budget to maintain or replace assets	

Key Controls	Type	Reviewed Date	Rating
Procurement Process (New asset determination)	Preventative	Nov-24	Adequate
Disposal Process	Preventative	Nov-24	Adequate
Roads Routine Maintenance Program	Preventative	Nov-24	Adequate
Roads / drainage asset inspections	Preventative	Nov-24	Adequate
Plant and equipment routine maintenance program	Preventative	Nov-24	Adequate
Buildings routine maintenance program	Preventative	Nov-24	Adequate
Fleet Management System	Preventative	Nov-24	Adequate
Asset replacement program	Preventative	Nov-24	Adequate
Statutory requirements (licencing, etc) in place	Preventative	Nov-24	Adequate
All maintenance and repairs are documented	Preventative	Nov-24	Adequate
Reactive maintenance	Recovery	Nov-24	Adequate
Equipment hire available if needed	Recovery	Nov-24	Adequate
Review of Asset Management Processes	Preventative	Nov-24	Adequate
Review of Asset Management Plans	Preventative	Nov-24	Adequate
Asset specific risk assessment process and reporting on high risk asset	Preventative	Nov-24	Adequate
Heritage 'Assets' Management Program	Preventative	Nov-24	Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Manager Asset Planning &	Yes	Yes	Yes	
Manager Asset Planning &	Yes	Yes	Yes	
Manager Asset Operations	No	Yes	Yes	Daily meetings with team to discuss road maintenance priorities Review of maintenance programs completed September 2022
Manager Asset Operations	No	Yes	Yes	Undocumented process in place to ensure all roads in the Shire are inspected every 3 months. GIS system to improve this process implemented.
Manager Asset Operations	Yes	Yes	Yes	MEX program implemented
Manager Projects & Buildings	No	Yes	Yes	Future program to roll into Mex
Manager Asset Operations	Yes	Yes	Yes	MEX program implemented
Manager Asset Planning &	Yes	Yes	Yes	
Manager Asset Operations	Yes	Yes	Yes	
Manager Asset Planning &	Yes	Yes	Yes	
Manager Asset Planning &	Yes	Yes	Yes	
Manager Asset Operations	Yes	Yes	Yes	
Director Asset Management	Yes	Yes	Yes	SAMP - to be reviewed 4 yearly
Director Asset Management	Yes	Yes	Partial	Ongoing improvements, some Plans have been reviewed others are still to be reviewed. Schedule of reviews developed to occur on 3 yearly basis.
Director Asset Management	No			Not documented, as required.
Manager Asset Planning & Development	Yes	Partial	Yes	Local heritage survey - management program to be reviewed

Stock Management	Preventative	Nov-24	Adequate
Pre-start inspections	Detective	Nov-24	Adequate

Overall Control Ratings:	Adequate
--------------------------	----------

Actions	Date Added	Due Date	Responsibility
Develop SOPs for plant and equipment	Jan-21	Dec-25	Manager Asset Operations
Develop SOPs for fleet management	Jan-21	Dec-25	Manager Asset Operations
Develop SOPs for building routine maintenance	Jan-21	Dec-25	Manager Projects & Buildings
Review SOPs for workshop equipment	Jan-21	Dec-25	Manager Asset Operations
Implement risk assessment processes for high risk Assets	Oct-18	Jun-26	Manager Asset Planning & Development
Building routine maintenance to be incorporated into MEX	Oct-22	Dec-25	Manager Projects & Buildings
Identify end users as a key stakeholder in the project management plan for capital and major replacements/upgrades of assets	Nov-24	Dec-25	Manager Projects & Buildings
Create SOP for prioritising annual works programs	Nov-24	Dec-25	Manager Asset Planning & Development

Consequence Category	Risk Ratings	Rating
Financial	Consequence:	<i>Minor (2)</i>
	Likelihood:	<i>Possible (3)</i>
	Overall Risk Ratings:	Moderate

Manager Asset Operations	Yes	Yes	Yes	
Manager Asset Operations	Yes	Yes	Yes	Rolling out MEX

[illegible]

Business & Community disruption

Risk Context

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

This includes;

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

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

Potential causes include:

Cyclone, storm, fire, earthquake	Extended utility outage
Terrorism / sabotage / criminal behaviour	Economic Factors
Epidemic / Pandemic	Loss of key staff
Loss of suppliers	Loss of key infrastructure

Key Controls	Type	Reviewed Date	Rating
Local Emergency Management Arrangements (LEMA)	Preventative	Nov-24	Adequate
Bushfire Risk Management Plan	Preventative	Nov-24	Adequate
Volunteer management	Preventative	Nov-24	Adequate
Community 'all hazard' education	Preventative	Nov-24	Adequate
Business Continuity Framework (Policy, Procedures & Plans)	Preventative	Nov-24	Adequate
Internal Emergency Management Plan	Preventative	Nov-24	Adequate
Generator	Recovery	Nov-24	Inadequate
I.T. Disaster Recovery Process	Recovery	Nov-24	Adequate
Workforce Plan	Preventative	Nov-24	Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Manager Ranger & Emergency	Yes	Yes	Yes	Council November OCM
Manager Ranger & Emergency Services	Yes	Yes	Yes	Completed Sept 2021
Manager Human Resources	Yes	Yes	Yes	Volunteer policy and management practice in place. Induction manual completed and volunteer code of conduct available.
Manager Ranger & Emergency Services	Yes	Yes	Yes	Processes in place and information available, ongoing development.
Chief Executive Officer	Yes	Yes	Yes	22/10/2020: comments that the continuity plan is not set up for pandemic situations noted that this is more around resourcing rather than the framework Noted that this is a high level document and we may require lower level plans to support - LGIS to review.
Chief Warden	Yes	Yes	Yes	Outcentre procedures developed. 2 year reviews
Manager Projects & Buildings	No			
Manager Information Services	Yes	Yes	Partial	2020: changed title to process rather than plan. Noted that the process is adequate, the Plan has been developed but needs updating.
Manager Human Resources	Yes	Yes	Yes	plan has been updated and endorsed.

Business & Community disruption			
Volunteer training (Bushfire)	Preventative	Nov-24	Adequate
Overall Control Ratings:			Adequate
Actions	Date Added	Due Date	Responsibility
Develop Generator action plan	Jul-18	Jun-25	Manager Projects & Buildings
Test and review IT Disaster recovery plan	Jul-18	Jul-25	Manager Information Services
Review Business Continuity Plan with operational teams	Oct-22	Jun-25	Chief Executive Officer
Develop cyber response plan	Oct-22	Jul-25	Manager Information Services
Airport Business Continuity Plan	Nov-24	Jun-25	Manager Economic Development
increased communication and awareness in emergency evacuation processes	Nov-24	Jun-25	Chief Warden
align safety officers and fire wardens to report to WHS committee and creating management practice	Apr-25	Sep-25	Chief Warden/WHS
Consequence Category	Risk Ratings		Rating
Service Interruption / Reputation	Consequence:		Major (4)
	Likelihood:		Unlikely (2)
	Overall Risk Ratings:		Moderate

Manager Ranger & Emergency Services	Yes	Yes	Yes	New WHS process for training implemented. Working with farmers to differentiate between volunteer and farmer response.
-------------------------------------	-----	-----	-----	--

Status of Actions	Comments
<p>Aug 20: Generator purchased for airport, issues with install being reviewed and no ETA for this has been provided. Standby generator to be installed at Admin (old Wylie Bay genset).</p> <p>23/12/2019: new generator on order for airport. Old airport generator will be installed permanently at the depot for emergencies. Amend due date from Dec 19.</p> <p>30/06/2021: Budget bid for installation of generator in included in next years budget</p> <p>17/10/2022: update due date from June 2022.</p> <p>Oct 2024: Electrical design being conducted for Depot Generator</p> <p>Apr 2025: upgrade to switchboard required to allow changeover</p>	
<p>August 2020: Still in development, delayed due to staff leaving/COVID</p> <p>In progress, testing planned for Jan 2019. Amend date from June 2020.</p> <p>June 2019: Still in progress amend date from Feb 2019.</p> <p>June 2021: DR Plan is approved by the Audit Committee and Council. Still need to update forms and test.</p> <p>05/09/2022: Also need to test & review the 'Records Disaster Recovery Plan' at the same time.</p> <p>21/10/2022: to be reviewed and updated. Update due date from June 2022.</p> <p>Oct 2024: the DR Plan is being rewritten to incorporate the findings of the OAG review into LG ICT Disaster Recovery Planning</p>	Duplicate Action in IT or communication systems and infrastructure profile
<p>Oct 2024: Deferred - does not sit with WHS</p> <p>Nov 24: determined that this is something EMT need to discuss as to who is responsible for administering the plan/s</p> <p>Apr 2025: requested quote from LGIS for review</p>	Include pandemic information?
Oct 2024: Work on the Cyber Response Plan is continuing as resources allows.	

Compliance requirements

Risk Context

Failure to fulfil Compliance requirements (statutory, regulatory)
Failure to correctly identify, interpret, assess, respond and communicate laws and regulations as a result of an inadequate compliance framework. This includes, new or proposed regulatory and legislative changes, in addition to the failure to maintain updated internal & public domain legal documentation.
It includes (amongst others) the Local Government Act, Planning & Development Act, Health Act, Building Act, Dog Act, Cat Act, Freedom of Information Act and all other legislative based obligations for Local Government.
It does not include Work Health & Safety Act (refer "Inadequate safety and security practices") or any Employment Practices based legislation (refer "Ineffective Employment practices").

Potential causes include:

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

Key Controls	Type	Reviewed Date	Rating
Compliance framework / calendar	Preventative	Nov-24	Adequate
'Advice' monitoring (subscriptions & memberships)	Preventative	Nov-24	Adequate
Aquatic facilities monitoring	Preventative	Nov-24	Adequate
Annual Compliance Return	Detective	Nov-24	Adequate
Local laws review process	Preventative	Nov-24	Adequate
Procurement Controls	Preventative	Nov-24	Adequate
Financial interest return	Detective	Nov-24	Adequate
Training and Induction Process - Councillors	Preventative	Nov-24	Adequate
Training Induction Process - Staff	Preventative	Nov-24	Adequate
Delegation Register	Preventative	Nov-24	Adequate
Council report items identify statutory implications	Preventative	Nov-24	Adequate
CM Work flow notification process	Preventative	Nov-24	Adequate
External Compliance policy	Preventative	Nov-24	Adequate
Maintaining compliance with civil aviation act and regs	Preventative	Nov-24	Effective
Audits	Detective	Nov-24	Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Director Corporate and Community Services	Yes	Yes	Yes	Included in EMT meetings monthly.
CEO/Information Management Coordinator	No			Notifications from third parties providing information on updates to processes and legislation etc.
Manager Development Services	Yes	Yes	Yes	
Director Corporate and Community Services	Yes	Yes	Yes	Sent to Department of Local Government in March each year.
Coordinator Governance and Corporate Support	Yes	Yes	Yes	required to be reviewed every 8 years - register tracks when each are due for review.
Director Corporate and Community Services	Yes	Yes	Yes	
CEO	Yes	Yes	Yes	
Executive Assistant	Yes	Yes	Yes	
Manager Human Resources	Yes	Yes	Yes	
Coordinator Governance and Corporate Support	Yes	Yes	Yes	reviewed by Council every 12 months SOP developed - investigate programs
CEO	Yes	Yes	Yes	Noted that some cloned reports don't have current statutory/strategic information included as these need to be manually changed.
Manager Information Services	No			CM has been upgraded - action in Document Management profile
Manager Development Services	Yes	Partial	Yes	Policy adopted by Council early 2022. Review of active compliance matters against the policy has been completed and awaiting council review/consideration. Community education initiatives underway.
Manager Economic Development	Yes	Yes	Yes	Annual/Biennial audits undertaken - mix of external audits and updating manuals which are then signed off by external parties.
Director Corporate and Community Services	Yes	Yes	Yes	Internal audit approach processes

Regulation 17 review of processes, systems and procedures	Preventative	Nov-24	Adequate
Overall Control Ratings:			Adequate

Actions	Date Added	Due Date	Responsibility
Develop SOPs on compliance.	Oct-18	Jun-25	Manager Development Services
Review induction process	Oct-22	Jun-25	Manager Human Resources
implementing standardised delegation register for recording use of delegations	Nov-24	Jun-25	Supervisor External Services Customer Experience
investigate training opportunities for delegations (officer level)	Nov-24	Dec-25	Coordinator Governance & Corporate Support
review procurement controls with implementation of procure to pay	Nov-24	Sep-25	Manager Financial Services

Consequence Category	Risk Ratings	Rating
Reputation, Financial	<i>Consequence:</i>	<i>Moderate (3)</i>
	<i>Likelihood:</i>	<i>Unlikely (2)</i>
	Overall Risk Ratings:	Moderate

Director Corporate and Community Services	No			Review in progress, SOP to be developed following completion of process.
---	----	--	--	--

Status of Actions	Comments
<p>Working through various SOPs at the moment, in particular Dog Attacks, Compliance. Sharks Policy update due to be put up at December 22 OCM, management practice to follow. Advised that no due date is provided at this stage as currently staff are focussing on other areas. Once Ranger SOPs are completed, will move onto Waste/Health areas.</p> <p>Oct 2024: A gap analysis has been completed for all areas of waste and health to determine where an SOP is in place that needs to be reviewed and if a new SOP is required. This information is captured in a spreadsheet for tracking and reporting.</p>	
<p>Oct 2024: HR have reviewed Work Metrics Induction module with the aim of developing and implementing in 2024/25.</p>	

Document Management processes

Risk Context

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

This includes:

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

Potential causes include:

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

Key Controls	Type	Reviewed Date	Rating
Document receipt process (scanned, registered, dated & actioned)	Preventative	Nov-24	Effective
Records Management system (Authority/Trim)	Preventative	Nov-24	Effective
Documentation archival / storage process	Preventative	Nov-24	Effective
Records Management Processes / Manual	Preventative	Nov-24	Adequate
Records disaster recovery plan	Recovery	Nov-24	Adequate
Training and induction	Preventative	Nov-24	Adequate
Councillor training in records management procedure	Preventative	Nov-24	Adequate
Records management security	Preventative	Nov-24	Adequate
Overall Control Ratings:			Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Manager Information Services	Yes	Yes	Yes	Noted this should not be excellent as still working through digitisation backlog Receipt process for new documents is effective, working through backlogs of information.
Manager Information Services	Yes	Yes	Yes	
Manager Information Services	Yes	Yes	Yes	Set process determined by record keeping plan, due for review 2025
Manager Information Services	Yes	Yes	Yes	
Manager Information Services	Yes	Yes	Yes	
Manager Information Services	Yes	Yes	Yes	Noted that further training in CM is beneficial after approximately 3 weeks one staff have begun using the system. Records staff monitor key users to arrange for further training.
Coordinator Information Management	Yes	Yes	Yes	Regular training held with Councillors - records to be sent to Shire email for Records staff to save in CM
Manager Information Services	Yes	Yes	Yes	Security issues hard to identify as most are due to staff input errors. Currently undertaking audit of CM activity.

Actions	Date Added	Due Date	Responsibility
Implementing refresher training in records management system for all staff periodically.	Nov-24	Mar-26	Coordinator Information Management
Records manual to be updated	Nov-24	Mar-26	Coordinator Information Management
Records disaster recovery plan to be updated	Nov-24	Mar-26	Coordinator Information Management

Consequence Category	Risk Ratings	Rating
Compliance / Reputation	Consequence:	<i>Minor (2)</i>
	Likelihood:	<i>Likely (4)</i>
	Overall Risk Ratings:	Moderate

[illegible]

Employment practices			
Risk Context			
Failure to effectively manage and lead human resources (full-time, part-time, casuals, temporary and volunteers).			
<p>This includes:</p> <ul style="list-style-type: none"> -Not having appropriately qualified or experienced people in the right roles. -Insufficient staff numbers to achieve objectives. -Breaching employee regulations. -Discrimination, harassment & bullying in the workplace. -Poor employee wellbeing (causing stress). -Key person dependencies without effective succession planning in place. -Industrial activity. 			
Potential causes include:			
Leadership failures	Ineffective performance management programs or procedures		
Key / single-person dependencies	Limited staff availability - labour market conditions		
Poor internal communications / relationships	Inadequate induction practices		
Ineffective Human Resources policies, procedures and practices	Inconsistent application of policies		
Key Controls	Type	Reviewed Date	Rating
Induction & onboarding process (including Code of Conduct)	Preventative	Nov-24	Adequate
Organisational training and development	Preventative	Nov-24	Adequate
Performance Management process (discipline / reviews)	Preventative	Nov-24	Adequate
Staff offboarding process	Preventative	Nov-24	Adequate
Workforce Planning	Preventative	Nov-24	Adequate
Volunteer Management (exc. Emergency)	Preventative	Nov-24	Adequate
Review of HR policies and procedures	Preventative	Nov-24	Adequate

Control Assurance				
Control Owner	Control Documented	Control is understood	Accuracy	Comments
Manager Human Resources	Yes	Yes	Yes	Core HR induction processes are adequate, teams need to make improvements on area specific inductions for their staff. Onboarding processes to be improved.
Manager Human Resources	Yes	Yes	Yes	Noted that recording of training records needs improvement, particularly for those staff who have existing qualifications/tickets when commencing with us. Advised that in some cases this has been provided by the employee and is lost or not recorded in the system. Training registers have improved with cross-departmental collaboration to capture information in this regard and provide ongoing monitoring. Need to ensure compliance with changes in legislation, such as new licences required under WHS Act.
Manager Human Resources	Yes	Yes	Yes	Processes are adequate. Management/supervisory staff require further training and to hold their staff accountable.
Manager Human Resources	Yes	Yes	Yes	Offboarding process to be put in place similar to onboarding commencement form
Manager Human Resources	Yes	Yes	Yes	Current workforce plan 2017-2021. Noted that retention of Business Analyst position is necessary to assist the organisation with efficiencies and workflows.
Manager Human Resources	Partial	Yes	Yes	Policy complete.
Manager Human Resources	Partial	Yes	Yes	Policies documented, need to be updated to capture WHS legislation and change to state system. SOPs need to be documented

Retention of corporate knowledge	Preventative	Nov-24	Adequate
Adequate Staff for service requirements	Preventative	Nov-24	Adequate
Volunteer Management (Emergency)	Preventative	Nov-24	Adequate
Employee Survey	Detective	Nov-24	Adequate
Overall Control Ratings:			Adequate
Actions	Date Added	Due Date	Responsibility
Establish HR SOPs (document control, approval and communication processes)	Jul-18	Jun-25	Manager Human Resources
Identify Critical Roles within the organisation	Jan-21	Mar-25	Manager Human Resources
improve cross organisational communication	Nov-24	Dec-25	OMG
educate staff on performance management/grivance process	Nov-24	Dec-25	Manager Human Resources
review performance review documentation - matrix for performance	Nov-24	Dec-25	Manager Human Resources
implement internal recruitment onboarding processes	Nov-24	Dec-25	Manager Human Resources
Consequence Category	Risk Ratings		Rating
Compliance, Health, Reputational, Financial	Consequence:		Minor (2)
	Likelihood:		Unlikely (2)
	Overall Risk Ratings:		Low

Manager Human Resources	Partial	Yes	Partial	Succession planning and retention of corporate knowledge requires development across the organisation. Progressing SOP development.
CEO	Yes	Yes	Yes	Noted that there are training/skills gaps for staff, generally in historical roles or due to internal movements.
Manager Ranger and Emergency Services	Yes	Yes	Yes	Spontaneous volunteer SOP developed - part of local recovery plan.
Manager Human Resources	Yes	Yes	Yes	Last undertaken in 2024.

Status of Actions	Comments
in progress, being completed as resources are available 30/06/2021: SOP's are being developed as time permits. 04/02/2022: amended due date from Dec 21 to June 22 05/09/2022: Review of HR documentation workflow being undertaken. SOP to be developed post review. Volunteer management Oct 2024: HR team have been heavily involved in updating new employee documents and updating Authority.	
Form part of workforce plan - to be reviewed shortly 17/12/2019: amend due date from Dec 19 30/06/2021: Business Continuity Plan is currently being reviewed. Critical roles in relation to incidents have been identified in this Plan. 04/02/2022: amended due date from Dec 21 to June 22 05/09/2022: As part of EBA process review undertaken critical roles identified and remuneration anomalies identified.o. New Classification definitions established. Oct 2024: Not started	
suggested matrix ideas - need option between not meeting and meeting requirements. More guidance on how to score someone for each level.	

Engagement practices

Risk Context

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

For example;

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

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

Potential causes include:

Relationship breakdowns with community groups	Short lead times
Leadership inattention to current issues	Miscommunication / poor communication
Inadequate documentation or procedures	Inadequate Regional or District Committee attendance.
Budget / funding issues	Inadequate involvement with, or support of community groups

Key Controls	Type	Reviewed Date	Rating
Stakeholder interaction/consultation relating to various department projects	Preventative	Nov-24	Adequate
Social media monitoring	Preventative	Nov-24	Effective
Facilitate local volunteering	Preventative	Nov-24	Adequate
Support local Volunteer groups	Preventative	Nov-24	Adequate
Community/media communications (public notices / local papers / website / message boards)	Preventative	Nov-24	Effective
Complaints management process	Recovery	Nov-24	Adequate
Dedicated staff resources	Preventative	Nov-24	Adequate
Community Perceptions Survey	Preventative	Nov-24	Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
CEO	Yes	Yes	Yes	Delivery of information to the media team needs to be timely.
Manager Marketing and Communications	Yes	Yes	Yes	Continually updating processes and availability of systems. Upskill/training of staff as necessary.
Volunteer Resource Centre Coordinator	Yes	Yes	Yes	EVRC facilitates local volunteering in the community providing training and support to local volunteer involving organisations, as well as promoting volunteer opportunities within them
Community Development & Events Manager	Yes	Yes	Yes	Community Development and Events Team work with existing sporting and volunteer groups to ensure funding and development opportunities.
Manager Marketing and Communications	Yes	Yes	Yes	
CEO	Yes	Yes	Yes	
CEO	Yes	Yes	Yes	
Manager Marketing and Communications	Yes	Yes	Yes	To occur 2023.

Disability access and inclusion plan	Preventative	Nov-24	Adequate
Communication and Engagement Strategy	Preventative	Nov-24	Adequate
Consultation requirements with Council agenda report items	Preventative	Nov-24	Effective
Overall Control Ratings:			Adequate
Actions	Date Added	Due Date	Responsibility
Finalise draft internal engagement plan	Oct-22	Jun-25	Manager Marketing and Communications
Social media record keeping SOPs	Oct-22	Dec-25	Manager Marketing and Communications
FAQ document for customer service staff to be continually updated. Process to be created for this.	Nov-24	Jun-25	Supervisor Asset Administration / Supervisor External Service Customer Experience
Review DAIP	Nov-24	Jun-25	Manager Development Services
Reassess social media use, including all pages	Nov-24	Dec-25	Manager Marketing and Communications
Update communication and engagement strategy	Nov-24	Dec-25	Manager Marketing and Communications
Consequence Category	Risk Ratings		Rating
Reputation	Consequence:		<i>Minor (2)</i>
	Likelihood:		<i>Possible (3)</i>
	Overall Risk Ratings:		Moderate

Manager Development Services	Yes	Yes	Yes	Plan endorsed, working group in place. Noted that the DAIP Working Group should review all applications received for Shire projects as most are reviewed against Aus Standards which can be not practical from a DAIP perspective. SOP/MP to be developed for this process/update existing SOPs for this process? Staff to receive training to increase understanding of DAIP requirements. Require commitment from Staff to consider DAIP in BAU.
Manager Marketing and Communications	Yes	Yes	Yes	
Executive Assistant	Yes	Yes	Yes	

Status of Actions	Comments
Oct 2024: Not started	
SOPs to be developed in conjunction with Records. Oct 2024: Not started	
Provided to DAIP members for feedback.	

Environment management

Risk Context

Inadequate prevention, identification, enforcement and management of environmental issues.

The scope includes;

- Lack of adequate planning and management of coastal erosion issues.
- Failure to identify and effectively manage contaminated sites (including groundwater usage).
- Waste facilities (landfill / transfer stations).
- Weed & mosquito / Vector control.
- Ineffective management of water sources (reclaimed, potable)
- Illegal dumping.
- Illegal clearing / land use.

Potential causes include:

Inadequate management of landfill sites	Inadequate reporting / oversight frameworks
Lack of understanding / knowledge	Community apathy
Inadequate local laws / planning schemes	Differing land tenure (land occupancy or ownership conditions)
Prolific extractive industry (sand, limestone, etc.)	Competing land use (growing population vs conservation)

Key Controls	Type	Reviewed Date	Rating
Environment management monitoring	Preventative	Nov-24	Adequate
Recreational water monitoring	Preventative	Nov-24	Adequate
Drinking water monitoring	Preventative	Nov-24	Adequate
Biosecurity monitoring	Reactive	Nov-24	Adequate
Mosquito monitoring	Preventative	Nov-24	Adequate
Community education & engagement e.g. schools (Waste)	Preventative	Nov-24	Adequate
Bushfire risk mitigation	Preventative	Nov-24	Adequate
Support volunteer environment management groups and community	Preventative	Nov-24	Adequate
Environmental monitoring, testing and inspection programs (waste)	Preventative	Nov-24	Adequate
Waste Management Policies and procedures	Preventative	Nov-24	Adequate
Weed control	Preventative	Nov-24	Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Manager Parks and Environment	Yes	Yes	Yes	
Manager Development Services	Yes	Yes	Yes	
Manager Development Services	Yes	Yes	Yes	
Manager Sustainability and Resource Recovery/Manager Development Services/Manager Ranger and Emergency Services	Yes	Yes	Yes	waste acceptance, animal management facility, general biosecurity threats.
Manager Development Services	Yes	Yes	Yes	Seasonal
Manager Sustainability and Resource Recovery	Yes	Yes	Yes	Council adoption of community engagement strategy for FOGO, progressively being implemented.
Manager Ranger & Emergency Services	Yes	Yes	Yes	bushfire risk mitigation plan - reviewed 5 yearly, next due 2026. Works completed subject to funding.
Manager Parks and Environment	Yes	Yes	Yes	Reported through monthly reporting. Monitored and acquitted through grant processes.
Manager Sustainability and Resource Recovery	Yes	Yes	Yes	
Manager Sustainability and Resource Recovery	Yes	Yes	Yes	
Manager Parks and Environment	Yes	Yes	Yes	Weed and seed training with outdoor staff and supervisors.

Implementation of Native vegetation clearing permits	Preventative	Nov-24	Adequate
Reporting unauthorised native vegetation clearing by external parties on Shire land	Reactive	Nov-24	Adequate
Review Reserve Management Orders	Preventative	Nov-24	Adequate
Town Planning Scheme	Preventative	Nov-24	Effective
Coastal Hazard Adaptation Strategy	Preventative	Nov-24	Adequate
Coastal Management Plan	Preventative	Nov-24	Adequate
Dempster Head Management Plan	Preventative	Nov-24	Adequate
Playground and Public Open Space Strategy	Preventative	Nov-24	Adequate
Pink Lake Feasibility Study	Preventative	Nov-24	Adequate
Waste Management external audit and compliance with acts and regulations	Detective	Nov-24	Adequate
Overall Control Ratings:			Adequate

Actions	Date Added	Due Date	Responsibility
Review Reserve Hierarchy	Oct-22	Dec-25	Manager Parks and Environment
Resolve waste water issue at Depot- Propose to remove current washdown bay	May-18	Jun-26	Director Asset Management
Prioritise the weed strategy	Sep-18	Jun-25	Manager Parks and Environment

Director Asset Management	Yes	Yes	Yes	Information included in Intramaps. Construction and environmental officer meetings, as required.
Manager Parks and Environment	Partial	Yes	Yes	
Manager Parks and Environment	Yes	Yes	Yes	Discuss with Planning - mandatory.
Manager Development Services	Yes	Yes	Yes	
Manager Parks and Environment	Yes	Yes	Yes	
Manager Parks and Environment	Yes	Yes	Yes	
Manager Parks and Environment	Yes	Yes	Yes	
Manager Parks and Environment	Yes	Yes	Yes	
Manager Parks and Environment	Yes	Yes	Yes	
Manager Sustainability and Resource Recovery	Yes	Yes	Yes	Waste local law drafted.

Status of Actions	Comments
Oct 2024: Not started Commenced, Jeanette working through.	
June 2019: AM Managers advised that pound is required to be moved prior to this being completed. 22/10/2020: amend due date from Jun 20. 16/05/2022: amend due date from Jun 21 to Jun 23. Oct 2024: Not started 25/26 budget	
Possible local law - dependant on motion to be discussed at August 2020 Council Meeting. priorities to be determined based on budget/resources Oct 2024: Not started To be completed this financial year, Kat W working on.	

Review requirement for model waste local laws	Jun-18	Jun-25	Manager Sustainability and Resource Recovery
Create SOP for unauthorised native clearing by third parties on Shire land	Nov-24	Jun-25	Manager Parks and Environment
Consequence Category	Risk Ratings		Rating
Environment, Reputation, Financial	Consequence:		Moderate (3)
	Likelihood:		Possible (3)
	Overall Risk Ratings:		Moderate

10/12/2019: Amended due date to 2021 as process not yet started and will take approximately 12 months to complete. To be developed in conjunction with 3rd bin system. Process should begin first quarter of 2020. 22/10/2020: Not looking at putting this to Council as includes FOGO so not much need at this stage. Will be more necessary when 3rd bin is introduced. 30/06/2021: To be reviewed once the Myrup Waste Transfer Station design is complete as this could affect the Local Law Oct 2024: A waste local law has been drafted and consultation is currently underway prior to finalisation.	

Errors, omissions & delays

Risk Context

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

Examples include;

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

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

Potential causes include:

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

Key Controls	Type	Reviewed Date	Rating
Employment of appropriately skilled and qualified staff	Preventative	Nov-24	Adequate
Facilities/Works documented procedures & monitoring	Preventative	Nov-24	Adequate
Staff training program (mentoring, formal & on-the-job)	Preventative	Nov-24	Adequate
Documented information sheets / website information / FAQ's to assist customer service staff in providing advice to customers	Preventative	Nov-24	Adequate
Complaints resolution process	Recovery	Nov-24	Adequate
External resources (advisory support)	Preventative	Nov-24	Adequate
Adequate systems and software	Preventative	Nov-24	Adequate
Overall Control Ratings:			Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
CEO	Yes	Yes	Yes	
All facility managers	Yes	Yes	Yes	SOPs in development, see Asset Sustainability Profile
Manager Human Resources	Yes	Yes	Yes	
Manager Marketing and Communications	Yes	Yes	Yes	
Director Corporate and Community Services	Yes	Yes	Yes	
CEO	No			
Manager Information Services				Noted that ESRI and Authority functionality could be improved, along with user's knowledge of the systems.

Actions	Date Added	Due Date	Responsibility
Effective and comprehensive GIS, to provide previously available functionality	Nov-24	Dec-25	Manager Information Services
Develop ICT strategy and plan	Nov-24	Dec-25	Manager Information Services
Consequence Category	Risk Ratings		Rating
Reputation / Compliance	Consequence:		Minor (2)
	Likelihood:		Possible (3)
	Overall Risk Ratings:		Moderate

Status of Actions	Comments
Apr 2025: currently recruiting for employee to assist with ESRI	

External theft & fraud (Including Cyber)

Risk Context

Loss of funds, assets, data or unauthorised access, (whether attempted or successful) by external parties, through any means (including electronic).

For the purposes of;

-Fraud: benefit or gain by deceit

-Malicious Damage: hacking, deleting, breaking or reducing the integrity or performance of systems

-Theft: stealing of data, assets or information

Potential causes include:

Inadequate security of equipment / supplies / cash	Inadequate provision for patrons belongings
Robbery	Lack of Supervision
Scam Invoices	Collusion with internal staff
Cyber crime	

Key Controls	Type	Reviewed Date	Rating
Building Security access controls (alarms, CCTV, keypad access)	Preventative	Nov-24	Adequate
IT Security Framework (passwords / security protocols)	Preventative	Nov-24	Adequate
Cash/Stock handling Procedures	Preventative	Nov-24	Adequate
Purchasing authority	Preventative	Nov-24	Adequate
Separation of duties for updates to creditor details	Preventative	Nov-24	Adequate
Visitor Management Procedure	Preventative	Nov-24	Adequate

Overall Control Ratings:

Adequate

Actions	Date Added	Due Date	Responsibility
Small plant serial number identification/sign in process	Oct-22	Jun-25	Manager Asset Operations
Set up Security and FOBs for all key buildings	Nov-24	Jun-25	Manager Projects & Buildings
Investigate and implement cashless options for campground management and online booking system	Nov-24	Jun-25	Manager Parks & Environment/Manager Recreation and Culture
Review separation of duties processes	Nov-24	Jun-25	Manager Financial Services

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

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Manager Projects & Buildings	Partial	Yes	Yes	Duplicate control in Security profile
Manager Information Services	Partial	Yes	Yes	Robbie noted that this framework is separate to the disaster recovery plan. Working on increasing documentation
Manager Financial Services	Yes	Yes	Yes	Refreshing procedures and reviewing use of credit cards in lieu of cash. Internal policy for cash management to be created.
Manager Financial Services	Yes	Yes	Yes	Being reviewed as part of procurement process.
Manager Financial Services	Yes	Yes	Yes	Procedure in place, last updated March 2021.
Manager Human Resources	Yes	Yes	Yes	D18/25901

Status of Actions	Comments
Oct 2024: in progress	
	implement booking system through existing software available.

Management of Facilities / Venues / Events

Risk Context

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

This includes;

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

Potential causes include:

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

Key Controls	Type	Reviewed Date	Rating
Event management procedures and monitoring	Preventative	Nov-24	Adequate
Inspection, maintenance and cleaning schedules	Preventative	Nov-24	Adequate
Facility / Venue booking system (including bonds)	Preventative	Nov-24	Inadequate
All departments are kept informed (road works, retic, catering, maintenance, traffic management, etc.) about activities taking place at venues	Preventative	Nov-24	Inadequate
Events package given to hirer (information sheets, events questionnaire / procedures / checklist)	Preventative	Nov-24	Adequate
Feedback from community and users of facilities	Recovery	Nov-24	Adequate
Debrief of all major Shire community events	Recovery	Nov-24	Adequate
Overall Control Ratings:			Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Manager Development Services	Yes	Yes	Yes	Process map process to form part of small business program.
Manager Projects & Buildings	Yes	Yes	Yes	
CEO	Yes	Yes	Yes	Small business program to streamline booking processes as currently we have multiple different ways of booking venues depending on who manages them (i.e. ovals, civic centre, stadiums etc.) Noted that some bookings have not been made in a timely manner, causing spaces to not be available due to alternative bookings in place. (i.e. Ag Show)
CEO	Yes	Yes	Yes	
CEO	Yes	Yes	Yes	
CEO	Yes	Yes	Yes	
Community Development and Events Manager	Yes	Yes	Yes	Debrief meetings undertaken, documented in Onenote.

Actions	Date Added	Due Date	Responsibility
Increased inspections and documentation of Maintenance and Cleaning schedules	Jan-21	Jun-25	Manager Projects & Buildings
Facility module on website	Nov-24	Dec-25	Manager Marketing & Communications
Create central point for access to internal information regarding events taking place at venues	Nov-24	Dec-25	Manager Information Services
Create permit module in Authority to track traders, use of LG, events, food premises etc.	Nov-24	Dec-25	Supervisor External Service Customer Experience
implement scheduling system to notify all relevant business units of events	Nov-24	Dec-25	Manager Information Services

Consequence Category	Risk Ratings	Rating
Reputation	Consequence:	Insignificant (1)
	Likelihood:	Unlikely (2)
	Overall Risk Ratings:	Low

[illegible]

IT or communication systems and infrastructure

Risk Context

Disruption, financial loss or damage to reputation from a failure of information technology systems.
Instability, degradation of performance, or other failure of IT or communication system or infrastructure causing the inability to continue business activities and provide services to the community. This may or may not result in IT Disaster Recovery Plans being invoked.

Examples include failures or disruptions caused by:

- Hardware or software
- Networks
- Failures of IT Vendors

This also includes where poor governance results in the breakdown of IT maintenance such as;

- Configuration management
- Performance monitoring

This does not include new system implementations - refer "Inadequate Project / Change Management".

Potential causes include:

Weather impacts	Non-renewal of licences
Power outage on site or at service provider	Inadequate IT incident, problem management & Disaster Recovery Processes
Out-dated, inefficient or unsupported hardware or software	Lack of process and training
Software vulnerability	Equipment purchases without input from IT department
insufficient telecommunications	
Incompatibility between operating systems	Vulnerability to user error

Key Controls	Type	Reviewed Date	Rating
Formal IT Infrastructure maintenance & replacement	Preventative	Nov-24	Effective
IT Vendor service agreement monitoring	Detective	Nov-24	Adequate
Infrastructure Security (security access protocols, firewalls)	Preventative	Nov-24	Adequate
UPS / Generator	Recovery	Nov-24	Inadequate
IT Disaster Recovery Process	Recovery	Nov-24	Adequate
Staff and contractor information training and induction	Preventative	Nov-24	Adequate
Daily back-up	Preventative	Nov-24	Effective
IT Support	Recovery	Nov-24	Adequate
IT policies and procedures	Preventative	Nov-24	Adequate
Overall Control Ratings:			Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Manager Information Services	Yes	Yes	Yes	10 year plan in place
Manager Information Services	Yes	Yes	Yes	noted Civica support issues ongoing
Manager Information Services	Yes	Yes	Yes	
Manager Information Services	No			UPS are in place, Generator plan to be developed.
Manager Information Services	No			2020: changed title to process rather than plan. Noted that the process is adequate, although the Plan is still being developed.
Manager Information Services	Yes	Yes	Yes	
Manager Information Services	Yes	Yes	Yes	
Manager Information Services	Yes	Yes	Yes	Noted delay in more difficult tickets being resolved, view that easy tickets receive priority.
Manager Information Services	Yes	Yes	Yes	No SOP for technical information as third party provides instructions and these change often.

IT or communication systems and infrastructure

Actions	Date Added	Due Date	Responsibility
Test and review Disaster Recovery Plan	Jul-18	Jun-25	Manager Information Services
Develop plan for generator use with IT systems	Jul-18	Jun-26	Manager Information Services
Sufficient resources (people and infrastructure) in IT	Nov-24	Dec-25	Manager Information Services
Adequate systems and expertise in management of the systems	Nov-24	Dec-25	Manager Information Services
Consequence Category	Risk Ratings		Rating
Service disruption	Consequence:		Minor (2)
	Likelihood:		Possible (3)
	Overall Risk Ratings:		Moderate

Status of Actions	Comments
Duplicate action - See profile 2	Duplicate Action in Business Disruption Profile
Aug 20: to be completed once generator installed. Amend due date from Jun 20. 16/12/2019: amended due date from Dec 2019. Airport to receive new generator early 2020, old generator to be installed at depot following this. 30/06/2021: Not started yet. On hold until Asset Management has finalised the generator infrastructure. 05/09/2022: Depends on type of generator to be installed by Asset Management before this can be developed. Oct 2024: not due to start	To be developed in conjunction with Manager Asset Planning

Misconduct

Risk Context

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

This would include instances of:

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

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

Potential causes include:

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

Key Controls	Type	Reviewed Date	Rating
Delegated authority structure / Segregation of duties	Preventative	Nov-24	Adequate
IT Security Framework	Preventative	Nov-24	Adequate
Cash handling procedures	Preventative	Nov-24	Adequate
Staff on-boarding / induction program (Code of Conduct)	Preventative	Nov-24	Adequate
External Audits	Preventative	Nov-24	Effective
Police clearances	Preventative	Nov-24	Effective
Annual licence checks (licence/tickets etc.)	Preventative	Nov-24	Adequate
Strong management culture (Zero tolerance for misconduct formalised and communicated policy)	Preventative	Nov-24	Adequate
Procurement process (procurement policy)	Preventative	Nov-24	Adequate
Financial Interest Return	Preventative	Nov-24	Adequate
Organisational policies and Management Practices	Preventative	Nov-24	Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
CEO	Yes	Yes	Yes	
Manager Information Services	Yes	Yes	Yes	
Manager Financial Services	Yes	Yes	Yes	
Manager Human Resources	Yes	Yes	Yes	
Manager Financial Services	Yes	Yes	Yes	
Manager Human Resources	Yes	Yes	Yes	
Manager Human Resources	No			Annual check for expired licences currently undertaken. Checks to ensure staff have current licence (ie: haven't lost their licence) has been implemented, yet to be documented. Skills register has been reviewed and updated to capture licences and tickets
CEO	Yes	Yes	Yes	
Manager Financial Services/Director Asset Management	Yes	Yes	Yes	
Executive Assistant	Yes	Yes	Yes	Procedure in place - to be transferred to current template and made available in CM.
Director Corporate and Community Services	Yes	Yes	Yes	

Support from external industrial relations advice (WALGA)	Preventative	Nov-24	Effective
Compliance with code of conduct	Preventative	Nov-24	Adequate
Gift Register	Preventative	Nov-24	Adequate
Overall Control Ratings:			Adequate
Actions	Date Added	Due Date	Responsibility
Schedule regular reminders for gift processes	Nov-24	Jun-25	Executive Assistant
Increased training on code of conduct/misconduct	Nov-24	Dec-25	Manager Human Resources
Consequence Category	Risk Ratings		Rating
Reputation / Finance	Consequence:		Moderate (3)
	Likelihood:		Unlikely (2)
	Overall Risk Ratings:		Moderate

Manager Human Resources	No	Yes	Yes	WALGA - used as required, no documentation necessary
CEO	Yes	Yes	Yes	
Executive Assistant	Yes	Yes	Yes	Register is current and available on website. Procedure in place - to be transferred to current template and made available in CM.

Status of Actions	Comments

Project / Change management

Risk Context

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

This includes:

- Inadequate change management framework to manage and monitor change activities.
- Inadequate understanding of the impact of project change on the business.
- Failures in the transition of projects into standard operations.
- Failure to implement new systems
- Inadequate handover process

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

Potential causes include:

Lack of communication and consultation	Excessive growth (too many projects)
Lack of investment	Inadequate monitoring and review
Failures of project Vendors/Contractors	Geographic or transport difficulties sourcing equipment / materials
External consultants underquoting on costs	Lack of project methodology knowledge and reporting requirements
Ineffective management of expectations (scope creep)	Project risks not managed effectively
Inadequate project planning (resources/budget)	

Key Controls	Type	Reviewed Date	Rating
Staff Understanding of Project Management / Contract Management	Preventative	Nov-24	Adequate
Internal and External Stakeholder interaction/consultation relating to various department projects	Preventative	Nov-24	Adequate
Committee / Council reporting (including Risk)	Preventative	Nov-24	Adequate
Post-project debriefs (Major projects)	Preventative	Nov-24	Adequate
Risk assessments are conducted before and during major projects	Preventative	Nov-24	Adequate
Training relevant staff in project management and contract management	Preventative	Nov-24	Adequate
Communication of changes within organisation	Preventative	Nov-24	Adequate
Overall Control Ratings:			Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Director Asset Management	Partial	Yes	Yes	Staff knowledge of project management procedures Training undertaken for staff involved in major projects and contracts
CEO	Partial	Yes	Yes	IT/DAIP Working Group not consulted for projects when in development (ie: installation for power/data ports in buildings) Engagement policy in place, consultation framework to be developed.
CEO	Yes	Yes	Yes	
Director Asset Management	Partial	Yes	Yes	completed contract review template
Director Asset Management	Yes	Yes	Yes	Formal risk assessments undertaken before project, ongoing reviews as required throughout projects.
Director Asset Management	Yes	Yes	Yes	
CEO	Yes	Yes	Yes	

Actions	Date Added	Due Date	Responsibility
Project contract management procedures	Nov-24	Dec-25	Coordinator Projects and Buildings
Create handy hints sheet for projects	Nov-24	Dec-25	Manager Financial Services
Consequence Category	Risk Ratings		Rating
Financial / Reputational / Health	Consequence:		Moderate (3)
	Likelihood:		Possible (3)
	Overall Risk Ratings:		Moderate

Status of Actions	Comments

Safety and Security practices

Risk Context

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

Potential causes include:

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

Key Controls	Type	Reviewed Date	Rating
Building Security access controls (alarms, CCTV, keypad access)	Preventative	Nov-24	Adequate
WHS Management Framework	Preventative	Nov-24	Adequate
Contractor inductions	Preventative	Nov-24	Adequate
Staff site inductions	Preventative	Nov-24	Adequate
Drug and alcohol policy	Preventative	Nov-24	Adequate
Employee Assistance Program	Preventative	Nov-24	Adequate
Incident register / incident reporting procedures	Preventative	Nov-24	Adequate
Emergency Management Procedures- Internal	Preventative	Nov-24	Adequate
Consider safety issues when purchasing	Preventative	Nov-24	Adequate
Regular documented workplace safety inspections	Preventative	Nov-24	Adequate
Safe work practices (Safe Work Method Statements)	Preventative	Nov-24	Adequate
Toolbox meetings	Preventative	Nov-24	Adequate
Trained first aiders	Preventative	Nov-24	Adequate
Asbestos Registers and Management Plans	Preventative	Nov-24	Adequate
WHS Contractor Management Questionnaire	Preventative	Nov-24	Adequate
LGIS Audit	Detective	Nov-24	Adequate
Volunteer Management & Training	Preventative	Nov-24	Adequate
Staff training	Preventative	Nov-24	Adequate
Workplace safety inspections	Preventative	Nov-24	Adequate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Manager Projects & Buildings	Yes	Yes	Yes	Duplicate control in External Theft & Fraud profile
Manager Human Resources	Yes	Yes	Yes	Updated in 2024.
Director Asset Management	Yes	Yes	Yes	
Manager Human Resources	Yes	Yes	Yes	Review of site inductions underway.
Manager Human Resources	Yes	Yes	Yes	Reviewed in 2024. Swab tests undertaken and posted to Perth, problem with degraded samples. Transport to be improved.
Manager Human Resources	Yes	Yes	Yes	Telus approached for improvement of service standards.
Manager Human Resources	Yes	Yes	Yes	Final draft stage, to be completed by Feb 2025.
Chief Warden	Yes	Yes	Yes	Individual outcentre procedures developed. New terms of reference have been developed and Wardens refresher training undertaken.
Director Asset Management	Yes	Yes	Yes	
Manager Human Resources	Yes	Yes	Yes	Depot inspections monthly, inspections for specific areas to be set and undertaken by officers from other areas.
Manager Human Resources	Yes	Yes	Yes	Continuing to improve these practices, ongoing review and development.
Manager Human Resources	Yes	Yes	Yes	Normal schedule maintained.
Manager Human Resources	Yes	Yes	Yes	Training provided as required. New first aid officers being identified and will receive training.
Manager Projects & Buildings	Yes	Yes	Yes	Last updated 2021. Reviewed at 5 yearly intervals
Director Asset Management	Yes	Yes	Yes	
Manager Human Resources	Yes	Yes	Yes	Audit undertaken every 3 years. Last undertaken in 2024, awaiting final report.
Manager Human Resources	Yes	Yes	Yes	Volunteer induction manual and code of conduct developed in 2022/23.
Manager Human Resources	Yes	Yes	Yes	140% increase in 2024 for training courses held
Manager Human Resources	Yes	Yes	Yes	WHS team complete these inspections on daily basis.

Workplace safety policies and procedures	Preventative	Nov-24	Adequate
Overall Control Ratings:			Adequate
Actions	Date Added	Due Date	Responsibility
Establish emergency drill schedule for all sites	Oct-18	Jun-25	Chief Warden
Implement actions from LGIS audit	Jul-18	Jun-25	Coordinator WHS
Security Upgrade (fobs)	Oct-22	Jun-25	Manager Projects & Buildings
Introduce procedures for management of psychological hazards	Oct-22	Jun-25	Manager Human Resources
implement WHS system	Nov-24	Jun-25	Manager Human Resources
Schedule regular communications for where to locate documents and procedures	Nov-24	Jun-25	Coordinator WHS

Manager Human Resources	Yes	Yes	Yes	New WHS strategy/communication plan. WHS management plan completed. Review of safe work procedures 50% complete.
-------------------------	-----	-----	-----	--

Status of Actions	Comments
Aug 2020: on hold until all evacuation plans completed. Amend due date from Dec 2019. 30/06/2021: Audit of Warden's training requirements undertaken. Warden's training booked in. Most centres completed, awaiting Home Care following refurbishment of centre. Oct 2024: Drill schedule nearing completion	
16/12/2019: amend due date from Dec 2019 - see D18/4589 for details on outstanding items. 30/06/2021: OSH planning being developed at highest levels to ensure this is an ongoing improvement in the risk management systems. Review of objectives and targets at OSH Committee, further investigation with other LG's about effective benchmark targets. Registration of all applicable plant and equipment (pressure vessels) are completed. Training needs in development with new part time HR officer. Of the 10 required actions, 7/10 are 90% completed. Two action items completed. One action item not as yet commenced. Training needs Analysis and information from Asset management in regards to Contractors is not available as yet. 03/02/2022: amend due date from Dec 2021. Some items outstanding, emergency management & training analysis. 05/09/2022: Some emergency response plans to be completed - estimated completion Dec. Training through RTO in discussion about training needs and requirements (HR). Audit action plan (D20/6486) Oct 2024: ongoing	Barry advised that this should be transferred to Safety Officer responsibility.
Oct 2024: Operating procedure needs to be drafted	
Oct 2024: Information has been gathered and development of psychological hazards SWP to be developed in 2025.	
Proposal with EMT for approval. Commencement January.	

Communicate the emergency plans for each work site with all staff	Nov-24	Jun-25	Coordinator WHS
Review site inductions	Nov-24	Jun-25	WHS Admin and Training Officer
develop and follow consistent procedures for investigations to resolve in reasonable timeframes	Nov-24	Jun-25	Coordinator WHS

Consequence Category	Risk Ratings	Rating
Health	Consequence:	Major (4)
	Likelihood:	Unlikely (2)
	Overall Risk Ratings:	Moderate

new WHS Admin and Training Officer completing these on daily basis.	

Supplier / Contract management

Risk Context

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

This also includes:

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

Potential causes include:

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

Key Controls	Type	Reviewed Date	Rating
Tender processes	Preventative	Nov-24	Adequate
Procurement processes	Preventative	Nov-24	Adequate
Contract management and review	Preventative	Nov-24	Adequate
Legal advice for complex contracts (to confirm correct drafting of documentation and to prevent unknowingly accepting liability of the contractor or other parties)	Preventative	Nov-24	Adequate
Contract Management training for staff	Preventative	Nov-24	Adequate
Supervision of minor contracts	Preventative	Nov-24	Adequate

Overall Control Ratings:

Adequate

Actions	Date Added	Due Date	Responsibility
Contractor inductions & training in use of Rapid Global	Oct-22	Jun-25	Director Asset Management
Develop procedure for minor contract supervision	Oct-22	Jun-25	Director Asset Management
Review procurement process in line with procure to pay	Nov-24	Dec-25	Manager Financial Services

Consequence Category	Risk Ratings	Rating
Service interruption, Financial	Consequence:	Moderate (3)
	Likelihood:	Unlikely (2)
	Overall Risk Ratings:	Moderate

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Director Asset Management	Yes	Yes	Yes	
Manager Financial Services	Yes	Yes	Yes	
Director Asset Management	Partial	Yes	Yes	22/10/2020: discussed that no formal audits of contractors are undertaken, however supervisors to complete random spot checks. Still to be progressed.
Director Asset Management	No	Yes	Yes	Undertaken as required.
Director Asset Management	Yes	Yes	Yes	see project/change management profile
Director Asset Management	No	Yes	Yes	

Status of Actions

Status of Actions	Comments
Oct 2024: Contractor management and inductions are constantly being updated. This function has been included as a specific responsibility in the Coordinator Depot position currently being advertised.	
Oct 2024: Not started	

Council Plan Objectives

Risk Context

A source of loss or failure from the pursuit of an unsuccessful business plan.

This includes:

- Poor or uninformed decisions
- Substandard execution of decisions
- Inadequate resource allocation
- Failure to respond to changes in the community

Strategic risk can be classified as either internal or external.

Internal risks arise from variables which can be controlled, such as Human, Technological, Physical and Operational factors.

External risks arise from variables which can be managed but cannot be controlled, such as economics, politics, natural disasters and compliance.

Potential causes include:

Poor or uninformed decisions	Not fully committed to the goal
Not understanding the community	Not having the right people involved
Unrealistic goals	Inadequate resources committed
Unwillingness or inability to change	Poor communications
External factors such as politics or legislative changes	Failure to review the plan
Inability to adapt to changing market conditions	Misalignment between CBP and SCP

Key Controls	Type	Reviewed Date	Rating
Consult with community in accordance with Act under review procedures for Council Plan	Preventative	Nov-24	Effective
Integrated planning annual review with relevant departments	Preventative	Nov-24	Adequate
Council Plan	Preventative	Nov-24	Adequate
Monthly status report on council decisions	Preventative	Nov-24	Adequate
Workforce Plan	Preventative	Nov-24	Effective
EEO and Diversity Plan	Preventative	Nov-24	Effective
Long Term Financial Plan	Preventative	Nov-24	Adequate
Asset Management Plan	Preventative	Nov-24	Adequate
Monthly reporting through Pulse on Council Plan	Preventative/Detective	Nov-24	Adequate
Performance reporting through KPIs	Detective	Nov-24	Adequate
Communicate the vision and strategic objectives to the community	Preventative	Nov-24	Adequate
Inform and consult with Council during review process	Preventative	Nov-24	Effective
Annual Budget aligned with long term financial plan	Preventative	Nov-24	Adequate
Council report items link to Council Plan objectives	Preventative	Nov-24	Effective

Control Assurance

Control Owner	Control Documented	Control is understood	Accuracy	Comments
Coordinator Governance and Corporate Support	Yes	Yes	Yes	
Coordinator Governance and Corporate Support	Yes	Yes	Yes	
Coordinator Governance and Corporate Support	Yes	Yes	Yes	
Executive Assistant	Yes	Yes	Yes	
Manager Human Resources	Yes	Yes	Yes	Workforce plan 2023-2027 in place.
Manager Human Resources	Yes	Yes	Yes	EEO Plan 2023/-2027 in place.
Manager Financial Services	Yes	Yes	Yes	
Manager Asset Planning & Development	Yes	Yes	Yes	Noted this should be inadequate as some haven't been reviewed in some time. Strategic Asset Management Plan is dated 2020, due for review in 2024. Neil advised that some Plans have been reviewed others are still to be reviewed. Schedule of reviews developed to occur on 3 yearly basis.
Coordinator Governance and Corporate Support	Yes	Yes	Yes	New system implemented July 2020. SOP to be reviewed.
Coordinator Governance and Corporate Support	Yes	Yes	Yes	
Manager Marketing and Communications	Yes	Yes	Yes	Relate communications back to Council plan actions.
Coordinator Governance and Corporate Support	Yes	Yes	Yes	
Manager Financial Services	Yes	Yes	Yes	
Executive Assistant	Yes	Yes	Yes	

Revenue Strategy	Preventative	Nov-24	Adequate
CBD Landscape Design	Preventative	Nov-24	Adequate
2050 Cycling Strategy	Preventative	Nov-24	Adequate
Greater Sports Ground Redevelopment Master Plan	Preventative	Nov-24	Adequate
Mountain Bike Feasibility Study	Preventative	Nov-24	Adequate
Town Centre Parking, Traffic and Pedestrian Strategy & Implementation Plan	Preventative	Nov-24	Adequate
Town Centre Revitalisation Master Plan 2015- 2035	Preventative	Nov-24	Adequate
Youth Precinct Final Concept Design	Preventative	Nov-24	Adequate
Footpath & Cycleway Asset Management Plan	Preventative	Nov-24	Adequate
Trails master plan	Preventative	Nov-24	Adequate
Library Strategic Plan	Preventative	Nov-24	Adequate
CCTV Strategy - Public Summary	Preventative	Nov-24	Adequate
Strategic Asset Management Plan	Preventative	Nov-24	Adequate
Community Waste Engagement Plan 2018-2023	Preventative	Nov-24	Adequate
Community Waste Strategy 2018-2023	Preventative	Nov-24	Adequate
Public Health Plan	Preventative	Nov-24	Adequate
Cemetery Master Plan	Preventative	Nov-24	Adequate
Wylie Bay Landfill Closure Plan	Preventative	Nov-24	Adequate
Disability Access and Inclusion Plan	Preventative	Nov-24	Adequate
Local Planning Strategy	Preventative	Nov-24	Adequate
James Street Precinct Plan	Preventative	Nov-24	Adequate
Airport Master Plan	Preventative	Nov-24	Adequate
Economic Development Strategy - Esperance Region	Preventative	Nov-24	Adequate
Tourism Strategy	Preventative	Nov-24	Adequate
Bush Fire Management Plan	Preventative	Nov-24	Adequate
Local Emergency Management Arrangements	Preventative	Nov-24	Adequate
Local Recovery Plan	Preventative	Nov-24	Adequate
Overall Control Ratings:			Adequate

Director Corporate & Community Services	Yes	Yes	Yes	
Director Asset Management	Yes	Yes	Yes	
Director Asset Management	Yes	Yes	Yes	
Director Asset Management	Yes	Yes	Yes	
Director Asset Management	Yes	Yes	Yes	
Director Asset Management	Yes	Yes	Yes	
Manager Economic Development	Yes	Yes	Yes	
Director Asset Management	Yes	Yes	Yes	
Manager Asse Planning & Development	Yes	Yes	Yes	
Director Asset Management	Yes	Yes	Yes	
Manager Recreation & Culture	Yes	Yes	Yes	
Manager Projects & Buildings	Yes	Yes	Yes	
Manager Asset Planning & Development	Yes	Yes	Yes	
Manager Sustainability & Resource Recovery	Yes	Yes	Yes	
Manager Sustainability & Resource Recovery	Yes	Yes	Yes	
Manager Development Services	Yes	Yes	Yes	
Manager Parks & Environment	Yes	Yes	Yes	
Manager Sustainability & Resource Recovery	Yes	Yes	Yes	
Manager Development Services	Yes	Yes	Yes	
Manager Development Services	Yes	Yes	Yes	
Director External Services	Yes	Yes	Yes	
Manager Economic Development	Yes	Yes	Yes	
Manager Economic Development	Yes	Yes	Yes	
Manager Economic Development	Yes	Yes	Yes	
Manager Ranger & Emergency Services	Yes	Yes	Yes	
Manager Ranger & Emergency Services	Yes	Yes	Yes	
Manager Ranger & Emergency Services	Yes	Yes	Yes	

Actions	Date Added	Due Date	Responsibility
Develop SOPs for Governance, corporate reporting and corporate support areas	Jan-21	Dec-25	Coordinator Governance and Corporate Support
Schedule ongoing internal and external communications for Council Plan	Nov-24	Dec-25	Manager Marketing & Communications
Review Asset Management Plans	Nov-24	Dec-25	Manager Asset Planning & Development
Develop IT Strategy	Nov-24	Dec-25	Manager Information Services

Consequence Category	Risk Ratings	Rating
Reputational/Compliance	Consequence:	Minor (2)
	Likelihood:	Unlikely (2)
	Overall Risk Ratings:	Low

Status of Actions	Comments
30/06/2021: progressing when time is available. Update due date from Dec 2021. Oct 2024: Checklists have been created for processing Owners and Occupiers Roll eligibility claims and cancellations. Updates have been made to the Administration Notes document, which provides an overview of all tasks required within our area. SOPs that have been drafted are expected to be finalised in the coming quarter with a focus on creating leasing SOPs to follow. Employee Housing Management Practice has been developed and provided to OMG and EMT for review.	
ongoing - review 3-5 years	

Child Safe Organisation

Risk Context

Inadequate management of children within the Shire of Esperance and non-compliance with relevant legislation to safeguard children when in Shire facilities or attending Shire events.

Potential causes include:

Incorrect practices	
Not obtaining working with children checks	
Untrained staff	
Lack of reporting	
Insufficient understanding of legislative requirements	

Key Controls	Type	Reviewed Date	Rating
Child Safe Awareness Management Practice and Code of Conduct	Preventative	Jan-25	Adequate
Working With Children checks for relevant staff	Preventative	Jan-25	Adequate
Involve and communicate with families about child safety and wellbeing	Preventative	Jan-25	Not Rated
Policies and practices respect diversity of children and equity is upheld	Preventative	Jan-25	Not Rated
Child friendly process for raising complaints	Preventative	Jan-25	Not Rated
Training staff on child safety and wellbeing	Preventative	Jan-25	Not Rated
Risk management plan considers child safety	Preventative	Jan-25	Not Rated
Complete self assessment tool for child safe organisations annually	Preventative	Jan-25	Not Rated

Overall Control Ratings:	Adequate
---------------------------------	-----------------

Actions	Date Added	Due Date	Responsibility
Discuss with DLGSC to determine what is required for Local Governments for the child safe framework	Nov-24	Sep-25	Community Development

Consequence Category	Risk Ratings	Rating
Reputational/Compliance	Consequence:	Minor (2)
	Likelihood:	Unlikely (2)
	Overall Risk Ratings:	Low

Control Assurance

[illegible]

Status of Actions	Comments

Item: 8.2

Interim Audit Report

Author/s	Felicity Baxter	Director Corporate and Community Services
Authoriser/s	Shane Burge	Chief Executive Officer

File Ref: D25/13985

Applicant

Internal

Location/Address

Shire of Esperance

Executive Summary

Core to the Audit Committee's role, is to liaise with the local government's auditor to give Council confidence that the performance of the local government in managing its financial affairs. The purpose of this report is for the Audit Committee to consider the Interim Audit Management Letter.

Recommendation in Brief

That the Audit Committee note the matter raised in the Interim Audit Management Letter and the recommendations to reduce the risk.

Background

Each financial year, the External Auditor conducts an Interim Audit to monitor that financial controls are adequately in place. This is done by conducting sample testing of the key financial functions, such as creditor payments, debtor receipts, payroll processes, investments and banking, integrity of the asset register and accuracy in financial reporting. In this way the auditor obtains an understanding of the key business processes, risks and internal controls relevant to the annual financial report.

Moore Australia (Auditors) on behalf of the Office of the Auditor General (OAG) currently conducts the Shire's external audits. They recently undertook the interim audit in preparation of the 30 June 2025 annual financial audit. During this audit systems and controls as described above were tested. The auditor has noted one matter that needed to be brought to the attention of the Shire. This is explained in more detail in the management letter attached.

Officer's Comment

The matter raised by the Auditor was:

- *Non-compliance with purchase order requirements, the Shire's purchasing policy were not met – considered a moderate risk with no potential impact on the audit opinion*

Sample testing of payment transactions noted 2 instances out of a total of 7 transactions tested where they noted deviations in the purchase order process:

- 1 sample where no purchase order was raised prior to incurring of expenditure; and
- 1 sample where a purchase order was raised after the incurring of the expenditure.

The implication of this is that these purchases carried the inherent risk of being unauthorised expenditures.

The accompanying recommendation is to remind all officers to raise orders prior to authorising the works/services or ordering goods. This will also help to ensure budget responsibility.

Management have amended organisational practices to instruct staff utilising suppliers that are on contracts accepted via the tendering process to also raise purchase orders for these works/goods.

Consultation

Moore Australia (Auditors) – on behalf of the Office of the Auditor General
Executive Management Team

Financial Implications

Nil

Asset Management Implications

Nil

Statutory Implications

Nil

Policy Implications

Nil

Strategic Implications

Council Plan 2022 - 2032

Performance - Outcome 15. Operational excellence and financial sustainability

Objective 15.1. Provide responsible, agile and innovative planning and resource management.

Provide responsible resource and planning management for now and the future.

Environmental Considerations

Nil

Attachments

A. Interim Audit - OAG Letter to the President

B. Interim Audit - OAG Management Letter

RECOMMENDATION AND DECISION

8.2 Interim Audit Report

Moved: Cr Flanagan
Seconded: Pres Chambers

AU0525-113

That the Audit Committee note the matters raised in the Interim Audit Management Letter and the recommendations to reduce the risk.

**CARRIED
F4 - A0**

Pres Chambers, Cr McMullen, Cr Flanagan, Cr Johnston



Our Ref: F21/59

7th Floor, Albert Facey House
469 Wellington Street, Perth

Mr Ron Chambers
Shire President
Shire of Esperance

Mail to: Perth BC
PO Box 8489
PERTH WA 6849

Tel: 08 6557 7500
Email: info@audit.wa.gov.au

By email: ron.chambers@esperance.wa.gov.au

Dear Shire President

**ANNUAL FINANCIAL REPORT
INTERIM AUDIT RESULTS FOR THE YEAR ENDING 30 JUNE 2025**

We have completed the interim audit for the year ending 30 June 2025. We performed this phase of the audit in accordance with our audit plan. The focus of our interim audit was to evaluate the overall control environment, but not for the purpose of expressing an opinion on the effectiveness of internal control, and to obtain an understanding of the key business processes, risks and internal controls relevant to our audit of the annual financial report.

Management Control Issues

I would like to draw your attention to the attachment listing a deficiency in the internal controls identified during the course of the interim audit. This matter has been discussed with management and their comments have been included on the attachment. The matter reported is limited to the deficiency that was identified during the interim audit that we have concluded it is of sufficient importance to merit being reported to management. The matter may be included in our auditor's report in accordance with section 7.9(2) of the *Local Government Act 1995* or regulation 10(3)(a) and (b) of the Local Government (Audit) Regulations 1996. If so, we will inform you before we finalise the report.

This letter has been provided for the purposes of your local government and may not be suitable for other purposes.

We have forwarded a copy of this letter to the CEO. A copy will also be forwarded to the Minister for Local Government when we forward our auditor's report on the annual financial report to the Minister on completion of the audit.

Feel free to contact me on 6557 7742 if you would like to discuss these matters further.

Yours faithfully

Jay Teichert
Director
Financial Audit
20 May 2025

Attach

ATTACHMENT

SHIRE OF ESPERANCE

PERIOD OF AUDIT: 1 JULY 2024 TO 30 JUNE 2025

FINDINGS IDENTIFIED DURING THE INTERIM AUDIT

Index of findings	Potential impact on audit opinion	Rating			Prior year finding
		Significant	Moderate	Minor	
1. Non-compliance with purchase order requirements	No		✓		✓

Key to ratings

The Ratings in this management letter are based on the audit team's assessment of risks and concerns with respect to the probability and/or consequence of adverse outcomes if action is not taken. We give consideration to these potential adverse outcomes in the context of both quantitative impact (for example financial loss) and qualitative impact (for example inefficiency, non-compliance, poor service to the public or loss of public confidence).

Significant - Those findings where there is potentially a significant risk to the entity should the finding not be addressed by the entity promptly. A significant rating could indicate the need for a modified audit opinion in the current year, or in a subsequent reporting period if not addressed. However even if the issue is not likely to impact the audit opinion, it should be addressed promptly.

Moderate - Those findings which are of sufficient concern to warrant action being taken by the entity as soon as practicable.

Minor - Those findings that are not of primary concern but still warrant action being taken.

The ratings included are preliminary ratings and could be modified pending other findings being identified, rated and the consideration of them collectively on the ratings and any potential impact on the audit opinion.

ATTACHMENT

SHIRE OF ESPERANCE

PERIOD OF AUDIT: 1 JULY 2024 TO 30 JUNE 2025

FINDINGS IDENTIFIED DURING THE INTERIM AUDIT

1. Non-compliance with purchase order requirements

Finding

Our sample controls testing of purchase transactions noted 2 instances out of a total of 7 transactions tested where purchase order requirements as per the Shire's purchasing policy were not met.

Whilst we noted that both samples underwent the required tendering process in accordance with the Shire's purchasing policy, we have noted deviations in the purchase order process:

- 1 sample where no purchase order was raised prior to incurring of expenditure; and
- 1 sample where a purchase order was raised after incurring of expenditure.

This finding was also raised in the 2024 financial year.

Rating: Moderate (2024: *Moderate*)

Implication

Purchases made without prior authorised purchase orders increases the risk of unauthorised expenditure.

Recommendation

To help ensure purchases have been appropriately authorised, all authorised officers should be reminded of the need to ensure purchase orders are raised prior to the authorising of works/services or ordering goods. This will also help to ensure budget responsibility.

Management comment

Organisational practices have already been addressed to instruct staff utilising suppliers that are on contracts accepted via the tendering process, to raise purchase orders for works/goods.

Responsible person: Sarah Bridge, Corporate Accountant

Completion date: 02/05/2025

9. ELECTED MEMBERS

Nil

10. SHIRE OFFICERS

Nil

11. MATTERS BEHIND CLOSED DOORS

Nil

12. CLOSURE

The Presiding Member declared the meeting closed at 1:31pm.

These Minutes were confirmed at a meeting held on _____

Signed _____

Presiding Member at the meeting at which the Minutes were confirmed.

Dated _____