

SHIRE OF KOJONUP

# Kojonup



Audit & Risk Committee

Minutes

5 November 2024

## TERMS OF REFERENCE

### AUDIT & RISK COMMITTEE

Established under Section 7.1 of the *Local Government Act 1995 (Act)* - every local government must have an Audit and Risk Committee (ARC).

#### **Terms of Reference**

ARC is responsible for assisting and independently advising Council in recommending appropriate actions and controls with regards to audit, risk oversight, governance, finances and systems of internal control.

Its role is to provide oversight related to significant risk exposures and control issues, including fraud risks, governance issues and other matters as necessary or requested by the CEO or Council. This is to ensure the Shire's activities are fully compliant with legislation, regulations, accounting and reporting Standards and that the Shire is executing its responsibility to the community in efficiently utilising their assets.

The ARC is not responsible for the executive management of these functions. The ARC will engage with management in a constructive and professional manner in discharging its advisory responsibilities and formulating its advice to Council.

#### **Duties and Responsibilities:**

Members of the ARC are expected to observe the legal and regulatory obligations of the Local Government.

Committee members must not use or disclose information obtained through the ARC except in meeting the ARC's responsibilities, or unless expressly agreed by the President of the Shire.

Committee Members must adhere to the Code of Conduct for Council Members, Committee Members and Candidates and demonstrate behaviour which reflects the Shire's desired culture.

#### **ARC Members are expected to:**

1. act in the best interests of the Shire as a whole;
2. apply good analytical skills, objectivity and good judgement;
3. express opinions constructively and openly, raise issues that relate to the ARC's responsibilities and pursue lines of enquiry in relation to the "Risk Controls" the Shire has in place;
4. contribute the time required to meet their responsibilities; and
5. exercise due care, diligence and skill when performing their duties.

#### **Member Duties/Responsibilities:**

- Oversee the Shire's risk management, through:
  - a) Biennial review of the Shire's Risk Management Policy;
  - b) Recommending and reviewing the Shire's Risk Appetite Statement in order to recommend the organisation's Risk Tolerance to the Council;
  - c) Reviewing reports on the movement of the Shire's current strategic risks, and the emergence of new strategic risks;
  - d) Overseeing strategic risks which sit outside of the Shire's Risk Appetite ; and
  - e) Monitor and receive reports concerning the development, implementation and on-going management of the Shire's Risk Management Plan and the effectiveness of its Risk Management Framework;
- Overseeing the Shire's processes for managing fraud and corruption, by:
  - a) Performing oversight responsibilities and advising Council;

- b) Enquiring with the CEO and the Office of the Auditor General (OAG) about whether they are aware of any actual, suspected, or alleged fraud or corruption affecting the Shire; and
- c) Reviewing summary reports from the CEO on communication from external parties including regulators that indicate problems in the internal control system or inappropriate management actions.
- Overseeing the Shire’s financial management and legislative compliance, by:
  - a) Reviewing the Shire’s annual Compliance Audit Return and reporting the results of that review to Council, in accordance with the Local Government (Audit) Regulations 1996;
  - b) Receiving and reviewing reports from the CEO regarding the appropriateness and effectiveness of the Shire’s legislative compliance and ensuring any non-compliances are rectified on a timely basis;
  - c) Considering and recommending adoption of the annual financial report to Council;
  - d) Receive and review the biannual reports from the Chief Executive Officer (CEO) regarding the appropriateness and effectiveness of the Shire's risk management, internal controls and legislative compliance and make recommendations to Council; and
  - e) Consider and recommend adoption of the Annual Financial Report to the Council;
- Overseeing the internal audit function, by;
  - a) Assessing and making a recommendation to Council on an Internal Audit Plan to ensure that it comprehensively covers material business risks that may threaten the achievement of strategic objectives and which identifies key risks and control mechanisms;
  - b) Reviewing the quality and timeliness of internal audit reports;
  - c) Monitoring the implementation of internal audit recommendations; and
  - d) Considering the implications of internal audit findings on the organisation, its risks, and controls.
- Fulfilling responsibilities pertaining to external audit, by:
  - a) Reviewing reports from the OAG, including auditor’s reports, closing reports and management letters;
  - b) Reviewing management’s response to OAG findings and recommendations;
  - c) Monitoring the implementation of recommendations from external audits;
  - d) Reviewing results of relevant OAG audit reports and better practice publications for guidance on good practices, including any assessment by the CEO; and
  - e) Examine the reports of the auditor after receiving a report from the CEO on the matters and:
    - a. determine if any matters raised require action to be taken by the Shire; and
    - b. ensure that appropriate action is taken in respect of those matters.

Seek information or obtain expert advice through the CEO on matters of concern within the scope of the Committee’s terms of reference following authorisation from the Council.

### **Membership**

Four (4) Councillors; and  
Two (2) Community Members

### **Supporting Team Members**

Manager Financial & Corporate Services  
Governance & Rates Officer  
Chief Executive Officer or delegated nominee

### **Meetings**

Quarterly for ordinary meetings and as required related to audit functions.

**Open to Public:** No

**Voting:** Voting is in accordance with Section 5.21 of the *Act*.

**Confidentiality:** All Committee members will be required to adhere to the Shire's confidentiality requirements as per the Code of Conduct for Council Members, Committee Members and Candidates.

**Conduct of Meetings:** ARC Meetings will be held in accordance with the *Act*, subsidiary legislation, and the Shire's Standing Orders.

### **Committee Sitting Fees and Reimbursements**

The Shire is prohibited under Section 5.98-5.99 of the *Act*, and Regulation 30 of the Local Government (Administration) Regulations 1996, to pay a council member a fee for attending the ARC.

Currently, the Shire is prohibited from remunerating independent committee members; however, reimbursement of approved expenses for independent members may be paid to each independent external member in accordance with Section 5.100 of the *Act*.

The rules regarding remuneration for independent committee members are currently under review as part of the Local Government Reforms (2023). These guidelines are subject to any legislation changes.

**MINUTES OF AN AUDIT AND RISK COMMITTEE MEETING**  
**HELD ON 5 NOVEMBER 2024**

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## MINUTES

1 **DECLARATION OF OPENING**

The Chairman will declare the meeting open at 9.07am and alert the meeting of the procedures for emergencies including evacuation, designated exits and muster points.

2 **ATTENDANCE, APOLOGIES & LEAVE OF ABSENCE**

**MEMBERS**

Cr Roger Bilney	Member (Chairperson)
Cr Mick Mathwin	Member
Cathrine Ivey	Community Member
Jill Mathwin	Community Member

**STAFF (OBSERVERS)**

Grant Thompson	Chief Executive Officer
Tonya Pearce	Governance & Rates Officer

**APOLOGIES**

Cr Kerryn Mickle	Member
Cr Paul Webb	Member

3 **SUMMARY OF RESPONSE TO PREVIOUS QUESTIONS TAKEN ON NOTICE**

Nil

4 **CONFIRMATION OF MINUTES**

Audit & Risk Committee Meeting held 7 August 2024 ([Attachment 4.1](#))

**OFFICER RECOMMENDATION/COMMITTEE DECISION**

10AR Moved Cr Mathwin

Seconded J Mathwin

That the minutes of the Audit & Risk Committee Meeting held on 7 August 2024 be confirmed as a true and accurate record.

CARRIED 4/0

For: Cr Bilney, Cr Mathwin, J Mathwin, C Ivey

5 **BUSINESS ARISING**

Nil

6 **DECLARATIONS OF INTEREST**

Nil

## 7 SENIOR MANAGEMENT TEAM DISCUSSION

In accordance with the Financial Management Review adopted in February 2019, one senior manager will attend the Audit & Risk Committee on a rotational basis to discuss the following:

- Update on Manager's areas of responsibility and current projects/issues;
- Questions on Notice from the Audit and Risk Committee;
- Management's own recommendations for improvement in key areas.

Darryn Watkins introduced himself and briefed the Committee on his role as the Manager Works & Infrastructure (MWI).

*Darryn Watkins left the meeting at 10.04am*

## 8 COMMITTEE TIMETABLE

As a guide and subject to availability, each Audit & Risk Committee agenda will contain the following (list to be expanded at the suggestion of members):

### **1st Quarter (January – March)**

- Committee Status Report
- Compliance Audit Return
- Summary of Risk Management
- Volunteer Management
- Leave Provision Adequacy

### **2nd Quarter (April – June)**

- Committee Status Report
- Summary of Risk Management
- Business Continuity Plan Review

### **3<sup>rd</sup> Quarter (July – September)**

- Committee Status Report
- Interim Audit Report
- Summary of Risk Management
- Insurance Overview

### **4<sup>th</sup> Quarter (October – December)**

- Committee Status Report
- Audit Report & Management Letter
- Annual Financial Report
- Annual Report
- Financial Management Review (each 3 years – 2021, 2024...)
- Risk, Legal Compliance & Internal Controls review (each 3 years – 2021, 2024...)
- Summary of Risk Management

The above list will remain at the commencement of each Committee agenda to act as a timetable and enable members to add to the items to be considered.

9 COMMITTEE STATUS REPORT

Date	Item Number & Title	Issue	Response	Status
2 November 2022	10.1 – Risk Management Update	Risk Management Framework, Risk Register and Key Organisational Risks Review.	To progress by September 2024	CEO has commenced internal review as presented in the meeting.
2 November 2022	11.2 – Financial Management Review	The recommendations and observations raised within the Report be reported back to the Audit and Risk Committee for monitoring.	FMR adopted by Council, issues currently being addressed by Manager Financial & Corporate Services	Ongoing
5 September 2023	Information Request	Cr P Webb - List of vehicles containing trackers – CEO		Completed
5 September 2023	13.1 - Information Request	CEO and MFCS to look into feasibility of reduction in insurance premiums if the Shire was to increase insurance excesses	Requested with Insurer, assessing impact, not a straight correlation. MFCS to update ARC at next meeting	Commenced, requested status verification from LGIS in writing.
5 September 2023	Documentation	New Organisational Workforce Structure – CEO	To be forwarded to Committee members after announcement of same	Completed, Workforce Plan: A&R recommended to Council.
6 February 2024	10.1 – Risk Dashboard Report	Boscabel Hall	MRS – check if people camping in grounds, arrange Boscabel Hall playground check.	Referred to Police.



Date	Item Number & Title	Issue	Response	Status
6 February 2024	11.3 – Volunteers insurance	Volunteers insurance	CEO to research.	Pending

UNCONFIRMED

**10 SUMMARY OF RISK MANAGEMENT**

**10.1 RISK MANAGEMENT UPDATE**

Please refer to the following attachments:

- 10.1.1 Risk Actions Report – November 2024

**10.2 WORK HEALTH AND SAFETY**

The CEO will provide an update on Work Health and Safety matters.

- No current lost time injuries

UNCONFIRMED

**11 OFFICER REPORTS**

**11.1 RISK AND LEGISLATIVE COMPLIANCE REVIEW**

<b>AUTHOR</b>	Grant Thompson – Chief Executive Officer
<b>DATE</b>	Wednesday, 30 October 2024
<b>FILE NO</b>	GO.CNM.9
<b>ATTACHMENT(S)</b>	Nil

<b>‘PLACEMAKING’ STRATEGIC COMMUNITY PLAN JULY 2023 TO JUNE 2033</b> To be <i>“The Cultural Experience Centre of the Great Southern”</i> <b>STRATEGIC/CORPORATE IMPLICATIONS</b>		
<b>Key Strategic Pillar/s</b>	<b>Community Goal/s</b>	<b>Corporate Objective/s</b>
Performance	12. A High Performing Council	12.2 SoK monitoring and reporting

**DECLARATION OF INTEREST**

Nil

**SUMMARY**

The purpose of this report is to undertake the required review of systems and procedures in relation to risk management, internal controls and legislative compliance as required by Regulation 17 of the Local Government (Audit) Regulations 1996.

**BACKGROUND**

Local government Chief Executive Officers are required to carry out at least a triennial review of legislative compliance, internal control and risk management and present the results of the review to the Council’s Audit Committee.

**COMMENT**

To review the appropriateness and effectiveness of systems and procedures, a set of measurable items is required to enable comparison and/or analysis. The following tables attempt to identify, quantify and track progress of risk management, legislative compliance and internal controls:

Table 1.0 Risk Management Review Items

RISK MANAGEMENT								Commentary
	2014	2016	2018	2021	2022	2023	2024	
<b>Risk Management Plan:</b>								
Is there an Adopted Plan in Place?	✓	✓	✓	✓	✓	✓	✓	
Was it reviewed in the three year period?	n/a	✓	✓	✓	✗	✗	✗	In progress being reviewed by CEO currently
Was the Business Continuity & Disaster Recovery Plan reviewed?	n/a	✓	✓	✓	✓	✓	✓	
Was the Asbestos Management Plan reviewed?	✗	✓	✓	✗	✗	✓	✓	
<b>Risk Register (2014-2018):</b>								
Number of Extreme & High risk items on the register?								
- Springhaven	11	3	2	Change to Risk Management Framework 2019 - see below	NA	NA	In Progress	
- Office	17	7	4					
- Council	15	15	10					
- Depot	23	7	0					
- The Kodja Place	n/a	25	21					
<b>Risk Register (2019 to 2024):</b>								
Number of Low, Moderate & High Risks (15 Risk Profiles)								
Low				4	4	4		
Moderate				8	8	8		
High				3	3	3		
<b>Is Risk regularly discussed and minuted at staff meetings and various councillor meetings:</b>								
<i>BCDRP - Business Continuity &amp; Disaster Recovery Plan</i>								
<i>WHS - Work Health &amp; Safety</i>								
Springhaven (operational) (audits, BCDRP 2019>)	✗	✓	✓	✓	✓	✓	✓	
Office (WHS inc Audits ongoing 2024/25, BCDRP review & Management review of Risk Actions & Profiles)	✗	✓	✓	✓	✗	✓	✓	
Councillors (Audit & Risk Committee/Council agenda items)	✗	✗	✓	✓	✓	✓	✓	
Depot (WHS Audits ongoing 2024/25, BCDRP review & Management review of Risk Actions & Profiles)	✗	✗	✗	✓	✗	✓	✓	
The Kodja Place (WHS Audits ongoing 2024/25, BCDRP review & Management review of Risk Actions & Profiles)	✗	✗	✗	✓	✗	✓	✓	

Table 2.0 Internal Control Items

INTERNAL CONTROLS	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Commentary
<b>Policies &amp; Delegations:</b>											
Was the Delegation Register reviewed (financial year)?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	In progress being reviewed by CEO currently
Were all Council Policies reviewed?	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	Dec-23
Fraud, Corruption & Misconduct Policy adopted						✓					
<b>Budget &amp; Finance:</b>											
Was Budget adopted prior to 31 August?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Was the Budget reviewed on time (between 01/01 & 31/03)?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
When was the Annual Electors Meeting held?	April	April	March	December	May	March	December	October	Aug	July	
Audit Management Letter - Number of Items Raised	5	4	4	4	6	1	3	5	6	9	
<b>Integrated Planning:</b>											
Was the Long Term Financial Plan reviewed?	n/a	✓	n/a	✗	✗	✗	✗	✗	✗	in progress	In progress to be reviewed 2025
Was the Strategic Community Plan reviewed?	n/a	✓	n/a	✓	n/a	✓	n/a	✗	✓	✓	
Was the Corporate Business Plan reviewed?	✓	✓	✗	✓	✓	✓	✓	✗	✗	✓	
Was the Asset Management Plan reviewed?	n/a	✓	n/a	✓	n/a	n/a	n/a	n/a	n/a	✗	Long Term Plans being reviewed in 2025 - LTFP, AMP, P&E, Roads
Was the Workforce Plan reviewed?	✓	✓	✗	✓	✓	✓	✗	✗	✗	✓	Attached with new structure
<b>Springhaven Lodge:</b>											
Were Springhaven Policies reviewed by the Council?	✓	✗	✓	✓	✓	✓	in progress		✓	✓	
Springhaven Quality Agency Audit Visits											
- Issues noted (scheduled audit/ <i>unannounced partial audit</i> ) - all three yearly (full) audits post 2018 will be unannounced visits	3 out of 127 2.36%	0 out of 44 0%	0 out of 33 0%	0 0%	0 out of 44 0%	Delayed due to pandemic -	0 out of 42 -	0 out of 42 0%	Inf. Cntrl Compliant	RN Compliant	Springhaven transition plan executed

Table 3.0 Legislative Compliance

	LEGISLATIVE COMPLIANCE											Commentary	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
<b>Compliance Audit Return (CAR):</b>													
Was the CAR completed by 31 March each year?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Number of negative responses	3	8	1	0	1	0	2	3	4	3	3	3	1. CBP Adoption - CBP adopted February 2024, outside of 2023 compliance year. 2. significant items reported in the auditor's report, copy of the report given to the Minister within three months of the audit report being received by the local government? Report created but was not sent to Minister.
<b>Information Statement:</b>													
Was the review undertaken?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
<b>Financial Audit Report</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	Current Audit not finalised for 23/24 - no metrics	
Number of Items Raised	2	1	0	0	1	1	3	5	6 (1 sig)	5	9 (3 sig)		

**CONSULTATION**

Governance & Rates Officer

**STATUTORY REQUIREMENTS**

*Local Government (Audit) Regulations 1996*

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

**POLICY IMPLICATIONS**

Nil

**FINANCIAL IMPLICATIONS**

Nil

**RISK MANAGEMENT IMPLICATIONS**

RISK MANAGEMENT FRAMEWORK			
Risk Profile	Risk Description/Cause	Key Control	Current Action
<i>Compliance</i>	<i>Failure to correctly identify, interpret, assess, respond and communicate laws and regulations as a result of an inadequate compliance framework. This includes new or proposed regulatory and legislative changes, in addition to the failure to maintain updated internal &amp; public domain legal documentation.</i>	<i>Three year legislative review of compliance (Reg. 17)</i>	<i>Triennial reporting</i>
<i>Adequate</i>			
<b>IMPLICATIONS</b>			

Compliance with Regulation 17 of the Local Government (Audit) Regulations 1996 is a primary tool of the risk management process and one that is required by legislation. It is a triennial review of our systems and processes reported to the Council via the Audit and Risk Committee and, as such, is available publicly.

**ASSET MANAGEMENT IMPLICATIONS**

Nil

**SOUTHERN LINK VROC (VOLUNTARY REGIONAL ORGANISATION OF COUNCILS) IMPLICATIONS**

Nil

**VOTING REQUIREMENTS**

Simple Majority

**OFFICER RECOMMENDATION/COMMITTEE DECISION**

11AR/24 Moved C Ivey

Seconded Cr Mathwin

That the Audit & Risk Committee recommend to Council that the 2024 Risk and Legislative Compliance Review, as required under Regulation 17 of the Local Government (Audit) Regulations 1996 on the appropriateness and effectiveness of the Shire of Kojonup's systems and procedures in relation to risk management, internal control and legislative compliance as outlined in this report, be adopted.

CARRIED 4/0

For: Cr Bilney, Cr Mathwin, J Mathwin, C Ivey



**11.2 INSURANCE POLICIES 2024/2025**

<b>AUTHOR</b>	Jill Johnson – Manager Financial & Corporate Services
<b>DATE</b>	Wednesday, 30 October 2024
<b>FILE NO</b>	RM.REG.1
<b>ATTACHMENT(S)</b>	11.2.1 - Vehicle and Plant Register 11.2.2 - Property Register

<b>‘PLACEMAKING’ STRATEGIC COMMUNITY PLAN JULY 2023 TO JUNE 2033</b> To be <i>“The Cultural Experience Centre of the Great Southern”</i> <b>STRATEGIC/CORPORATE IMPLICATIONS</b>		
<b>Key Strategic Pillar/s</b>	<b>Community Goal/s</b>	<b>Corporate Objective/s</b>
Performance	12. A High Performing Council	12.2 SoK monitoring and reporting

**DECLARATION OF INTEREST**

Nil

**SUMMARY**

The purpose of this report is to inform the Audit and Risk Committee of the insurance levels and associated costs held by the Shire of Kojonup (Shire) for the 2024/2025 financial year.

**BACKGROUND**

Insurance is one of the Shire’s largest annual expenses and most important risk management tasks and, therefore, it is appropriate that the Council, in addition to staff, be comfortable with the levels of insurance taken out.

**COMMENT**

The Shire of Kojonup obtains insurance cover through LGIS (Local Government Insurance Services). LGIS is partly owned by WALGA and offers insurance through its Scheme Membership and also through policies taken out with insurers. It is able to obtain policies from main stream insurance at a reduced rate as it brokers on behalf of all scheme members.

Below is a list of insurances held by the Shire for the 2024/2025 financial year including the insurance provider, limit of liability and the cost of premium.

There has been an overall increase of 7.61% on last year; this is, however, lower than the predicted 15% forecast.

- LGIS Property has a scheme portfolio rate increase of 2%.
- LGIS Motor Vehicle Fleet has decreased.
- Workcare has an increase from 3% to 4% due to 5yr claims loss ratio at 195% and a lift in salaries.

Policy	2023/2024 Premium	2024/2025 Premium	Insurer	Liability	Interest Protected
LGIS Bushfire	\$57,866	\$59,244	Scheme	\$750k	Volunteer Bushfire members, medical expenses, loss of salary/wages and death benefits
LGIS Liability	\$45,012	\$48,613	Scheme	\$500m	Public liability - Death or Personal Injury, Loss or Damage to Property
Casual Hirers Liability	\$ 0	\$0	Covered by Scheme	\$10m	Legal liability to third parties for death, illness or personal injury and loss of damage to property at hired facility
Commercial Crime and Cyber Liability	\$4,617	\$4,645	Scheme	\$400k	Direct financial loss sustained by member
LGIS Property	\$114,555	\$118,670	Scheme	\$600m	Physical loss, destruction or damage to property including machinery breakdown and electronic equipment
LGIS Workcare	\$164,175	\$203,553	Scheme	\$500k	Workers Compensation and Injury Management including Journey Accident Cover
Corporate Travel	\$878	\$854	Scheme	\$10m	External Journey beyond 50km
Management Liability	\$41,950	\$41,950	Scheme	\$4.25m	Councillors and Officers Liability and Employment practices Liability
Marine Cargo	\$725	\$797	JLT	\$400k	All goods &/or interests belonging &/or appertaining whilst in transit by land, air, water and parcel post
Motor Vehicle	\$79,685	\$75,783	Scheme	\$3.2m	All motor vehicles and trailers owned leased or mortgaged under hire purchase or hired in or let out. Includes volunteer bushfire brigade members' vehicles.
Personal Accident - Volunteers, Councillors	\$517	\$508	Scheme	\$300k	Elected members and volunteers if injured or die whilst engaged in work for the Shire if said work is authorised by the Shire
Medical Malpractice Liability	\$7,519	N/A	Vero Insurance	\$20m	Cover of Medical Practice lawsuits for Springhaven no longer required.
<b>TOTAL</b>	<b>\$517,499</b>	<b>\$554,617</b>			

**CONSULTATION**

David Woods – Account Manager, LGIS

Grant Thompson – Chief Executive Officer

Jill Johnson – Manager Finance & Corporate Services

## STATUTORY REQUIREMENTS

*Local Government Act 1995 Section 5.42(1)*

Delegation Register – Admin 007 – Entering into Contracts of Insurance

*The Chief Executive Officer (CEO) is Delegated Authority to enter into appropriate contracts of insurance. In exercising the delegation, the CEO is to have regard to the provisions of the Annual Budget.*

Section 5.49(2) (Workers' compensation arrangement) of the *Local Government Act 1995* states:  
(2) *WALGA is to establish and manage, for the benefit of itself and any eligible body that chooses to participate, a group self-insurance arrangement against liability to pay compensation under the WCIM Act.*

## POLICY IMPLICATIONS

2.1.8 – Financial Governance – Management of financial risk prudently, having regard to economic circumstances.

## FINANCIAL IMPLICATIONS

Insurance is the most important risk management task undertaken each year. Insurance is the Shire's single largest ongoing external cost and without adequate cover the Shire is extremely exposed to financial and property loss and open to liability.

## RISK MANAGEMENT IMPLICATIONS

Without sufficient insurance cover the Shire runs the risk of being unable to maintain its current level of service in the event of a major/catastrophic loss and possibly exposes itself to litigation costs if not adequately insured.

## ASSET MANAGEMENT IMPLICATIONS

Nil

## SOUTHERN LINK VROC (VOLUNTARY REGIONAL ORGANISATION OF COUNCILS) IMPLICATIONS

Nil

## VOTING REQUIREMENTS

Simple Majority

### OFFICER RECOMMENDATION/COMMITTEE DECISION

12AR/24 Moved J Mathwin

Seconded Cr Mathwin

That the Audit & Risk Committee recommend to Council that the information regarding the levels of the Shire of Kojonup's insurance for the 2024/2025 financial year be noted.

CARRIED 4/0

For: Cr Bilney, Cr Mathwin, J Mathwin, C Ivey

11.3 WORKFORCE & DIVERSITY PLAN – JULY 2023 to JUNE 2027

AUTHOR	Grant Thompson – Chief Executive Officer
DATE	Thursday, 31 October 2024
FILE NO	CM.CIR.1
ATTACHMENT(S)	11.3.1 – 7151-D WDP Kojonup (2) 11.3.2 – Organisational Structure October 2024

<b>‘PLACEMAKING’ STRATEGIC COMMUNITY PLAN JULY 2023 TO JUNE 2033</b> To be <i>“The Cultural Experience Centre of the Great Southern”</i> <b>STRATEGIC/CORPORATE IMPLICATIONS</b>		
Integrated Planning Requirement		
<b>Key Pillar</b>	<b>Community Outcomes</b>	<b>Corporate Actions</b>
<b>Performance</b>	12. A High Performing Council.	12.3 Values and culture Growth

**DECLARATION OF INTEREST**

Nil

**SUMMARY**

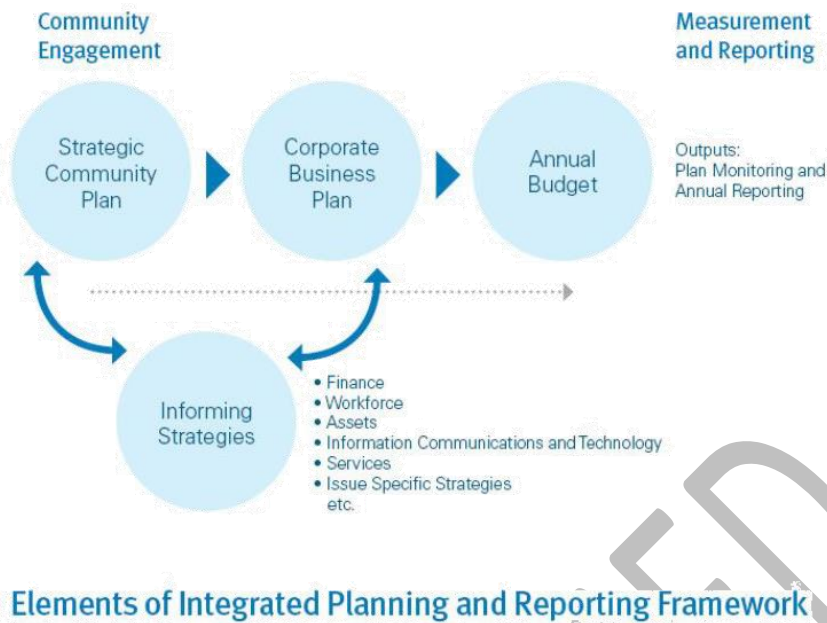
The purpose of this report is to consider recommending to Council the adoption of the Shire of Kojonup’s (Shire) Workforce & Diversity Plan as an informing and guiding document for the Corporate Business Plan 2023-2027 (Plan).

**BACKGROUND**

The Shire of Kojonup’s first Corporate Business Plan was adopted in 2013 and a desktop review was undertaken in 2015. A SMART strategy was created in 2017 and has been the subject of a major re-write in 2023, now titled *“Placemaking Strategy”*.

The Corporate Business Plan is the Shire’s internal execution component of the integrated planning and reporting process for local government in Western Australia.

This process can be summarised as follows:



#### COMMENT

Kojonup’s Corporate Business Plan (CBP) results in a four-year business plan and four-year actions to focus our internal resources to complete.

The Workforce plan overlays another guiding document to structure the Shire to align to its strategic deliverables.

*Placemaking* sets the strategic direction for the Community for the next ten (10) years, the Corporate Business Plan directs the execution of the Strategic initiatives and the Workforce and Diversity Plan recommends how the Chief Executive Officer (CEO) will resource the Shire with the relevant roles.

As a result of consultation, the vision for the Shire of Kojonup is to be:

***“THE CULTURAL EXPERIENCE CENTRE OF THE GREAT SOUTHERN”***

*Placemaking* sets out four (4) ‘key pillars’ or areas of focus for the community. These are as follows:

1. Lifestyle;
2. Visitation;
3. Economics; and
4. Performance.

These key pillars, and the re-aligned strategic goals, give the Shire direction on investment, services, and management of assets. The next step is to build the Corporate Business Plan focusing on achieving these strategic outcomes; this CBP will determine the future financial and budget decisions for the next four years.

It is envisaged that decisions the Shire ratifies and executes will be measured against achieving these deliverables. The Corporate Business Plan directs all of the Shire’s decision making and resources to align to the strategic outcomes.

The Workforce and Diversity Plan guides the CEO to create a most effective structure to achieve the strategic deliverables.

The attached Workforce plan outlines changes required to align to the new structure and build a workforce that can deliver those strategic and corporate initiatives.

'Placemaking' contains achievable milestones and goals and, if implemented effectively, may grow Kojonup as a population and a hub for a cultural experience in the Great Southern Region.

It is requested that the A&R Committee, after due consideration, recommend to Council the Workforce and Diversity Plan be adopted by the Council.

### CONSULTATION

Development of Kojonup's Workforce and Diversity Plan was undertaken as a part of collecting data from the Strategic Community Planning (SCP) process.

### STATUTORY REQUIREMENTS

As part of the integrated planning and reporting process for local governments in WA, Local Government (Administration) Regulations 1996 require:

#### ***'19C. Corporate Business Plans, requirements for (Act s. 5.56)***

- (1) A local government is to ensure that a strategic community plan is made for its district in accordance with this regulation in respect of each financial year after the financial year ending 30 June 2013.*
- (2) A strategic community plan for a district is to cover the period specified in the plan, which is to be at least 10 financial years.*
- (3) A strategic community plan for a district is to set out the vision, aspirations and objectives of the community in the district.*
- (4) A local government is to review the current strategic community plan for its district at least once every 4 years.*
- (5) In making or reviewing a strategic community plan, a local government is to have regard to —*
  - a) the capacity of its current resources and the anticipated capacity of its future resources; and*
  - b) strategic performance indicators and the ways of measuring its strategic performance by the application of those indicators; and*
  - c) demographic trends.*
- (6) Subject to subregulation (9), a local government may modify its strategic community plan, including extending the period the plan is made in respect of.*
- (7) A council is to consider a strategic community plan, or modifications of such a plan, submitted to it and is to determine\* whether or not to adopt the plan or the modifications.*

*\*Absolute majority required.*
- (8) If a strategic community plan is, or modifications of a strategic community plan are, adopted by the council, the plan or modified plan applies to the district for the period specified in the plan.*

- (9) *A local government is to ensure that the electors and ratepayers of its district are consulted during the development of a strategic community plan and when preparing modifications of a strategic community plan.*
- (10) *A strategic community plan for a district is to contain a description of the involvement of the electors and ratepayers of the district in the development of the plan or the preparation of modifications of the plan.'*

Long term planning will also be completed as an essential measure of good governance as a part of the Corporate Business Plan.

**POLICY IMPLICATIONS**

Nil

**FINANCIAL IMPLICATIONS**

*Placemaking* guides the future direction and vision for the Shire. The Corporate Business Plan will be primarily based on the contents of the SCP and will then flow into future budget and financial considerations.

*Placemaking* strategies have an unforeseen financial impact that, until the initiatives have been developed further, cannot be forecast at this stage. The adoption of the report by the Council does not have a direct financial impact.

**RISK MANAGEMENT IMPLICATIONS**

RISK MANAGEMENT FRAMEWORK			
Risk Profile	Risk Description/Cause	Key Control	Current Action
<i>Risk rating – Nil</i>			
<u>IMPLICATIONS</u>			
The Workforce & Diversity Plan is a vital document guiding the future structure and workforce actions of the Shire; legislation requires timely review of this document and this item is in accordance with said legislation thereby mitigating risk of non-compliance.			

**ASSET MANAGEMENT IMPLICATIONS**

Nil

**SOUTHERN LINK VROC (VOLUNTARY REGIONAL ORGANISATION OF COUNCILS) IMPLICATIONS**

Nil

**VOTING REQUIREMENTS**

Simple Majority

**OFFICER RECOMMENDATION/COMMITTEE DECISION**

13AR/24 Moved C Ivey

Seconded Cr Mathwin

That the Audit and Risk Committee recommend the Shire of Kojonup's Workforce and Diversity Plan 2023-2027, as attached, to Council for adoption.

CARRIED 4/0

For: Cr Bilney, Cr Mathwin, J Mathwin, C Ivey

UNCONFIRMED



**12**    **CEO UPDATES**

12.1    Springhaven Major Transaction Update – Business Plan, Business Sale Agreement, Lease Agreements.

CEO updated the A&R Committee on the finalisation of the transition to Hall & Prior. Committee noted the transaction is completed.

12.2    Risk Framework and Risk Assessment Review Update

CEO presented the Risk Framework and Risk Assessment review methodology, seeking committee input into the identified organizational risks, controls and other information.

CEO to update and finalise the Risk Framework based on comments and present for adoption to the next A&R Committee.

**13**    **OTHER ITEMS FOR DISCUSSION OR FURTHER RESEARCH AS RAISED BY MEMBERS**

**14**    **NEXT MEETING**

The next meeting of the Audit and Risk Committee is scheduled to be held to align to the next Audit Process in 5 February 2025 at 9:00am.

**15**    **CLOSURE**

There being no further business to discuss, the Chairperson thanked members for their attendance and declared the meeting closed at 11.41am.

ATTACHMENTS (SEPARATE)

4.1 – Unconfirmed Audit & Risk Committee Minutes 7 August 2024

10.1.1 - Risk Actions Report – November 2024

11.2.1 - Vehicle and Plant Register

11.2.2 - Property Register

11.3.1 – 7151-D WDP Kojonup (2)

11.3.2 – Organisational Structure October 2024

UNCONFIRMED

## Shire of Kojonup Risk Dashboard Report September 2024

<b>Asset Sustainability Practices</b>		Risk	Control
Current Actions	Due Date	High	Inadequate
		Responsibility	
Restrict access to non-compliant/damaged/dangerous buildings until the future of these facilities is determined.	May-25	MPS	
Risk Assessment on Showgrounds	May-22	CEO	
MOU for community halls	Jul-23	MPS	
Long Term Asset Management Plan	May-25	MPS	
<b>Business &amp; Community Disruption</b>		Risk	Control
Current Actions	Due Date	Moderate	Adequate
		Responsibility	
Review and test LEMA Plan	Apr-22	CESM	
Commence annual building inspections	Mar-22	MPS	
Draft Bushfire Risk Management Plan - progressing	Dec-23	MPS	
<b>Failure to Fulfil Compliance Requirements (Statutory, Regulatory)</b>		Risk	Control
Current Actions	Due Date	High	Adequate
		Responsibility	
Governance Officer Role reporting to CEO	Jan-25	CEO	
Internal Audits	Aug-25	CEO	
Process Review	Mar-25	CEO	
Data Collection Review	Apr-25	CEO	
<b>Document Management Processes</b>		Risk	Control
Current Actions	Due Date	Moderate	Inadequate
		Responsibility	
Formation of Position Descriptions for Volunteers - progressing	Apr-22	CEO	
Record Keeping Plan undertaken	Jan-24	CEO	
Train internal Records Officer	Feb-25	CEO	
<b>Employment Practices</b>		Risk	Control
Current Actions	Due Date	High	Adequate
		Responsibility	
HR Process Review	Apr-25	MFCS	
Finalise EBA - CEO is currently negotiating with the ASU November/December 2024	Dec-24	CEO	
<b>Engagement practices</b>		Risk	Control
Current Actions	Due Date	Moderate	Adequate
		Responsibility	
Review and assess Community Engagement Strategy and Plan	31/04/2025	CEO	
<b>Environment Management</b>		Risk	Control
Current Actions	Due Date	High	Adequate
		Responsibility	
NRM Committee Reestablished	Oct-24	CEO	
Great Southern Climate Alliance Created and effective	Nov-24	CEO	
<b>Errors, Omissions and Delays</b>		Risk	Control
Current Actions	Due Date	High	Inadequate
		Responsibility	
Implement an organisational processes & Policy review	Dec-25	CEO	

<b>External Theft and Fraud (inc. Cyber Crime)</b>		Risk	Control
Current Actions	Due Date	High	Adequate
		Responsibility	
CCTV Project being Implemented	Feb-25	CEO	
Update fixed assets record (RAMM) to include Parks, Reserves, street furniture and signage and drainage infrastructure	Apr-25	MWS	
Managed Services Firewalls upgraded	Apr-24	CEO	
<b>Management of Facilities, Venues and Events</b>		Risk	Control
Current Actions	Due Date	High	Adequate
		Responsibility	
Draft improved Events planning process guidelines (including Planning Approvals, risk assessments, event management plans, food safety at stalls etc) - progressing	Apr-25	EHO	
Develop post event procedures and event evaluation debrief - progressing	Apr-25	EHO	
Develop Lease agreements register for all Shire facilities - progressing community hall agreements, sporting group agreements	Jul-25	CEO	
Community education re public events on private property - progressing	Jul-25	EHO	
Annual tenancy inspections for staff and public housing - scheduled & notice in writing	Mar-25	PMS	
<b>IT, Communication Systems and Infrastructure</b>		Risk	Control
Current Actions	Due Date	High	Adequate
		Responsibility	
Add additional generator input points (Admin building)	Jul-23	PMS	
Negotiate Service level agreement with Vendors - IT	Jun-22	CEO	
ERP System Upgrade	Mar-25	CEO	
ICT Managed Service Upgrades	Oct-24	CEO	
<b>Misconduct</b>		Risk	Control
Current Actions	Due Date	High	Adequate
		Responsibility	
Implement user-friendly stock control and reconciliation (fuel) procedure - Finance to work with Depot	Mar-25	CEO	
<b>Project/Change Management</b>		Risk	Control
Current Actions	Due Date	High	Inadequate
		Responsibility	
Implement formal project management guidelines	May-25	CEO	
<b>Safety and Security Practices</b>		Risk	Control
Current Actions	Due Date	High	Adequate
		Responsibility	
Conduct annual evacuation drill at all facilities	Apr-25	CEO	
Process review for safety documentation	Dec-24	MWI	
Safety Culture change program developed	Dec-24	CEO	
<b>Supplier and Contract Management</b>		Risk	Control
Current Actions	Due Date	Extreme	Inadequate
		Responsibility	
Contract Management Framework Review and Implementation	Mar-25	PMRS	
WHS Contractor Handbook to be created and approved	Feb-24	PMRS	
Induction process for Contractors	Dec-24	PMRS	
<b>Financial &amp; Process Sustainability Practices</b>		Risk	Control
Current Actions	Due Date	Extreme	Inadequate
		Responsibility	
ERP Tender process completed and Vendor Engaged	Sep-24	CEO	
Training Program for non financial Team Members	Sep-25	MFCS	
Layered Auditing Program (internal) - PO's and other financial management controls	Sep-25	MFCS	
Debtors Management	Nov-25	MFCS	

Actions	Risk Profile	Due Date	Responsibility	Action Status
Commence annual building inspections	2	Mar-22	MRS	147171 - completion of development. BMC to start doing tenanted building inspections end of March - 2 weeks' notice (3 per week) BMC started inspections (2022) but not recorded on spreadsheet. Due to BMC resigning, the Shire is behind on annual building inspections. Restructuring the Property Management area will support getting this back on schedule. New Property Services Manager has commenced and scheduled annual
Formalise exit interview procedure - template for review	5	Apr-22	CEO	HR processes are due for review 2025. MFCS to commence review.
Implement user-friendly stock control and reconciliation (fuel) procedure	12	Jul-22	CEO/MWS/ MFCS	Work group addressing the issue led by FO, Finance Officer to work with Dept. Monthly reconciliations are now greatly improved, albeit still a manual process. Once procedure has been decided. New MFCS to review inventory and stock management process in 2025. Not Started.
Risk assessment of Showgrounds	1	Dec-23	CEO	GIS assessment completed. Budget for consultant - existing or move - community/stakeholder views. Need to review Showground report. To be sent to Committee. Work to be scheduled in Long term asset management plan. Completed.
MOU for Community Halls - together with previous	1	Jul-23	CEO	Community Halls management - draft MOU with CEO/MCCS Governance issue. Ongoing.
Review and test LEMA Plan	2	Apr-22	MRS	Plan to be tested asap Done, approved and endorsed. CESM to follow up.
Develop post event procedures and event evaluation debrief - together with previous - end to end process for event management	10	Mar-22	MRS	Progressing - In process
Annual tenancy inspections for staff and public housing - scheduled & notice in writing - same date as for no. 1	10	Mar-22	MRS	Starting early 2022 - Completed Inspections done but not captured on spreadsheet Annual inspections occurring. Delayed due BMC resigning and no replacement. Property Services Manager Advertised this past month. Property Services Manager undertaken inspections as per Tenancy Act.
Conduct annual evacuation drill at all facilities	14	Apr-23	CEO	Progressing, training of fire wardens to occur. Drill to be scheduled 1st Quarter 2022 Ongoing - to be placed on Governance Calendar Ongoing. Needs scheduling.
Fobs security improvements for administration building	9	Dec-23	CEO	Fob quotes requested. Whole of Security review to commence 1st half of 2022. Monitor through security review. Security review deferred to late 2023 in line with holistic technology review. CCTV Grants being applied for now. Initial high level concept only. Tender for CCTV to be advertised 1st quarter 2024. Expense is a constraint at this stage, postponed for future budget.
Update fixed assets record (RAMM) to include Parks, Reserves, street furniture and signage and drainage infrastructure	9	Apr-22	CEO/MWS	Ongoing including buildings - Pocket RAMM Training - BCM Ref. ICT Plan as per previous discussion. Technical Officer to take on RAMM training and ongoing updates. Status. New TO and WAO to receive training via WALGA/Roadwise TBC to enable road data to be updated. Enterprise Resource Planning (ERP) Tender including Asset Management under review and analysis. Expected rollout second half of 2024. Re.
Add additional generator input points (Admin building)	11	Jul-23	MRS	To be arranged. Generator on a trailer? Link to LEMA. Looking for funding still in progress - no money in budget. CESM Reviewing. Grant dependent. CESM to review requirements

Actions	Risk Profile	Due Date	Responsibility	Action Status
Formation of Position Descriptions for Volunteers - progressing.	4	Apr-22	CEO	Managers to form position descriptions. SH has volunteers' handbook which acts as a PD. Library PD completed. In draft form. 147171 - Volunteer PDs completed for Parks/Reserves, KP and Library and are now in use. Volunteer Manual also updated to reflect minor amendments. 80% completed Volunteer handbook being updated for KP. Handbook completed with November 2022 updates. Completed.
Finalise EBA	5	Dec-23	CEO	CEO will take the lead and is currently reviewing the process to undertake EBA negotiations 2nd Quarter 2022. After strategic planning process. 1 quarter behind on Strategic Planning and there interdependency on this item means the EBA discussion pushed out until 1 Quarter 2023. New EBA must align to the WA Industrial relations framework as local government is now covered by the WARC not Fairworks Australia. Underway - delays with implementation of WARC. EBA negotiations forecast late 2022. CEO discussed timeline with ASU (Union), back end of year. ASU distracted by other areas of local government. CEO expecting to be approached with timeframe soon. Expected to commence first half of 2024. CEO to update on industrial issues occurring in the sector. In conversation with ASU back end of year negotiation. Notice to Bargain has been submitted by the WASU. Shire has 21 days to respond. CEO intends to agree on negotiation and commence discussions in September. Commenced Discussions
Restrict access to non-compliant/damaged/dangerous buildings until the future of these buildings is determined.	1	May-22	MRS	Inspection of public buildings required to establish any non-compliance, damage or danger. MFCSBS to coordinate annual inspection of buildings. List to be compiled of relevant buildings, produce checklist and assess as part of budgetary process. Annual inspections now scheduled pre-budget (March) each year - No buildings. Property Services to review.
Develop Lease agreements register for all Shire facilities - progressing community hall agreements, sporting group agreements. Governance issue.	10	Jul-23	CEO	Community Halls management - draft MOU with CEO/MCCS. Kojonup Historical Society (Elverd Cottage, Barracks and Post Office) lease agreement - draft forwarded to CEO & MCCS 27/05/21 for comment. Kojonup Bowling Club - draft in progress. So many buildings still without leases. Not completed, a priority for the financial year (2022/23) to finalise relationships with Community groups and assets. List being compiled. CEO auditing currently. Documents to be completed July 2023. Ongoing. Governance identifying areas of review. Commenced review of leases contracts. GRO and CEO have a schedule in place review leases and related rectification. New catering agreement due in April 2023. CEO investigating preferred vendors to replace hardware, architecture and software requirements for the Shire. Request for Proposal being developed; to be advertised shortly. RFP documentation drafted and finalised, will be advertised first two weeks of May. CEO has discussed risks with Ramped. Request for Proposal drafted for managed services and cyber security and expected to be advertised in September. ICT Managed Service tender 02/2022 under analysis and review. Due end May. August decision pending. Completed. Council approved and Execution of services underway and transitioning to be completed in 2024.
Negotiate Service level agreement with Vendors.	11	Jun-22	CEO	Request for Proposal drafted for managed services and cyber security and expected to be advertised in September. ICT Managed Service tender 02/2022 under analysis and review. Due end May. August decision pending. Completed. Council approved and Execution of services underway and transitioning to be completed in 2024.
Draft Improved Events planning process guidelines (including Planning Approvals, risk assessments, event management plans, food safety at stalls etc).	10	Jun-22	MRS	Event plan application has been established. Event management - Done new events application with all.
Community education re public events on private property - together	10	Mar-22	MRS	Progressing - In process. New EHO to update.
Implement formal project management guidelines	13	May-22	CEO	Implementation 2nd Quarter 2022 - Framework back to SMT. Related to new system changes regarding ICT. Project Management Framework (PMF) being rolled out 2023. Biannual inspections take place. Project Management body of knowledge being rolled out in new Corporate Business Plan and aligned to structural changes July 1st 2023. Project Manager contracted, new structure rolling out as of 19 May 2023. CEO can provide verbal presentation at meeting. Currently rolling out with the appointment of Project Manager/Community Services (PMCS), forms being developed and team being educated on PM Framework within the Shire. Implementation and roll out phase underway. Education and roll out phase underway. Review of framework needs. CEO to investigate what this is, not started. Ongoing This is a benchmarking exercise Shire vs Shire. CEO to progress early 2024 after 6 months of SCP. Benchmarking exercise to commence 2024. In Line with LTFP second half of calendar year. After review CEO advise
Implement a formal peer review process	8	Dec-23	CEO	Ongoing This is a benchmarking exercise Shire vs Shire. CEO to progress early 2024 after 6 months of SCP. Benchmarking exercise to commence 2024. In Line with LTFP second half of calendar year. After review CEO advise
Review and assess Community Engagement Strategy and Plan	6	Apr-23	CEO	Organisation wide - benchmarking engagement is tied to the new strategic plan rollout and actions from the operating plan. SCP to be rolled out in April. Stakeholder Engagement Plan being formulated (CEO) in readiness for July roll out of new Community Business Plan. Completed and rolled out with new budget 1st September. Stakeholder Plan under development and being aligned to the Corporate Business Plan (CBP) rollout in 1st Quarter 2024 Delayed but in progress. 3rd Quarter 2024. In progress. CEO
Draft Bush Fire Risk Management Plan	2	Dec-23	MRS	Bushfire Planning and Risk Coordinator BPRC employed to commence undertaking assessments and mitigation planning. Done by BPRC Coordinator and sent to DFES. Kojonup Plan drafted and under review by DFES. Awaiting DFES feedback. Kojonup Plan completed awaiting final wrap up from DFES, program finishes in March. Completed. First round of MAF funding applied for Kojonup, awaiting decision.

**Asset Sustainability Practices** **Apr-24**

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

Areas included in the scope are:  
 -Inadequate design (not fit for purpose);  
 -Ineffective usage (down time);  
 -Outputs not meeting expectations;  
 -Inadequate maintenance activities;  
 -Inadequate financial management and planning (capital renewal plan); and  
 -Buildings not being used to potential.  
*It does not include issues with the inappropriate use of the Plant, Equipment or Machinery. Refer Misconduct.*

**Potential causes include:**

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

<b>Controls Assurance</b>										
Key Controls	Type	Commencement Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
Routine maintenance schedule: Hard Infrastructure (Roads, bridges, drainage, footpaths)	Preventative	Apr-25	Adequate	MWI	Yes	Yes	No	Yes	Yes	10 year Road Plan needs review and validating
Routine maintenance schedule: Other infrastructure (Parks, reserves & play equipment)	Preventative	Dec-24	Inadequate	MPS	No	Yes	No	Yes	No	10 year Asset Plan required to be renewed
Routine maintenance schedule: Plant, fleet & equipment	Preventative	Apr-25	Inadequate	MWI	No	Yes	No	Yes	No	Scheduled Maintenance plan required
Routine maintenance schedule: buildings	Preventative	Apr-25	Inadequate	MPS	No	Yes	No	Yes	No	Scheduled Building Maintenance plan required
Breakdown repairs	Recovery	Apr-25	Adequate	MWI	No	Yes	No	Yes	No	Council have created an emergency reserve for failures
Asbestos register and procedures	Preventative	Apr-25	Effective	MPS	Yes	Yes	Yes	Yes	Yes	Recent review undertaken by Risk Coordinator
Asset register (roads, buildings, playgrounds, etc)	Detective	Apr-25	Adequate	MW/MPS	Yes	Yes	No	Yes	No	
Asset replacement schedule	Preventative	Apr-25	Inadequate	MPS	No	Yes	No	Yes	No	Replacement schedule required
Heritage Inventory List	Detective	Apr-25	Inadequate	MPS	No	Yes	No	Yes	No	

**Overall Control Ratings:** Inadequate

Current Actions	Due Date	Responsibility	Status of Actions	Comments
Restrict access to non-compliant/damaged/dangerous buildings until the future of these facilities is determined.	May-25	MPS	Inspection of public buildings required to establish any non-compliance, damage or danger. MPS to coordinate annual inspection of buildings. List to be compiled of relevant buildings; produce checklist and assess as part of budgetary process.	
Risk Assessment on Showgrounds	May-22	CEO	LGIS assessment completed. <b>To be sent to Committee.</b>	
MOU for community halls	Jul-23	MPS	Community Halls management draft MOU with CEO/MCCS. <b>Ongoing</b>	Review required in 2025
Long Term Asset Management Plan	May-25	MPS	Long term Asset Management Plan requires review	Requires review in 2025

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Service interruption, Financial, Reputation	Consequence: Major Likelihood: Possible	High		
	Consequence: Up Likelihood: Constant			
	Overall Risk Ratings: High		Risk rating trend since last review	

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
Asset Consumption Ratio (The ratio highlights the aged condition of stock of physical assets)	Leading					
Asset Renewal Funding Ratio (The financial capacity to fund asset renewal as required, and continue to provide existing levels of services)	Leading					
Asset Sustainability Ratio (Measures the extent to which assets are replaced as they reach the end of their useful lives)	Leading					
Asset utilisation ratio	Lagging					
Breakdowns	Lagging	2 per month				
Complaints against asset conditions	Lagging					

**X-Referencing from previous Risk Register (RR):**

RR	Comments
RR 2018/1 - CEO - Buildings Inc Heritage Buildings (maintenance/fit for purpose/public liability)	
RR 2018/4 - CEO - Kodja Place - co-operation between stakeholders (lease documentation/reduction in visitor experience & numbers/reputation)	
RR 2018/20 - MCDT - Layout of space - lack of meeting rooms, community spaces, external work areas, Cafe etc (reduced visitor/community satisfaction/brand damage/reduction in potential revenue streams)	
RR 2018/21 - CEO - Kodja Place - ongoing renewal to maintain relevancy - promotional material, displays etc (reduced visitor numbers, lack of community, volunteer & staff engagement and loss of reputation, ageing centre and equipment) RR 2018/41 - CEO - Housing/rental availability (inability to attract and retain capable staff to support & deliver agreed levels of service)	
RR 2018/41 - CEO - Housing & rental availability (inability to attract and retain capable staff to support and deliver the agreed levels of service)	
RR 2018/44 - MWS - Drainage (SCP KP1 1.2.8 Develop and adopt a Drainage/Stormwater Management Plan)	
RR 2018/49 - MWS - Kodja Place - car park design and pedestrian safety (public liability/reputation/reduction in numbers)	
RR 2018/75 - MACS - Lack of grant funding/new funding arrangements (lack of operational funding, increased support by Shire)	
RR 2018/83 - MACS - Falls risk for staff in carpark at rear of facility (injury to staff)	
RR 2018/85 - MACS - Falls risk for staff and residents, difficult access for ambulance personnel - front entrance of facility (injury/death staff & residents)	
RR 2018/86 - MACS - Injury to staff and inability of required equipment for produce to be delivered to facility due to narrow Soldier Road entrance -injury/death (cessation of services to facility)	

**Business & Community Disruption** **Sep-24**

Failure to adequately prepare and respond to events that cause disruption to the local community and/or normal business activities. This could be a natural disaster, weather event, or an act carried out by an external party (e.g. sabotage/terrorism).  
 This includes:  
 -Lack of (or inadequate) emergency response/business continuity plans.  
 -Lack of training for specific individuals or availability of appropriate emergency response.  
 -Failure in command and control functions as a result of incorrect initial assessment or untimely awareness of incident.  
 -Inadequacies in environmental awareness and monitoring of fuel loads, curing rates etc  
 This does not include disruptions due to IT Systems or infrastructure related failures - refer "Failure of IT & communication systems and infrastructure".

**Potential causes include:**

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

**Controls Assurance**

Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
<b>Current LEMA &amp; Recovery Plans</b>	<b>Recovery</b>	Sep-24	<b>Adequate</b>	CESM	Yes	Yes	Yes	Yes		
<b>Local Emergency Management Committee</b>	<b>Preventative</b>	Sep-24	<b>Adequate</b>	CESM	Yes	Yes	Yes	Yes		
<b>Regular LEMC, DEMC meetings</b>	<b>Detective</b>	Sep-24	<b>Adequate</b>	CESM	Yes	Yes	Yes	Yes		
<b>Business Continuity Framework (Policy, Procedures &amp; Plans)</b>	<b>Preventative</b>	Sep-24	<b>Adequate</b>	CEO	Yes	Yes	Yes	Yes		
<b>Community fire and emergency education</b>	<b>Preventative</b>	Sep-24	<b>Adequate</b>	CESM	Yes	Yes	Yes	Yes		
<b>Current Internal Emergency Management Plan</b>	<b>Preventative</b>	Sep-24	<b>Adequate</b>	CESM	Yes	Yes	Yes	Yes		
<b>Emergency resources and support budget</b>	<b>Recovery</b>	Sep-24	<b>Adequate</b>	CESM	Yes	Yes	Yes	Yes		
<b>Fire break/fuel load inspections and enforcement</b>	<b>Detective</b>	Sep-24	<b>Effective</b>	CESM	Yes	Yes	Yes	Yes		
<b>Fully trained fire Wardens</b>	<b>Preventative</b>	Sep-24	<b>Effective</b>	ALL MANAGERS	Yes	Yes	Yes	Yes		
<b>Emergency Generator</b>	<b>Recovery</b>	Sep-24	<b>Adequate</b>	CESM	No	Yes	Yes	Yes		
<b>I.T. Disaster Recovery Plan</b>	<b>Recovery</b>	Sep-24	<b>Adequate</b>	CEO	Yes	Yes	Yes	Yes		
<b>Infrastructure and buildings inspections - annual</b>	<b>Detective</b>	Sep-24	<b>Inadequate</b>	MPS	Yes	Yes	Yes	Yes		
<b>Maintain regular communications with agencies and support services</b>	<b>Preventative</b>	Sep-24	<b>Adequate</b>	CESM	No	Yes	Yes	Yes		
<b>Regular debriefing and reviewing of incidents</b>	<b>Detective</b>	Sep-24	<b>Adequate</b>	CESM	No	Yes	Yes	Yes		
<b>Risk register (BRMP) Bushfire Risk Management Plan</b>	<b>Detective</b>	Sep-24	<b>Inadequate</b>	CESM	Yes	Yes	Yes	Yes		

**Overall Control Ratings: Adequate**

Current Actions	Due Date	Responsibility	Status of Actions	Comments
Review and test LEMA Plan	Apr-22	CESM	Completed, approved and endorsed	
Commence annual building inspections	Mar-22	MPS	BMO started inspections (2022) but not recorded on spreadsheet. Due to BMC resigning, the Shire is behind on annual building inspections. Restructuring the Property Management area will support getting this back on schedule.	
Draft Bushfire Risk Management Plan - progressing	Dec-23	MPS	Bushfire Planning and Risk Coordinator (BPRC) employed to commence undertaking assessments and mitigation planning. Done by BFRP Coordinator and sent to DFES. Kojonup Plan drafted and under review by DFES. Awaiting DFES feedback. Completed.	

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Service Interruption / Reputation	<b>Consequence:</b>	Major	<b>Consequence:</b>	
	<b>Likelihood:</b>	Unlikely	<b>Likelihood:</b>	
	<b>Overall Risk Ratings:</b>	<b>Moderate</b>	<b>Risk rating trend since last review</b>	

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
Utility outages	Leading	Zero				
Non-compliance with Emergency Management Legislation	Leading	Zero				
Number of core service interruptions	Leading	Zero				
Resignations / terminations of key personnel	Lagging	Zero				
Months since last LEMA Exercise	Leading					
# Buildings with EM Plans in place	Leading	100%				

**X-Referencing from previous Risk Register (RR):**

RR 2018/1 - CEO - Buildings inc Heritage Buildings (maintenance/fit for purpose/public liability)  
 RR 2018/41 - CEO - Housing/rental availability (inability to attract and retain capable staff to support & deliver agreed levels of service)  
 RR 2018/75 - MACS - Lack of grant funding/new funding arrangements (lack of operational funding, increased support by Shire)  
 RR 2018/77 - MACS - IT reliability/infrastructure (system failure, no shared drive, no back up, emails not received, lack of online education-computer access)  
 RR 2018/82 - MACS - Fire in/from rural community (death/injury to residents/staff)

**Comments**  
 Larger generator purchased; however, budget req'd to upgrade admin building to make best use of (currently only two power points)  
 Allocation of staff resources to commence annual building inspections

**Failure to Fulfil Compliance Requirements (Statutory, Regulatory) Sep-24**

Failure to correctly identify, interpret, assess, respond and communicate laws and regulations as a result of an inadequate compliance framework. This includes new or proposed regulatory and legislative changes, in addition to the failure to maintain updated internal & public domain legal documentation. It includes (amongst others) the Local Government Act 1995, Planning & Development Act 2005, Health Act 2016, Building Act 2011, Dog Act 1976, Cat Act 2011, Freedom of Information Act 1992 and all other legislative based obligations for Local Government.

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

**Potential causes include:**

Lack of training, awareness and knowledge	Lack of Legal Expertise
Staff Turnover	No Compliance Officer or person responsible for Compliance oversight and enforcement
Inadequate record keeping/failure of corporate electronic systems	Breakdowns in the tender or procurement process
Ineffective policies & processes	Ineffective monitoring of changes to legislation
Impulsive decision making	Attitudinal problems
Councillor turnover	Lack of documentation that evidences compliance requirements (e.g.: leases)

Key Controls	Type	Date	Rating	Controls Assurance						
				Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
<b>Audit and Risk Committee</b>	Preventative	Sep-24	Adequate	MFCs	Yes	Yes	Yes	Yes	Yes	
<b>External Audits (compliance)</b>	Detective	Sep-24	Effective	MFCs	Yes	Yes	Yes	Yes	Yes	
<b>Financial management reviews</b>	Detective	Sep-24	Adequate	CEO	Yes	Yes	Yes	Yes	Yes	
<b>Compliance Audit Return (DLGC)</b>	Detective	Sep-24	Adequate	CEO	Yes	Yes	Yes	Yes	Yes	
<b>Councillor/Staff Induction Process</b>	Preventative	Sep-24	Adequate	MFCs	No	Yes	Yes	Yes	Yes	
<b>Councillor/Staff training</b>	Preventative	Sep-24	Adequate	CEO	No	Yes	Yes	Yes	Yes	
<b>Disability Access and Inclusion plan</b>	Detective	Sep-24	Adequate	CEO	Yes	Yes	No	Yes	Yes	Due for review
<b>Industry Standards maintained (LWA/Royal Life, AIBS)</b>	Preventative	Sep-24	Adequate	CEO	Yes	Yes	Yes	Yes	Yes	
<b>Professional Accreditation/Certification maintained</b>	Preventative	Sep-24	Adequate	CEO	Yes	Yes	Yes	Yes	Yes	
<b>Tender and Procurement process</b>	Preventative	Sep-24	Adequate	CEO	Yes	Yes	Yes	Yes	Yes	
<b>Three year Legislative review of compliance (Reg17)</b>	Detective	Sep-24	Adequate	CEO	Yes	Yes	Yes	Yes	Yes	Continuing triennially

**Overall Control Ratings: Adequate**

Current Actions	Due Date	Responsibility	Status of Actions	Comments
Governance Officer Role reporting to CEO	Jan-25	CEO	Completed	
Internal Audits	Aug-25	CEO	Ongoing	
Process Review	Mar-25	CEO	Not Started	
Data Collection Review	Apr-25	CEO	Ongoing	

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Reputation, Financial	Consequence:	Major	Consequence: Up	
	Likelihood:	Possible	Likelihood: Up	
<b>Overall Risk Ratings: High</b>		<b>Risk rating trend since last review</b>		

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
3rd party adverse findings against Shire	Lagging	Zero	9	Worse	Worsening	Transparency has also improved and self reporting higher than previous
<b>Audit notifications</b>	Lagging	Zero				
<b>Increased scrutiny from regulators or agencies</b>	Lagging	Zero				
<b>Letters from the Department of Local Government</b>	Lagging	Zero				
<b>Litigation, fines or penalties</b>	Lagging	Zero				
<b>Negative responses in Compliance Return</b>	Lagging	Zero				
<b># non-compliance notifications received</b>	Lagging	Zero				

Referencing from previous Risk Register (RR)	Comments
RR 2018/1 - CEO - Buildings Inc Heritage Buildings (maintenance for purpose/public liability)	Compliance obligations for LG's continue to increase, e.g. Auditor General, New LG Act on the way.
RR 2018/4 - CEO - Kodja Place - co-operation between stakeholders (lease documentation/reduction in visitor experience & numbers/reputation)	
RR 2018/5 - MCDT - Annual Budget - not meeting target revenues (reduction in ability to meet strategic goals and loss of funds for other budget items)	
RR 2018/6 - MCDT - Overall business plan - affordability of meeting strategic goals (loss of relevancy to visitors/loss of reputation)	
RR 2018/19 - MCDT - Increased operational costs (withdrawing of funding/closure/reduction in paid staff/asset deterioration/loss of volunteers/reduced opening)	
RR 2018/23 - MCDT - Non-compliance e.g.: food handling, use of social media, policy & procedures re use of email/telephones, data accuracy, security of passwords etc (loss of material information, reputation and brand image)	
RR 2018/28 - MCDT - Lack of and review of policies & procedures, rights & responsibilities (untrained volunteers/staff, errors, visitor dissatisfaction, loss of status/ reputation, revenue, legal obligations not met)	
RR 2018/29 - MCDT - Accreditation to achieve tourist ratings (loss of linkages to other tourism bodies/status/reputation/revenue, reduced visitors)	
RR 2018/30 - MACS - policies and procedures in place/reminder systems (slip hazards/client falls)	
RR 2018/31 - MACS - Medication management/errors (client & liability risk)	
RR 2018/33 - CEO - Insufficient resources/personnel with incorrect skill sets (inability to attract and retain capable staff to meet levels of service/errors/breaches)	
RR 2018/34 - CEO - Rates and Charges dependency (insufficient funds to conduct business)	
RR 2108/40 - MCDT - Visual impact - image (reduction in tourism/reputational damage, lack of local pride)	
RR 2018/42 - CEO - Integrated approach to strategies (financial loss/no coordination)	
RR 2018/49 - MWS - Kodja Place - car park design and pedestrian safety (public liability/reputation/reduction in numbers) - KP car park since bimonthly	
RR 2018/74 - MACS - Workplace injuries/lifting on own/heavy lifting/hoists (accidents, sick leave)	
RR 2018/76 - MACS - Closure of facility/accreditation (nowhere for residents to live, would need to transfer out of town)	
RR 2018/78 - MACS - Food Safe (food poisoning)	
RR 2018/79 - MACS - Failure to Report incidents (death/illness)	
RR 2018/80 - MACS - Resident going missing/wandering - leaving facility (concern for health)	
RR 2018/81 - MACS - Elder abuse - death/serious illness (loss of licence)	
RR 2018/82 - MACS - Fire in from rural community (death/injury to residents/staff)	

**Document Management Processes** **Sep-24**

Failure to adequately capture, store, archive, retrieve, provide or dispose of documentation. This includes:  
 -Contact lists;  
 -Procedural documents, personnel files, complaints;  
 -Applications, proposals or documents;  
 -Contracts and Position Descriptions; and  
 -Forms or requests.

Potential causes include:	
Spreadsheet/database/document corruption or loss	Outdated record keeping practices
Inadequate access and/or security levels	Lack of system/application knowledge
Inadequate Storage facilities (including climate control)	High workloads and time pressures
High Staff turnover	Standard Operating Policies not followed
Incompatible systems	Incomplete Authorisation Trails
Lack of awareness of the State Records Act 2000	Lack of awareness of use of network drives and folders
Historical legacies	Lack of Position Descriptions for Volunteers

**Controls Assurance**

Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
Electronic records management system	Preventative	Apr-24	Inadequate	CEO	Yes	Yes	Yes	Yes	Yes	Current System failing to be user friendly therefore disengaging Team Members. New System being implemented February 2025
Document Disaster Recovery Plan	Recovery	Apr-24	Adequate	CEO	Yes	Yes	Yes	Yes	Yes	Reviewed 2023/24
All incoming documents/communications are captured and allocated	Preventative	Apr-24	Adequate	CEO	Yes	Yes	Yes	Yes	Yes	
Archival process	Preventative	Apr-24	Inadequate	CEO	Yes	Yes	Yes	Yes	Yes	Gaps in the process due to staff error, repository full and new location required.
Disposal and retention schedule.	Preventative	Apr-24	Adequate	CEO	Yes	Yes	Yes	Yes	Yes	
Document security (physical and electronic)	Preventative	Apr-24	Inadequate	CEO	Yes	Yes	Yes	Yes	Yes	
Ongoing awareness training and education	Preventative	Apr-24	Inadequate	CEO	Yes	Yes	Yes	Yes	Yes	
Record Keeping Plan	Preventative	Apr-24	Adequate	CEO	Yes	Yes	Yes	Yes	Yes	
Position Descriptions for all staff and volunteers	Preventative	Apr-24	Effective	CEO	Yes	Yes	Yes	Yes	Yes	

**Overall Control Ratings:** Inadequate

Current Actions	Due Date	Responsibility	Status of Issues / Actions / Treatments	Comments
Formation of Position Descriptions for Volunteers - progressing.	Apr-22	CEO	Completed	
Record Keeping Plan undertaken	Jan-24	CEO	Completed	
Train internal Records Officer	Feb-25	CEO		New RO required, recruitment commencing soon

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Compliance / Reputation	Consequence: <i>Moderate</i>		Consequence:	
	Likelihood: <i>Possible</i>		Likelihood:	
	<b>Overall Risk Ratings:</b> <span style="background-color: yellow;">Moderate</span>		<b>Risk rating trend since last review</b>	

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
% of records not actioned within timeframes	Lagging					
Number of documents not stored electronically or archived off-site	Leading					
Number of outstanding records year to date	Lagging					
Inability to complete FOI due to loss/absence of documentation	Lagging					

X-Referencing from previous Risk Register (RR):	Comments
RR 2018/1 - CEO - Buildings inc Heritage Buildings (maintenance/fit for purpose/public liability)	Formalise Records Management Training schedule for all Staff and Elected Members - upon commencement & 12/24 monthly?
RR 2018/10 - CEO - Kodj Place - Disengaged/burnt out volunteers (increased costs to Shire/reputational loss/reduction in opening hours or Centre closure)	
RR 2018/12 - CEO - Suitable IT systems to respond to requests/Lack of staff time & skilled staff (lack of job completion inc grant acquittals/increased employee costs inc overtime/absenteeism)	
RR 2018/28 - MCDT - Lack of and review of policies & procedures, rights & responsibilities (untrained volunteers/staff, errors, visitor dissatisfaction, loss of status/ reputation, revenue, legal obligations not met)	
RR 2018/29 - MCDT - Accreditation to achieve tourist ratings (loss of linkages to other tourism bodies/status/reputation/revenue, reduced visitors)	
RR 2018/30 - MACS - policies and procedures in place/reminder systems (slip hazards/client falls)	
RR 2018/31 - MACS - Medication management/errors (client & liability risk)	
RR 2018/33 - CEO - Insufficient resources/personnel with incorrect skill sets (inability to attract and retain capable staff to meet levels of service/errors/breaches)	
RR 2018/34 - CEO - Rates and Charges dependency (insufficient funds to conduct business)	
RR 2018/42 - CEO - Integrated approach to strategies (financial loss/no coordination)	
RR 2018/74 - MACS - Workplace injuries/lifting on own/heavy lifting/hoists (accidents, sick leave)	
RR 2018/78 - MACS - Food Safe (food poisoning)	
RR 2018/79 - MACS - Failure to Report Incidents (death/illness)	
RR 2018/80 - MACS - Resident going missing/wandering - leaving facility (concern for health)	
RR 2018/81 - MACS - Elder abuse - death/serious illness (loss of licence)	
RR 2018/82 - MACS - Fire in/from rural community (death/injury to residents/staff)	



Employment Practices				Apr-24								
Failure to effectively manage and lead human resources (full-time, part-time, casuals, temporary and volunteers). This includes: -Not having appropriately qualified or experienced people in the right roles; -Insufficient staff numbers to achieve objectives; -Breaching employee regulations; -Discrimination, harassment & bullying in the workplace; -Poor employee wellbeing (causing stress); -Key person dependencies without effective succession planning in place; and -Industrial action.												
<b>Potential causes include</b>												
Leadership failures		Ineffective performance management programs or procedures										
Key/single-person dependencies		Limited staff availability - labour market conditions										
Poor internal communications/relationships		Inadequate induction practices										
Ineffective Human Resources policies, procedures and practices		Inconsistent application of policies										
				Controls Assurance								
Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments		
<b>Human Resource Management (Policies and Procedures)</b>	<b>Preventative</b>	Apr-24	<b>Inadequate</b>	MFCs	Yes	Yes	No	Yes	No	New HR Framework required. Hire to Retire Processes review required in 2025		
Formal disciplinary process	Preventative	Apr-24	Adequate	CEO								
Ongoing staff training and education program	Preventative	Apr-24	Adequate	CEO								
Employee Assistance Program & HR support	Recovery	Apr-24	Inadequate	CEO								
Exit interview	Recovery	Apr-24	Adequate	CEO								
Grievance and Contact Officer network	Preventative	Apr-24	Adequate	CEO								
Health and Wellbeing initiatives	Preventative	Apr-24	Inadequate	CEO								
Induction process	Preventative	Apr-24	Adequate	CEO								
Organisational Skills Matrix	Detective	Apr-24	Inadequate	CEO								
Performance appraisals/Review process	Detective	Apr-24	Adequate	CEO								
Probation checklist	Detective	Apr-24	Inadequate	CEO								
Staff multiskilling and rotation	Preventative	Apr-24	Adequate	CEO								
Workforce planning	Detective	Apr-24	Adequate	CEO								
<b>Overall Control Ratings:</b>			<b>Adequate</b>									
Current Actions				Due Date			Responsibility			Status of Actions		Comments
HR Process Review				Apr-25			MFCs					
Finalise EBA - CEO is currently negotiating with the ASU November/December 2024				Dec-24			CEO					
Consequence Category		Risk Ratings		Rating		Has the Risk Rating Changed since the last review?				Comments		
Compliance, Health, Reputational, Financial		Consequence:		Moderate						Consequence:		
		Likelihood:		Likely						Likelihood:		
<b>Overall Risk Ratings:</b>			<b>High</b>	Risk rating trend since last review								
Indicators	Type	Benchmark		Result			Better or worse than Benchmark?	Trend since last review?	Comments			
Average absenteeism rate	Lagging	8%										
Employee Satisfaction survey %	Leading	50%										
Employee Turnover (% Staff turnover rate/Regrettable Losses)	Lagging	20%										
Legal claims, fines	Lagging	Zero										
Successful unfair-dismissal claims	Lagging	Zero										
Suitable budget for training	Leading	\$ or hrs / employee										
Workers Compensation claims (stress claims)	Lagging	Zero										
Tenure	Leading	5 years										
# employee inductions completed	Lagging	100%										
<b>X-Referencing from previous Risk Register (RR):</b>				<b>Comments</b>								
RR 2018/10 - CEO - Kodja Place - Disengaged/burnt out volunteers (increased costs to Shire/reputational loss/reduction in opening hours or Centre closure)												
RR 2018/12 - CEO - Suitable IT systems to respond to requests/Lack of staff time & skilled staff (lack of job completion inc grant acquittals/increased employee costs inc overtime/absenteeism)												
RR 2018/21 - CEO - Kodja Place - ongoing renewal to maintain relevancy - promotional material, displays etc (reduced visitor numbers, lack of community, volunteer & staff engagement and loss of reputation, ageing centre and equipment)												
RR 2018/22 - MCDT - Shortage of IT skills and personnel to complete tasks including acquittals etc/lack of training (reduction in visitor numbers, reputation, revenue, potential closure, staff & volunteer burnout, disengaged community, unable to meet strategic goals)												
RR 2018/23 - MCDT - Non-compliance e.g., food handling, use of social media, policy & procedures re use of email/telephones, data accuracy, security of passwords etc (loss of material information, reputation and brand image)												
RR 2018/24 - MCDT - Lack of volunteers (reduction in quality of experience and visitor satisfaction/brand damage/increased costs to run/potential closure)												
RR 2018/25 - MCDT - Lack of training for volunteers (unable to effectively manage enquiries/loss of reputation/reduction in revenue and ability to grow volunteer base)												
RR 2018/26 - MCDT - No succession planning/lack of resources (loss of knowledge/Preparation/time to acquire grant funding/revenue, staff burnout, potential closure, unable to meet strategic goals)												
RR 2018/27 - MCDT - Unable to effect workplace cultural change (disengaged community/staff/volunteers/committee, loss of reputation, reduced visitor numbers, impact on revenue)												
RR 2018/28 - MCDT - Lack of review of policies & procedures, rights & responsibilities (untrained volunteers/staff, errors, visitor dissatisfaction, loss of status/ reputation, revenue, legal obligations not met)												
RR 2018/29 - MCDT - Accreditation to achieve tourist ratings (loss of linkages to other tourism bodies/status/reputation/revenue, reduced visitors)												
RR 2018/33 - CEO - Insufficient resources/personnel with incorrect skill sets (inability to attract and retain capable staff to meet levels of service/errors/breaches)												
RR 2018/41 - CEO - Housing/rental availability (inability to attract and retain capable staff to support & deliver agreed levels of service)												
RR 2018/42 - CEO - Integrated approach to strategies (financial loss/no coordination)												
RR 2018/74 - MACS - Workplace injuries/slipping on own/heavy lifting/hoists (accidents, sick leave)												
RR 2018/78 - MACS - Food Safe (food poisoning)												
RR 2018/79 - MACS - Failure to Report Incidents (death/illness)												
RR 2018/80 - MACS - Resident going missing/wandering - leaving facility (concern for health)												
RR 2018/81 - MACS - Elder abuse - death/serious illness (loss of licence)												

<b>Engagement practices</b>	<b>Apr-24</b>
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Failure to maintain effective working relationships with the Community (including local Media), Stakeholders, Key Private Sector Companies, Government Agencies and/or Elected Members. This includes activities where communication, feedback or consultation is required and where it is in the best interests to do so. For example:

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

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

**Potential causes include:**

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

**Controls Assurance**

Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
Community-based Committees, forums & workshops	Preventative	Apr-24	Adequate	CEO						
Community engagement/networking	Preventative	Apr-24	Adequate	CEO						
Public Notices/Local papers/website communication	Preventative	Apr-24	Adequate	CEO						
Advisory committees/groups	Detective	Apr-24	Adequate	CEO						
Customer Service Charter	Detective	Apr-24	Effective	CEO						
Social media platforms (Facebook, etc)	Preventative	Apr-24	Adequate	CEO						
Strategic Community Plan consultation	Preventative	Apr-24	Adequate	CEO						
Support local community Volunteer groups	Preventative	Apr-24	Adequate	CEO						

**Overall Control Ratings: Adequate**

Current Actions	Due Date	Responsibility	Status of Actions	Comments
Review and assess Community Engagement Strategy and Plan	31/04/2025	CEO	Stakeholder Engagement Plan being formulated (CEO) in readiness for 1 March 2025 roll out.	

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Reputation	Consequence:	Minor	Consequence:	
	Likelihood:	Likely	Likelihood:	

**Overall Risk Ratings: Moderate**      Risk rating trend since last review

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
Community satisfaction score	Lagging	65%				
Number of complaints referring to poor engagement	Lagging	Zero				
Surprise substantiated issues being raised in Council, community or Committee meetings	Lagging	Zero				

**X-Referencing from previous Risk Register (RR):**

RR 2018/4 - CEO - Kodja Place - co-operation between stakeholders (lease documentation/reduction in visitor experience & numbers/reputation)  
 RR 2018/10 - CEO - Kodja Place - Disengaged/burnt out volunteers (increased costs to Shire/reputational loss/reduction in opening hours or Centre closure)  
 RR 2018/19 - MCDT - Increased operational costs (withdrawal of funding/closure/reduction in paid staff/asset deterioration/loss of volunteers/reduced opening)  
 RR 2018/21 - CEO - Kodja Place - ongoing renewal to maintain relevancy - promotional material, displays etc (reduced visitor numbers, lack of community, volunteer & staff engagement and loss of reputation, ageing centre and equipment)  
 RR 2018/24 - MCDT - Lack of volunteers (reduction in quality of experience and visitor satisfaction/brand damage/increased costs to run/potential closure)  
 RR 2018/25 - MCDT - Lack of training for volunteers (unable to effectively manage enquiries/loss of reputation/reduction in revenue and ability to grow volunteer base)  
 RR 2018/27 - MCDT - Unable to effect workplace cultural change (disengaged community/staff/volunteers/committee, loss of reputation, reduced visitor numbers, impact on revenue)  
 RR 2018/37 - CEO - Indirect cost of not having an economic development plan/town planning pressures (reduction in rates if shops close)  
 RR 2018/38 - CEO - Not engaging with youth/community disengagement/bias (lose potential skills, reduction in safe community)  
 RR 2018/45 - CEO - Town Planning pressures (lack of growth)  
 RR 2018/48 - MCDT - Ongoing engagement of the Kodja Place community (loss of reputation, reduced visitor numbers)  
 RR 2018/50 - MCDT - Loss of cultural links (disengage with community, loss of reputation/visitor numbers, change of status & financial viability)

Comments

<b>Environment Management</b>	<b>Oct-24</b>	
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Inadequate prevention, identification, enforcement and management of environmental issues.  
 The scope includes:  
 -Lack of adequate planning and management of coastal erosion issues;  
 -Failure to identify and effectively manage contaminated sites (including groundwater usage);  
 -Waste facilities (landfill/transfer stations);  
 -Weed & mosquito/vector control;  
 -Ineffective management of water sources (reclaimed, potable);  
 -Illegal dumping; and  
 -Illegal clearing/land use.

<b>Potential causes include:</b>	
Inadequate management of landfill sites	Inadequate reporting/oversight frameworks
Lack of understanding/knowledge	Community apathy
Inadequate local laws/planning schemes	Differing land tenure (land occupancy or ownership conditions)
Prolific extractive industry (sand, limestone, etc)	Competing land use (growing population vs conservation)
Poor management of contaminated sites	Weed and pest management difficulties
Clandestine drug labs disposing of chemicals illegally	Bio-diversity hotspots
Weather events/natural disasters	Fuel or chemical spills
Climate change	Illegal firewood collection/burning/hunting
Complex legislation	

Controls Assurance											
Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments	
<b>Environmental management compliance</b>	Preventative	Oct-24	Adequate	CEO							
Community education/engagement	Preventative	Oct-24	Inadequate	MPS							
Encourage recycling efforts (& oil, batteries, etc.)	Recovery	Oct-24	Adequate	MPS							
GIS environmental information is up to date & accurate	Preventative	Oct-24	Inadequate	CEO							
Landfill/waste transfer station managed by experienced personnel (Contractors)	Preventative	Oct-24	Adequate	MPS							
Old waste sites management program	Recovery	Oct-24	Adequate	MPS							
Revegetate and weed control of bushland areas	Recovery	Oct-24	Adequate	MPS							
Support and work with environmental & land care groups	Preventative	Oct-24	Adequate	MPS							
Support street litter collection	Preventative	Oct-24	Adequate	MPS							
Vermin Pest and Weed control programs	Preventative	Oct-24	Inadequate	MPS							
Volunteer (Friends Groups) recognition & celebration events	Preventative	Oct-24	Inadequate	MPS							
<b>Overall Control Ratings:</b>			Adequate								

Current Actions	Due Date	Responsibility	Status of Actions	Comments
NRM Committee Reestablished	Oct-24	CEO	In Progress	
Great Southern Climate Alliance Created and effective	Nov-24	CEO	In Progress	

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Environment, Reputation, Financial	<b>Consequence:</b>	Moderate	<b>Consequence:</b> Up	Environmental risk has increased
	<b>Likelihood:</b>	Likely	<b>Likelihood:</b> Up	
	<b>Overall Risk Ratings:</b>		High	Risk rating trend since last review

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
Decline in vegetation cover	Lagging					
<b>Number of environmental incidents</b>	Lagging					
Number of Health risk assessments / inspections completed	Leading					
Recycling contamination rate	Lagging					
Total tonnes recyclable generation V going to landfill	Leading					
State of the environment report	Leading					
# Non-compliance notifications received (e.g. ERA)	Lagging					

<b>X-Referencing from previous Risk Register (RR):</b>	<b>Comments</b>
RR 2018/37 - CEO - Indirect cost of not having an Economic Development Plan (reduction in rates if shops close)	
RR 2018/45 - CEO - Town Planning pressures (lack of growth)	

**Errors, Omissions and Delays**

**Oct-24**

Errors, omissions or delays in operational activities as a result of unintentional errors or failure to follow due process including incomplete, inadequate or inaccuracies in advisory activities to customers or internal staff. Examples include,  
 -Incorrect planning, development, building, community safety and Emergency Management advice  
 -Incorrect health or environmental advice  
 -Inconsistent messages or responses from Customer Service Staff  
 -Any advice that is not consistent with legislative requirements or local laws.  
 -Human error  
 -Inaccurate recording, maintenance, testing or reconciliation of data.  
 -Inaccurate data being used for management decision-making and reporting.  
 -Delays in service to customers  
 This excludes process failures caused by inadequate / incomplete procedural documentation - refer "Inadequate Document Management Processes".

**Potential causes include:**

Human error	Incorrect information
Inadequate formal procedures or training	Miscommunication
Lack of trained staff	Work pressure / stress
Poor use of check sheets / FAQ's	Lack of understanding
Unrealistic expectations from community, council or management	Health issues
Poor internal communication between teams	Historical decisions / advice
Disconnect between financial receipting and systems	Complex legislation
Changes to legislation	

**Controls Assurance**

Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
CARS tracking (Customer Action Requests System)	Detective	Oct-24	Inadequate	MFCS						
Staff training (mentoring, formal & on-the-job)	Preventative	Oct-24	Adequate	CEO						
Business Process Review (BPR)	Preventative	Oct-24	Inadequate	CEO						
Complaints Register	Detective	Oct-24	Inadequate	MFCS						
Customer Service Charter	Preventative	Oct-24	Inadequate	MFCS						
Delegations register	Preventative	Oct-24	Effective	CEO						
Planning Approval performance report	Detective	Oct-24	Adequate	CEO						
Policies and Procedures	Preventative	Oct-24	Adequate	CEO						
Segregation of duties (Financial control)	Preventative	Oct-24	Adequate	MFCS						
Staff inductions	Preventative	Oct-24	Adequate	MFCS						
Contractor Inductions	Preventative	Oct-24	Inadequate	CEO						

**Overall Control Ratings: Inadequate**

Current Actions	Due Date	Responsibility	Status of Actions	Comments
Implement an organisational processes & Policy review	Dec-25	CEO	CEO to progress early 2025 aligned to ICT implementation.	

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Reputation / Compliance	Consequence:	Moderate	Consequence:	
	Likelihood:	Likely	Likelihood:	
	Overall Risk Ratings:	High	Risk rating trend since last review	

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
Insurance claims	Lagging	Zero				
Litigation	Lagging	Zero	No Legal claims	Equal to	Constant	
Complaints regarding errors, omissions, delays or inaccurate advice/information (inc. from Ombudsman, DLGC)	Lagging	Zero	No Complaints	Better	Improving	
\$'s refunded on building licence applications	Leading					

X-Referencing from previous Risk Register (RR):	Comments
RR 2016/26 - MCDT - Lack of and review of policies & procedures, rights & responsibilities (untrained volunteers/staff, errors, visitor dissatisfaction, loss of status/ reputation, revenue, legal obligations not met) RR 2018/31 - MACS - Medication management/errors (client & liability risk) RR 2018/34 - CEO - Rates and Charges dependency (insufficient funds to conduct business) RR 2018/42 - CEO - Integrated approach to strategies (financial loss/no coordination) RR 2018/76 - MACS - Closure of facility/accreditation (nowhere for residents to live, would need to transfer out of town) RR 2018/78 - MACS - Food Safe (food poisoning) RR 2018/79 - MACS - Failure to Report Incidents (death/illness) RR 2018/80 - MACS - Resident going missing/wandering - leaving facility (concern for health) RR 2018/81 - MACS - Elder abuse - death/serious illness (loss of licence)	

External Theft and Fraud (inc. Cyber Crime)				Apr-24						
Loss of funds, assets, data or unauthorised access, (whether attempted or successful) by external parties, through any means (including electronic), for the purposes of: -Fraud: benefit or gain by deceit -Malicious Damage: hacking, deleting, breaking or reducing the integrity or performance of systems -Theft: stealing of data, assets or information										
<b>Potential causes include:</b>										
Inadequate security of equipment / supplies / cash	Inadequate provision for patrons belongings									
Robbery	Lack of Supervision									
Scam Invoices	Collusion with internal staff									
Cyber crime										
<b>Controls Assurance</b>										
Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
Building security access controls (keys, proxy card, monitored alarms, keypad access)	Preventative	Apr-24	Adequate	CEO						Budget dictates quality of system
CCTV for key buildings	Preventative	Apr-24	Inadequate	CEO						CCTV Project being Implemented Feb 2025
Record of assets (minor and attractive items)	Recovery	Apr-24	Adequate	MFCs						Depot items main targets
Cash handling processes	Preventative	Apr-24	Adequate	MFCs						
Depot security access controls (CCTV at Gate, manned during business hours, locked after hours)	Preventative	Apr-24	Adequate	CEO						Controls adequate, new processes for working alone at depot
IT Firewall Systems	Preventative	Apr-24	Inadequate	CEO						Upgrade underway Oct 2024
Key register	Detective	Apr-24	Adequate	MPS						
Processes for IT passwords	Preventative	Apr-24	Adequate	MFCs						
Record of assets (fixed assets)	Recovery	Apr-24	Effective	MFCs						
Supplier details verification process	Preventative	Apr-24	Effective	MFCs						
Visitor sign in	Preventative	Apr-24	Adequate	MFCs						
<b>Overall Control Ratings:</b>			<b>Adequate</b>							
<b>Current Actions</b>		<b>Due Date</b>	<b>Responsibility</b>	<b>Status of Actions</b>				<b>Comments</b>		
CCTV Project being Implemented		Feb-25	CEO							
Update fixed assets record (RAMM) to include Parks, Reserves, street furniture and signage and drainage infrastructure		Apr-25	MWS	RAMM Review required by New Manager Works & Infrastructure inline with ERP upgrade						
Managed Services Firewalls upgraded		Apr-24	CEO	Project Commenced October 2024						
<b>Consequence Category</b>		<b>Risk Ratings</b>		<b>Rating</b>		<b>Has the Risk Rating Changed since the last review?</b>			<b>Comments</b>	
Financial / Property		Consequence:		Moderate		Consequence:			Up	
		Likelihood:		Likely		Likelihood:			Up	
		<b>Overall Risk Ratings:</b>		<b>High</b>		<b>Risk rating trend since last review</b>				
<b>Indicators</b>		<b>Type</b>	<b>Benchmark</b>		<b>Result</b>		<b>Better or worse than Benchmark?</b>	<b>Trend since last review?</b>	<b>Comments</b>	
Cyber breaches		Lagging								
Insurance claims		Lagging								
# Incidents (per month/quarter/year)		Lagging								
% non-operational CCTV's										
<b>X-Referencing from previous Risk Register (RR):</b>				<b>Comments</b>						
RR 2018/9 - MCDT - Annual Budget - not meeting target revenues (reduction in ability to meet strategic goals and loss of funds for other budget items)										
Majority of suppliers engaged through Depot - verify receipt of goods prior to payment of invoice										

**Management of Facilities, Venues and Events Sep-24**

Failure to effectively manage the day to day operations of facilities, venues and/or events. This includes:  
 -Inadequate procedures in place to manage quality or availability;  
 -Poor crowd control;  
 -Ineffective signage;  
 -Booking issues;  
 -Stressful interactions with hirers/users (financial issues or not adhering to rules of use of facility); and  
 -Inadequate oversight or provision of peripheral services (e.g., cleaning/maintenance).

**Potential causes include:**

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

Key Controls	Type	Date	Rating	Controls Assurance						Comments
				Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data quality & integrity have been validated?	
Booking process	Preventative	Sep-24	Adequate	PMRS	Yes	Yes	Yes	Yes	Yes	
Events on Shire facilities application and approval procedures	Preventative	Sep-24	Adequate	PMRS	Yes	Yes	Yes	Yes		
Events on private property application and approval procedures	Preventative	Sep-24	Inadequate	PMRS						
Accompanied by an adult age restrictions in place at aquatic centre	Preventative	Sep-24	Effective	MPS						
Chlorine chemicals inspections by Dept Minerals & Energy (conducted during RLSSWA 3 yearly audit)	Preventative	Sep-24	Adequate	MPS						Next RLSSWA 3 yearly audit Nov 2019; possibility of gas supplier (KOM) conducting an inspection as part of its own compliance req's (yet to be confirmed)
Cleaning schedule (report from next user)	Detective	Sep-24	Inadequate	MPS						
Facility operation manuals and service plans	Preventative	Sep-24	Inadequate	MPS						
Insurance for loss	Recovery	Sep-24	Effective	MFCB						
Key return/bond system/check of facility	Recovery	Sep-24	Inadequate	MFCB	Yes					MCCS - Rose maze & KP Courtyard Documentation in place
Lease agreements for Shire facilities	Preventative	Sep-24	Inadequate	CEO						
Playgrounds, ovals, gym and skate park inspections	Detective	Sep-24	Adequate	MPS						
Post event evaluations	Detective	Sep-24	Inadequate	MPS						
Regular water testing and restricted access to water activities if required (Waste water reuse)	Detective	Sep-24	Adequate	MPS						
Regular water testing and restricted access to water activities if required (pools)	Detective	Sep-24	Adequate	MPS						
Royal Life Saving Society of WA assessments	Preventative	Sep-24	Adequate	MPS						
Signage at all venues	Preventative	Sep-24	Inadequate	MPS						
Staff mandatory qualification requirements	Preventative	Sep-24	Adequate	CEO						

**Overall Control Ratings:** Adequate

Current Actions	Due Date	Responsibility	Status of Actions	Comments
Draft Improved Events planning process guidelines (including Planning Approvals, risk assessments, event management plans, food safety at stalls etc) - progressing	Apr-25	PMRS	Progressing - Event application has been established. Itinerant traders - completed new events application with all	
Develop post event procedures and event evaluation debrief - progressing	Apr-25	MPS	Progressing - in process	
Develop Lease agreements register for all Shire facilities - progressing community hall agreements, sporting group agreements	Jul-25	CEO	Ongoing - community halls and sporting group agreements currently being looked into. Documents to be completed July 2025. Ongoing	
Community education re public events on private property - progressing	Mar-25	PMRS	Review Progressing - in process	
Annual tenancy inspections for staff and public housing - scheduled & notice in writing	Mar-25	MPS	Completed. Inspections done annually.	

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Reputation	Consequence:	Moderate	Risk rating trend since last review	
	Likelihood:	Likely		
	Overall Risk Ratings:	High		

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
% Community perception score (facilities)	Leading	70%				
# Complaints regarding facilities	Lagging	Zero				
Injured/incidents at events / facilities	Lagging	Zero				
Reactive maintenance activity (\$)	Lagging	Zero				

X-Referencing from previous Risk Register (RR):	Comments
(SP - Swimming Pool) RR 20184 - CEO - Kodj Place - co-operation between stakeholders (lease documentation/reduction in roster experience & numbers/reputation) RR 20185 - MCDT - Annual Budget - not meeting target revenues (reduction in ability to meet strategic goals and loss of funds for other budget items) RR 20186 - MCDT - Overall business plan - affordability of meeting strategic goals (loss of relevance to visitors/loss of reputation) RR 20187 - MCDT - Increased operational costs (withdrawal of funding/revenue reduction in paid staff/asset deterioration/loss of volunteers/reduced opening) RR 201820 - MCDT - Layout of space - lack of meeting rooms, community spaces, external work areas, cafe etc (reduced visitor/community satisfaction/brand damage/reduction in potential revenue streams) RR 201821 - CEO - Kodj Place - ongoing renewal to maintain relevance - promotional material, displays etc (reduced visitor numbers, lack of community, volunteer & staff engagement and loss of reputation, aging centre and equipment) RR 201822 - MCDT - Non-compliance e.g. food handling, use of social media, policy & procedures re use of email/telephones, data accuracy, security of passwords etc (loss of material information, reputation and brand image) RR 201824 - MCDT - Lack of volunteers (reduction in quality of experience and visitor satisfaction/brand damage/increased costs to non-potential closure) RR 201825 - MCDT - Lack of training for volunteers (unable to effectively manage enquiries/loss of reputation/reduction in revenue and ability to grow volunteer base) RR 201826 - MCDT - No succession planning/loss of resources (loss of knowledge/operational time to accept grant funding/revenue, staff burnout, potential closure, unable to meet strategic goals) RR 201828 - MCDT - Accreditation to achieve tourist ratings (loss of images to other tourism bodies/statistics/reputation/revenue, reduced visitors) RR 201829 - CEO - Kodj Place - not engaging with youth/community (disengagement/bias (lose potential skills, reduction in safe community) RR 201840 - MCDT - Visual impact - image (reduction in tourism/reputational damage, lack of local pride) RR 201848 - MWS - Kodj Place - car park design and pedestrian safety (public liability/reputation/reduction in numbers) RR 201850 - MCDT - Loss of cultural links (disengagement with community, loss of reputation/visitor numbers, change of status & financial viability) RR 201851 - MCDT - Site Plan outdated (lack of accurate evacuation & PPE locations & restricted area location/knowledge) RR 201854 - MCDT - SP - Insufficient depth markers (health/litigation/financial/reputation/breach of regulation) RR 201855 - MCDT - SP - Insufficient 'shallow water' signage (health/litigation/financial/reputation/breach of regulation) RR 201856 - MCDT - SP - Insufficient 'do not dive' signage (health/litigation/financial/reputation/breach of regulation) RR 201860 - MCDT - SP - 'Ni' Emergency Exit' signage (possible confusion/delay in evacuation, possible injury/death in an emergency situation) RR 201861 - MCDT - SP - Location of General Purpose Outlet in men's change rooms - risk of electric shock (health/litigation/financial/reputation/breach of regulation)	X-Referencing from previous Risk Register (RR) cont... RR 201862 - MCDT - SP - Earthing of metal over 100mm in pool e.g., speakers - risk of electric shock (health/litigation/financial/reputation/breach of regulation) RR 201864 - MCDT - SP - Nil manifest of chemicals - OSH audit requirement (regulatory and safety implications) RR 201865 - MCDT - SP - Incomplete set of MSDS (health/litigation/financial/reputation/breach of regulation) RR 201866 - MCDT - SP - Nil risk assessment for storage & handling of chlorine gas cylinders (gas leak/explosion - health/litigation/financial/reputation/breach of regulation) RR 201867 - MCDT - SP - Nil chlorine gas alarm system (gas leak/explosion/pulmonary oedema - health/litigation/financial/reputation/breach of regulation) RR 201868 - MCDT - SP - Nil PPE signage - (breach of AS 1319, potential risk to health and of regulatory fine) RR 201870 - MCDT - SP - Emergency Action Plan requires updating for 1 operator/partially complete - to include procedure & map (lack of direction/instruction/practice - confusion/less chance of survival in an emergency) RR 201871 - MCDT - SP - Evacuation kit non-existent/contents available/out of date (compromised products/possible loss of efficacy) RR 201872 - MCDT - SP - Section 8 - inflatable items - floating devices for obstacle courses (nil risk assessment or procedure around use of equipment/electrocution if electrical components malfunction)

IT, Communication Systems and Infrastructure				Apr-24															
Instability, degradation of performance, or other failure of IT or communication system or infrastructure causing the inability to continue business activities and provide services to the community. This may or may not result in IT Disaster Recovery Plans being invoked. Examples include failures or disruptions caused by: -Hardware or software; -Networks; and -Failures of IT Vendors. This also includes where poor governance results in the breakdown of IT maintenance such as: -Configuration management; and -Performance monitoring.  This does not include new system implementations - refer "Inadequate Project/Change Management".																			
<b>Potential causes include:</b>																			
Weather impacts	Non-renewal of licences																		
Power outage on site or at service provider	Inadequate IT incident, problem management & Disaster Recovery Processes																		
Out-dated, inefficient or unsupported hardware or software	Lack of process and training																		
Incompatibility between operating systems	Vulnerability to user error																		
Cyber crime and viruses	Failure of vendor																		
Turnover of system administration support	Equipment purchases without input from IT Department																		
Software vulnerability																			
<b>Controls Assurance</b>																			
Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments									
IT security access protocols and firewalls	Preventative	Apr-24	Adequate	CEO															
Multiple data back-up systems	Recovery	Apr-24	Adequate	CEO															
Generator (Admin building)	Recovery	Apr-24	Inadequate	CESM/MPS															
Disaster Recovery Plan	Recovery	Apr-24	Adequate	CEO/CESM															
Formal IT Infrastructure replacement/refresh program	Preventative	Apr-24	Adequate	CEO															
Maintenance program (e.g., software patches)	Preventative	Apr-24	Adequate	CEO															
Mobile devices	Recovery	Apr-24	Adequate	CEO															
Ongoing upgrades to virus protection	Preventative	Apr-24	Adequate	CEO															
Performance monitoring	Detective	Apr-24	Inadequate	CEO															
Service level agreement with Vendors	Preventative	Apr-24	Inadequate	CEO															
UPS	Recovery	Apr-24	Adequate	CEO															
Virtualised infrastructure redundancies	Recovery	Apr-24	Adequate	CEO															
<b>Overall Control Ratings:</b>			<b>Adequate</b>																
<b>Current Actions</b>				<b>Due Date</b>				<b>Responsibility</b>				<b>Status of Actions</b>				<b>Comments</b>			
Add additional generator input points (Admin building)				Jul-23				MPS				To be arranged - <i>Still in progress, no funding allocated in budget</i>							
Negotiate Service level agreement with Vendors - IT				Jun-22				CEO				CEO investigating preferred vendors to replace hardware, architecture and software requirements for the Shire. RFP documentation drafted and finalised, will be advertised first two weeks of May. CEO has discussed risks with Ramped. Request for Proposal drafted for managed services and cyber security and							
ERP System Upgrade				Mar-25				CEO				New ERP system implementation							
ICT Managed Service Upgrades				Oct-24				CEO				New ICT Managed Services Implementation underway.							
<b>Consequence Category</b>		<b>Risk Ratings</b>			<b>Rating</b>		<b>Has the Risk Rating Changed since the last review?</b>						<b>Comments</b>						
Service disruption		<b>Consequence:</b>			Major		<b>Consequence:</b>												
		<b>Likelihood:</b>			Possible		<b>Likelihood:</b>												
		<b>Overall Risk Ratings:</b>			High		<b>Risk rating trend since last review</b>												
<b>Indicators</b>		<b>Type</b>		<b>Benchmark</b>		<b>Result</b>				<b>Better or worse than Benchmark?</b>		<b>Trend since last review?</b>		<b>Comments</b>					
Cyber breaches		Lagging		Zero															
System availability %		Lagging		98%															
# logged incidents		Lagging		1 week															
# Generator tests per year		Leading																	
# IT DR Tests completed annually		Leading																	
<b>X-Referencing from previous Risk Register (RR):</b>				<b>Comments</b>															
RR 2018/12 - CEO - Suitable IT systems to respond to requests/Lack of staff time & skilled staff (lack of job completion inc grant acquittals/increased employee costs inc overtime/absenteeism)																			
RR 2018/20 - MCDT - Layout of space - lack of meeting rooms, community spaces, external work areas, Cafe etc (reduced visitor/community satisfaction/brand damage/reduction in potential revenue streams)																			
RR 2018/21 - CEO - Kodja Place - ongoing renewal to maintain relevancy - promotional material, displays etc (reduced visitor numbers, lack of community, volunteer & staff engagement and loss of reputation, ageing centre and equipment)																			
RR 2018/22 - MCDT - Shortage of IT skills and personnel to complete tasks including acquittals etc/lack of training (reduction in visitor numbers, reputation, revenue, potential closure, staff & volunteer burnout, disengaged community, unable to meet strategic goals)																			
RR 2018/34 - CEO - Rates and Charges dependency (insufficient funds to conduct business)																			
RR 2018/77 - MACS - IT reliability/infrastructure (system failure, no shared drive, no back up, emails not received, lack of online education-computer access)																			

**Misconduct** **Apr-24**

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

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

*This does not include instances where it was not an intentional breach - refer Errors, Omissions or Delays, or Inaccurate Advice/Information.*

**Potential causes include:**

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

Controls Assurance										
Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
Induction Process (Code of Conduct)	Preventative	Apr-24	Adequate	CEO						
Formal disciplinary process	Preventative	Apr-24	Adequate	CEO						
IT security access framework (profiles & passwords)	Preventative	Apr-24	Adequate	CEO						
Segregation of duties	Preventative	Apr-24	Adequate	CEO						
Budget monitoring	Detective	Apr-24	Adequate	CEO						
Cash Handling procedures	Preventative	Apr-24	Adequate	MFCS						
Credit Card management (policies)	Preventative	Apr-24	Adequate	MFCS						
Delegation register	Detective	Apr-24	Adequate	CEO						
Elected Member training	Preventative	Apr-24	Adequate	CEO						
External Audits	Detective	Apr-24	Adequate	CEO/MFCS						
Fuel Card management	Preventative	Apr-24	Adequate	MFCS						
Minor and attractive asset stocktakes	Detective	Apr-24	Adequate	MFCS						
Police clearances	Detective	Apr-24	Adequate	MFCS						
Social Media Policy	Preventative	Apr-24	Inadequate	CEO						Needs updating
Stock control and reconciliation	Detective	Apr-24	Inadequate	MFCS						Review required by finance
Strong management culture (low tolerance for misconduct)	Preventative	Apr-24	Adequate	CEO						
Working with Children Checks	Preventative	Apr-24	Adequate	MFCS						
<b>Overall Control Ratings:</b>			<b>Adequate</b>							

Current Actions	Due Date	Responsibility	Status of Actions	Comments
Hire to Retire (H2R) process review	Apr-25	MFCS	Not started	
Implement user-friendly stock control and reconciliation (fuel) procedure - Finance to work with Depot	Mar-25	CEO	Work group addressing the issue led by MFCS. MWI reviewing fuel stock management options.	

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Reputation / Finance	Consequence:	Moderate	Consequence: Up	
	Likelihood:	Likely	Likelihood: Up	
	Overall Risk Ratings:	High	Risk rating trend since last review	

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
Budget variances	Lagging	10%				
Failed Audits	Lagging	Zero				
Incidents warranting dismissal	Lagging	Zero				
Willful breach of segregation of duties	Leading	Zero				
Suppliers not being paid or complaints from suppliers (not involved in collusion or bribery with staff)	Lagging	TBA				
Disregarding or manipulating procurement process for own benefit	Leading	Zero				
% staff with greater than 20 days accrued leave	Leading					
% staff that have not had 10 consecutive days leave in 12 mths	Leading					
# complaints regarding misconduct (internal / external)	Lagging					
# financial audit issues identified (segregation of duties related)	Lagging					
Internal and external complaints (PID)	Lagging	Zero				

**X-Referencing from previous Risk Register (RR):**

RR 2018/23 - MCDT - Non-compliance e.g., food handling, use of social media, policy & procedures re use of email/telephones, data accuracy, security of passwords etc (loss of material information, reputation and brand image)

RR 2018/42 - CEO - Integrated approach to strategies (financial loss/no coordination)

RR 2018/81 - MACS - Elder abuse - death/serious illness (loss of licence)

**Comments**



Project/Change Management				Apr-24						
<p>Inadequate analysis, design, delivery and / or status reporting of change initiatives, resulting in additional expenses, time delays or scope changes. This includes:</p> <ul style="list-style-type: none"> <li>-Inadequate change management framework to manage and monitor change activities;</li> <li>-Inadequate understanding of the impact of project change on the business;</li> <li>-Failures in the transition of projects into standard operations;</li> <li>-Failure to implement new systems; and</li> <li>-Inadequate handover process.</li> </ul> <p><i>This does not include new plant &amp; equipment purchases. Refer "Inadequate Asset Sustainability Practices"</i></p>										
<b>Potential causes include:</b>										
Lack of communication and consultation		Excessive number of projects								
Lack of investment		Inadequate monitoring and review								
Ineffective management of expectations (scope creep)		Project risks not managed effectively								
Inadequate project planning (resources/budget)		Lack of project methodology knowledge and reporting requirements								
Failures of project Vendors/Contractors		Geographic or transport difficulties sourcing equipment / materials								
External consultants underquoting on costs										
<b>Controls Assurance</b>										
Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
Project management procedures	Preventative	Apr-24	Inadequate	CEO						Working on all controls
Clear/formal project ownership	Preventative	Apr-24	Inadequate	PMRS						
Post-project debriefs	Detective	May-24	Inadequate	CEO						
Strategy reporting system to SMT & Council	Detective	Jun-24	Inadequate	CEO						
Project status reporting to Council	Detective	Jul-24	Inadequate	CEO						
<b>Overall Control Ratings:</b>			<b>Inadequate</b>							
Current Actions		Due Date	Responsibility	Status of Actions				Comments		
Implement formal project management guidelines		May-25	CEO	PM Framework being implemented in stages						
Consequence Category	Risk Ratings		Rating	Has the Risk Rating Changed since the last review?				Comments		
Financial / Reputational / Health	Consequence:		Major	Consequence:				Constant		
	Likelihood:		Likely	Likelihood:				Up		
	Overall Risk Ratings:			High	Risk rating trend since last review					
Indicators	Type	Benchmark		Result	Better or worse than Benchmark?	Trend since last review?	Comments			
Missed deadlines / milestones	Lagging									
Budget overruns / blowouts	Lagging									
Failed objectives	Lagging									
# outstanding project status reports	Lagging									
# project change requests (scope)	Lagging									
<b>X-Referencing from previous Risk Register (RR):</b>										
<p>RR 2018/21 - CEO - Kodja Place - ongoing renewal to maintain relevancy - promotional material, displays etc (reduced visitor numbers, lack of community, volunteer &amp; staff engagement and loss of reputation, ageing centre and equipment)</p> <p>RR 2018/27 - MCDT - Unable to effect workplace cultural change (disengaged community/staff/volunteers/committee, loss of reputation, reduced visitor numbers, impact on revenue)</p> <p>RR 2018/37 - CEO - Indirect cost of not having an economic development plan (reduction in rates if shops close)</p> <p>RR 2018/38 - CEO - Not engaging with youth/community disengagement/bias (lose potential skills, reduction in safe community)</p> <p>RR 2018/42 - CEO - Integrated approach to strategies (financial loss/no coordination)</p> <p>RR 2018/45 - CEO Town Planning pressures (lack of growth)</p>										

**Safety and Security Practices** **Apr-24**

Non-compliance with the *Occupation Safety & Health Act 1984*, associated regulations and standards.  
It is also the inability to ensure the physical security requirements of staff, contractors and visitors. Other considerations are negligence or carelessness.

**Potential causes include:**

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

Controls Assurance										
Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
Contractor/Staff/Volunteer site inductions	Preventative	Apr-24	Adequate	ALL MANAGERS						Contractor management needs review
Culture of reporting on incidents & near misses	Detective	Apr-24	Inadequate	CEO						Cultural change plan being implemented
OSI Committee	Preventative	Apr-24	Inadequate	CEO						
Asbestos register and procedures	Detective	Apr-24	Effective	MPS						Documentation not used
Building and facility security	Preventative	Apr-24	Adequate	MPS						New Policy roll out 2025
Drug and Alcohol Procedure	Preventative	Apr-24	Inadequate	CEO						
Duress alarms	Recovery	Apr-24	Adequate	CEO						
Employee Assistance Program	Preventative	Apr-24	Adequate	CEO						
Emergency Management Plan and evacuation diagrams	Preventative	Apr-24	Adequate	CEO						
Emergency procedures	Recovery	Apr-24	Inadequate	CEO						
Fitness for Work checks	Preventative	Apr-24	Adequate	MFCS						
Hazard/incident register and reporting procedures	Detective	Apr-24	Adequate	CEO						
Hazardous Substance and Dangerous Goods registers	Detective	Apr-24	Adequate	CEO						
Health and Wellbeing programs	Preventative	Apr-24	Adequate	CEO						
Isolated worker management	Preventative	Apr-24	Adequate	CEO						
LGIS OSH/Safety Audit/Coordinator (Monty)	Preventative	Apr-24	Adequate	CEO						
Pre-start Plant and light vehicle inspections	Preventative	Apr-24	Inadequate	MWI						
Provision of PPE	Preventative	Apr-24	Adequate	MWI						
Return to work programs	Recovery	Apr-24	Adequate	MFCS						
Safe work practices (Safe Work Method Statements)	Preventative	Apr-24	Inadequate	MWI						
Staff inductions	Preventative	Apr-24	Adequate	CEO						
Toolbox/Team safety meetings	Preventative	Apr-24	Inadequate	MWI						
Trained first aiders	Preventative	Apr-24	Adequate	CEO						
Workplace inspections/Audits (all sites)	Preventative	Apr-24	Inadequate	CEO						

**Overall Control Ratings:** **Adequate**

Current Actions	Due Date	Responsibility	Status of Issues / Actions / Treatments	Comments
Conduct annual evacuation drill at all facilities	Apr-25	CEO	Needs scheduling.	
Process review for safety documentation	Dec-24	MWI	MWI Commencing review in December 2024	
Safety Culture change program developed	Dec-24	CEO		

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Health	Consequence: Major	High	Risk rating trend since last review	
	Likelihood: Possible			
	Overall Risk Ratings:			

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
Safety Audit Result %	Leading	75%				
Lost Time Injury Frequency Rate	Leading	0				
# Workplace inspections not completed	Leading	0				
# Outstanding Worksafe notifications	Leading	0				
# Near misses per month / quarter / year	Leading	SPA				
# Incidents per month / quarter / year	Lagging	SPA				
Workers Compensation claims	Lagging	0				

X-Referencing from previous Risk Register (RR):	Comments
RR 2018/1 - CEO - Buildings inc Heritage Buildings - maintenance/fit for purpose (loss of infrastructure/public liability)	X-Referencing from previous Risk Register (RR) cont...
RR 2018/2 - MCCS - Staff working alone and after hours (ligation by and to staff/injury)	RR 2018/86 - MACS - Injury to staff and inability of required equipment for produce to be delivered to facility due to narrow Solder Road entrance -injury/death (cessation of services to facility)
RR 2018/10 - CEO - Kodja Place - Disengaged/burnt out volunteers (increased costs to Shire/reputational loss/reduction in opening hours or Centre closure)	RR 2018/88 - MACS - large bushes where staff park their cars - near entrance to walkway into the facility at the rear of the Springhaven (unable to see people hiding/safety jeopardised)
RR 2018/12 - CEO - Suitable IT systems to respond to requests/Lack of staff time & skilled staff (lack of job completion inc grant acquittals/increased employee costs inc overtime/absenteeism)	RR 2018/89 - MACS - Facility has only one hoist and two residents now require hoisting at all times (if hoist fails, no way to transfer patients)
RR 2018/18B - Lack of procedures (disengagement of staff)	
RR 2018/21 - CEO - Kodja Place - ongoing renewal to maintain relevancy - promotional material, displays etc (reduced visitor numbers, lack of community, volunteer & staff engagement and loss of reputation, ageing centre and equipment)	
RR 2018/25 - MCDT - Lack of training for volunteers (unable to effectively manage enquiries/loss of reputation/reduction in revenue and ability to grow volunteer base)	
RR 2018/26 - MCDT - No succession planning/lack of resources (loss of knowledge/P/operations/time to acquit grant funding/revenue, staff burnout, potential closure, unable to meet strategic goals)	
RR 2018/30 - MACS - policies and procedures in place/reminder systems (slip hazards/client falls)	
RR 2018/31 - MACS - Medication management/errors (client & liability risk)	
RR 2018/33 - CEO - Insufficient resources/personnel with incorrect skill sets (inability to attract and retain capable staff to meet levels of service/errors/breaches)	
RR 2018/49 - MWS - Kodja Place - car park design and pedestrian safety (public liability/reputation/reduction in numbers)	
RR 2018/73 - MACS - Staff working alone (security for staff/patients, quality of care)	
RR 2018/74 - MACS - Workplace injuries/lifting on own/heavy lifting/hoists (accidents, sick leave)	
RR 2018/80 - MACS - Resident going missing/wandering - leaving facility (concern for health)	
RR 2018/81 - MACS - Elder abuse - death/serious illness (loss of licence)	
RR 2018/83 - MACS - Falls risk for staff in carpark at rear of facility (injury to staff)	
RR 2018/85 - MACS - Falls risk for staff and residents, difficult access for ambulance personnel - front entrance of facility (injury/death staff & residents)	

**Supplier and Contract Management** **Apr-24**

Inadequate management of external Suppliers, Contractors, IT Vendors or Consultants engaged for core operations. This includes issues that arise from the ongoing supply of services or failures in contract management & monitoring processes. This also includes:  
 • Concentration issues (tenders and contracts awarded to one supplier)  
 • Vendor sustainability

**Potential causes include:**

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

**Controls Assurance**

Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
Contract Management	Preventative	Apr-24	Inadequate	PMRS	No					
Tender/Procurement Process	Preventative	Apr-24	Effective	PMRS	No					
Induction and Supervision of contractors on site	Detective	Apr-24	Inadequate	PMRS	No					Documentation/evidence required
Check contractors insurance at inception and at renewal	Preventative	Apr-24	Adequate	PMRS	No					
Contract register	Preventative	Apr-24	Adequate	GRO	Yes					Tender process captures
Documented authorisation and approvals process for contracts	Preventative	Apr-24	Inadequate	PMRS	No					
Ongoing reviews of supplier/contractor contract arrangements	Preventative	Apr-24	Inadequate	CEO	No					Process could be improved
Regular monitoring of delivery of contracts	Detective	Apr-24	Inadequate	GRO	No					

**Overall Control Ratings:** Inadequate

Current Actions	Due Date	Responsibility	Status of Actions	Comments
Contract Management Framework Review and Implementation	Mar-25	PMRS		
WHS Contractor Handbook to be created and approved	Feb-24	PMRS		
Induction process for Contractors	Dec-24	PMRS		

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Service interruption, Financial	Consequence:	Major	Consequence: <span style="background-color: yellow;">Up</span>	
	Likelihood:	Almost Certain	Likelihood: <span style="background-color: yellow;">Up</span>	
	Overall Risk Ratings:	<span style="background-color: red; color: white;">Extreme</span>	Risk rating trend since last review	

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
Customer complaints	Leading					
Increased costs >CP1	Leading					
# Expired Contracts	Lagging					
% Contracts outside arrangements, variations not being documented	Leading					
Budget overruns on major projects	Lagging					
Schedule overruns on major projects	Lagging					

**X-Referencing from previous Risk Register (RR):**

RR 2018/1 - CEO - Buildings Inc Heritage Buildings (maintenance/fit for purpose/public liability)

Comments

**Financial & Process Sustainability Practices** **Sep-24**

Failure or reduction in controls associated with financial management, accounting standards, purchasing to pay, order to cash, plant, equipment or machinery lease or purchase, Treasury Functions, bank reconciliations etc.  
These include processes and controls that are end to end in external and internal to the organisation.

- Areas included in the scope are:  
 -Inadequate control or process design (not fit for purpose);  
 -Ineffective usage of controls and processes (discipline of not following procedure);  
 -Outputs not meeting expectations;  
 -Inadequate procedures;  
 -Inadequate financial management and planning (capital renewal plan, LTFP); and

Potential causes include:	
Skill level & behaviour of Team Members	Knowledge Management inadequate
Lack of trained Team Members or Shortage of Team Members	Inadequate co-operation between stakeholders or Key Personnel
Outdated financial & reporting systems	Systems not setup correctly - inadequate knowledge
Procedures not clear	Lack of cashflow and reserves management

Controls Assurance										
Key Controls	Type	Date	Rating	Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
<b>Financial Experienced and Qualified Team Members:</b> recruitment and selection for new team members	Preventative	Sep-24	Adequate	MFCS	No	Yes	Yes	Yes	No	New Team members employed
<b>ERP System:</b> financial and reporting systems upgrades required	Preventative	Feb-25	Inadequate	CEO	Yes	Yes	No	Yes	Yes	ERP provider identified
<b>Purchasing Controls:</b> Requis PO and discipline	Preventative	Feb-25	Inadequate	MFCS	Yes	Yes	No	Yes	Yes	Reinforce Purchasing Process
<b>Debtors Follow up:</b> billing process	Recovery	Jan-25	Inadequate	MFCS	Yes	Yes	No	Yes	No	Focus on Debtor Management
<b>Internal Layered Audits</b>	Detective	Apr-25	Inadequate	MFCS	No	No	No	No	No	Process required
<b>Training for Non financial Team Members</b>	Preventative	Feb-25	Inadequate	MFCS	No	No	No	No	No	Training Program required to be developed
<b>Overall Control Ratings:</b>			<b>Inadequate</b>							

Current Actions	Due Date	Responsibility	Status of Actions	Comments
ERP Tender process completed and Vendor Engaged	Sep-24	CEO	Completed	Ready Tech engaged as preferred vendor
Training Program for non financial Team Members	Sep-25	MFCS	In Progress	Training for Managers to be created and scheduled aligned to new ICT systems
Layered Auditing Program (internal) - PO's and other financial management controls	Sep-25	MFCS	Not Started	A program for internal layered auditing is required
Debtors Management	Nov-25	MFCS	In Progress	New Debtors Employee recruited, Program of systematic debt collection being implemented

	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?	Comments
Service interruption, Financial, Reputation	Consequence:	Catastrophic	Consequence: Up	
	Likelihood:	Likely	Likelihood: Up	
	Overall Risk Ratings:	Extreme	Risk rating trend since last review	↑

Indicators	Type	Benchmark	Result	Better or worse than Benchmark?	Trend since last review?	Comments
Debt over 90 Days increasing	Lagging	Debts over 90 Days				
Non Financial team members not complying with the controls	Lagging	Process Errors				
New System Project being implemented effectively	Leading	Trial Balance Balancing				
Budget overruns	Lagging	Budget				
Layered Audits (internal)	Leading	# Errors Found Corrected				

X-Referencing from previous Risk Register (RR):	Comments

# SoKO – Audit & Risk Committee Brief

## UPDATES:

1. Risk Framework Assessment
2. Risk Ratings

“ The best way to predict your future is to create it...

November 2024

Ref: CEO Updates

# Strategic Overview

## Values and Purpose

Purpose/Mision/Values

### Create Community Value

“We do this by  
Listening to the  
Community  
Everyday”

## Vision

Where we are going  
**By 2033 Kojonup  
aims to be...  
“THE CULTURAL  
EXPERIENCE  
CENTRE  
OF THE GREAT  
SOUTHERN”**

## Objectives, Measures & Targets

**Community  
First,  
Safety Always**

Initiatives to achieve  
the strategies

## Strategic Initiatives

**1<sup>st</sup> year of the  
Corporate  
Business Plan  
Annual Budget  
Adopted**

Timelines, SPA and  
metrics



STATE OF KEOJONUP COMMUNITY BUSINESS PLAN 2023-2025

Strategic Initiative	Objective	Target	Year	Measure	Responsible	Value
1.1.1. Create a world-class experience	World-class	95%	2023	Customer Satisfaction Score	Customer Experience	100
1.1.2. Enhance digital services	Digital	80%	2023	Digital Service Adoption Rate	Digital Services	100
1.1.3. Increase accessibility	Accessible	90%	2023	Accessibility Score	Accessibility	100
1.1.4. Promote sustainability	Sustainable	85%	2023	Sustainability Score	Sustainability	100
1.1.5. Support local businesses	Support	90%	2023	Local Business Support Score	Local Business Support	100
1.1.6. Enhance community engagement	Engagement	85%	2023	Community Engagement Score	Community Engagement	100
1.1.7. Increase safety	Safety	95%	2023	Safety Score	Safety	100
1.1.8. Support and enable	Support	85%	2023	Support and Enable Score	Support and Enable	100
1.1.9. Increase innovation	Innovation	80%	2023	Innovation Score	Innovation	100
1.1.10. Increase resilience	Resilient	85%	2023	Resilience Score	Resilience	100



**THE CULTURAL  
EXPERIENCE CENTER  
OF THE GREAT SOUTHERN**



# Risk Matrix and Reporting Delegations

- 1. Risk Framework**
- 2. Risk Assessment process**
- 3. Risk Rating**
- 4. Controls and Current Actions**

Major review every three years, last review April 2021.  
Minor adjustments quarterly.

Drives internal continuous improvement to mitigate organizational wide risks.

Funding in budget for initiatives aligned to level of risk.

# Risk Framework

- Defines each major organizational risk;
- Identifies probable causation of the risk;
- Creates Key Controls to reduce the risk, SPA (Control Owner);
- Controls Assurance, Documented, Validated, Understood, Relevance, Updated;
- Current Actions to control or improve controls of the risk;
- Risk Rating;
- Metrics to measure risk;
- 15 Key Risk Areas identified in last review April 2021.
- 1 new key Risk Area introduced this review.



# Risk Assessment - Changes

## Shire of Kojonup Risk Dashboard Report 2020/21 review (April 2021)

	Risk	Control
Asset Sustainability Practices	Moderate	Adequate
Business & Community Disruption	Moderate	Adequate
Failure to Fulfil Compliance Requirements (Statutory, Regulatory)	Low	Adequate
Document Management Processes	Low	Adequate
Employment Practices	High	Adequate
Engagement practices	Moderate	Adequate
Environment Management	Low	Adequate
Errors, Omissions and Delays	Low	Adequate
External Theft and Fraud (inc. Cyber Crime)	Moderate	Adequate
Management of Facilities, Venues and Events	Moderate	Adequate
IT, Communication Systems and Infrastructure	Moderate	Adequate
Misconduct	Moderate	Adequate
Project/Change Management	High	Adequate
Safety and Security Practices	High	Adequate
Supplier and Contract Management	Moderate	Adequate

## Shire of Kojonup Risk Dashboard Report 3 Year Review Changes (2024)

	Risk	Control
Asset Sustainability Practices	High	Inadequate
Business & Community Disruption	Moderate	Adequate
Failure to Fulfil Compliance Requirements (Statutory, Regulatory)	High	Adequate
Document Management Processes	Moderate	Inadequate
Employment Practices	High	Adequate
Engagement practices	Moderate	Adequate
Environment Management	High	Adequate
Errors, Omissions and Delays	High	Inadequate
External Theft and Fraud (inc. Cyber Crime)	High	Adequate
Management of Facilities, Venues and Events	High	Adequate
IT, Communication Systems and Infrastructure	High	Adequate
Misconduct	High	Adequate
Project/Change Management	High	Inadequate
Safety and Security Practices	High	Adequate
Supplier and Contract Management	Extreme	Inadequate
Financial & Process Sustainability Practices	Extreme	Inadequate

# Financial Key Risk Area – New Organisational Risk

## Financial & Process Sustainability Practices

Sep-24

Failure or reduction in controls associated with financial management, accounting standards, purchasing to pay, order to cash, plant, equipment or machinery lease or purchase, Treasury Functions, bank reconciliations etc.

These include processes and controls that are end to end in external and internal to the organisation.

Areas included in the scope are:

- Inadequate control or process design (not fit for purpose);
- Ineffective usage of controls and processes (discipline of not following procedure);
- Outputs not meeting expectations;
- Inadequate procedures;
- Inadequate financial management and planning (capital renewal plan, LTFP); and

### **Potential causes include:**

Skill level & behaviour of Team Members	Knowledge Management inadequate
Lack of trained Team Members or Shortage of Team Members	Inadequate co-operation between stakeholders or Key Personnel
Outdated financial & reporting systems	Systems not setup correctly - inadequate knowledge
Procedures not clear	Lack of cashflow and reserves management

# Key Controls Identified

Key Controls	Type	Date	Rating
<b>Financial Experienced and Qualified Team Members:</b> recruitment and selection for new team members	<b>Preventative</b>	<i>Sep-24</i>	<b>Adequate</b>
<b>ERP System:</b> financial and reporting systems upgrades required	<b>Preventative</b>	<i>Feb-25</i>	<b>Inadequate</b>
<b>Purchasing Controls:</b> Requis PO and discipline	<b>Preventative</b>	<i>Feb-25</i>	<b>Inadequate</b>
<b>Debtors Follow up:</b> billing process	<b>Recovery</b>	<i>Jan-25</i>	<b>Inadequate</b>
<b>Internal Layered Audits</b>	<b>Detective</b>	<i>Apr-25</i>	<b>Inadequate</b>
<b>Training for non financial Team Members</b>	<b>Preventative</b>	<i>Feb-25</i>	<b>Inadequate</b>

<b>Overall Control Ratings:</b>	<b>Inadequate</b>
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# Control Assurance

Key Controls	Type	Date	Rating
<b>Financial Experienced and Qualified Team Members:</b> recruitment and selection for new team members	Preventative	Sep-24	Adequate
<b>ERP System:</b> financial and reporting systems upgrades required	Preventative	Feb-25	Inadequate
<b>Purchasing Controls:</b> Requis PO and discipline	Preventative	Feb-25	Inadequate
<b>Debtors Follow up:</b> billing process	Recovery	Jan-25	Inadequate
<b>Internal Layered Audits</b>	Detective	Apr-25	Inadequate
<b>Training for non-financial Team Members</b>	Preventative	Feb-25	Inadequate

<b>Overall Control Ratings:</b>	<b>Inadequate</b>
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Controls Assurance						
Control Owner	Control is documented?	Control is understood?	Control is up to date?	Control is relevant?	Control data, quality & integrity have been validated?	Comments
MFCS	No	Yes	Yes	Yes	No	New Team members employed
MFCS	Yes	Yes	No	Yes	Yes	ERP provider identified
MFCS	Yes	Yes	No	Yes	Yes	Reinforce Purchasing Process
MFCS	Yes	Yes	No	Yes	No	Focus on Debtor Management
MFCS	No	No	No	No	No	Process required
MFCS	No	No	No	No	No	Training Program required to be developed

# Current Actions to mitigate or improve the Risk

Current Actions	Due Date	Responsibility	Status of Actions	Comments
ERP Tender process completed and Vendor Engaged	Sep-24	CEO	Completed	Ready Tech engaged as preferred vendor
Training Program for non financial Team Members	Sep-25	MFCS	In Progress	Training for Managers to be created and scheduled aligned to new ICT systems
Layered Auditing Program (internal) - PO's and other financial management controls	Sep-25	MFCS	Not Started	A program for internal layered auditing is required
Debtors Management	Nov-25	MFCS	In Progress	New Debtors Employee recruited, Program of systematic debt collection being implemented

# Risk Rating

Consequence Category	Risk Ratings	Rating	Has the Risk Rating Changed since the last review?		
Service interruption, Financial, Reputation	<b>Consequence:</b>	<i>Catastrophic</i>	<b>Consequence:</b>	Up	
	<b>Likelihood:</b>	<i>Likely</i>	<b>Likelihood:</b>	Up	
	<b>Overall Risk Ratings:</b>	<b>Extreme</b>	Risk rating trend since last review		

# Metrics (related to KPI's and BSC)

Indicators	Type	Benchmark
Debt over 90 Days increasing	Lagging	Debts over 90 Days
Non Financial team members not complying with the controls	Lagging	Process Errors
New System Project being implemented effectively	Leading	Trial Balance Balancing
Budget overruns	Lagging	Budget
Layered Audits (internal)	Leading	# Errors Found Corrected