Shire of Northam

Minutes

Audit & Risk Management Committee

18 February 2025

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Contents

1 DECLARATION OF OPENING

The Chairperson, Cr A J Mencshelyi, declared the meeting open at 5:30 pm.

2 ACKNOWLEDGEMENT OF COUNTRY

The Chairperson, Cr A J Mencshelyi, acknowledged the Traditional Owners of the land on which we meet, the Ballardong and Whadjuk people of the Nyoongar nation and paid our respects to Elders, past present and emerging.

3 ATTENDANCE

3.1 ATTENDEES

Committee
Presiding Member / Shire President   A J Mencshelyi
Shire President   C R Antonio
Councillors   H J Appleton
                                            M I Girak
                                            M P Ryan

Staff:
Chief Executive Officer   D J Terelinck
Executive Manager Corporate Services   C J Young
Manager Governance & Risk   A C McCall
Governance Officer   T P Van Beek
Governance Support Officer   J K Joyner

3.2 APOLOGIES

Nil.

3.3 APPROVED LEAVE OF ABSENCE

Nil.

3.4 ABSENT

Nil.

4   DISCLOSURE OF INTERESTS

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

*As defined in section 5.60A of the Local Government Act 1995, a **financial interest** occurs where a Councillor / Committee Member, or a person with whom the Councillor / Committee Member is closely associated, has a direct or indirect financial interest in the matter. That is, the person stands to make a financial gain or loss from the decision, either now or at some time in the future.*

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

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

*As defined in clause 22 of the Local Government (Model Code of Conduct) Regulations 2021, an **impartiality interest** means an interest that could, or could reasonably be perceived to, adversely affect the impartiality of the person having the interest and includes an interest arising from kinship, friendship or membership of an association.*

Nil.

6 CONFIRMATION OF MINUTES

6.1 CONFIRMATION OF MINUTES FROM THE AUDIT AND RISK MANAGEMENT COMMITTEE MEETING HELD 29 NOVEMBER 2024

> **RECOMMENDATION / COMMITTEE DECISION**
>
> **Minute No: AU.306**
>
> **Moved:**   President C R Antonio
> **Seconded:** Cr H J Appleton
>
> **That the minutes of the Audit and Risk Management Committee Meeting held on 29 November 2024 be confirmed as a true and correct record of that meeting.**
>
>   **CARRIED 5/0**

For: Cr A J Mencshelyi, President C R Antonio, Cr H J Appleton, Cr M I Girak and Cr M P Ryan

Against: Nil

7 COMMITTEE REPORTS

7.1 Enterprise Resource Planning Update

File Reference:	1.4.1.15
Reporting Officer:	Kunal Sarma (Business Systems Coordinator)
Responsible Officer:	Colin Young (Executive Manager Corporate Services)
Officer Declaration of Interest:	Nil
Voting Requirement:	Simple Majority
Press release to be issued:	No

BRIEF

This report provides an update on the progress made towards the ICT Strategy Plan, specifically focusing on the Business Systems and Applications actions outlined in the ICT Strategic Action Plan.

ATTACHMENTS

1. CONFIDENTIAL REDACTED - Project- Management- Plan- ERP v 1.4 [**7.1.1** - 20 pages]

A. BACKGROUND / DETAILS

The Shire of Northam is moving through a significant period of change and development. In recognition of this and the need to ensure that it can continue to meet the aspirations of the community, strategic and business plans have been put in place to deliver short, medium, and long-term objectives.

The Shire is in the process of upgrading its Enterprise Resource Planning (ERP) system, transitioning from the on-premises SynergySoft solution to a cloud-based ERP platform provided and supported by ReadyTech (formerly ITVision). This upgrade is designed to enhance the functionality, efficiency, and overall performance of the organisation's core business processes.

The cloud-based ERP solution is expected to streamline operations, improve data accessibility, and enable better integration across the Shire's departments, ultimately driving improvements in service delivery and organisational productivity.

The Shire was in the preliminary stages of moving to ReadyTech's Altus financial software package, however due to technical issues this product will no longer be supported by ReadyTech. It is proposed that ReadyTech's Ready Community ERP will be rolled out instead.

B. CONSIDERATIONS

B.1 Strategic Community / Corporate Business Plan
Performance Area: Performance. Outcome 12: Excellence in organisational performance and customer service.
Objective 12.1: Maintain a high standard of corporate governance and financial management.
Priority Action: Nil.

B.2 Financial / Resource Implications
Budget has been allocated for the ERP upgrade project as outlined in the Project Plan included as Attachment 6.1.1.

B.3 Legislative Compliance
Local Government Act 1995 and relevant subsidiary legislation.

B.4 Policy Implications
Nil.

B.5   Stakeholder Engagement / Consultation
Nil.

B.6   Risk Implications
Refer to Risk Matrix here.

Risk Category	Description	Rating (likelihood x consequence)	Mitigation Action
Financial	Lack of investment into ICT	Possible (3) x Medium (3) = Moderate (9)	ICT Strategic / forward planning involving stakeholders to determine needed and desired current and future outcomes that can be budgeted for.
Health & Safety	EOL/less than WHS ideal ICT hardware, RF and prolonged machine noise exposure	Possible (3) x Medium (3) = Moderate (9	EOL hardware replacement decisions to consider WHS requirements. Suitable placement or enclosures for noisy ICT gear such as servers and switches.
Reputation	Slow take up of new technologies	Likely (4) x Minor (2) = Moderate (8)	ICT Team continuing to engage with Shire stakeholders, third party vendors, and other Local Governments on current and emerging technologies and methods of delivering desired services.
Service Interruption	Outage affecting internal works and disruption resulting in inability to access data.	Possible (3) x Medium (3) = Moderate (9)	Ensuring project is planned and adequately resourced with failover measure in place and tested. Proper training, documentation, and handover to be provided.
Compliance	Nil.	Nil.	Nil.
Property	Nil.	Nil.	Nil.

Environment	Nil.	Nil.	Nil.

B.7 Natural Environment Considerations

Nil.

C. OFFICER'S COMMENT

Definitiv Payroll:

The Shire successfully went live with Definitiv Timesheets on 14 August 2024, followed by the implementation of Definitiv Payroll on 28 August 2024. These systems are now fully operational, streamlining the payroll and timesheet processes.

Pulse HR (Human Resources Module):

The HR team has completed training on the two modules offered by Pulse. Feedback has been used to design and test the HR Onboarding portal, which will further enhance our employee management capabilities. The HR team will begin using the Pulse HR portal to familiarise themselves with its features once the integration between Definitv and Pulse is in place by end of February 2025.

Content Management:

The Content Management system is the online counterpart to Central Records for document and records management. A demonstration session is scheduled for 11 February 2025 by Ave Point which is a cloud-based records management system and which can be made to integrate with ReadyTech products.

Microsoft Dynamics Business Central:

Microsoft Dynamics Business Central is set to replace Altus Financials. An in-depth product demonstration was done in December 2024, where the capabilities and integration potential were explored.

Ready Compliance Module:

A comprehensive demonstration of the Ready Compliance Module was provided in December 2024. Queries regarding specific functionalities and customisation have been raised with regards to the Compliance module.

Property and Rating:

Comprehensive demonstration will be scheduled later in February- March 2025.

Customer Experience (CRM):

An in-depth demonstration to be scheduled in March 2025.

Asset Management:

Ready Community's Asset Management demonstration will be conducted later in February-March 2025.

Currently ReadyTech team is scheduled to introduce their new Project Manager and point of contact as well as discuss the next steps in project deployment on 19 February 2025.

Current Progress Table:

Module	Status	Start Date	Finish Date	Comments
Definitiv Payroll	Complete	16/04/2024	13/08/2024	Currently Live
Pulse HR	In Progress	13/07/2023	30/05/2025 (ETA)	Currently being tested by HR team with HR Core & Onboarding module
Ready Compliance	Not Started			Demo provided Dec 2024 – queried on further features & functionalities.
Financials (Dynamics 365 Business Central)	Not Started			Demo provided Nov 2024.
Rates & Properties	Not Started			Demo scheduled Feb-Mar 2025
Customer Experience (CRM)	Not Started			Demo scheduled Mar 2025
Asset Management (Enterprise Asset Management)	Not Started			Demo scheduled Mar 2025
Records Management (Ave Point)	Not Started			Demo scheduled 19 Feb 2025

RECOMMENDATION / COMMITTEE DECISION

Minute No: AU.307

Moved: Cr M P Ryan
Seconded: President C R Antonio

That the Audit & Risk Management Committee ENDORSES the following recommendation being presented to Council:
   1. That Council RECEIVES the update in relation to the progress made towards the implementation of the ICT Strategy Plan, particularly as it relates to the Enterprise Resource Planning.

CARRIED 5/0

For: Cr A J Mencshelyi, President C R Antonio, Cr H J Appleton, Cr M I Girak and Cr M P Ryan

Against: Nil

Clarification was sought in relation to:

- Was the total implementation services cost more expensive than expected?

   The Executive Manager Corporate Services advised that the expenses match what was listed in the original quote and were fully budgeted.

- Should the previous motion (C.4611) be updated, where Altus and IT Vision are referred to specifically?

   The Executive Manager Corporate Services confirmed that the company has been acquired by ReadyTech and it would depend on the wording in the contract, however this is not considered to be an issue.

- Are any other Local Governments transitioning to this system before us?

   The Executive Manager Corporate Services confirmed that another Shire has had it for 10 years and praises it. Based on the demonstrations that have been provided to date, it is anticipated that it has the potential to be a good system, so long as the resource is put into it during implementation.

- In regard to the Greenlight planning project, it is stated as being kept on-hold, why is this?

The Executive Manager Corporate Services advised that following demonstrations of this product, there are concerns that it will not meet the Shire's needs. ReadyTech has indicated that there may be another product available through their suite of packages that will be more suited to WA Local Governments.

7.2 Progress Towards the ICT Strategy Plan

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

BRIEF

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

ATTACHMENTS

1.   ICT Strategic Plan Action Plan [**7.2.1** - 5 pages]

A. BACKGROUND / DETAILS

The Shire of Northam is moving through a significant period of change and development. In recognition of this and the need to ensure that it can continue to meet the aspirations of the community, a number of Strategic and Business Plans have been put in place to deliver short, medium and long-term objectives.

This report aims to establish a level of accountability in respect to completing the actions identified through the audit undertaken by LGIS in 2019 in relation to ICT in order to ensure that continuous improvement occurs within the organisation. The actions required to address the audit findings are contained in the ICT Strategy Plan that is included as Attachment 6.2.1.

B. CONSIDERATIONS

B.1   Strategic Community / Corporate Business Plan
Performance Area: Prosperity.
Outcome 10: An attractive destination for investors, business and visitors; helping to grow the economy and local jobs.
Objective 10.1: Pursue economic growth, innovation and diversification.
Priority Action: Nil.

B.2 Financial / Resource Implications

To be determined as the ICT Strategy Plan is implemented with the funding considered as part of the annual budget process.

B.3 Legislative Compliance

Local Government Act 1995 and relevant subsidiary legislation.

B.4 Policy Implications

CP.63 ICT Remote Access Management
CP.64 ICT Cybersecurity Incident Management
CP.65 ICT Security Access
CP.66 ICT BYOD Management
CP.67 ICT Password Management
CP.68 ICT The Use of Artificial Intelligence

B.5 Stakeholder Engagement / Consultation

Nil.

B.6 Risk Implications

Refer to Risk Matrix here.

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

			methods of delivering desired services.
Service Interruption	Outage effecting internal works and disruption resulting in inability to access data.	Possible (3) x Medium (3) = Moderate (9)	Ensuing project is planned and adequately resourced with failover measure in place and tested. Proper training, documentation, and handover to be provided.
Compliance	Nil.		
Property	Nil.		
Environment	Nil.		

B.7   Natural Environment Considerations
Nil.

C.   OFFICER'S COMMENT

The ICT Strategy Plan establishes a course of action to guide the future development and delivery of ICT services for the Shire of Northam. An update on the actions undertaken on the Plan is included in Attachment 6.2.1. To date, a total of 5 actions have been completed, with the remaining 2 underway.

Key to table:

Completed

No Action

Underway

RECOMMENDATION / COMMITTEE DECISION

Minute No: AU.308

Moved: Cr H J Appleton
Seconded: Cr M P Ryan

That the Audit & Risk Management Committee ENDORSES the following recommendation being presented to Council:
   1. **That Council RECEIVES the update as provided in Attachment 7.2.1 in relation to the progress made towards implementation of the ICT Strategy Plan.**

CARRIED 5/0

For: Cr A J Mencshelyi, President C R Antonio, Cr H J Appleton, Cr M I Girak and Cr M P Ryan

Against: Nil

Clarification was sought in relation to:

• Some of the information in the progress report is cut off, can you provide some further information?

   The Executive Manager Corporate Services read out the remaining commentary and will ensure the spreadsheet is complete for the Minutes.

ICT Strategic Plan Action Plan

Number	Area for Further Development	Recommendation / Action	Timeframe	Responsibility	Progress To Date	Status
1	Governance	ICT decisions and operations within the Shire will be controlled and guided through a formalised ICT Governance framework. This framework will ensure the alignment of ICT activities with business priorities.	2021 / 2026	Corporate Services / ICT	Draft strategic and operations plans developed. SLAs to be determined. February 2022 Update: In early discussions with external provider regarding SLAs. August 2022 Update: No progress. December 2022 Update: No progress. April 2023 - to review and work on it. Jan 2024 - ICT security document to control AD and Synergy Security Access. Promapps process has been set up. Liaising with ITVision to amend Synergy Security Access. Mar 2024 - ICT Security Policy is to be presented to internal Audit Committee in next committee meeting. April 2024 - ICT AI Policy is to be presented to the Committee in the next meeting. Creating other ICT Policy in process for Internal Policy adoption. July 2024 - ICT Policies created and shared with executive management team for their comment and feedback. Awaiting response. Aug 2024 - Feedback incorporated. Waiting for Council adoption. Oct 2024 - Waiting for the Policies to be adopted after CEO approval. Nov 2024 - Policies approved by Council and adopted.	Completed
2	Emerging Trends and Technologies	ICT policies and procedures need to be current enabling the organisation to conduct considered reviews of emerging technologies and trends, to ensure they meet current and emerging needs of the organisation.	2021 / 2026	Corporate Services / ICT	Acceptable Use and BYOD policies adopted.	Completed

Number	Area for Further Development	Recommendation / Action	Timeframe	Responsibility	Progress To Date	Status
3	Business Systems and Applications	Appropriately managed business systems and applications will help consolidate and streamline business processes.	2021 / 2026	Corporate Services / ICT	Inventory Register established. RFQ re: potential CRM/RMS upgrade/migration from Synergysoft occurring. (see comments for previous updates) July 2024 - Altus Definitiv Payroll Module configuration and testing in place. First parallel pay run passed quality check. Training for Managers/Supervisors and staff scheduled between 10th -12th July. Go Live date for Timesheets - 31st July Go Live date for Payroll - 14th August - HR Pulse - 2 modules training done; HR-Payroll integration is in place. Altus requested for HR module to Go Live (with 2 modules) on 14th Aug along with Payroll, so that the integration can be tested, and any errors can be addressed to then. - Altus Financials - Altus Readiness Checks in Progress. 94% ready. - Altus Content Management (Central Records) - Awaiting JHCS to go through checklist and address hardware requirements. Aug 2024 - Altus Definitv Payroll - Manager and staff training completed. Timesheet Go Live: 14th Aug and Definitv Payroll Go Live 28th Aug. - HR-Payroll integration will be in place and Pulse HR Go Live: 2nd Sept with 2 modules - HR Core and Onboarding. HR team to complete the portal design before Go Live. - Altus Financials - Altus Readiness Checks in Progress. 94% ready. - Altus Content Management (Central Records) - Awaiting JHCS to go through checklist and address hardware requirements. Aug 24 - Definitv Payroll - Timesheets module Go Live from 14th Aug. - Payroll module scheduled Go Live from 28th Aug. - Altus Financials - ReadyTech introducing Microsoft Dynamics 365 Business Central for their Altus Financials. - Pulse HR - Looking to Go Live with 2 modules and integration with Payroll. Oct /Nov 24 - Pulse HR - 2 modules: HR Core and Onboarding training provided, IT assisting in setting up the website design for the HR portal. - Ready Content Management - Which will be replacing SynergySoft Central Records Demo was conducted on 25th Nov. And ReadyTech IT working with Shire of Northam MSP for server configuration requirements. - Financial Suite by Microsoft Dynamics Business Central -Deep dive demo scheduled 29th Nov. - Licensing & Compliance - ReadyTech to organise demo in January 2025. - Rates & Property - Demo to organise in January. - Asset Management - Demo to organise in January. Feb 25 - Pulse HR - IT has set up the website design internally for the HR portal. Awaiting on integration between Pulse and Definitv (expected date of action - March 2025). HR team to start testing and using the HR portal with the 2 modules - Core and Onboarding from March 2025. Integration between Pulse and Definitive Go Live expected end of Feb 2025. HR team also awaiting to confirm on the training platform that can be used with the Training module for staff. Tentative Go Live with all 4 modules May-June 2025. - AvePoint SaaS Records Management System - Demo to be scheduled for 11th Feb with Governance team and key stakeholders. - Licensing and Compliance - Demo conducted in Dec 2024. - Asset Management and Rates&Properties Demo to be scheduled in Feb-Mar 2025. - CRM - Deep dive demo to be scheduled Mar 2025.	Underway

Number	Area for Further Development	Recommendation / Action	Timeframe	Responsibility	Progress To Date	Status
4	Infrastructure and Technology	ICT has extensive assets and services under management. The best value and maximum benefit from this investment can only be obtained if suitably managed.		Corporate Services / ICT	Systems manual to be developed. Network communications infrastructure plan to be developed. Please refer to comments section for previous updates. July 2024 - Bernard Park currently fitted with conduits for future strategy connection. Requested for budget for mobile CCTV cameras for 2 months trial purposes. Investigating on Milestone VMS solution for better analytics and to be able to put in LPR cameras in the infrastructure later. Currently upgrading faulty cameras at the hospital pole. Also investigating for grant funding. Aug 2024 - Investigating availability of grand funding. Oct 2024 - Investigating funding. Replaced faulty HDD at the CCTV server at the Policy Station. Working on going to go to market to get FRQ for setting up a complete wired connectivity at Bernard Park. Nov2024 - Probable CCTV funding through request raised with Hon Minister Paul MLA Minister for Police; Corrective Services; Racing and Gaming; Defence Industry; Veterans Issues. Feb2025 - Email request for CCTV funding has been mailed to Minister Paul on Dec 2024. 2x Mobile CCTV units were hired for trial purposes and placed in 3 areas as requested by the safety committee. As part of the WALGA and WA Police non-binding MoU for local governments to participate in CCTV sharing scheme to strengthen community safety - representatives have been invited to view facility. To investigate other form of cameras.	Underway
5	Disaster Recovery	ICT needs to work with the organisation to establish mission critical services and ensure that disaster recovery and business continuity plans meet current and emerging needs	2021 / 2026	Corporate Services / ICT	Adhoc DR / Business Continuity plan in place and partially tested. Data retention plan developed Jan 2024 - BCDR - Business Continuity & Disaster Recovery program adopted by Council in Dec 2023. PO given out to WALGA supplier JHCS. Currently under configuration state. Feb2024 - BCDR - Hardware DR server delivered, configuration and testing being conducted by JHCS. Mar 2024 - BCDR - Backup report shows backup running. Next phase is to test BCDR in coming months. April 2024 - BCDR implementation is up and running successfully.	Completed

Number	Area for Further Development	Recommendation / Action	Timeframe	Responsibility	Progress To Date	Status
6	Security	The threat of cyber security incidents continues to rise. The Shire needs to develop and implement security policies and procedures to meet this increasing threat.	2021 / 2026	Corporate Services / ICT	Ongoing development and training will always be occurring. May 2022 Update: No progress. August 2022, No progress. Februarys 2022 Update: No progress. April 2023 - Currently Northam has in place Rocket cyber with is a 24/7 managed security operations centre (SOC) which monitors for any unusual activity on the network including the 365 tenancy , Datto SAAS protection is the 365 tennacy backups, Datto defence is software that sits in the 365 tenancy and monitors for any injected code into emails, phishing and ransomware attacks on teams, Sharepoint, Outlook, OneDrive . Datto EDR is endpoint detection and remediation . EDR is designed to sit between AV and SOC services and protect endpoints from any unusual activity. And we have Trend AV on all machines July 2023 - Existing Cybersecurity in place is currently functioning well. Next phase is enabling Office365 MFA (multifactor authentication). November 2023 - MFA identification is currently being rolled out and now covers 50% of Staff. In Addition the ICT Disaster Recovery Plan has also been updated. Jan 2024 - MFA rolled out to councilors. Other staff being rolled in with MFA to be completed by mid Feb 2024. Feb 2024 - MFA roll out complete. Requested for quotes for Pen testing & Vulnerability assessment testing. Mar 2024 - SynergySoft Security Structure reviewed and restructured for internal correspondents and file structure. Next is to do Pen testing and Vulnerability assessment testing. April 2024 - PO sent to vendor for performing pen testing and vulnerability assessment testing. Schedule to be carried out in next few weeks. April 2024 - SynergySoft Security levels restructured. ICT Security Policy created. 2FA is in place. RocketCyber 24x7 is in placed along with Datto SAAS Protect and Graphus for Cybersecurity. Vulnerability testing & Pen testing to be carried out as part of audit requirement.	Completed
7	Project Management	The effective delivery of ICT projects requires a suitable management framework to be implemented	2022	Corporate Services / ICT	Project Management ICT Procedure to be developed. February 2022 Update: No progress. August 2022 Update: No progress. December 2022 Update: No progress. April 2023 - to review and develop a frame work May 2023 - yet to review and develop July 2023 - Project Management document currently available reviewing that document. November 2023 - Project Management Document has been reviewed and signed off on.	Completed

7.3 Compliance Report (August-December 2024)

File Reference:	1.6.1.6
Reporting Officer:	Alysha McCall (Manager Governance and Risk)
Responsible Officer:	Debbie Terelinck (Chief Executive Officer)
Officer Declaration of Interest:	Nil
Voting Requirement:	Simple Majority
Press release to be issued:	No

BRIEF

This report provides an overview of the Shire's monthly internal auditing activities.

ATTACHMENTS

1.   Compliance Report Dashboard [**7.3.1** - 4 pages]

A. BACKGROUND / DETAILS

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

B. CONSIDERATIONS

B.1   Strategic Community / Corporate Business Plan
Performance Area: Performance. Outcome 12: Excellence in organisational performance and customer service.
Objective 12.1: Maintain a high standard of corporate governance and financial management.
Priority Action: Nil.

B.2   Financial / Resource Implications
Not applicable.

B.3   Legislative Compliance
There is no legislative requirement to undertake internal auditing, however it is considered best practice and covers the following legislation:
*   *Local Government Act 1995;*

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

B.4 Policy Implications
Policy CP.7 Risk Management

B.5 Stakeholder Engagement / Consultation
Nil.

B.6 Risk Implications
Refer to Risk Matrix here.

Risk Category	Description	Rating (likelihood x consequence)	Mitigation Action
Financial	Ability to misuse funds.	Rare (2)x Medium (3) = Low (3)	Compliance calendar assists to ensure compliance
Health & Safety	N/A		
Reputation	N/A		
Service Interruption	N/A		
Compliance	Staff not following legislative requirements	Rare (2)x Medium (3) = Low (3)	Compliance calendar assists to ensure compliance
Property	N/A		
Environment	N/A		

B.7 Natural Environment Considerations
Nil.

C. OFFICER'S COMMENT

The monthly internal auditing framework is an effective tool to assist in populating the Annual Compliance Audit Return (CAR) and enhances the Shire's ability to identify and manage issues which may arise during the year, in a timely manner. The findings from the internal auditing are presented in Attachment 6.3.1.

Included in the internal auditing framework is a random audit of creditors to ensure compliance with the Shire's Purchasing Policy and the requirements of the *Local Government Act 1995*.

In response to the non-compliances identified, the following actions have been taken:
- Targeted communication to relevant officers in relation to legislative and process requirements.
- General communication to staff through posting on the Shire's intranet.

RECOMMENDATION / COMMITTEE DECISION

Minute No: AU.309

Moved: President C R Antonio
Seconded: Cr M I Girak

That the Audit & Risk Management Committee ENDORSES the following recommendation being presented to Council:
1. **That Council RECEIVES the August-December 2024 update on the internal auditing as provided in Attachment 7.3.1.**

CARRIED 5/0

For: Cr A J Mencshelyi, President C R Antonio, Cr H J Appleton, Cr M I Girak and Cr M P Ryan

Against: Nil

Clarification was sought in relation to:

- Can you please confirm if the Incoming Customer Request (ICS) audit shows a low compliance?

  The Manager Governance and Risk confirmed that it is showing low compliance, the table provides more details on what those low compliances are. It is likely that this is caused by the turnover of staff. Recruitment to a vacancy in Engineering Services is expected to improve compliance with ICS processes moving forward.

- Will ReadyTech work with Snap, Send, Solve?

  Manager Governance and Risk confirmed that ReadyTech uses Application Programming Interface (API), and it is anticipated that they will be   able to integrate with Snap, Send, Solve.
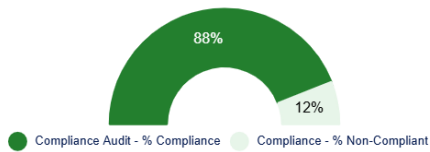
The Chief Executive Officer noted that Synergy is generally manual entry and resource heavy, the changeover to ReadyTech it will allow for automation. It was also noted that a recent update to Snap, Send, Solve allows the Snappers to view all open reports in the community, this means that officers will be required to update and close off all Snap, Send, Solve requests in both Synergy and Snap, Send, Solve. With ReadyTech, the Shire would be able to build in automations to assist with this process.
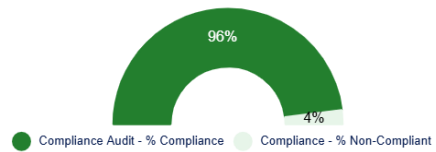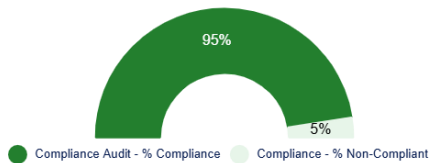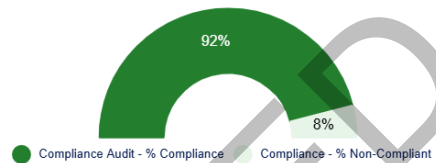
COMPLIANCE AUDIT

August 2024

88%

12%

● Compliance Audit - % Compliance   ○ Compliance - % Non-Compliant

September 2024

96%

4%

● Compliance Audit - % Compliance   ○ Compliance - % Non-Compliant

October 2024

95%

5%

● Compliance Audit - % Compliance   ○ Compliance - % Non-Compliant

November 2024

92%

8%

● Compliance Audit - % Compliance   ○ Compliance - % Non-Compliant

December 2024

94%

6%

● Compliance Audit - % Compliance   ○ Compliance - % Non-Compliant
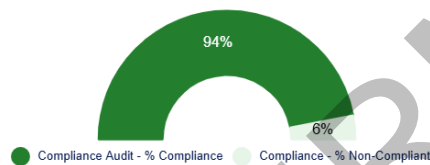
Non-Compliances

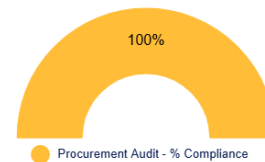| Month	COMPLIANCE - Non-compliances
Sep-24	BSL not paid by the specified date Delegated Authority Register not updated Public access to information not provided on the Shire website
Oct-24	BCITF not paid by the specified date Delegated Authority Register not updated Public access to information not provided on the Shire website
Nov-24	BCITF not paid by the specified date BSL not paid by the specified date Building information not provided to the Valuer General in the specified timeframe Delegated Authority Register not updated Tender Register not current on Shire website Public access to information not provided on the Shire website
Dec-24	BCITF not paid by the specified date Building information not provided to the Valuer General in the specified timeframe Delegated Authority Register not updated Public access to information not provided on the Shire website

PROCUREMENT AUDIT

August 2024

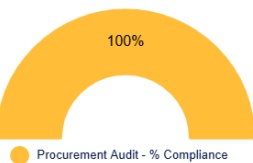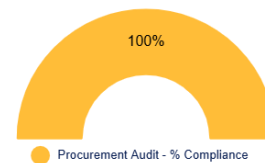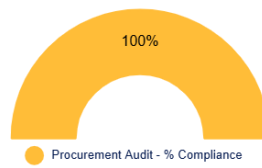100%

● Procurement Audit - % Compliance

September 2024

100%

● Procurement Audit - % Compliance

October 2024

100%

● Procurement Audit - % Compliance

November 2024

100%

● Procurement Audit - % Compliance
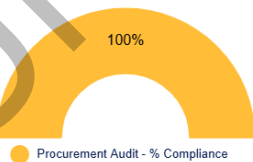
December 2024

Procurement Audit - % Compliance: 100%

Non-Compliances	
Month	Procurement - Non-Compliances
Sep-24	Nil.
Oct-24	Nil.
Nov-24	Nil.
Dec-24	Nil.

ICS AUDIT

August 2024

Customer Request Audit - % Compliant: 30%, Customer Service - % Non-Compliant: 50%, Customer Services - To be Re-checked: 20%

September 2024

Customer Request Audit - % Compliant: 60%, Customer Service - % Non-Compliant: 30%, Customer Services - To be Re-checked: 10%

October 2024

Customer Request Audit - % Compliant: 50%, Customer Service - % Non-Compliant: 50%

November 2024

Customer Request Audit - % Compliant: 70%, Customer Service - % Non-Compliant: 20%, Customer Services - To be Re-checked: 10%

December 2024

Customer Request Audit - % Compliant: 40%, Customer Service - % Non-Compliant: 50%, Customer Services - To be Re-checked: 10%

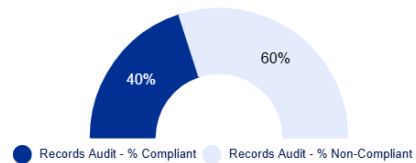| Non-Compliances	
Month	Customer Services - Non-Compliances
Sep-24	Inadequate comments within the "Actions" tab ICS was not inspected within 10 days Recorded as anonymous however contact information was captured in details
Oct-24	Inadequate comments within the "Actions" tab Allocated to incorrect Officer ICS was not inspected within 10 days Recorded as anonymous however contact information was captured in details
Nov-24	Inadequate comments within the "Actions" tab ICS was not inspected within 10 days Recorded as anonymous however contact information was captured in details
Dec-24	ICS was not acknowledged in the specified timeframe Allocated to incorrect Officer Recorded as anonymous however contact information was captured in details

RECORDS AUDIT

August 2024

Records Audit - % Compliant: 10%, Records Audit - % Non-Compliant: 90%

September 2024

Records Audit - % Compliant: 70%, Records Audit - % Non-Compliant: 30%

October 2024

November 2024

Records Audit - % Compliant   Records Audit - % Non-Compliant
(80% / 20%)

Records Audit - % Compliant   Records Audit - % Non-Compliant
(60% / 40%)

December 2024

Records Audit - % Compliant   Records Audit - % Non-Compliant
(60% / 40%)
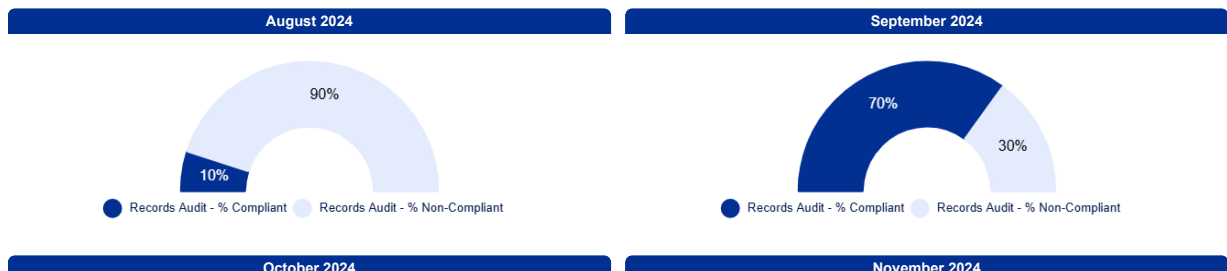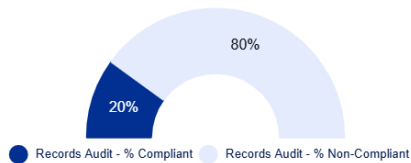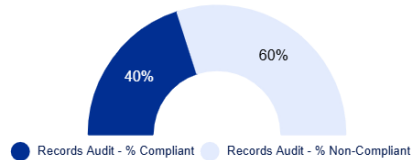
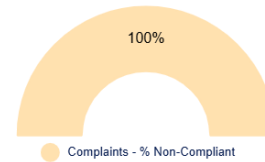| Non-Compliances	
Month	**RECORDS - Non-compliances**
Sep-24	Record not marked as final Inadequate security level
Oct-24	Not cross referenced with other related records Record not marked as final
Nov-24	Attachments not attached to the record Not cross referenced with other related records Record not marked as final
Dec-24	Attachments not attached to the record Not cross referenced with other related records Incorrect file number Record not marked as final

COMPLAINTS AUDIT

August 2024	September 2024

Complaints - % Compliance   Complaints - % Non-Compliant
(80% / 20%)

Complaints - % Non-Compliant
(100%)
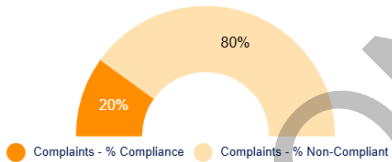
No. Complaints Audited   **5**   **No. Complaints Audited**   **1**

October 2024	November 2024

Complaints - % Compliance   Complaints - % Non-Compliant
(60% / 40%)

Complaints - % Non-Compliant
(100%)
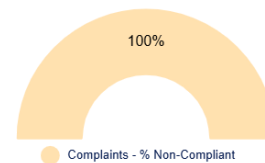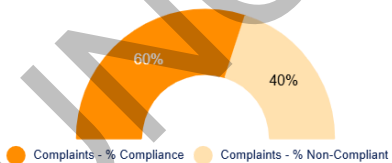
No. Complaints Audited   **5**   **No. Complaints Audited**   **6**

December 2024

Complaints - % Non-Compliant
(100%)
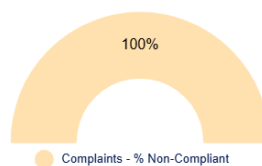
No. Complaints Audited   **1**

Non-Compliances	
Month	COMPLAINT - Non-compliances
Sep-24	Incorrect Record Type
Oct-24	Inadequate investigation undertaken Incorrect Record Type Insufficiently maintained record Non-compliant with policy
Nov-24	Not acknowledged in the specified timeframe Incorrect Record Type Response provided was not on letterhead
Dec-24	Incorrect Record Type

7.4   Privacy and Responsible Information Sharing (PRIS)

File Reference:	1.4.4.14
Reporting Officer:	Alysha McCall (Manager Governance and Risk)
Responsible Officer:	Debbie Terelinck (Chief Executive Officer)
Officer Declaration of Interest:	Nil
Voting Requirement:	Simple Majority
Press release to be issued:	No

BRIEF

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

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

ATTACHMENTS

1.   PRIS Action Plan [**7.4.1** - 6 pages]

A. BACKGROUND / DETAILS

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

Broadly, the legislation introduces reforms that provide:
1. guiding principles and a framework to govern the collection, protection, use and disclosure of personal information across the public sector;
2. a mandatory data breach notification scheme, requiring agencies to notify the Privacy Commissioner and affected individuals of serious data breaches involving personal information; and
3. a mechanism that supports Aboriginal data sovereignty and governance in WA, by requiring that Aboriginal people and

communities are involved or consulted when data about them is shared.

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

The Shire's Action Plan (refer Attachment 6.4.1) is an internal planning document, describing the approach being taken to prepare for the proposed privacy and responsible information sharing reforms. It is a high-level project management document to direct and coordinate PRIS readiness activities across the organisation. The Action Plan describes the results of the Shire's PRIS Readiness Assessment, and the actions required to resolve any identified gaps in PRIS readiness capabilities. It notes who is responsible for these actions and indicates due dates for completion.

The anticipated timeframe for agencies to complete the checklist is June 2025.

B.   CONSIDERATIONS

B.1   Strategic Community / Corporate Business Plan
Performance Area: Performance.
Outcome 12: Excellence in organisational performance and customer service.
Objective 12.1: Maintain a high standard of corporate governance and financial management.
Priority Action: Nil.

B.2   Financial / Resource Implications
Staffing resources are required in order to action the recommendations detailed within the PRIS Action Plan.

B.3   Legislative Compliance
Privacy and Responsible Information Sharing (PRIS) reforms.

There is a range of agency legislation such as local laws that needs to be reviewed to identify provisions that relate to the handling of personal information or sensitive personal information; or relate to the sharing or disclosure of other types of information. This task is captured accordingly in the PRIS Action Plan.

B.4 Policy Implications
Nil.

B.5 Stakeholder Engagement / Consultation
Nil.

B.6 Risk Implications
Refer to Risk Matrix here.

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

B.7 Natural Environment Considerations
Nil.

C. OFFICER'S COMMENT

The Action Plan that has been developed to capture required actions and monitor progress is provided in Attachment 6.4.1. Progress has commenced towards the required actions within the specified timeframes.

In addition to the progress made toward the Action Plan, multiple surveys have been completed with respect PRIS readiness which have been issued by the Public Sector Commission and Department of Premier Cabinet.

Key to table:

Completed

No Action

Underway

RECOMMENDATION / COMMITTEE DECISION

Minute No: AU.310

Moved: Cr H J Appleton
Seconded: Cr M P Ryan

That the Audit and Risk Management Committee ENDORSES the following recommendation being presented to Council:
1. That Council RECEIVES the February 2025 update as provided in Attachment 7.4.1 in relation to the progress made towards the Privacy and Responsible Information Sharing (PRIS) Action Plan.

CARRIED 5/0

For: Cr A J Mencshelyi, President C R Antonio, Cr H J Appleton, Cr M I Girak and Cr M P Ryan

Against: Nil

Clarification was sought in relation to:

- In relation to the State Government drafting Privacy and Responsible Information Sharing (PRIS) legislation, does the Shire get many breaches?

  The Executive Manager Corporate Services advised that the Shire have had a few cyber-attacks but there have been no data breaches.

  The Manager Governance and Risk provided a brief overview on current status of PRIS.

- Are there any local governments getting through the checklist quickly?

  The Manager Governance and Risk advised that the Shire are pretty well positioned in terms of other local governments. Considering larger Local Governments are likely to have someone who is dedicated to PRIS, the Shire of Northam are doing well for a smaller local government.

- What is the completion time frame?

  Manager Governance and Risk advised the anticipated time frame for the Shire to complete the checklist is June 2025.

- Is that a realistic time frame?

  The Manager of Governance and Risk advised that the Shire are monitoring what is happening with the Department of Premier and Cabinet. They have released a guideline document, and the Shire have completed multiple surveys etc, as per their guidelines.

- Is the Department being realistic with the time frames?

  The Manager Governance and Risk advised that it is possible that the State Government will extend the time frame.

Readiness Plan Reference No.	Action Item.	Target	Target Completion Date	Responsible Officer	Progress To Date	Status	Completion Date
4.1	Designate PRIS Champions	The designated PRIS Champion(s) have attended sector wide PRIS awareness sessions and briefings. The PRIS Champion(s) consistently promotes a culture that values the protection of personal information, supports safe and responsible information sharing practices, and encourages integration of PRIS requirements with broader business processes.	30/04/23	Alysha McCall	Governance Coordinator designated as PRIS Champion. Briefing session held on 19 June 2023.	Completed	20/06/23
5.3	Complete PRIS Action Plan	The agency PRIS Action Plan is completed and approved by the responsible senior officer.	30/06/23	Alysha McCall, Jason Whiteaker	PRIS Readiness Assessment Tool completed and this plan has been developed based on this assessment. Approved by CEO and to be reported to Audit & Risk Management Committee quarterly.	Completed	04/07/23
4.3	Map PRIS to Agency Values	The agency has produced a document (e.g., fact sheet or intranet page) for use in staff training or inclusion in a policy, emphasising the connection between PRIS and the agency's corporate values, promoting a culture of respect for the personal information and privacy of individuals with whom the agency engages, and a commitment to responsible information sharing practices. This connection is understood by staff.	31/08/23	Alysha McCall	1/9/2023 Has been posted on staff intranet and included in staff inductions.	Completed	01/09/23
4.4	Designate PRIS Officers	A Privacy Officer and Information Sharing Officer have been formally designated. The Officer(s) may be primarily compliance-focused and have some practices, procedures and systems in place, but these are generally siloed from broader organisational frameworks. Some staff are aware of the Privacy Officer and Information Sharing Officer.	31/08/23	Alysha McCall	Reviewing role against current positions. Likely appointments to be Governance Coordinator, Governance Officer and Senior Records Officer. Clarified with Department of Premier Cabinet in relation to whether CEO can make appointment or if Council resolution is required. 1/9/2023 Governance Coordinator and Governance Officer have been appointed.	Completed	01/09/23
3.4	Attend PRIS Awareness Sessions	The designated Privacy Officer and Information Sharing Officer – and any other key staff from the Agency – have attended all relevant sector wide PRIS awareness sessions and briefings conducted to date.	31/10/23	Alysha McCall, Kunal Sarma, Tamika Van Beek	2/10/2023 - Training for PRIS scheduled for 31 October 2023. Designated staff to attend. 31/10/2023 - Relevant officers from Governance, IT & HR attended webinar.	Completed	31/10/23

Readiness Plan Reference No.	Action Item.	Target	Target Completion Date	Responsible Officer	Progress To Date	Status	Completion Date
8.2	Conduct a Survey of Information Holdings	The agency has identified high risk and/or high value areas of its business, the information and systems that support these business areas. A survey of information holdings has been completed for privacy and responsible information sharing requirements across these business areas.	30/06/24	Alysha McCall, Kunal Sarma	May 2023 - Baseline readiness report was sent to councils. PRIS champions are to be nominated from council. PRIS Readiness Assessment - 18 questions in checklist to fill in, submit progress assessment report#1 between Nov 10 - 17. Need to ensure PRIS Champion can access the dedicated team's site. Need to complete the PRIS readiness assessment - check baseline/progress. 4/12/2023 - Waiting on information from Department with information on what is required to complete the survey of information holdings. 5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 3/05/2024 - PRIS Readiness Plan and checklist have been updated - target dates for future key actions moved out by 6-months. No key actions. Progress Report 2 remains scheduled for May 24 as per PRIS group communications. 7/06/2024 - PRIS Readiness Assessment Progress Report 2 submitted to Department of the Premier and Cabinet. Information Asset Register has been created in Smartsheet. 10/06/2024 - Information Holdings Survey is underway. Required to go to the Executive Manager Meeting to consider how to roll out and capture information. 10/7/2024 - Information Holding Survey has been approved by Executive Team, just need to develop email and Yammer post to be sent out to staff. 17/07/2024 - Information Holding Survey has been distributed to staff. Deadline is 26 July 2024. 29/08/2024 - Following up with departments, currently only the Office of the CEO has been populated. 24/01/2025 - To follow up with departments for information holding. Matter will be ongoing.	Underway	
8.3	Establish an information Asset Register	The agency has identified high risk and/or high value areas of its business, the information and systems that support these business areas. The IAR documents privacy and responsible information sharing requirements across these business areas. The IAR records the general categories of personal information that are collected, used and disclosed by the agency. It describes the purposes for which the information is collected and how it is stored (such as whether it is stored offshore, with a cloud service provider or other third party).	30/06/24	Alysha McCall	4/12/2023 - No progress 5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 10/06/2024 - Information Asset Register has been created and is currently being populated with the required information.	Completed	10/06/24

Readiness Plan Reference No.	Action Item.	Target	Target Completion Date	Responsible Officer	Progress To Date	Status	Completion Date
8.4	Review Agency Legislation	The agency has completed an analysis of priority legislation to identify specific interactions with PRIS provisions or PRIS readiness activities. Activities to address these interactions have been completed or captured in the agency's PRIS Action Plan; or they have been brought to the attention of the PRIS Implementation Steering Committee for discussion.	31/08/24	Alysha McCall	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 28/08/2024 - Resources provided mid-August 2024 to assist with this process. Advice received that this process should be commenced by 31 August 2024 and completion is not required by this date. Officers have begun reviewing the Shire's legislation as listed in the Record Keeping Plan. 7/02/2025 - Attended a webinar in January 2025 which discussed this process as there has been some confusion across the sector on what is required. Limited progress has been made since the previous update.	Underway	
9.1	Publish a Privacy Policy	A Privacy Policy is readily available to the public. The Policy is compliance-focused, and provides the information required by law. Staff have been made aware of the Policy.	30/09/24	Alysha McCall	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 29/08/2024 - Guideline provided mid-August 2024. Development of the policy is underway. Officers are proposing to incorporate this into the Council workshop scheduled on 18 September 2024. 16/10/2024 - Policy adopted and made available to staff.	Completed	07/02/25
10.1	Publish a Data Breach Policy	A Data Breach Policy is readily available to the public. The Policy is compliance-focused, and provides the information required by law. It covers all parts of the organisation. Staff have been made aware of the Policy.	30/09/24	Alysha McCall, Kunal Sarma	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 7/06/2024 - IT has drafted a Cybersecurity Incident Management Policy but not a Data Breach Policy. 2/08/2024 - Development of Data Breach Policy - Deadline Sept 2024. 29/08/2024 - This will now be called a Information Breach Policy to align with the legislation. Guidance was due to be released in August 2024 however has not been released to date. Due to the legislation being in Parliament this is now scheduled to be released late September 2024. 24/01/2025 - Data Breach Policy to be developed different from Privacy Policy.	Underway	

Readiness Plan Reference No.	Action Item.	Target	Target Completion Date	Responsible Officer	Progress To Date	Status	Completion Date
10.2	Establish a Register of Data Breaches	A Data Breach Register has been established, which records the following information: (a) the type of breach – whether personal information was involved, whether the data was subject to an information sharing agreement, how the breach was assessed; (b) who was notified of the breach; (c) when the breach was notified; (d) details of actions taken to prevent future breaches; and (e) the estimated cost of the breach. All identified data breaches are recorded in the register, including: •data breaches involving personal information; •data breaches involving non-personal information; •data breaches assessed as "eligible" or "notifiable;" and •data breaches that are not considered "eligible" or "notifiable" – and how this was assessed.	30/10/24	Alysha McCall, Kunal Sarma	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 7/06/2024 - ICT manages an incidents access database where it records all sorts of ICT related cybersecurity breaches and incidents. 2/08/2024 - Establishment of an internal register for data breaches needs to be done by Oct 2024. 29/08/2024 - Developed however guidelines have not yet been provided. Will monitor and incorporate identified opportunities for improvement in the developed Register. 24/01/2025 - Data Breach Register has been developed using format from another Shire. Awaiting details from DPC on specific requirements of register.	Underway	
9.2	Publish Collection Notices	Privacy notices are provided where personal information is collected. Notices are compliance-focused, providing the information required by law. Privacy messaging is viewed neutrally as a legal requirement.	31/12/24	Alysha McCall, Tamika Van Beek	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 7/02/2025 - Awaiting material to support this process from DPC.	No Action	
8.5	Publish a Privacy Management Plan	The agency has a Privacy Management Plan in place and some staff are aware of it. The Privacy Management Plan includes measures for addressing any known privacy compliance gaps.	28/02/25	Alysha McCall	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 7/02/2025 - Awaiting material to support this process from DPC.	No Action	
10.3	Publish a Data Breach Response Plan	A basic Data Breach Response Plan is in place that reflects the recommended steps (Contain, Assess, Notify, Prevent). Staff are generally aware of how to recognise a data breach and are likely to speak up about breaches. Decision making in breach response is largely reliant on the Privacy Officer.	28/02/25	Alysha McCall, Kunal Sarma	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 7/02/2025 - Awaiting material to support this process from DPC.	No Action	

Readiness Plan Reference No.	Action Item.	Target	Target Completion Date	Responsible Officer	Progress To Date	Status	Completion Date
8.6	Review Agency Contracts	New or updated contracts include a confidentiality clause and standard privacy terms. The agency has established a clear and documented process to assess third party privacy policies, practices or systems. It is applied consistently where a third party may have access to personal information. Third parties are only engaged if their privacy practices are equivalent to the agency's, or any gaps are mitigated by contractual controls.	31/03/25	Alysha McCall, Kristy Hopkins	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 05/07/2024 - Following up with department around requriements needed. 7/02/2025 - Awaiting material to support this process from DPC.	No Action	
8.7	Review Retention and Disposal Requirements	The agency has completed an analysis of priority retention and disposal arrangements to identify specific interactions with PRIS provisions or PRIS readiness activities. Activities to address these interactions have been addressed or captured in the agency's PRIS Action Plan; or they have been brought to the attention of the PRIS Implementation Steering Committee for discussion.	31/03/25	Alysha McCall, Judy Joyner, Tamika Van Beek	Retention and disposal arrangements have been identified in line with the Pris provisions. Scheduled to be completed on 17/01/2024. 5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. On the 17/01/2024, A total of 60 Archive Boxes were collected from the Depot by Shred-X, for destruction as per GDA Authority. The remaining 36 Archive boxes have been removed from the Depot Archives and have been placed in the Records room. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 7/02/2025 - 76 boxes recently identified for destruction in line with GDA. Further records have been identified at other facilities which are proposed to be returned to the Administration Centre. A review of the Record Keeping Plan is required to determine if any adjustments are necessary for PRIS, in addition to Council's policy and record keeping processes.	Underway	30/11/23
9.3	Establish procedure for handling and tracking complaints about privacy or responsible information sharing	The agency has established procedures for responding to complaints about privacy or responsible information sharing. Key staff are able to identify and manage a complaint. There is a general channel for the public to engage with the agency and this can be used for complaints (e.g., 'Contact us webform). Management of complaints is reliant on the Privacy Officer or Information Sharing Officer.	30/04/25	Alysha McCall	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 7/02/2025 - Awaiting material to support this process from DPC.	No Action	
9.4	Establish procedure for individual requests for access to, and correction of, personal information	The agency has established a procedure for responding to individual requests for access to, and correction of, personal information where it is determined to be lawful and appropriate. Key staff are aware of the procedures. Decision making for responses is largely reliant on the Privacy Officer. Request handling and response is compliance focused. Response timeframes may be exceeded, due to resource constraints or limited understanding of information holdings.	30/04/25	Alysha McCall	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024.	No Action	

Readiness Plan Reference No.	Action Item.	Target	Target Completion Date	Responsible Officer	Progress To Date	Status	Completion Date
9.5	Establish procedure for handling and tracking information sharing requests and data holding requests	The agency has established procedures for responding to information sharing requests and data holdings requests, according to legal requirements. Key staff are aware of the procedures. Decision making for responses is largely reliant on the Information Sharing Officer.	30/04/25	Alysha McCall	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024.	No Action	
10.4	Establish a procedure for data breach notification and reporting	Procedures for Data Breach Notification have been established. Clear processes are in place to evaluate breaches and assess whether notification is necessary or desirable, with a primary focus on compliance-risks to the agency. Determining whether to notify is driven by the Privacy Officer. Data breach notification occurs where required by law.	30/04/25	Alysha McCall	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024.	No Action	
12.2	Establish a procedure for conducting Privacy Impact Assessments	PIA process is established but it is only used for high privacy-risk projects. Privacy issues which do not meet the high privacy risk threshold are rarely considered. Where PIAs are completed, they are run by privacy or risk staff and may not be integrated into wider agency change management or project management processes.	30/04/25	Alysha McCall	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 7/02/2025 - Awaiting material to support this process from DPC.	No Action	
4.5 & 4.6	Deliver Internal Staff Training	A training program is established. All customer-facing staff have been trained and are aware of key PRIS requirements relevant to their role and function. All new staff are being trained at induction. Training is compliance-focused and targets specific legal obligations. Staff completion rates and understanding of privacy are monitored.	31/05/25	Alysha McCall, Jan Byers	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 7/02/2025 - Awaiting material to support this process from DPC.	No Action	
12.4	Establish Monitoring and Reporting	Monitoring and reporting processes are established. Compliance with regulatory obligations is documented, including keeping records on privacy and responsible information sharing activities. Roles and accountabilities for compliance and senior oversight are documented and well understood across the organisation. Thresholds for escalation of risks, issues, incidents and complaints are defined. Reporting lines are clear and senior management is routinely informed about the performance of PRIS activities.	30/06/25	Alysha McCall	5/1/2023 - There was an email to PRIS Champions on 1 November, indicating some of the target dates in the PRIS Readiness Plan and Checklist will be adjusted, to take account of this. There will be a further update on this in the new year. 6/2/2024 - Made contact with WA Gov to follow up if there is any further information that can be provided as to revised dates. WA Gov advised it is expected that the dates will be pushed out six months. It is expected that further information will be circulated by March 2024. 7/02/2025 - Awaiting material to support this process from DPC.	No Action	

7.5 Risk Register Review

File Reference:	8.2.7.1
Reporting Officer:	Alysha McCall (Manager Governance and Risk)
Responsible Officer:	Debbie Terelinck (Chief Executive Officer)
Officer Declaration of Interest:	Nil
Voting Requirement:	Simple Majority
Press release to be issued:	No

BRIEF

To provide information relating to the Shire's risk register.

ATTACHMENTS

1.   Risk Dashboard [**7.5.1** - 2 pages]

A.   BACKGROUND / DETAILS

The Shire of Northam has an organisation-wide risk register that has been developed over a period of time. Council has been advised previously that the management of risk is an area of focus to ensure awareness of the identified risks and treatment strategies in place.

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

Council Members were provided with information at the Strategic Council Meeting held on 5 February 2025 in relation to the upcoming review of the Risk Register, which is proposed to separate the register into strategic and operational risks. This will allow Council to focus on the high-level strategic risks for the Shire and any extreme risks in the operational areas, in accordance Policy CP.7 Risk Management. It is anticipated that this will be presented to the next Audit and Risk Management Committee meeting for endorsement to Council.

B.   CONSIDERATIONS

B.1   Strategic Community / Corporate Business Plan
Performance Area: Performance. Outcome 12: Excellence in organisational performance and customer service.

Objective 12.1: Maintain a high standard of corporate governance and financial management.
Priority Action 12.1.4: Provide internal auditing capabilities (including providing additional human or financial resources) and publish findings annually.

B.2   Financial / Resource Implications
Funding of $27,000 per annum is allocated for the Promapp system. Promapp is used for process mapping, risk management, and Work Health and Safety management.

B.3   Legislative Compliance
AS/NZS ISO 31000:2018.

B.4   Policy Implications
Policy CP.7 Risk Management.

B.5   Stakeholder Engagement / Consultation
Nil.

B.6   Risk Implications
Refer to Risk Matrix here.

Risk Category	Description	Rating (likelihood x consequence)	Mitigation Action
Financial	N/A		
Health & Safety	N/A		
Reputation	Negative community perception due to lack of adequate risk management practices within the Shire of Northam	Minor(2) x Possible(3) = Moderate(6)	Continual review of the risk dashboard and associated risk treatments.
Service Interruption	N/A		
Compliance	Non-compliance of Australian Standards and legislation due to lack of risk management practices.	Minor(2) x Possible(3) = Moderate(6)	Continual review of the risk dashboard and associated risk treatments.
Property	N/A		
Environment	N/A		

B.7   Natural Environment Considerations

Nil.

C. OFFICER'S COMMENT

As part of the Risk Management Policy, Council has established two performance indicators being:

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

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

2. % of risk mitigation / treatment strategies overdue

There are currently 135 risk mitigation/treatment strategies, of which 9 are overdue/non-compliant (which equates to 7%) as at 10 February 2025. The overdue actions relate to:

a) MC00141 - Provide manual handling training / refreshers to all volunteers. May be in person or provision of online refresher opportunity
   o Community Emergency Services Manager is to explore opportunities for training with the Work Health and Safety Officer.

b) MC00139 - Undertake monthly workplace inspections of fire stations undertaken by Brigade captains of another appropriate brigade member
   o Officers have experienced challenges surrounding these being completed by the volunteers. The Community Emergency Services Manager is exploring opportunities for these to be completed by staff rather than volunteers.

c) MC00042 - Provide a progress update on the implementation of the recommendations from the 2023 WHS Audit to every second meeting of the Audit & Risk Committee
   o Provided at this meeting, refer agenda item 6.8.

d) MC00022 - Business Continuity Plan in place and up to date
   o Provided at this meeting for adoption, refer agenda item 6.6.

e) MC00028 - Current Local Emergency Management Arrangements & Recovery Plan
   o Timing issue, an external provider engaged to undertake a review as part of a recently received Disaster Resilience grant.

f) MC00029 - Run annual emergency management exercise
   o This has been delayed due to leave and operational commitments with recent bushfires.

g) MC00093 - Develop and maintain medium term building maintenance program to ensure future costs are understood
   o Asset Management pick up has been scheduled to be completed prior to July 2025. This will inform the medium-term maintenance program.

h) MC00054 - Prepare Elected Members Monthly Report - Publish Monthly Report. Major Project status reporting to Council (through bi-monthly Elected Members Report)
   o Currently under development, expected to be published by 14 February 2025.

i) MC00107 - Ensure asset management plan financial requirements are included in long term financial plan.
   o Asset Management pick up has been scheduled to be completed prior to July 2025. This will inform the medium-term maintenance program.

It has been recognised over the course of the Risk dashboard being reviewed many of the treatments are targeted and managed at operational level, and as such, are monitored and managed by the Chief Executive Officer. Whilst recognising the need to ensure 100% compliance with the Risk dashboard, any overdue/non-compliant actions will be closed out as soon as practicable.

A summary report broken down into the different risk classification areas can be found in Attachment 6.5.1.

RECOMMENDATION / COMMITTEE DECISION

Minute No: AU.311

Moved: **President C R Antonio**
Seconded: Cr H J Appleton

That the Audit & Risk Management Committee ENDORSES the following recommendation being presented to Council:
1. **That Council RECEIVES the February 2025 update on the Shire of Northam Risk Register.**

CARRIED 5/0

For: Cr A J Mencshelyi, President C R Antonio, Cr H J Appleton, Cr M I Girak and Cr M P Ryan

Against: Nil

Risk Register Compliance Dashboard

Compliance Risks

97%
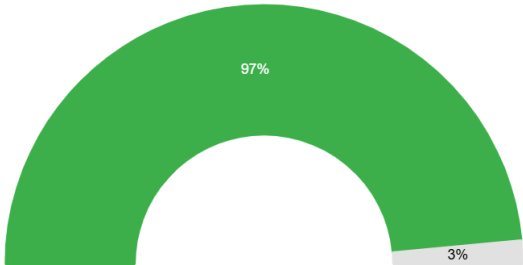
3%
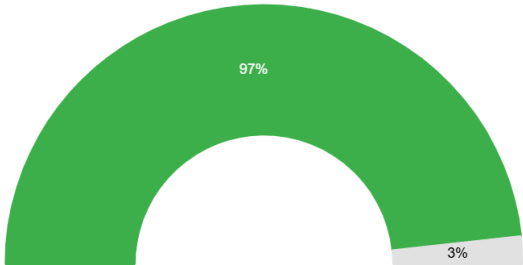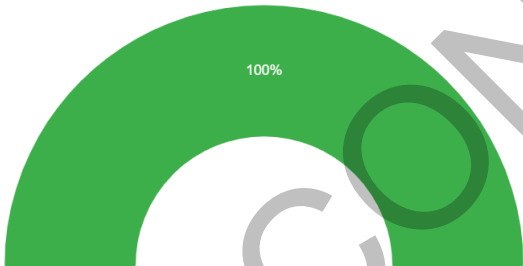
Environment Risks

95%

5%

Financial Risks

97%

3%
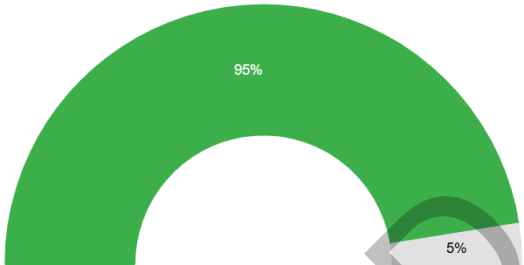
Health & Safety Risks

85%

15%

Reputation Risks

100%

Service Interruption Risks

88%

13%

Strategic Risks

91%

9%

Total Compliance

93%

7%
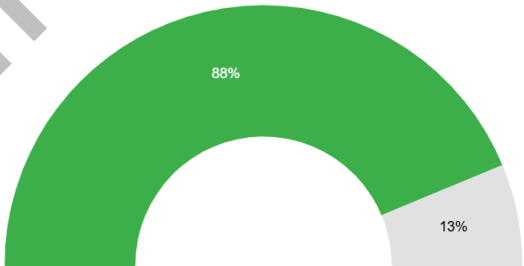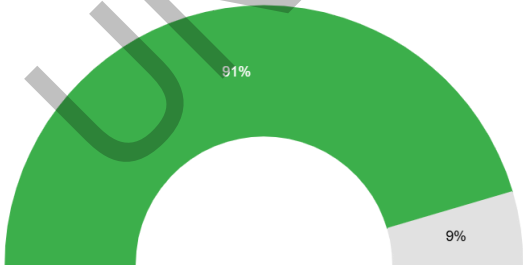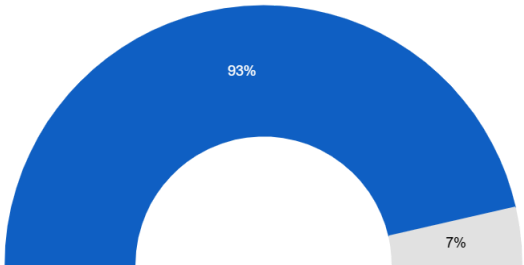
UNCONFIRMED

7.6   Progress Towards the Regulation 17 Review

File Reference:	8.2.7.1
Reporting Officer:	Alysha McCall (Manager Governance and Risk)
Responsible Officer:	Debbie Terelinck (Chief Executive Officer)
Officer Declaration of Interest:	Nil.
Voting Requirement:	Simple Majority
Press release to be issued:	No

BRIEF

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

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

ATTACHMENTS

1.   Regulation 17 Action Plan Tracker [**7.6.1** - 6 pages]
2.   CONFIDENTIAL REDACTED - Business Continuity Plan DRAFT [**7.6.2** - 106 pages]

A. BACKGROUND / DETAILS

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

• Risk management
• Internal controls
• Legislative compliance.

The Chief Executive Officer carried out the review internally and the attached report provides the findings and recommendations. The findings and recommendations have been developed into an action plan and provided in Attachment 6.6.1.

The Business Continuity Plan (BCP) has been finalised since the previous Audit and Risk Management Committee meeting. The process to develop this plan involved holding workshops with each of the service areas with the assistance of Marsh, to identify the critical functions and the essential resources to return to business as usual. Following these workshops, the information was utilised to develop the BCP which has been provided as confidential Attachment 6.6.2 due to the Plan containing personal contact details.

B. CONSIDERATIONS

B.1   Strategic Community / Corporate Business Plan
<u>Performance Area: Performance.</u> Outcome 12: Excellence in organisational performance and customer service.
Objective 12.1: Maintain a high standard of corporate governance and financial management.
Priority Action: Nil.

B.2   Financial / Resource Implications
Staffing resources are required in order to action the recommendations detailed within the Regulation 17 Review Action Plan.

B.3   Legislative Compliance
Local Government Act 1995 and relevant subsidiary legislation.

B.4   Policy Implications
Nil.

B.5   Stakeholder Engagement / Consultation
Nil.

B.6   Risk Implications
Refer to Risk Matrix here.

Risk Category	Description	Rating (likelihood x consequence)	Mitigation Action
Financial	Revenue loss to the Shire	Rare (1) x Minor (2) = Low (2)	Managed by ensuring good practices.
Health & Safety	Nil.	Nil.	Nil.
Reputation	Disruption to current service.	Rare (1) x Minor (2) = Low (2)	Ensure IT and other services are managed professionally.

Service Interruption	Potential for IT and Administrational disruption.	Possible (3) x Medium (3) = Moderate (9)	Ensure changes are managed professionally.
Compliance	Not compliant with legislation.	Rare (1) x Minor (2) = Low (2)	Review legislation regularly.
Property	Nil.	Nil.	Nil.
Environment	Nil.	Nil.	Nil.

B.7   Natural Environment Considerations
Nil.

C.   OFFICER'S COMMENT

The Regulation 17 review indicated that the Shire is proactive in managing risk, internal controls and legislative compliance as well as taking the necessary steps to ensure appropriate risk management, internal controls and legislative compliance policies and practices are in place.

Areas for improvement and recommendations have been detailed in Attachment 6.6.1, together with comments on the progress made towards each of these.   To date, 17 of the 20 actions have been completed, with the remaining 3 underway.

Key to table:

Completed

No Action

Underway

RECOMMENDATION / COMMITTEE DECISION

Minute No: AU.312

Moved: Cr H J Appleton
Seconded: Cr M I Girak

That the Audit & Risk Management Committee ENDORSES the following recommendations being presented to Council:
1. **That Council RECEIVES the February 2025 update as provided in Attachment 7.6.1 in relation to the progress made towards the Regulation 17 Action Plan.**
2. **That Council ADOPTS the Business Continuity Plan provided in Attachment 7.6.2.**
3. **That Council AUTHORISES the Chief Executive Officer to make administrative adjustments as required to the Business Continuity Plan – Part 4 to ensure contact information remains current.**

CARRIED 5/0

For: Cr A J Mencshelyi, President C R Antonio, Cr H J Appleton, Cr M I Girak and Cr M P Ryan

Against: Nil

Clarification was sought in relation to:

- Looking at the business continuity plan - is there much involvement by Council?.

  The Manager Governance and Risk confirmed that is correct, in addition the President would be involved with communications, as a spokesperson for a major event.

- How will links to documents be managed if power is down?

  The Manager Governance and Risk advised that wherever possible a hard copy will be printed and accessible, all Executive Managers will have a hard copy and, it will be saved electronically in multiple places (synergy, G Drive and Promapps).

- Do all the Shire cars have two-way radios, in the event the phone system goes down?

The Chief Executive Officer noted that not all of the Shires vehicles have two-way radios, although some vehicles used for critical functions such as Rangers have them.

It was also noted that a gap has been identified that the Shire do not have access to its own fuel. This will be investigated further with possible options being an above ground tank with bunting or an agreement with a local fuel supplier.

- In the objective, all references are to Council, is this correct or should some be the Shire?

  The Chief Executive Officer confirmed that they should in fact be "shire", Officers will make those changes.

- In regards to item 14 of the attachment, do we have a timeline for assigning finance officer to complete works?

  The Manager Governance and Risk advised that there are procedures in place for all sub spaces, this item refers to creating an overarching procedure that will link all processes together. It is not anticipated this will take long to complete.

- Are all the resources on this plan accessible to Council now, and are they all working?

  The Manager Governance and Risk confirmed that the resources are accessible. They have been hyperlinked and Council should be able to view them.

Regulation 17 Action Plan Tracker

Number	Area	Control	Recommendation	Responsible Officer	Progress To Date	Status
1	1. Risk Management	1.1 Reviewing whether the local government has an effective risk management system and that material operating risks to the local government are appropriately considered;	Review Risk Management Policy	Britt Hadlow	15/03/2023 - Policy adopted by Council.	Completed
2	1. Risk Management	1.1 Reviewing whether the local government has an effective risk management system and that material operating risks to the local government are appropriately considered;	Develop a Risk Management Process	Britt Hadlow	14/04/2023 - Framework and Process is set out in risk policy, process in Promapp not required. Committee has reviewed the overall risk register framework and is reviewing each individual risk area at each of their meetings.	Completed
3	1. Risk Management	1.2 Reviewing whether the local government has a current and effective business continuity plan (including disaster recovery) which is tested from time to time;	Review a Business Continuity Plan	Alysha McCall	1/9/2023 No progress. 3/11/2023 No progress. 4/12/2023 - Draft Disaster Recovery Plan under review, Governance Coordinator is working on first draft of Business Continuity Plan with LGIS. 5/1/2023 - Currently obtaining quotes to assist with staff training and specalised advice on the development pf BCP. 2/2/2024 - Quotes received and submitted for budget review considerations. - JHCS supplied server hardware and currently configuring for BCDR. BCDR testing to commence when configuration successful with no errors. 5/3/2024 - BCP will not be included in budget review. Requested to be included in 24/25 budget considerations. 3/05/2024 - Waiting on budget to be endorsed. 10/06/2024 - Waiting on budget endorsement. 10/7/2024 - Waiting on budget endorsement. 29/08/2024 - Purchase order has been raised for a consultant to assist with this process. Awaiting schedule of timeframes. 7/02/2025 - Business Continuity Plan process has been completed to be adopted on 18/02/2025.	Completed
4	1. Risk Management	1.2 Reviewing whether the local government has a current and effective business continuity plan (including disaster recovery) which is tested from time to time;	Review the IT Disaster Recovery Plan	Colin Young	12/04/2023 have sought input from Councils external ICT provider.\n\n17/07/2023 external ICT provider has provided with a quote for a BCDR plan - need to review.\n\n1/12/2023 An ICT BDDR plan has been developed and will be presented to the Audit Committee on the 6 December 2023.	Completed

Number	Area	Control	Recommendation	Responsible Officer	Progress To Date	Status
5	1. Risk Management	1.2 Reviewing whether the local government has a current and effective business continuity plan (including disaster recovery) which is tested from time to time;	Establish a program to test the Business Continuity Plan and IT Disaster Recovery Plan annually to ensure efficacy.	Britt Hadlow, Colin Young, Kunal Sarma	12/04/2023 Have liaised with external ICT provider JH Computers to organize a testing phase for the IT Disaster recovery and Business Continuity plan. 05/05/2023 Preparing on how to carry out the IT Disaster recovery plan. Waiting for JH Computers to provide more information on the existing backups and system recovery. 2/06/2023 - Awaiting to hear back from Tim from JH Computers. 7/07/2023 - JH Computers have provided quote for a complete BCDR plan - need to review. We don't have a full-fledged working BCDR plan in place. 23/08/2023 - To present document for review in Sept. 1/9/2023 Business Continuity Plan pending 1.1 being completed. 03/11/2023 - BCDR document has been updated with the relevant costing to consider for. And needs to go to committee to review. 4/12/2023 - Shire of Northam IT Backup & Recovery Plan - signed off by executive group. 16/01/2023 - To liaise with JHCS and provide them with PO & get the BCDR plan into action. 13/02/2024 - JHCS supplied hardware, currently being configured to ensure backup replication is happening with no errors. Upon successful completion - BCDR testing can take place. 05/03/2024 - JHCS is fixing issues with the backup to the Datto server as well as cloud backup. Once we get confirmation from them that backups are successful with no errors, then we can commence with BCDR testing. Testing likely to take place March end - April. 05/04/2024 - Backup is running fine. Next step is to conduct BCDR scenario testing. Organizing date and time with JHCS for testing. 03/05/2024 - BCDR Test Simulation to be performed on 10th May. 7/06/2024 - BCDR Test Simulation performed on 20th May with JHCS, where the Synergy server was shut down for 45mins, and was able to log into Synergy when the BCDR VM was switched on from last backup. Waiting on report from JHCS regarding the testing.	Completed

Number	Area	Control	Recommendation	Responsible Officer	Progress To Date	Status
6	1. Risk Management	1.3Assessing the internal processes for determining and managing material operating risks in accordance with the local government's identified tolerance for risk, particularly in the following areas; 1.10 Ascertaining whether fraud and misconduct risks have been identified, analysed, evaluated, have an appropriate treatment plan which has been implemented, communicated, monitored and there is regular reporting and ongoing management of fraud and misconduct risks.	Review the Fraud and Corruption Plan prior to June 2023.	Britt Hadlow	31/07/2023 - Reviewed plan being presented to Audit & Risk Management Committee on 22 August 2023. 29/8/2023 - Pending adoption by Council - 20 Sept. 6/10/2023 - Minor amendments being made then complete.	Completed
7	1. Risk Management	1.3Assessing the internal processes for determining and managing material operating risks in accordance with the local government's identified tolerance for risk, particularly in the following areas;	Develop internal audit framework to include audits on identified risks in the Fraud and Corruption Control Plan.	Britt Hadlow	01/08/2023 - Risks treatments to be audited bi-monthly on rotation (i.e. 50% audited each month).	Completed
8	1. Risk Management	1.3Assessing the internal processes for determining and managing material operating risks in accordance with the local government's identified tolerance for risk, particularly in the following areas;	Implement an annual review and sign off for the Code of Conduct for Employees, Volunteers, Contractors and Agency Staff.	Janice Byers, Shire of Northam	29/08/2024 - Currently a part of new employee induction process that the COC is signed and returned. COC is reviewed annually and signed off by the CEO. COC for 2024 complete, just waiting on finalisation of document and sign off by CEO. New Human Resource Information System is expected to be implemented by the end of September 2024, and will include a requirement for staff to reread and sign off COC annually. New HRIS delayed until March 2025.	Underway
9	1. Risk Management	1.3Assessing the internal processes for determining and managing material operating risks in accordance with the local government's identified tolerance for risk, particularly in the following areas;	Provide staff with specific training on fraud controls and conducting investigations.	Janice Byers, Shire of Northam	2/2/2024 - Early stages of investigating content for training and best way to deliver of training underway. 29/08/24 - Training will be considered after the implementation of the organisational realignment. 10/02/25 - Training to commence March 2025.	Underway

Number	Area	Control	Recommendation	Responsible Officer	Progress To Date	Status
10	1. Risk Management	1.3Assessing the internal processes for determining and managing material operating risks in accordance with the local government's identified tolerance for risk, particularly in the following areas;	Review ICT Strategy prior to June 2024.	Colin Young, Kunal Sarma	Yet to review the current strategy that the Shire has in place and then work from there. 05/05/2023 - Yet to review and then create the strategy 02/06/2023 - Yet to review and then create the strategy 7/07/2023 - Yet to review existing document in place 23/08/2023 - Not yet started reviewing. 03/11/2023 - ICT security policy for fileserver has been created and will be incorporated in Promapp's. This will be part of the ICT strategy document as well (which is creation process). 4/12/2023 - to incorporate it in Promapp's security strategy. 16/01/2024 - to develop Northam Shires ICT strategy shortly. 5/01/2024 - plan is in the early stages of development 13/02/2024 - through ITV/ReadyTech to change the security settings in Synergy. Currently reviewing existing strategy policy. 05/03/2024 - working on strategy document to be present to exec management team in 2 weeks time. 05/04/2024 - ICT strategy 2023-28 completed, waiting for final review check and then to be presented for April meeting to the group. 09/04/2024 - ICT Strategy Plan 2023-28 completed and currently being presented to the committee for endorsement.	Completed
11	1. Risk Management	1.5Assessing the adequacy of Local Government processes to manage insurable risks and ensure the adequacy of insurance cover, and if applicable, the level of self-insurance;	Implement systems to ensure appropriate insurance is maintained where required by the Shire of Northam for leases and licenses.	Britt Hadlow	06/02/2023 - Documenting within Smartsheet leased properties and the requirements with respect to insurance. Review yet to be undertaken comparing the property insurance register to lease register. 1/08/2023 - A review was undertaken for leased properties against the insurance property register to ensure appropriate insurance is maintained. An annual review has been incorporated as an action on the CEO Office Annual Delivery Plan.	Completed
12	2. Internal Control	2.2Control of approval of documents, letters and financial records;	Staff to be provided with training/reminder of need to register certain documents whilst limiting access.	Britt Hadlow, Janice Byers	Developing a suite of weekly 'Did you know' alerts to staff in addition with training videos for registering documents. 1/9/2023 Monthly updates to be communicated to staff. 13/10/23 Commenced.	Completed
13	2. Internal Control	2.3Limit of direct physical access to assets and records;	Store physical lease and licence records in the Records room to ensure records are appropriately administered.	Britt Hadlow	Cabinet moved on 21/04/2023.	Completed

Number	Area	Control	Recommendation	Responsible Officer	Progress To Date	Status
14	2. Internal Control	2.8Comparison of the result of physical cash and inventory counts with accounting records.	Develop process and procedure for offsite stock management.	Kristy Hopkins, Kudzai Matanga, Lee Baglin	1/2/2024 - Preliminary investigations are underway. 29/04/2024 - BKB have a process in Promapps - Process needed for Pool, Vistors centre & Depot. 29/08/2024 have received process from Rec Centre/Pool and Visitors Centre, awaiting process from Depot. 06/01/2025 - Assigned to Finance Officer to review all process and create an overarching process.	Underway
15	3. Legislative Compliance	3.1Reviewing the annual Compliance Audit Return and reporting to council the results of that review;	Have the Compliance Audit Return (CAR) undertaken independently once in every three years (next due for 2023 period) CAR completed progressively on a monthly basis as part of internal audit process.	Britt Hadlow	01/02/2023 - No progress able to be taken until second quarter of 2023/24. Sourcing quotes to include in 2023/24 budget. 12/04/2023 - Quotes sought and budget request submitted for 2023/24. 1/08/2023 - Included in 2023/24 budget. 1/9/2023 - Budget approved - seeking quotes. 6/10/2023 - Finalising quote. 21/10/2023 - Consultant engaged. 4/12/2023 - No progress 5/1/2023 - Governance Coordinator is currently compiling evidence to send to auditors. 2/2/2024 - Auditors currently assessing evidence provided. Expected site visit in the coming weeks. Report will be prepared for A&R meeting in Feb. 12/2/2024 - Report completed and uploaded to portal. Waiting on Council review from A&R Management Committee, and then endorsement from Council before finalising for submission to the Department. 5/3/2024 - Completed bu Australian Audit, February 2023. 09/04/2024 - CAR submitted 26/03/2024, implementation of a compliance calendar audit completed and undertaken on a monthly basis.	Completed
16	3. Legislative Compliance	3.2How management is monitoring the effectiveness of its compliance and making recommendations for change as necessary;	Report non-compliances identified through internal audits to the Executive Management monthly meeting.	Britt Hadlow, Tamika Van Beek	Executive Managers Meeting Agenda template (V8) has been updated and uploaded in to Promapps. This version will commence use in March 2023	Completed
17	3. Legislative Compliance	3.3Reviewing whether the local government has procedures for it to receive, retain and treat complaints, including confidential and anonymous employee complaints;	Review the Customer Service Charter	Kudzai Matanga	customer service charter review taken for recommendation and adoption to council 15.05.2024	Completed

Number	Area	Control	Recommendation	Responsible Officer	Progress To Date	Status
18	3. Legislative Compliance	3.3Reviewing whether the local government has procedures for it to receive, retain and treat complaints, including confidential and anonymous employee complaints;	Review the Manage Complaints Process incorporating the following: a) Translating services being provided where appropriate. b) Special arrangements that may be required for responding to particular client groups. c) Reference to the public interest disclosure and misconduct processes. d) Declaring interests. e) The Ombudsman's Conducting Investigations Guidelines. f) The Ombudsman's Procedural Fairness Guidelines. g) A review process in which the Complaint Handling Officer's decision is reviewed by a suitably experienced colleague/superior before the complaint is finalised. h) An independent internal review process. i) Consideration towards establishing a designated Complaint Handling Officer. j) A system for analysing complaint information to enable continuous improvement.	Britt Hadlow	01/02/2023 - Limited. 12/04/2023 - Review underway. 4/07/2023 - Complaints process and website updated. Waiting for finalisation of process for complaints relating to council member breaches of the code of conduct. 01/08/2023 - Policy for council member breaches of the code of conduct has been workshopped with council and to be presented to the August OCM for endorsement. 16/08/2023 - Policy endorsed for Council member breaches of the code of conduct which is incorporated into the complaints process.	Completed
19	3. Legislative Compliance	3.3Reviewing whether the local government has procedures for it to receive, retain and treat complaints, including confidential and anonymous employee complaints;	Review the information available on the Shire of Northam website incorporating the following: a) Providing clear information that complaints are handled at no charge. b) Providing the information in the form of other languages and incorporating a "Listen" option.	Britt Hadlow, Colin Young	01/02/2023 - Requested quote for 'Listen' feature 12/04/2023 - Feature implemented.	Completed
20	3. Legislative Compliance	3.3Reviewing whether the local government has procedures for it to receive, retain and treat complaints, including confidential and anonymous employee complaints;	Include the effectiveness of the complaint handling system within the internal audit framework.	Britt Hadlow, Colin Young	1/08/2023 - Complaint audit implemented commencing July 2023.	Completed

7.7   Compliance Audit Return 2024

File Reference:	1.6.1.6
Reporting Officer:	Alysha McCall (Manager Governance and Risk)
Responsible Officer:	Debbie Terelinck (Chief Executive Officer)
Officer Declaration of Interest:	Nil
Voting Requirement:	Simple Majority
Press release to be issued:	No

BRIEF

This report is to provide information to assist Council in the adoption of the 2024 Compliance Audit Return (CAR).

ATTACHMENTS

1.   Compliance Audit Return 2024 [**7.7.1** - 12 pages]

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A.   BACKGROUND / DETAILS

Under the *Local Government (Audit) Regulations 1996*, a Local Government is required to carry out a Compliance Audit for the period 1 January to 31 December of each year. The certified return should be submitted to the Department of Local Government, Sport and Cultural Industries by 31 March each year.

The CAR must be:
1. Be reviewed by the Audit & Risk Management Committee;
2. Presented at a meeting of the Council;
3. Be adopted by the Council; and
4. Recorded in the minutes of the meeting at which it is adopted.

In relation to the year 2024, a copy of the return is to be submitted for Council Member perusal, comment and adoption prior to 31 March 2025. It is necessary for the Shire President and the Chief Executive Officer to sign off the return as a certified copy.

The 2024 Compliance Audit Return (Attachment 6.7.1) has been completed by the Shire of Northam, with the Chief Executive Officer and senior staff reviewing and approving the completed return.

The compliance review process provides Council and the Chief Executive Officer with an additional element of accountability through a check of

internal management systems, procedures and record keeping and this demonstrates the Shire's emphasis on improving its governance and compliance, and demonstrating best practice.

B. CONSIDERATIONS

B.1 Strategic Community / Corporate Business Plan
Performance Area: Performance. Outcome 12: Excellence in organisational performance and customer service.
Objective 12.1: Maintain a high standard of corporate governance and financial management.
Priority Action: Nil.

B.2 Financial / Resource Implications
Budget expenditure for an external consultant to carry out the audit.

B.3 Legislative Compliance
Local Government Act 1995;
Local Government (Functions and General) Regulations 1996;
Local Government (Administration) Regulations 1996;
Local Government (Elections) Regulations 1997;
Local Government (Audit) Regulations 1996;

B.4 Policy Implications
Nil.

B.5 Stakeholder Engagement / Consultation
There was no external engagement or consultation undertaken.

B.6 Risk Implications
Refer to Risk Matrix here.

Risk Category	Description	Rating (likelihood x consequence)	Mitigation Action
Financial	Financial misconduct occurring in the Shire.	Possible (3) x Major (4) = High (12)	Conduct required audits and report to Council.
Health & Safety	N/A		
Reputation	Poor Governance and Finance management.	Possible (3) x Major (4) = High (12)	Conduct required audits and report to Council.
Service Interruption	N/A		

Compliance	Non-compliance with relevant legislation.	Possible (3) x Medium (3) = Moderate (9)	Adopt the Compliance Audit Return by 31 March. Undertake a monthly internal audit. Have CAR audited externally every 3 years.
Property	N/A		
Environment	N/A		

B.7 Natural Environment Considerations

N/A

C. OFFICER'S COMMENT

Each year the Shire strives to improve the services it provides to both external and internal stakeholders. The 2024 CAR audit result of 95% is a decrease from the 2023 CAR which was 99% compliant.

TITLE	NUMBER OF QUESTIONS	PERCENTAGE
Commercial Enterprises by Local Government	5	100%
Delegation of Power/Duty	13	92%
Disclosure of Interest	21	100%
Disposal of Property	2	50%
Elections	3	100%
Finance	7	100%
Integrated Planning and Reporting	3	100%
Local Government Employees	5	100%
Official Conduct	4	100%
Optional Questions	9	100%
Tenders for Providing Goods and Services	22	90%

This year there were 11 categories with a total of 94 questions.

The 2024 CAR audit states that the Shire has 95% compliance overall. There were four non-compliances which are as follows:

1. s5.46(3) Admin Reg 19

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

Non-Compliance
Decisions not recorded on the Delegated Authority Register.

Officer Comment
This has been an ongoing non-compliance identified through the monthly internal compliance audits. The matter has been raised with the Executive Leadership Team and the relevant Officer making decisions under delegated authority is advised in writing of their requirements when making decisions under delegated authority. Regular reminders are conveyed at the recently convened Leadership Group meetings.

2. s3.58(3)

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

Non-Compliance
In June 2024, public notice was given in 2 of the 3 prescribed forms for the disposal of a commercial hangar (site 40 & 41) by lease.

Officer Comment
Controls are in place for ensuring compliance, this includes a documented process in Council's Process Mapping software. It is understood that this non-compliance was an administrative error.

3. F&G Regs 11A(1) & (3)

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

Non-Compliance
Five instances over 2024 identified where procurement process was not complied with. This related to purchase orders not being raised prior to the invoice date, the required number of quotes being obtained or

appropriate justification being provided where the policy was not complied with.

Officer Comment

Council has a documented procurement processes to support compliance with its policy and Officers will continue to highlight policy requirements with employees.

4. F&G Regs 15 & 16

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

Non-Compliance

Details of RFT 02 of 2024 were not immediately recorded in the tender register.

Officer Comment

This has since been rectified. Officers are exploring improvements to the Tender Register to improve the capturing of this information and display on the Shire's website.

RECOMMENDATION / COMMITTEE DECISION

Minute No: AU.313

Moved: President C R Antonio
Seconded: Cr M P Ryan

That the Audit & Risk Management Committee ENDORSES the following recommendations being presented to Council:
1. **That Council ENDORSES the Compliance Audit Return for the period 1 January to 31 December 2024 as presented in Attachment 6.7.1.**
2. **That Council AUTHORISES the Chief Executive Officer to submit the report to the Department of Local Government, Sport and Cultural Industries.**

CARRIED 5/0

For: Cr A J Mencshelyi, President C R Antonio, Cr H J Appleton, Cr M I Girak and Cr M P Ryan

Against: Nil

Clarification was sought in relation to:

- Could the Shire provide more information on the 50% compliance shown in the table for disposal of property?

  The Manager Governance and Risk advised that while there is a process in place for public advertising, in this instance there were 15 hangar leases being considered and it was an oversight that only 2 of the 3 advertising points were captured. This was an administrative error.

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Northam – Compliance Audit Return

Commercial Enterprises by Local Governments				
No	Reference	Question	Response	Comments
1	s3.59(2)(a) F&G Regs 7,9,10	Has the local government prepared a business plan for each major trading undertaking that was not exempt in 2024?	N/A	
2	s3.59(2)(b) F&G Regs 7,8A, 8, 10	Has the local government prepared a business plan for each major land transaction that was not exempt in 2024?	N/A	
3	s3.59(2)(c) F&G Regs 7,8A, 8,10	Has the local government prepared a business plan before entering into each land transaction that was preparatory to entry into a major land transaction in 2024?	N/A	
4	s3.59(4)	Has the local government complied with public notice and publishing requirements for each proposal to commence a major trading undertaking or enter into a major land transaction or a land transaction that is preparatory to a major land transaction for 2024?	N/A	
5	s3.59(5)	During 2024, did the council resolve to proceed with each major land transaction or trading undertaking by absolute majority?	N/A	

Delegation of Power/Duty				
No	Reference	Question	Response	Comments
1	s5.16 (1)	Were all delegations to committees resolved by absolute majority?	Yes	See C.5050 from 19/06/2024. See C.5073 from 17/07/2024.
2	s5.16 (2)	Were all delegations to committees in writing?	Yes	See record N24441.
3	s5.17	Were all delegations to committees within the limits specified in section 5.17 of the Local Government Act 1995?	Yes	
4	s5.18	Were all delegations to committees recorded in a register of delegations?	Yes	
5	s5.18	Has council reviewed delegations to its committees in the 2023/2024 financial year?	Yes	See C.5050 from 19/06/2024.

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6	s5.42(1) & s5.43 Admin Reg 18G	Did the powers and duties delegated to the CEO exclude those listed in section 5.43 of the Local Government Act 1995?	Yes	
7	s5.42(1)	Were all delegations to the CEO resolved by an absolute majority?	Yes	See C.5073 from 17/07/2024.
8	s5.42(2)	Were all delegations to the CEO in writing?	Yes	See O87671.
9	s5.44(2)	Were all delegations by the CEO to any employee in writing?	Yes	See file 2.3.1.6.
10	s5.16(3)(b) & s5.45(1)(b)	Were all decisions by the Council to amend or revoke a delegation made by absolute majority?	N/A	
11	s5.46(1)	Has the CEO kept a register of all delegations made under Division 4 of the Act to the CEO and to employees?	Yes	https://www.northam.wa.gov.au/council/documents-publications/delegated-authority-register.aspx
12	s5.46(2)	Were all delegations made under Division 4 of the Act reviewed by the delegator at least once during the 2023/2024 financial year?	Yes	See C.5050 from 19/06/2024.
13	s5.46(3) Admin Reg 19	Did all persons exercising a delegated power or duty under the Act keep, on all occasions, a written record in accordance with Local Government (Administration) Regulations 1996, regulation 19?	No	Decisions not recorded on Delegated Authority Register as identified in the internal audit program.

Disclosure of Interest				
No	**Reference**	**Question**	**Response**	**Comments**
1	s5.67	Where a council member disclosed an interest in a matter and did not have participation approval under sections 5.68 or 5.69 of the Local Government Act 1995, did the council member ensure that they did not remain present to participate in discussion or decision making relating to the matter?	Yes	
2	s5.68(2) & s5.69(5) Admin Reg 21A	Were all decisions regarding participation approval, including the extent of participation allowed and, where relevant, the information required by the Local Government (Administration) Regulations 1996 regulation 21A, recorded in the minutes of the relevant council or committee meeting?	N/A	
3	s5.73	Were disclosures under sections 5.65, 5.70 or 5.71A(3) of the Local Government Act 1995 recorded in the minutes of the meeting at which the disclosures were made?	Yes	
4	s5.75 Admin Reg 22, Form 2	Was a primary return in the prescribed form lodged by all relevant persons within three months of their start day?	Yes	
5	s5.76 Admin Reg 23, Form 3	Was an annual return in the prescribed form lodged by all relevant persons by 31 August 2024?	Yes	

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6	s5.77	On receipt of a primary or annual return, did the CEO, or the Mayor/President, give written acknowledgment of having received the return?	Yes	
7	s5.88(1) & (2)(a)	Did the CEO keep a register of financial interests which contained the returns lodged under sections 5.75 and 5.76 of the Local Government Act 1995?	Yes	
8	s5.88(1) & (2)(b) Admin Reg 28	Did the CEO keep a register of financial interests which contained a record of disclosures made under sections 5.65, 5.70, 5.71 and 5.71A of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28?	Yes	
9	s5.88(3)	When a person ceased to be a person required to lodge a return under sections 5.75 and 5.76 of the Local Government Act 1995, did the CEO remove from the register all returns relating to that person?	Yes	
10	s5.88(4)	Have all returns removed from the register in accordance with section 5.88(3) of the Local Government Act 1995 been kept for a period of at least five years after the person who lodged the return(s) ceased to be a person required to lodge a return?	Yes	
11	s5.89A(1), (2) & (3) Admin Reg 28A	Did the CEO keep a register of gifts which contained a record of disclosures made under sections 5.87A and 5.87B of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28A?	Yes	
12	s5.89A(5) & (5A)	Did the CEO publish an up-to-date version of the gift register on the local government's website?	Yes	https://www.northam.wa.gov.au/gifts-register.aspx
13	s5.89A(6)	When people cease to be a person who is required to make a disclosure under section 5.87A or 5.87B of the Local Government Act 1995, did the CEO remove from the register all records relating to those people?	Yes	
14	s5.89A(7)	Have copies of all records removed from the register under section 5.89A(6) of the Local Government Act 1995 been kept for a period of at least five years after the person ceases to be a person required to make a disclosure?	Yes	
15	s5.70(2) & (3)	Where an employee had an interest in any matter in respect of which the employee provided advice or a report directly to council or a committee, did that person disclose the nature and extent of that interest when giving the advice or report?	Yes	

Audit & Risk Management Committee Minutes
18 February 2025
Department of Local Government, Sport and Cultural Industries - Compliance Audit Return - Northam

Attachment 7.7.1

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16	s5.71A & s5.71B(5)	Where council applied to the Minister to allow the CEO to provide advice or a report to which a disclosure under section 5.71A(1) of the Local Government Act 1995 relates, did the application include details of the nature of the interest disclosed and any other information required by the Minister for the purposes of the application?	N/A	
17	s5.71B(6) & s5.71B(7)	Was any decision made by the Minister under section 5.71B(6) of the Local Government Act 1995, recorded in the minutes of the council meeting at which the decision was considered?	N/A	
18	s5.104(1)	Did the local government prepare and adopt, by absolute majority, a code of conduct to be observed by council members, committee members candidates that incorporates the model code of conduct?	Yes	Code of Conduct was reviewed and adopted on 24/01/2024 however the report highlights that Simple Majority was required. The decision achieved an Absolute Majority of 9/0 however the minutes of the meeting do not reflect it was an Absolute Majority decision due to a report writing/minute error.
19	s5.104(3) & (4)	Did the local government adopt additional requirements in addition to the model code of conduct? If yes, does it comply with section 5.104(3) and (4) of the Local Government Act 1995?	N/A	
20	s5.104(7)	Has the CEO published an up-to-date version of the code of conduct for council members, committee members and candidates on the local government's website?	Yes	https://www.northam.wa.gov.au/documents/11532/cp3-code-of-conduct-for-councillors-committee-members-and-candidates
21	s5.51A(1) & (3)	Has the CEO prepared and implemented a code of conduct to be observed by employees of the local government? If yes, has the CEO published an up-to-date version of the code of conduct for employees on the local government's website?	Yes	https://www.northam.wa.gov.au/documents/11543/mp1-code-of-conduct-employees-volunteers-contractors-and-agency-staff

Disposal of Property				
No	**Reference**	**Question**	**Response**	**Comments**
1	s3.58(3)	Where the local government disposed of property other than by public auction or tender, did it dispose of the property in accordance with section 3.58(3) of the Local Government Act 1995 (unless section 3.58(5) applies)?	No	In June 2024, public notice was given in 2 of the 3 prescribed forms for the disposal of a commercial hangar (site 40 & 41) by lease.

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| 2 | s3.58(4) | Where the local government disposed of property under section 3.58(3) of the Local Government Act 1995, did it provide details, as prescribed by section 3.58(4), in the required local public notice for each disposal of property? | Yes | |

Elections

No	Reference	Question	Response	Comments
1	Elect Regs 30G(1) & (2)	Did the CEO establish and maintain an electoral gift register and ensure that all disclosure of gifts forms completed by candidates and donors and received by the CEO were placed on the electoral gift register at the time of receipt by the CEO and in a manner that clearly identifies and distinguishes the forms relating to each candidate in accordance with regulations 30G(1) and 30G(2) of the Local Government (Elections) Regulations 1997?	Yes	No elections were held during 2024 however the register is established and maintained.
2	Elect Regs 30G(3) & (4)	Did the CEO remove any disclosure of gifts forms relating to an unsuccessful candidate, or a successful candidate that completed their term of office, from the electoral gift register, and retain those forms separately for a period of at least two years in accordance with regulation 30G(4) of the Local Government (Elections) Regulations 1997?	Yes	Nil received.
3	Elect Regs 30G(5) & (6)	Did the CEO publish an up-to-date version of the electoral gift register on the local government's official website in accordance with regulation 30G(5) of the Local Government (Elections) Regulations 1997?	Yes	https://www.northam.wa.gov.au/council/documents-publications/electoral-gift-register.aspx

Finance

No	Reference	Question	Response	Comments
1	s7.1A	Has the local government established an audit committee and appointed members by absolute majority in accordance with section 7.1A of the Local Government Act 1995?	Yes	See C.4875 from 25/10/2023.

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2	s7.1B	Where the council delegated to its audit committee any powers or duties under Part 7 of the Local Government Act 1995, did it do so by absolute majority?	Yes	See C.5192 from 27/11/2024.
3	s7.9(1)	Was the auditor's report for the financial year ended 30 June 2024 received by the local government by 31 December 2024?	Yes	C.5200 on 18/12/2024.
4	s7.12A(3)	Where the local government determined that matters raised in the auditor's report prepared under section 7.9(1) of the Local Government Act 1995 required action to be taken, did the local government ensure that appropriate action was undertaken in respect of those matters?	N/A	
5	s7.12A(4)(a) & (4)(b)	Where matters identified as significant were reported in the auditor's report, did the local government prepare a report that stated what action the local government had taken or intended to take with respect to each of those matters? Was a copy of the report given to the Minister within three months of the audit report being received by the local government?	N/A	
6	s7.12A(5)	Within 14 days after the local government gave a report to the Minister under section 7.12A(4)(b) of the Local Government Act 1995, did the CEO publish a copy of the report on the local government's official website?	N/A	
7	Audit Reg 10(1)	Was the auditor's report for the financial year ending 30 June 2024 received by the local government within 30 days of completion of the audit?	Yes	C.5200 on 18/12/2024.

Local Government Employees				
No	**Reference**	**Question**	**Response**	**Comments**
1	s5.36(4) & s5.37(3) Admin Reg 18A	Were all CEO and/or senior employee vacancies advertised in accordance with Local Government (Administration) Regulations 1996, regulation 18A?	N/A	The CEO is the only senior employee and there was no vacancy during 2024.
2	Admin Reg 18E	Was all information provided in applications for the position of CEO true and accurate?	N/A	
3	Admin Reg 18F	Was the remuneration and other benefits paid to a CEO on appointment the same remuneration and benefits advertised for the position under section 5.36(4) of the Local Government Act 1995?	N/A	

| 4 | s5.37(2) | Did the CEO inform council of each proposal to employ or dismiss senior employee? | N/A | |
| 5 | s5.37(2) | Where council rejected a CEO's recommendation to employ or dismiss a senior employee, did it inform the CEO of the reasons for doing so? | N/A | |

Official Conduct

No	Reference	Question	Response	Comments
1	s5.120	Has the local government designated an employee to be its complaints officer?	Yes	17/03/2021
2	s5.121(1) & (2)	Has the complaints officer for the local government maintained a register of complaints which records all complaints that resulted in a finding under section 5.110(2)(a) of the Local Government Act 1995?	Yes	
3	S5.121(2)	Does the complaints register include all information required by section 5.121(2) of the Local Government Act 1995?	Yes	
4	s5.121(3)	Has the CEO published an up-to-date version of the register of the complaints on the local government's official website?	Yes	https://www.northam.wa.gov.au/complaint-of-a-minor-breach-register.aspx

Tenders for Providing Goods and Services

No	Reference	Question	Response	Comments
1	F&G Reg 11A(1) & (3)	Did the local government comply with its current purchasing policy, adopted under the Local Government (Functions and General) Regulations 1996, regulations 11A(1) and (3) in relation to the supply of goods or services where the consideration under the contract was, or was expected to be, $250,000 or less or worth $250,000 or less?	No	5 instances over 2024 identified where procurement process was not complied with.
2	s3.57 F&G Reg 11	Subject to Local Government (Functions and General) Regulations 1996, regulation 11(2), did the local government invite tenders for all contracts for the supply of goods or services where the consideration under the contract was, or was expected to be, worth more than the consideration stated in regulation 11(1) of the Regulations?	Yes	RFT was called unless procured via an RFQ through the WALGA Preferred Supplier Program (F&G Reg. 11(2)(b)).

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3	F&G Regs 11(1), 12(2), 13, & 14(1), (3), and (4)	When regulations 11(1), 12(2) or 13 of the Local Government Functions and General) Regulations 1996, required tenders to be publicly invited, did the local government invite tenders via Statewide public notice in accordance with Regulation 14(3) and (4)?	Yes	
4	F&G Reg 12	Did the local government comply with Local Government (Functions and General) Regulations 1996, Regulation 12 when deciding to enter into multiple contracts rather than a single contract?	Yes	
5	F&G Reg 14(5)	If the local government sought to vary the information supplied to tenderers, was every reasonable step taken to give each person who sought copies of the tender documents, or each acceptable tenderer notice of the variation?	Yes	
6	F&G Regs 15 & 16	Did the local government's procedure for receiving and opening tenders comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 15 and 16?	No	Details of RFT 02 of 2024 were not immediately recorded in the tender register. This has since been rectified.
7	F&G Reg 17	Did the information recorded in the local government's tender register comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulation 17 and did the CEO make the tenders register available for public inspection and publish it on the local government's official website?	Yes	
8	F&G Reg 18(1)	Did the local government reject any tenders that were not submitted at the place, and within the time, specified in the invitation to tender?	Yes	
9	F&G Reg 18(4)	Were all tenders that were not rejected assessed by the local government via a written evaluation of the extent to which each tender satisfies the criteria for deciding which tender to accept?	Yes	
10	F&G Reg 19	Did the CEO give each tenderer written notice containing particulars of the successful tender or advising that no tender was accepted?	Yes	
11	F&G Regs 21 & 22	Did the local government's advertising and expression of interest processes comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulations 21 and 22?	N/A	
12	F&G Reg 23(1) & (2)	Did the local government reject any expressions of interest that were not submitted at the place, and within the time, specified in the notice or that failed to comply with any other requirement specified in the notice?	N/A	

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Attachment 7.7.1

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13	F&G Reg 23(3) & (4)	Were all expressions of interest that were not rejected under the Local Government (Functions and General) Regulations 1996, Regulation 23(1) & (2) assessed by the local government? Did the CEO list each person as an acceptable tenderer?	N/A	
14	F&G Reg 24	Did the CEO give each person who submitted an expression of interest a notice in writing of the outcome in accordance with Local Government (Functions and General) Regulations 1996, Regulation 24?	N/A	
15	F&G Regs 24AD(2) & (4) and 24AE	Did the local government invite applicants for a panel of pre-qualified suppliers via Statewide public notice in accordance with Local Government (Functions & General) Regulations 1996 regulations 24AD(4) and 24AE?	N/A	
16	F&G Reg 24AD(6)	If the local government sought to vary the information supplied to the panel, was every reasonable step taken to give each person who sought detailed information about the proposed panel or each person who submitted an application notice of the variation?	N/A	
17	F&G Reg 24AF	Did the local government's procedure for receiving and opening applications to join a panel of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 16, as if the reference in that regulation to a tender were a reference to a pre-qualified supplier panel application?	N/A	
18	F&G Reg 24AG	Did the information recorded in the local government's tender register about panels of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24AG?	N/A	
19	F&G Reg 24AH(1)	Did the local government reject any applications to join a panel of pre-qualified suppliers that were not submitted at the place, and within the time, specified in the invitation for applications?	N/A	
20	F&G Reg 24AH(3)	Were all applications that were not rejected assessed by the local government via a written evaluation of the extent to which each application satisfies the criteria for deciding which application to accept?	N/A	
21	F&G Reg 24AI	Did the CEO send each applicant written notice advising them of the outcome of their application?	N/A	

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| 22 | F&G Regs 24E & 24F | Where the local government gave regional price preference, did the local government comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24E and 24F? | Yes | https://www.northam.wa.gov.au/documents/1273/cp24-procurement |

Integrated Planning and Reporting

No	Reference	Question	Response	Comments
1	Admin Reg 19C	Has the local government adopted by absolute majority a strategic community plan? If Yes, please provide the adoption date or the date of the most recent review in the Comments section?	Yes	15/06/2022
2	Admin Reg 19DA(1) & (4)	Has the local government adopted by absolute majority a corporate business plan? If Yes, please provide the adoption date or the date of the most recent review in the Comments section?	Yes	14/08/2024
3	Admin Reg 19DA(2) & (3)	Does the corporate business plan comply with the requirements of Local Government (Administration) Regulations 1996 19DA(2) & (3)?	Yes	https://www.northam.wa.gov.au/documents/1223/council-plan-2022-2032

Optional Questions

No	Reference	Question	Response	Comments
1	Financial Management Reg 5(2)(c)	Did the CEO review the appropriateness and effectiveness of the local government's financial management systems and procedures in accordance with the Local Government (Financial Management) Regulations 1996 regulations 5(2)(c) within the three financial years prior to 31 December 2024? If yes, please provide the date of council's resolution to accept the report.	N/A	Next review due by November 2025.
2	Audit Reg 17	Did the CEO review the appropriateness and effectiveness of the local government's systems and procedures in relation to risk management, internal control and legislative compliance in accordance with Local Government (Audit) Regulations 1996 regulation 17 within the three financial	N/A	Next review due by November 2025.

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		years prior to 31 December 2024? If yes, please provide date of council's resolution to accept the report.		
3	s5.87C	Where a disclosure was made under sections 5.87A or 5.87B of the Local Government Act 1995, were the disclosures made within 10 days after receipt of the gift? Did the disclosure include the information required by section 5.87C of the Act?	Yes	
4	s5.90A(2) & (5)	Did the local government prepare, adopt by absolute majority and publish an up-to-date version on the local government's website, a policy dealing with the attendance of council members and the CEO at events?	Yes	See C.4691 from 15/03/2023.
5	s5.96A(1), (2), (3) & (4)	Did the CEO publish information on the local government's website in accordance with sections 5.96A(1), (2), (3), and (4) of the Local Government Act 1995?	Yes	
6	s5.128(1)	Did the local government prepare and adopt (by absolute majority) a policy in relation to the continuing professional development of council members?	Yes	The policy was reviewed and adopted on 17/04/2024 however the report highlights that Simple Majority was required. The decision achieved an Absolute Majority of 8/0 however the minutes of the meeting do not reflect it was an Absolute Majority decision due to a report writing/minute error.
7	s5.127	Did the local government prepare a report on the training completed by council members in the 2023/2024 financial year and publish it on the local government's official website by 31 July 2024?	Yes	https://www.northam.wa.gov.au/elected-member-professional-development-register.aspx
8	s6.4(3)	By 30 September 2024, did the local government submit to its auditor the balanced accounts and annual financial report for the year ending 30 June 2024?	Yes	Sent on 30/09/2024, see record O88826.
9	s.6.2(3)	When adopting the annual budget, did the local government take into account all its expenditure, revenue and income?	Yes	See C.5087 from 14/08/2024.

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_____   _____

Chief Executive Officer   Date

_____   _____

Mayor/President   Date

UNCONFIRMED

7.8   Work Health & Safety Action Plan

File Reference:	1.1.9.21
Reporting Officer:	Janice Byers (Acting Executive Manager Community Services)
Responsible Officer:	Debbie Terelinck (Chief Executive Officer)
Officer Declaration of Interest:	Nil
Voting Requirement:	Simple Majority
Press release to be issued:	No

BRIEF

To provide a progress report on implementation of the Work Health and Safety Action Plan resulting from an assessment undertaken by Local Government Insurance Services (LGIS) in 2023.

ATTACHMENTS

1.   2.1 Work Health & Safety Action Plan - 2023 Assessment [**7.8.1** - 3 pages]

A. BACKGROUND / DETAILS

An assessment of the Shire's Work Health and Safety policies, procedures and systems was undertaken by LGIS between 29 and 31 May 2023, as part of the 3 Steps to Safety program.   This resulted in an assessed score of 68% and a range of recommendations for improvements across 6 categories, being:

- Management Commitment
- Planning
- Consultation and Reporting
- Hazard Management
- Training and Supervision
- Volunteer Management

From the assessment report, work has been undertaken over a number of months to identify relevant actions to address the required improvements. These actions have been captured in a Work Health and Safety Action Plan that is being utilised to monitor and report on progress.

Progress on implementation of the Action Plan is discussed and reviewed by the Work Health and Safety Committee on a quarterly basis. Resources are being allocated to address the highest areas of risk in the first instance. It is

also proposed to allocate some actions to the LGIS Regional Risk Coordinator to assist with managing the workload.

It is intended that the progress report provided to the Work Health and Safety Committee will be used as the basis for future quarterly reporting to the Audit and Risk Management Committee.

The Work Health and Safety Action Plan is included as Attachment 6.8.1 and indicates progress on completion of actions.

The 3 Steps to Safety program was originally conducted on a bi-annual basis, however this has changed to a 3-yearly assessment, with LGIS conducting random testing in between. The next scheduled assessment for the Shire will be in 2026.

B.   CONSIDERATIONS

B.1   Strategic Community / Corporate Business Plan
Performance Area: Performance.
Outcome 12: Excellence in organisational performance and customer service.
Objective 12.4: Have a happy, competent and committed workforce that lives local.
Priority Action: Nil.

B.2   Financial / Resource Implications
Nil

B.3   Legislative Compliance
WHS ACT 2020.
WHS Regulations 2022.

B.4   Policy Implications
Work Health and Safety Policy.

B.5   Stakeholder Engagement / Consultation
LGIS conducted the assessment and provided a report from which an Action Plan has been developed.

B.6   Risk Implications
Refer to Risk Matrix here.

Risk Category	Description	Rating (likelihood x consequence)	Mitigation Action

Financial	Heavy penalties may apply to the organisation and the individual person if the Act and regulations are not adhered to, or death or permanent disability occurs to a worker.	Possible (3) x Major (4) = High (12)	Adopt the Action Plan, developed from the LGIS safety assessment. Adhere to the WHS Act, Regulations and other Codes of Practice, as far as reasonably practicable, to mitigate the risk.
Health & Safety	Not following compliance and being exposed to risks and injuries to workers.	Unlikely (2) x Medium (3) = Moderate (6)	As far as reasonably practicable, adhere to the WHS ACT and Regulations to mitigate the risk to any worker.
Reputation	Moral amongst workers, potentially resulting in injuries and low esteem.	Possible (3) x Insignificant (1) = Low (3)	Training and communication to mitigate risk to the organisation. Implementation of injury management plans where needed.
Service Interruption	Machinery break downs, injured workers	Possible (3) x Insignificant (1) = Low (3)	Ensure that equipment is inspected, fit for purpose and serviced as required, to mitigate breakdowns and interruptions to production.
Compliance	Not having policies or procedures in place to keep the workers and the organisation safe from risks.	Unlikely (2) x Medium (3) = Moderate (6)	As far as reasonably practicable, adhere to the WHS ACT and Regulations to mitigate the risk to the organisation and workers.
Property	Nil.		
Environment	Nil.		

B.7   **Natural Environment Considerations**
Nil.

C.   OFFICER'S COMMENT

Given the Work Health and Safety Action Plan has now been finalised in a format that supports monitoring and reporting, progress against the implementation of the Action Plan will be reported to the Audit and Risk Management Committee on a quarterly basis moving forward.

Efforts will be made to complete all actions identified as part of the 2023 assessment, however this may be constrained by resource availability and the need to focus on continuous improvement across the organisation. While it is anticipated that the Action Plan will result in a higher assessed score at the next audit in 2026, it is expected that given changes to legislation, policies and practices, this will be a journey of continuous improvement.

RECOMMENDATION / COMMITTEE DECISION

Minute No: AU.314

Moved: **President C R Antonio**
Seconded: Cr M I Girak

That the Audit & Risk Management Committee ENDORSES the following recommendation being presented to Council:
  1. **That Council RECEIVES the progress report on implementation of the Work Health and Safety Action Plan as provided in Attachment 6.8.1.**

CARRIED 5/0

For: Cr A J Mencshelyi, President C R Antonio, Cr H J Appleton, Cr M I Girak and Cr M P Ryan

Against: Nil

Clarification was sought in relation to:

• Does the Shire see any risk movement in changing to bi-annual reviews from quarterly?

  The Chief Executive Officer confirmed there will be spot checks and the Shire have a regional risk coordinator that is able to help out. Clarity was provided that the reviews are changing from every 2 years to every 3 years.

- Will engaging with the regional risk coordinator result in additional cost?

  The Chief Executive Officer advised that the Shire already pays for this service so there will not be any additional cost.

- In the table, how can the results be insufficient and completed at the same time?

  The Manager Governance and Risk advised that the task was insufficient and the action to address the insufficiency was then completed.

- In the table, there are tasks that are complete but do not have end dates listed, can this be corrected?

  The Manager Governance and Risk advised that completion dates will be included in the table in future.

2.1 WHS Action Plan - 2023 Assessment

	Audit Findings	Results	Description	Task	Actions Taken	Status	Start Date	End Date	Completion
1									
2	**LGIS AUDIT ASSESSMENT Management Commitment**	Results							
3	Safety Policy		WHS Policy						
4	Endorse WHS Policy	1.1 (Insufficient)		CEO to review and Sign WHS Policy	Workshop and add to Council Meeting in 20 March 24	Complete	01/02/24	29/03/24	100%%
5	Display the WHS policy in high visible areas such as noticeboards and reception areas.	1.1 (Insufficient)		Add signed copy to all safety boards		Complete	01/04/24	30/04/24	100%%
6	A process should be developed to ensure legislative changes are discussed as part of the WHS Committee / Reps meetings.	1.1 (Insufficient)		Legislative Changes have been added as a topic to WHS Committee Agenda and the Safety Reps Agenda to be discussed.	Topic added to WHS Reps and WHS Committee Agenda	Complete			100%
7	Psychological Risk and Responsibilities		Ensure WHS responsibilities - are identified in relevant documents for employers, Volunteers and Contractors.						
8	Develop a WHS Management plan that captures all required information including Psychological Risks and Responsibilities	1.4 (Insufficient)		Include Psychological risks and responsibilities into the WHS Management Plan	WHS Management Plan has been developed and has links to processes in Promapp	Complete	08/01/24	30/03/24	100%
9	Position descriptions include health and safety responsibility at all levels.	1.4 (Insufficient)		Position descriptions need to be reviewed and include safety responsibilities.	Add safety responsibilities to all position descriptions	Complete	01/01/24	31/12/24	100%
10	Current legislation not referenced in tender documentation	1.4 (Insufficient)		WHS needs to be referenced on contractor tender documentation not OHS	points need to be changed to WHS New Workers Comp Act needs to be changed in documents	Complete	01/04/24	31/01/25	100%
11	Contractors WHS induction information needs to include WHS responsibilities	1.4 (Insufficient)		Contractor inductions needs to be reviewed and include WHS responsibilities	Contractor induction has been updated PowerPoint presentation and add WHS responsibilities	Complete	01/04/24	31/01/25	100%
12	WHS committee terms of reference,	1.4 (Insufficient)		Terms of reference are to be included in the WHS Committee agenda	Added to Safety Rep and WHS Committee agendas	Complete			100%
13	Various health and safety training for managers and supervisors	1.4 (Insufficient)		WHS training needs to include managers and supervisors for psychological risks and responsibilities	Psychosocial training has been delivered, looking at further training for others and resilience training from LGIS Further psychosocial training has been organised with LGIS in September, for all staff each session is 2 hours each Mental Health First Aid for executives and managers has been proposed	On Going			100%
14	The CEO or acting CEO chairs the WHS committee meetings and CEO and executives will carry out regular workplace inspection to be visibly supporting staff	1.4 (Insufficient)		CEO and or an executive to carry out regular workplace inspections and be more visible to staff. Safety inspections will be conducted on a quarterly basis as per roster on safety rep agenda.	CEO and executives will conduct WHS inspections on a quarterly basis and be recorded. This has been occurring and successful	Complete			100%
15	Senior Management regularly attend the WHS Committee meeting and WHS is an agenda item for all internal meetings including regular executive meetings.	1.4 (Insufficient) This includes 6.1 This includes 2.1	2.1 Develop a WHS plan with executives and the WHS Committee for the organisation that include accountability from other departments. Communicate WHS Plan to the workers.	Refer to line 14 in this SmartSheet. Executive team will continue to monitor progress against this WHS Action Plan at the WHS Committee meetings	The WHS Management will be endorsed by by the executives at the executive meetings. WHS Committee will review the WHS Management Plan annually and communicate any changes	Complete			100%
16				Develop a safety topic calendar for each month	Safety Topics are to be added and included in each areas monthly meeting	Complete			100%
17	Psychological Risk Management		Recommendations to improve health, safety and psychological risk management are acted upon.						
18	Conduct risk assessments to improve health, safety and psychological risk management are acted upon.	1.8 (Insufficient) (this includes 1.7)	1.7 Review Workplace inspections to include psychosocial risk identification	A Process risk assessment template has been developed to include psychosocial hazards and this is part of the SWSMS to SOPS project.	This is part of the SOPS 2 year project	Complete		31/12/25	100%

	Audit Findings	Results	Description	Task	Actions Taken	Status	Start Date	End Date	Completion
19	Ensure the psychosocial risk project takes place where risks can be identified, assessed and suitable controls identified.	1.8 (Insufficient)		Ensure the psychosocial risk project takes place where risks can be identified, assessed and suitable controls identified..	A list of psychosocial risks has been presented to the executive team to review. A risk assessment for psychosocial risks applicable to the SON has been undertaken and will be endorsed by the executives.	In Progress	01/03/24	30/03/24	50%
20	LGIS AUDIT ASSESSMENT Planning								
21	Psychosocial objectives and measurable targets		Specific health, safety and psychosocial objectives and measurable targets have been established for relevant functions and levels within the organisation.						
22	Identify health and safety objectives and measurable targets for the organisation as well as relevant functions and levels within. These should include both lead and lag indicators for effective performance management.	2.2 (Unsatisfactory).This is includes 6.1 This includes 1.4	Review the WHS plan to ensure that objectives are being measured, monitored, and reviewed at executive level WHS Committee will review the WHS Management annually and record any changes	identify safety measures and report monthly WHS Committee will review the WHS Management annually and record any changes	Suggested objectives to be reported monthly, Injuries, Trends, Near Misses, Workers Comp, Risk Assessments Automation in progress in smartseet to be able to pull data across, Joanne has a meeting with Tamika early August.	On Going	01/07/24	30/06/25	25%
23	Special Needs		Arrangements are in place for people with special needs						
24	Develop a procedure to ensure work tasks are assessed for workers with special needs and reasonable adjustments are made.	2.3 (Insufficient)		Develop a process for people working with special needs.	Included in the Access and Inclusion Plan .	Complete	22/02/24	30/06/24	100%
25	Visitors		Arrangements for visitors to the workplace are in place						
26	Entry / visitor log	2.4 (Satisfactory)		All visitors to sign into sign in book at reception areas	Visitor / contractor sign in book available in every area	Complete			100%
27	Clear identification of visitor			Visitor badges to be created and handed out at the sign in process, badges are to be returned when signing out	visitor badges created and handed out	Complete			100%
28				Create a visitor induction process and display at all sign in areas	Emergency procedures for each area are displayed next to the visitor sign in books	Complete			100%
29	Emergency Situations								
30	Potential emergency situations have been identified and relevant emergency procedures are in place.	2.6 (Insufficient)		Review the evacuation diagrams and their placement to ensure they are orientated correctly and send a clear and consistent message across the various workplaces.	BKB, 298, Depot have all been updated	Complete	01/09/23	31/03/24	100%
31	Develop a schedule for drills to be regularly conducted (at least annually for evacuations) as well as other identified emergency situations relevant to the workplace.	2.6 (Insufficient)		Develop an annual emergency schedule for each area	Developed in Smartsheet with automation reminder	Complete	01/01/24	31/03/24	100%
32	Training		The organisation and individuals satisfy legal requirements to undertake specific activities, perform work or operate equipment.						
33	Ensure a training matrix is developed.	2.9 (Insufficient)		A training matrix nees to be developed	Waiting on new Pulse system	On Going	01/07/24	30/06/25	50%
34	LGIS AUDIT ASSESSMENT Consultations & Reporting								
35	Involvement & Consultation		There are agreed procedures for involvement and consultation with workers on health and safety issues, both physical and psychological risks						
36	Ensure the process for the feedback during purchasing safety equipment is assessed and consulted back to workers.	3.1 (Satisfactory)		Create a process and communicate to the workers during the purchasing process of safety equipment	Create a process and communicate to the workers during the purchasing process of safety equipment	Complete	01/03/24	31/05/24	
37	Contractors and External Parties		Workers or their representatives are consulted regarding management of physical and psychosocial hazards in the workplace.						

	Audit Findings	Results	Description	Task	Actions Taken	Status	Start Date	End Date	Completion
38	Develop a procedure to ensure the shire requirements for managing contractors are documented and followed.	3.6 (Insufficient)		SmartSheet has a matrix that includes all insurances .	Develop a procedure for managing contractors (part of the contractor management action plan).	Complete	01/06/24	31/08/24	100%
39	**LGIS AUDIT ASSESSMENT Hazard Managent**								
40	Executives & Managers Inspections		Work activities are analysed, and physical and psychosocial hazards identified.						
41	Ensure all high-risk tasks have been approved, accessed and communicated to the workers involved.	4.3 (Satisfactory) Thia includes 4.4	4.4 Ensure risk assessments for all high-risk activities have been completed by the workers.	Develop a SWMS for high risk tasks and not manual handling. Construction and drainage are the only crews that require a SWMS	A new SWMS to be developed to be more specific to high risks	Complete			100%
42	Risk Assessments		Risk assessments are undertaken on identified physical and psychosocial hazards						
43	Consider using safe operating procedures and risk assessments where necessary and using SWMS for high- risk construction work only.			Develop an Action Plan to change from SWMS to SOPS	Action plan has been developed and available in SmartSheet. SWMS to SOPS project in progress Project will extend to the end of 2025	In Progress	01/07/24	30/06/25	75%
44	**LGIS AUDIT ASSESSMENT Volunteer Management**								
45	Procedures for Volunteers		There are policies and procedures in place for managing volunteers						
46	Ensure processes are in place for managing volunteers including the shires WHS responsibilities.	6.1 (Insufficient)		A process needs to be developed to include WHS responsibilites, create a volunteer induction		Complete	01/04/24	31/05/24	100%
47				Volunteers sign Safe Operating Procedures		Complete			100%
48	Volunteer Legislative Requirements		The organisation conducts ongoing training and verification of competency for volunteers			On Going	01/07/24	30/06/25	50%
49	Develop a process where volunteer supervisors can document volunteer observation to verify competencies.	6.4 (Satisfactory)		Develop a process and checklist where supervisors can document volunteer competencies		In Progress	01/04/24	30/06/24	50%
50									
51									
52									
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55									
56									
57									
58									

8 URGENT BUSINESS APPROVED BY DECISION

Nil.

9 DATE OF NEXT MEETING

Upcoming meetings:
- Tuesday – 20 May 2025
- Tuesday – 19 August 2025
- Thursday – 27 November 2025 – TBC based on Audit completion.

10 DECLARATION OF CLOSURE

There being no further business, the Chairperson, Cr A J Mencshelyi, declared the meeting closed at 6:30 pm.

"I certify that the Minutes of the Audit & Risk Management Committee Meeting held on 18 February 2025 have been confirmed as a true and correct record."

_____ Chairperson

_____ Date