



SHIRE OF
MERREDIN
INNOVATING THE WHEATBELT

Unconfirmed copy of Minutes from Audit
Committee Meeting held on
27 May 2025 subject
to confirmation at the Ordinary Council
Meeting to be held
27 May 2025

SHIRE OF MERREDIN

These Minutes were presented to Council at
its Ordinary Council Meeting of
27 May 2025.

Donna Crook - Shire President

MINUTES

Audit, Risk and Improvement Committee Meeting

Held in Council Chambers
Corner King & Barrack Street's, Merredin
Tuesday, 27 May 2025
Commencing 1:30pm

Common Acronyms Used in this Document	
CEO	Chief Executive Officer
EMSC	Executive Manager Strategy and Community
EMDS	Executive Manager Development Services
EMIS	Executive Manager Infrastructure Services
EMCS	Executive Manager Corporate Services
EO	Executive Officer
GO	Governance Officer
MCS	Manager Corporate Services
SFO	Senior Finance Officer
CBP	Corporate Business Plan
SCP	Strategic Community Plan
OAG	Office of the Auditor General

Shire of Merredin
Audit, Risk and Improvement Committee
Meeting
1.30pm Tuesday 27 May 2025



1. Official Opening

The Presiding Member acknowledged the Traditional Owners of the land on which we meet today, and paid his respects to Elders past, present and emerging. The Presiding Member then welcomed those in attendance and declared the meeting open at 1:32pm.

2. Record of Attendance / Apologies and Leave of Absence

Councillors:

Cr D Crook	President
Cr R Manning	Deputy President
Cr M McKenzie	Chair
Cr B Anderson	

Staff:

C Watts	CEO
L Boehme	EMCS
B Wall	EMIS – 1:36pm – 1:47pm
M Wyatt	EO
R Cahill	TO

Members of the Public: Nil

Apologies: Nil

Approved Leave of Absence: Nil

3. Public Question Time

Nil

4. Disclosure of Interest

Nil

5. Confirmation of Minutes of the Previous Meeting

5.1 Audit, Risk and Improvement Committee Meeting held on 29 April 2025
Attachment 5.1A

Voting Requirements

☒ Simple Majority ☐ Absolute Majority

Resolution

Moved: Cr Crook **Seconded:** Cr Anderson

83598 That the minutes of the Audit, Risk and Improvement Committee Meeting held on 29 April 2025 be confirmed as a true and accurate record of proceedings.

CARRIED 4/0

For: Cr McKenzie, Cr Crook, Cr Manning, Cr Anderson

Against: Nil

6. Officer's Reports

6.1 Risk Dashboard Update – May 2025

<div>Corporate Services</div> <div>SHIRE OF MERREDIN INNOVATING THE WHEATBELT</div>	
Responsible Officer:	Leah Boehme, EMCS
Author:	As above
Legislation:	<i>Local Government (Audit) Regulations 1996</i>
File Reference:	Nil
Disclosure of Interest:	Nil
Attachments:	Attachment 6.1A - Shire of Merredin Risk Dashboard Report May 2025 (CONFIDENTIAL)

Purpose of Report

☐

Executive Decision



Legislative Requirement

The purpose of this report is to provide the Audit, Risk and Improvement Committee with an update on the Shire's risk management, due to a review of the Risk Management Dashboard being completed by the Executive Team.

Background

Regulation 17 of the *Local Government (Audit) Regulations 1996* requires the Chief Executive Officer's (CEO) to review the appropriateness and effectiveness of the local government systems and procedures in relation to risk management, internal control and legislation compliance.

In December 2022, this review was completed and presented to the Audit Committee and Council. Part of that process included a review of the Shire's Risk Dashboard. Each year the dashboard is reviewed at an Executive level to ensure it remains current.

Comment

With a number of changes to the Executive Leadership Team in the previous twelve months, and a number of changes to the organisational structure occurring, it was considered pertinent to complete reviews each year.

A number of finalised actions have been removed, and a number of new items have been added. The updated Shire of Merredin Risk Dashboard Report for May 2025 can be found at Attachment 6.1A.

Policy Implications

Policy 3.24 – Risk Management applies.

Statutory Implications

Local Government (Audit) Regulations 1996

Strategic Implications

➤ Strategic Community Plan

Theme: 4. Communications and Leadership

Service Area Objective: 4.2 - Decision Making

4.2.3 – The Council is well informed in their decision-making, supported by a skilled administration team who are committed to providing timely, strategic information and advice

4.4.1 – The Shire is continuously working to maintain efficient communication, providing open, transparent and factual information, through a variety of channels

Priorities and Strategies
for Change: Nil

➤ Corporate Business Plan

Theme: 4. Communications and Leadership.

Priorities: Nil

Objectives Nil

Sustainability Implications

Ø Strategic Resource Plan

Nil

Risk Implications

There is a compliance risk associated with this Item as the Shire would be contravening the *Local Government Act 1995* and *Local Government (Financial Management) Regulations 1996* if this Item was not presented to the Audit, Risk and Improvement Committee. The risk rating is considered to be Low (4), which is determined by a likelihood of Unlikely (2) and a consequence of Minor (2). This risk will be eliminated by the adoption of the Officer's Recommendation.

The Shire of Merredin Risk Management Framework includes relevant procedures to be followed when assessing and managing risk. The framework provides tools that monitor the Shire's risk profile on a quarterly basis. This framework has been reviewed and is also provided to the Audit, Risk and Improvement Committee today.

Financial Implications

Nil

Voting Requirements



Simple Majority



Absolute Majority

Resolution

Moved: Cr McKenzie **Seconded:** Cr Manning

That the Audit, Risk and Improvement Committee;

- 83599**
- 1. NOTES the review of the Risk Dashboard Report for May 2025, as presented in Attachment 6.1A.**
 - 2. RECOMMENDS that Council NOTES the review of the Risk Dashboard Report for May 2025, as presented in Attachment 6.1A; and**
 - 3. RECOMMENDS that Council ENDORSES the Risk Dashboard Report for May 2025, as presented in Attachment 6.1A.**

CARRIED 4/0

For: Cr McKenzie, Cr Crook, Cr Manning, Cr Anderson

Against: Nil

EMIS, Brian Wall entered the Chambers at 1:36pm.

6.2 Risk Management Framework – May 2025

Corporate Services



Responsible Officer:	Leah Boehme, EMCS
Author:	As above
Legislation:	<i>Local Government (Audit) Regulations 1996</i>
File Reference:	Nil
Disclosure of Interest:	Nil
Attachments:	Attachment 6.2A – Shire of Merredin Risk Management Framework – May 2025

Purpose of Report



Executive Decision



Legislative Requirement

The purpose of this report is to provide the Audit, Risk and Improvement Committee with an updated Risk Management Framework for the Shire of Merredin.

Background

Regulation 17 of the *Local Government (Audit) Regulations 1996* requires the Chief Executive Officer (CEO) to review the appropriateness and effectiveness of the local government systems and procedures in relation to risk management, internal control and legislation compliance.

In December 2022, this review was completed and presented to the Audit Committee and Council. Part of that process included a review of the Shire's Risk Management Framework.

Comment

Due to a number of changes to the Executive Leadership Team and Senior Staff over the past 18 months, the Framework has been reviewed now to reflect these changes, rather than waiting until the end of the year.

The key changes are outlined below:

- Change from Executive Management Team to 'Executive Leadership Team' to match current terminology.
- Change of reference to Audit Committee to 'Audit, Risk and Improvement Committee' as per current Terms of Reference.
- Where 'Managers' listed – changed to Managers/ Supervisors/ Coordinators to ensure that all necessary staff are captured.

- Change of DCEO to 'Executive Manager Strategy & Community' and change of EMES to 'Executive Manager Infrastructure Services' (EMIS), as per current organisation structure. Engineering Services also updated to Infrastructure Services.
- Movement of the Occupation Health and Safety area from Development to Corporate Services (and change to Work Health and Safety as per current Act).
- Movement of Swimming Pool area from the Office of the CEO to Strategy and Community Services.
- Change of font from LT Aroma to Calibri – as per updated branding guidelines

Policy Implications

Policy 3.24 – Risk Management applies.

Statutory Implications

Local Government (Audit) Regulations 1996

Strategic Implications

➤ Strategic Community Plan

Theme:	4. Communications and Leadership
Service Area Objective:	4.2 - Decision Making
	4.2.3 – The Council is well informed in their decision-making, supported by a skilled administration team who are committed to providing timely, strategic information and advice
	4.4.1 – The Shire is continuously working to maintain efficient communication, providing open, transparent and factual information, through a variety of channels
Priorities and Strategies for Change:	Nil

➤ Corporate Business Plan

Theme:	4. Communications and Leadership.
Priorities:	Nil
Objectives	Nil

Sustainability Implications

Ø Strategic Resource Plan

Nil

Risk Implications

There is a compliance risk associated with this Item as the Shire would be contravening the *Local Government Act 1995* and *Local Government (Financial Management) Regulations 1996* if this Item was not presented to the Audit, Risk and Improvement Committee. The

risk rating is considered to be Low (4), which is determined by a likelihood of Unlikely (2) and a consequence of Minor (2). This risk will be eliminated by the adoption of the Officer's Recommendation.

Financial Implications

Nil

Voting Requirements

Simple Majority



Absolute Majority

Resolution

Moved:

Cr Manning

Seconded: Cr Anderson

That the Audit, Risk and Improvement Committee;

- 1. NOTES the review of the Shire of Merredin Risk Management Framework May 2025, as presented in Attachment 6.2A;**
- 2. RECOMMENDS that Council NOTES the review of the Shire of Merredin Risk Management Framework May 2025, as presented in Attachment 6.2A; and**
- 3. RECOMMENDS that Council ENDORSES the updated Shire of Merredin Risk Management Framework May 2025, as presented in Attachment 6.2A.**

83600

CARRIED 4/0

For: Cr McKenzie, Cr Crook, Cr Manning, Cr Anderson

Against: Nil



SHIRE OF
MERREDIN
INNOVATING THE WHEATBELT



RISK MANAGEMENT FRAMEWORK

MAY 2025



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Introduction

The Shire of Merredin recognises that risk management is fundamental to achieving strategic and operational objectives and that it plays an integral role in day-to-day management and decision making at all levels of the organisation. The Shire's Risk Management Policy, in conjunction with the components of this document, constitute the Shire's Risk Management Framework. The Framework sets out the Shire's approach to the identification, assessment, management, reporting and monitoring of risks.

The Risk Management Framework is a key component in the Shire's overall governance practices. It is the structure upon which risks are identified and managed and allows for consistency across the Shire. This allows Council to confidently make decisions that are timely, informed and conscious of the factors that may impact on the success and delivery of its strategic, operational and project objectives.

It is essential that all areas of the Shire adopt and adhere to these procedures to ensure:

- Strong corporate governance;
- Compliance with relevant legislation, regulations and policies;
- Integrated Planning and Reporting requirements are met; and
- Uncertainty and its effects on objectives is understood.

This Framework aims to balance a documented, structured and systematic process with the size and complexity of the Shire, while acknowledging existing time, resource and workload pressures.

The objectives of this Framework are:

- To establish an integrated and effective approach to risk management
- Provide accountability for the management and reporting of risk
- Support the Shire's risk reporting and legislative obligations

All components of this document are based on AS/NZS ISO 31000:2018 Risk Management – Guidelines.

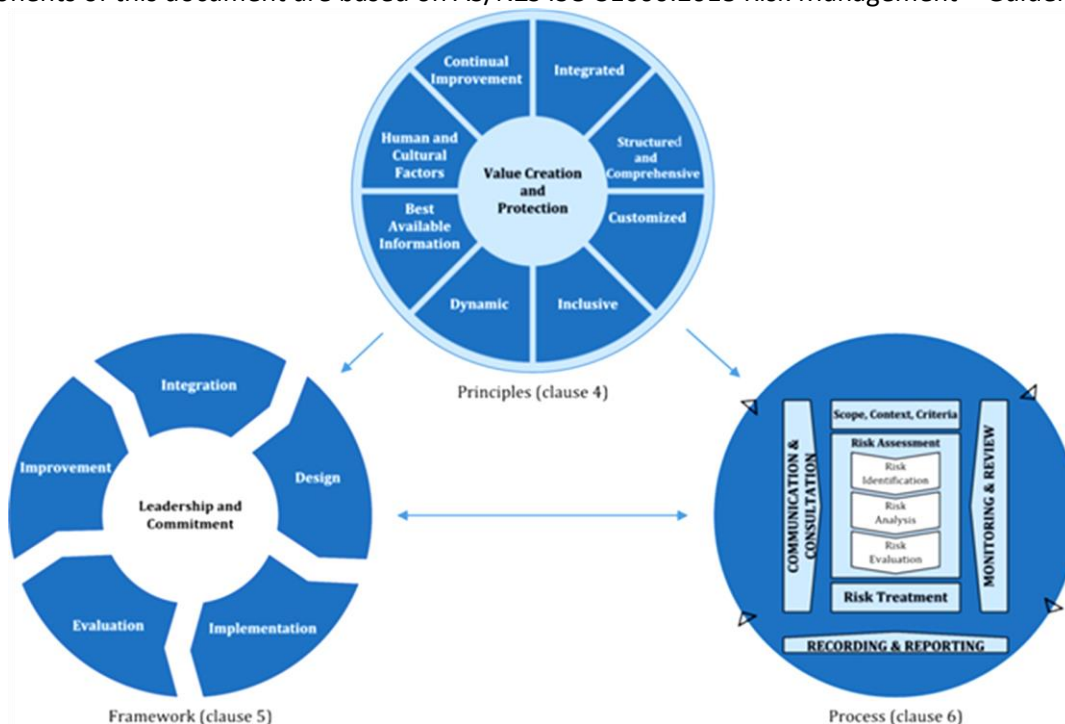


Figure 1: Relationship between the risk management principles, framework and process

Governance

Appropriate governance of risk management within the Shire provides:

- Transparency of decision making;
- Clear identification of the roles and responsibilities of the risk management functions; and
- An effective Governance Structure to support the risk framework.

Framework Review

The framework will be reviewed every three years, with results presented to the Audit, Risk and Improvement Committee.

Operating Model

The Shire has adopted a model for the management of risk that involves a three-tiered approach. This model ensures roles; responsibilities and accountabilities for decision making are structured to demonstrate effective governance and assurance. By operating within the approved risk appetite and Framework, the Council, Management and Community will have assurance that risks are managed effectively to support the delivery of the Strategic, Corporate & Operational Plans.

Tier 1 – First Line of Defence

All operational areas of the Shire are considered 'First Line'. They are responsible for ensuring that risks (within their scope of operations) are identified, assessed, managed, monitored and reported. Ultimately, they bear ownership and responsibility for losses or opportunities from the realisation of risk. Associated responsibilities include:

- Establishing and implementing appropriate processes and controls for the management of risk (in line with these procedures);
- Undertaking adequate analysis (data capture) to support decision making regarding matters of risk;
- Preparation of risk acceptance proposals, where necessary, based on level of residual risk; and
- Retention of primary accountability for the ongoing management of their risk and control environment.

Tier 2 – Second Line of Defence

The Executive Leadership Team act as the 'Second Line'. The Executive Manager Corporate Services (EMCS), with support from the remaining executive, owns and manages the Framework. In consultation, they draft and implement most governance procedures and provide the necessary tools and training to support the first line processes.

Maintaining oversight on the application of the Framework provides a transparent view and level of assurance to the first & third lines on the risk and control environment. Support can be provided by additional oversight functions completed by other First Line Teams (where applicable).

Additional responsibilities include:

- Providing oversight of risk matters as required;
- Monitoring and reporting on emerging risks; and
- Co-ordinating the Shire's risk reporting for the Chief Executive Officer and Audit, Risk and Improvement Committee.

Tier 3 – Third Line of Defence

External Audits are the third line of defence, providing independent assurance to the Council, Audit, Risk and Improvement Committee and Shire Management on the effectiveness of business operations and the Framework.

External Auditors are appointed or provided by the Office of the Auditor General (OAG) to report independently to the President, CEO and Audit Committee on the annual financial statements, plans, policies and processes of the Shire.

Risk Management Governance Structure

The following diagram depicts the current operating structure for risk management within the Shire of Merredin.

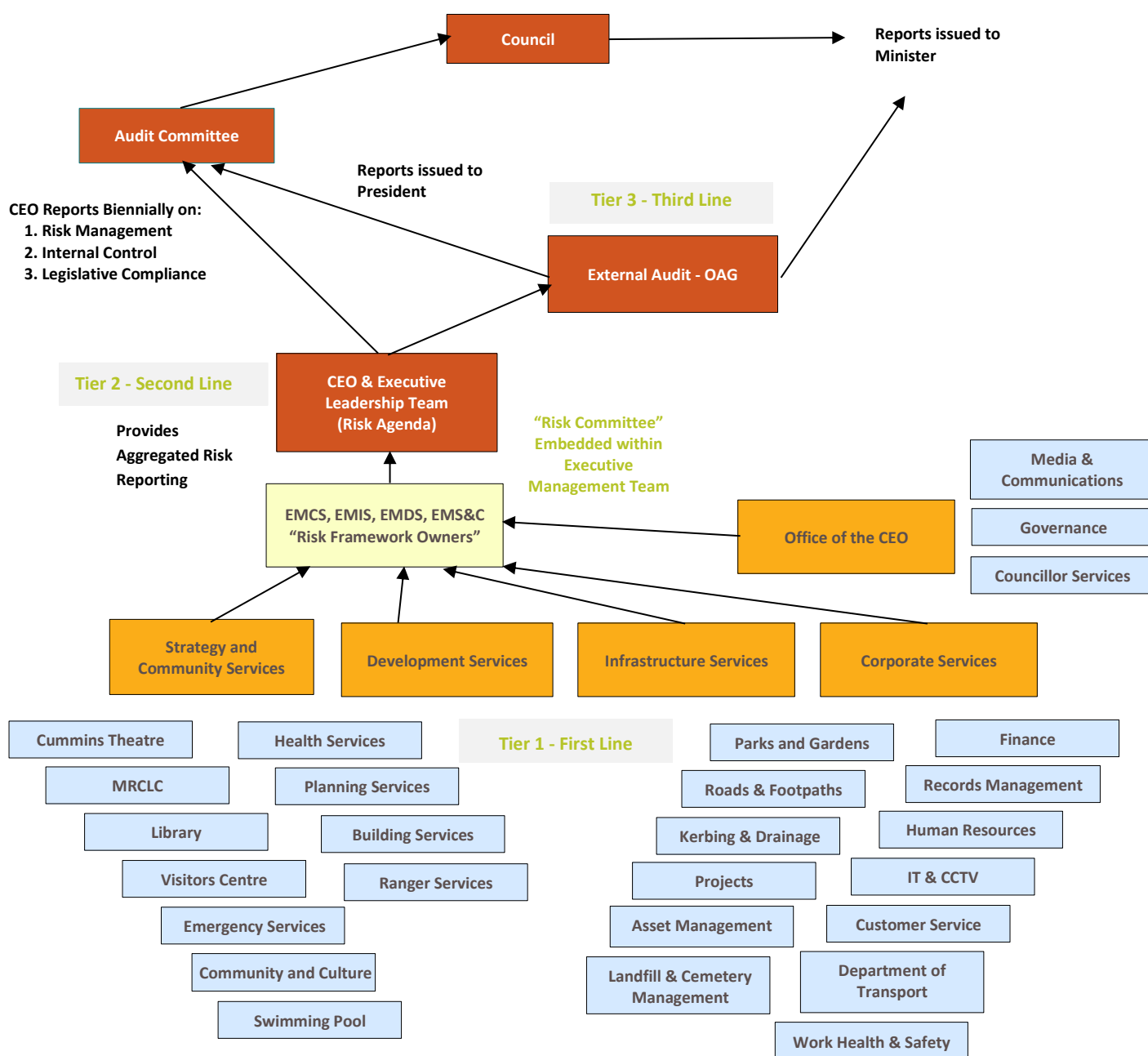


Figure 2: Shire of Merredin Risk Management Operating Model

Roles & Responsibilities

Council

- Review and approve the Shire's Risk Management Policy and Risk Assessment & Acceptance Criteria; and
- Establish and maintain an Audit, Risk and Improvement Committee in terms of the *Local Government Act 1995*.

Audit, Risk and Improvement Committee

- Regularly review the appropriateness and effectiveness of the Framework, at least biannually;
- Support Council to provide effective corporate governance;
- Oversee the conduct of External Audits; and
- Must be independent, objective and autonomous in deliberations.

CEO / Executive Leadership Team

- Liaise with Council in relation to risk acceptance requirements;
- Approve and review the appropriateness and effectiveness of the Risk Management Framework;
- Drive consistent embedding of a risk management culture;
- Analyse and discuss emerging risks, issues and trends;
- Document decisions and actions arising from 'risk matters';
- Own and manage the Risk Profiles at the Shire Level;
- Oversee and facilitate the risk management Framework; and
- Support reporting requirements for Risk matters.

Managers, Supervisors, Coordinators and Officers

- Drive risk management culture within work areas;
- Own, manage and report on specific risk issues as required;
- Assist in the Risk & Control Management process as required;
- Highlight any emerging risks or issues; and
- Incorporate 'Risk Management' into management meetings by incorporating the following agenda items:
 - New or emerging risks;
 - Review of existing risks;
 - Control adequacy; and
 - Outstanding issues and actions.

Document Structure

The following diagram depicts the relationship between the Risk Management Framework, Risk Management Policy and supporting documentation and reports.

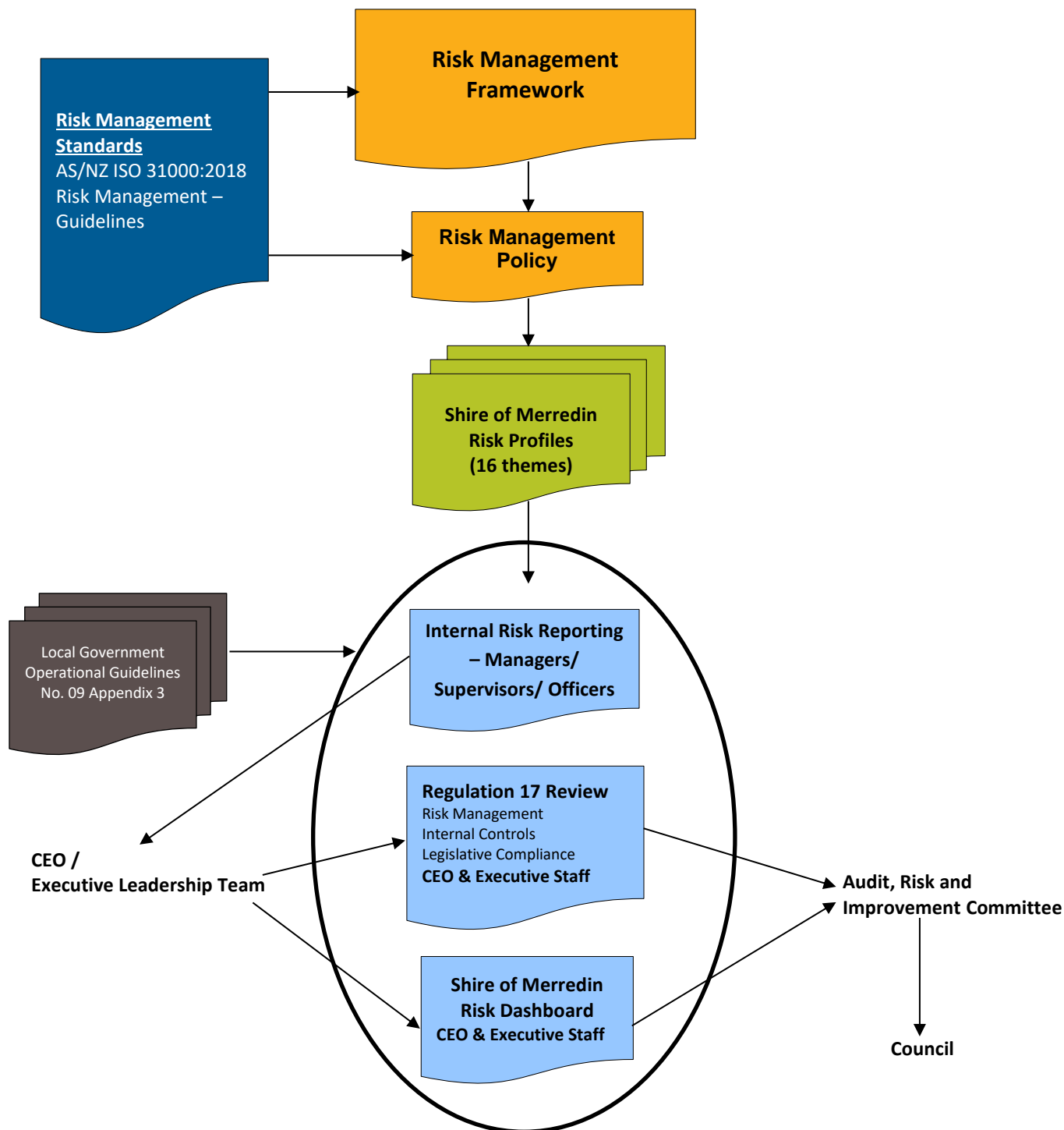


Figure 3: Document Structure

Note: Regulation 17 of the Local Government (Audit) Regulations 1996 states that the review should take place at least every 2 years.

Risk Management Procedures

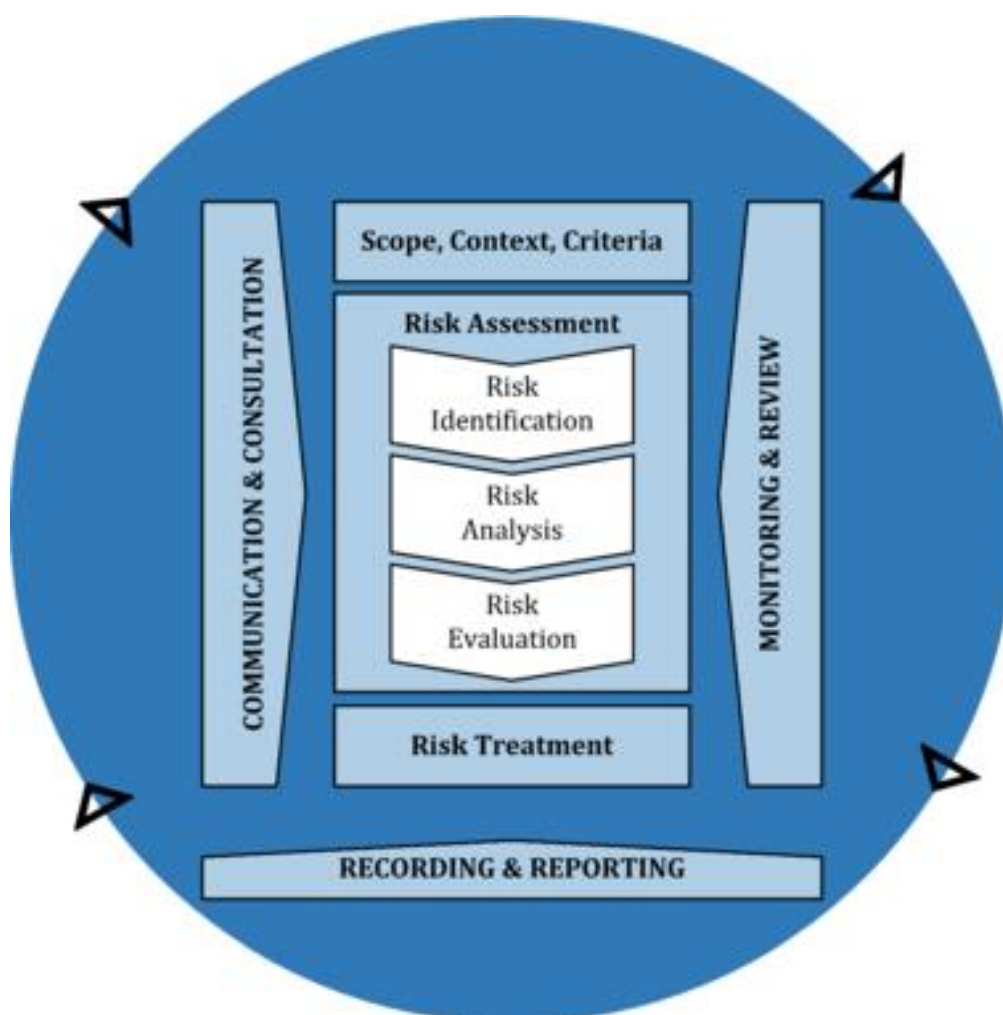
All Managers/ Supervisors/ Officers of the Shire are required to assess and manage the Risk Profiles in the context of their areas, on an ongoing basis.

Each Manager/ Supervisor/ Coordinator, in conjunction with the Executive Managers, are accountable for ensuring that Risk Profiles are:

- Reflective of the material risk landscape of the Shire;
- Reviewed on at least a six-monthly basis, unless there has been a material restructure or change in the risk and control environment; and
- Maintained in the standard format.

This process is supported by the use of key data inputs, workshops and ongoing business engagement.

The risk management process is standardised across all areas of the Shire. The following diagram outlines that process with the following commentary providing broad descriptions of each step.



**Figure 4: Risk Management Process
(ISO 31000:2018)**

A: Scope, Context, Criteria

Establishing a scope, context and criteria supports the organisation to customise the risk management process, enabling effective risk assessment and appropriate risk treatments.

The first step in the risk management process is to understand what is being assessed, and the context within which the risks are to be assessed.

Scope and Context

To direct the identification of risks, the specific risk assessment context is to be determined prior to and used within the risk assessment process. Risk sources can be internal or external.

Organisational Criteria

This includes the Risk Assessment and Acceptance Criteria (Appendix A) and any other tolerance tables as developed by the Shire.

All risk assessments are to utilise these documents to ensure consistent and comparable risk information is developed and considered within the planning and decision-making processes.

For specific risk assessment purposes, the Shire has three levels of risk assessment context; Strategic, Operational and Project.

Strategic Context

These risks are associated with achieving the organisation's long-term objectives. Inputs for establishing the strategic risk assessment context may include:

- Organisations Vision/ Mission;
- Stakeholder Analysis;
- Environmental Scan/ SWOT Analysis; and
- Strategies/ Objectives/ Goals (Integrated Planning & Reporting).

Operational Context

This relates to the Shire's day-to-day activities, functions, infrastructure and services. Prior to identifying operational risks, the operational area (directorate) should identify its key activities i.e. what are they trying to achieve?

In addition, existing Risk Themes are to be utilised where possible to assist in the identification of related risks. There are 16 Risk Themes that have been identified by the Shire of Merredin. These include:

- Asset management practices
- Business and community disruption
- Failure to fulfil statutory, regulatory or compliance requirements
- Document management processes
- Employment practices
- Engagement practices
- Environment management
- Errors, omissions or delays
- External theft or fraud
- Management of facilities/ venues/ events
- IT or communication systems and Infrastructure
- Misconduct
- Projects/ change management
- Safety and security practices
- Supplier/ contract management
- Procurement and disposal

These Risk Themes are expected to change over time, however, to ensure consistency, amendments must be approved by the Executive Leadership Team.

Project Context

Project Risk has two main components:

- Direct refers to the risks that may arise as a result of project activity (i.e. impacting on process, resources or IT systems) which may prevent the Shire from meeting its objectives; and
- Indirect refers to the risks which threaten the delivery of project outcomes.

In addition to understanding what is to be assessed, it is also important to understand who the key stakeholders are and recognise areas of expertise that may need to be included within the risk assessment.

B: Risk Identification

Once the context has been determined the next step is to identify risks. This is the process of finding, recognising and describing risks that might help or prevent the Shire achieving its goals. It is important to identify risks, whether or not their sources are under the Shire's control. Risk is described as the effect of uncertainty on objectives, where the effect is a deviation from the expected. This deviation can be positive, negative or both and can address, create or result in opportunities and threats. The risk is the point in an event sequence where control can be lost. An event sequence is demonstrated below:

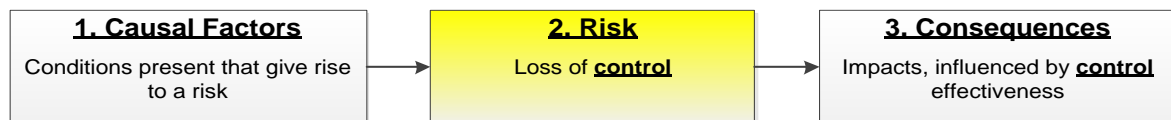


Figure 5: Event (Risk) Sequence

Using the specific risk assessment context as the foundation, in conjunction with relevant stakeholders, it is important to raise the below questions, then capture and review the information collected within each defined risk theme. The objective is to identify potential risks that could stop the Shire from achieving its goals.

- What can go wrong? / What are areas of uncertainty? (**Risk Description**)
- How may this risk eventuate? (**Potential Causes**)
- What are the current measurable activities that mitigate this risk from eventuating? (**Controls**)
- What are the potential consequential outcomes of the risk eventuating? (**Consequences**)

Risk Description – describe what the risk is and specifically where control may be lost. This can also be described as an event, but should not be confused with outcomes following an event or the consequences of an event.

Potential Causes – are the conditions that may present, or the failures that may lead to the event or point in time when control is lost.

Controls – are measures that modify risk. At this point in the process only existing controls should be considered. They must meet the following three tests to be considered:

1. Is it an object, technological system and/ or human action?
2. Does it, by itself, arrest or mitigate an unwanted sequence?
3. Is the required performance specifiable, measurable and auditable?

Consequences – need to be impacts on the Shire. These impacts may include:

- the health of staff, visitors or contractors;
- financial;
- interruption to services provided;
- non-compliance;
- damage to reputation or other assets or the environment.

There is no need to determine the level of impact at this stage.

The above questions and considerations are a guide only as unidentified risks can cause major losses through missed opportunities or adverse events occurring.

‘Brainstorming’ will always produce a broad range of ideas and all things should be considered as potential risks. Relevant stakeholders are considered to be the subject experts when considering potential risks to the objectives of the work environment and should be included in all risk assessments being undertaken. Key risks to the organisation can then be identified and captured within the risk profiles.

This step is also where opportunities for enhancement or gain across the organisation can be found. Risks can also be identified through other business operations including policy and procedure development, audits, customer complaints, incidents and systems analysis.

C: Risk Analysis

To analyse identified risks, the Shire’s Risk Assessment and Acceptance Criteria (Appendix A) is applied.

Step 1 - Consider the Effectiveness of the Identified Key Controls

Controls need to be considered from three perspectives:

1. The design effectiveness of each individual key control
2. The operating effectiveness of each individual key control
3. The overall or combined effectiveness of all identified key controls

Design Effectiveness

This process reviews the ‘design’ of the controls to understand their potential for mitigating the risk without any ‘operating’ influences. Controls that have inadequate designs will never be effective, no matter if it is performed perfectly every time.

There are four components to be considered in reviewing existing controls or developing new ones:

1. Completeness – the ability to ensure the process is completed once. How will the control ensure that the process is not lost or forgotten, or potentially completed multiple times?
2. Accuracy – the ability to ensure the process is completed accurately, that no errors are made or components of the process missed.
3. Timeliness – the ability to ensure that the process is completed within statutory timeframes or internal service level requirements.
4. Theft/ Fraud – the ability to protect against internal misconduct or external theft/ fraud based activities.

It is very difficult to have a single control that meets all the above requirements when viewed against a Risk Theme. It is imperative that all controls are considered so that the above components can be met across a number of controls.

Operating Effectiveness

This process reviews how well the control design is being applied. Similar to above, the best designed control will have no impact if it is not applied correctly.

As this generally relates to the human element of control application, there are four main approaches that can be employed by management or the risk function to assist in determining the operating effectiveness and/ or performance management:

1. Re-perform – this is only applicable for those short timeframe processes where they can be re-performed. The objective is to re-perform the same task, following the design to ensure that the same outcome is achieved.
2. Inspect – review the outcome of the task/ process to provide assurance that the desired outcome was achieved.
3. Observe – physically watch the task/ process being performed.
4. Inquire – through discussions with individuals/ groups, determine the relevant understanding of the process and how all components are required to mitigate any associated risk.

Overall Effectiveness

This is the value of the combined controls in mitigating the risk. All factors as detailed above are to be taken into account so that a considered qualitative value can be applied to the 'control' component of risk analysis.

The criterion for applying a value to the overall control is the same as for individual controls and can be found in Appendix A under 'Existing Control Ratings'.

Step 2 – Determine the Residual Risk Rating

There are three components to this step:

1. Determine relevant consequence categories and rate the 'probable worst consequence' if the risk eventuated with existing controls in place. This is not the worst-case scenario but rather a qualitative judgement of the worst scenario that is probable or foreseeable (Consequence).
2. Determine how likely it is that the 'probable worst consequence' will eventuate with existing controls in place (Likelihood).
3. Using the Shire's Risk Matrix in Appendix A, combine the measures of Consequence and Likelihood to determine the Risk Rating.

D: Risk Evaluation

Risk evaluation takes the Residual Risk Rating and applies it to the Shire's Risk Acceptance Criteria (Appendix A) to determine whether the risk is within acceptable levels to the Shire. The outcome of this evaluation will determine whether the risk is Low; Moderate; High or Extreme.

It will also determine, through the use of the Risk Acceptance Criteria, what (if any) high level actions or treatments need to be implemented.

Note: Individual Risks or Issues may need to be escalated due to their urgency, level of risk or systemic nature.

E: Risk Treatment

There are generally two requirements following the evaluation of risks:

1. In all cases, regardless of the Residual Risk Rating; controls that are rated 'Inadequate' require a treatment plan (action) be developed to improve the control effectiveness to at least 'Adequate'.
2. If the Residual Risk Rating is High or Extreme, treatment plans must be implemented to either:
 - a. Reduce the consequence of the risk materialising;
 - b. Improve the effectiveness of the overall controls to 'Effective' and obtain delegated approval to accept the risk as per the Risk Acceptance Criteria; or
 - c. Reduce the likelihood of occurrence.

(Note: these should have the desired effect of reducing the Risk Rating to at least Moderate)

Once a treatment has been fully implemented, the Executive Leadership Team is to review the risk information and acceptance decision with the treatment now noted as a control and those risks that are acceptable then become subject to the monitor and review process. (Refer to Risk Acceptance section)

F: Communication & Consultation

Effective communication and consultation are essential to ensure that those responsible for managing risk and those with a vested interest, understand the basis on which decisions are made. It is also important they understand why particular treatment/ action options are selected or the reasons to accept risks have changed.

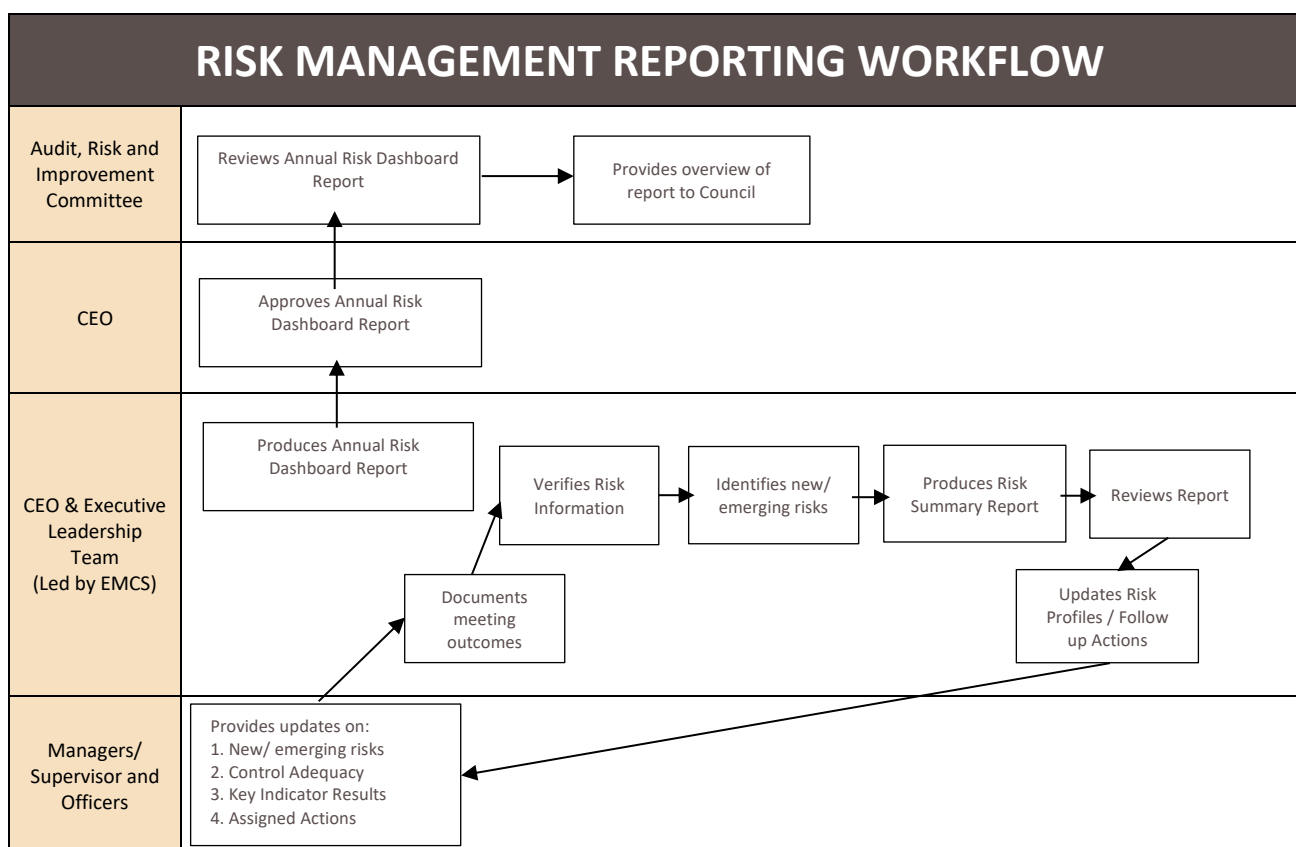
As risk is defined as the effect of uncertainty on objectives, consulting with relevant stakeholders assists in the reduction of components of uncertainty. Communicating these risks and the information surrounding the event sequence ensures decisions are based on the best available knowledge.

G: Monitoring & Review

It is essential to monitor and review the management of risks as changing circumstances may result in some risks increasing or decreasing in significance. By regularly reviewing the effectiveness and efficiency of controls and the appropriateness of options selected, it can be determined if the organisation's resources are being put to the best use possible. During the reporting process, management are required to review any risks within their area and follow up on controls and actions that are mitigating those risks. Monitoring and the reviewing of risks, controls and treatments also applies to any actions to come out of audit. The audit report will provide recommendations that effectively are treatments for controls and risks that have been tested during an internal review.

H: Recording & Reporting

The following diagram provides a high-level overview of the ongoing reporting process for Risk Management.



Each Manager/ Supervisor/ Coordinator is responsible for ensuring:

- They continually provide updates in relation to new/ emerging risks, control effectiveness and key indicator performance to the Executive Leadership Team;
- Work through assigned actions and provide relevant updates to the Executive Leadership Team; and
- Risks/ issues reported to the CEO & Executive Leadership Team are reflective of the current risk and control environment.

The Executive Leadership Team is responsible for:

- Ensuring Shire Risk Profiles are formally reviewed and updated (at least on a six monthly basis or when there has been a material restructure, change in risk ownership or change in the external environment);
- Quarterly Risk Reporting to the CEO and Audit, Risk and Improvement Committee; and
- Annual Compliance Audit Return completion and lodgement.

Key Indicators

Key indicators may be used for monitoring and validating key risks and controls. The following describes the process for the creation and reporting of key indicators:

- Identification
- Validity of Source
- Tolerances
- Monitor & Review

Identification

The following represent the minimum standards when identifying appropriate key indicators, key risks and controls:

- That the risk description and causal factors are fully understood;
- The key indicator is fully relevant to the risk or control;
- Predictive key indicators are adopted wherever possible; and
- Key indicators provide adequate coverage over monitoring key risks and controls.

Validity of Source

In all cases an assessment of the data quality; integrity and frequency must be completed to ensure that the key indicator data is relevant to the risk or control.

Where possible, the source of the data (data owner) should be independent to the risk owner. Overlapping key indicators can be used to provide a level of assurance on data integrity.

If the data or source changes during the life of the key indicator, the data is required to be revalidated to ensure reporting of the key indicator against a consistent baseline.

Tolerances

Tolerances are set based on the Shire's Risk Appetite. They are set and agreed over three levels:

- **Green** – within appetite; no action required;
- **Amber** – the key indicator must be closely monitored and relevant actions set and implemented to bring the measure back within the green tolerance; and
- **Red** – outside risk appetite; the key indicator must be escalated to the CEO & Executive Management Team where appropriate management actions are to be set and implemented to bring the measure back within appetite.

Monitor & Review

All active key indicators are updated as per their stated frequency of the data source.

When monitoring and reviewing key indicators, the overall trend must be considered over a longer timeframe instead of individual data movements. The trend of the key indicator is specifically used as an input to the risk and control assessment.

Risk Acceptance

Day-to-day operational decisions are generally managed under the delegated authority framework of the Shire.

Risk Acceptance is a management decision to accept (within authority levels) material risks which will remain outside appetite framework (refer Appendix A – Risk Assessment & Acceptance Criteria) for an extended period of time (generally 3 months or longer).

The following process is designed to provide a framework for those identified risks.

The 'Risk Acceptance' must be in writing, signed by the relevant Manager/ Supervisor and Executive Manager/ CEO, and contain:

- A description of the risk;
- An assessment of the risk (e.g. impact consequence, materiality, likelihood, working assumptions, etc.);
- Details of any mitigating action plans or treatment options in place; and
- An estimate of the expected remediation date.

A lack of budget/ funding to remediate a material risk outside appetite is not sufficient justification in itself to accept a risk.

Accepted risks must be continually reviewed through standard operating reporting structure (i.e. Executive Leadership Team).

Appendix A – Risk Assessment and Acceptance Criteria

MEASURES OF CONSEQUENCE							
Rating (Level)	Health	Financial Impact	Service Interruption	Compliance	Reputational	Property	Environment
Insignificant (1)	Negligible injuries	Less than \$1,000	No material service interruption	No noticeable regulatory or statutory impact	Unsubstantiated, low impact, low profile or 'no news' item	Inconsequential or no damage	Contained, reversible impact managed by on site response
Minor (2)	First aid injuries	\$1,001 - \$10,000	Short term temporary interruption – backlog cleared < 1 day	Some temporary non compliances	Substantiated, low impact, low news item	Localised damage rectified by routine internal procedures	Contained, reversible impact managed by internal response
Moderate (3)	Medical type injuries	\$10,001 - \$100,000	Medium term temporary interruption – backlog cleared by additional resources < 1 week	Short term non-compliance but with significant regulatory requirements imposed	Substantiated, public embarrassment, moderate impact, moderate news profile	Localised damage requiring external resources to rectify	Contained, reversible impact managed by external agencies
Major (4)	Lost time injury	\$100,001 - \$1,000,000	Prolonged interruption of services – additional resources; performance affected < 1 month	Non-compliance results in termination of services or imposed penalties	Substantiated, public embarrassment, high impact, high news profile, third party actions	Significant damage requiring internal & external resources to rectify	Uncontained, reversible impact managed by a coordinated response from external agencies
Catastrophic (5)	Fatality, permanent disability	More than \$1,000,000	Indeterminate prolonged interruption of services – non-performance > 1 month	Non-compliance results in litigation, criminal charges or significant damages or penalties	Substantiated, public embarrassment, very high multiple impacts, high widespread multiple news profile, third party actions	Extensive damage requiring prolonged period of restitution Complete loss of plant, equipment & building	Uncontained, irreversible impact

MEASURES OF LIKELIHOOD			
Level	Rating	Description	Frequency
5	Almost Certain	The event is expected to occur in most circumstances	More than once per year
4	Likely	The event will probably occur in most circumstances	At least once per year
3	Possible	The event should occur at some time	At least once in 3 years
2	Unlikely	The event could occur at some time	At least once in 10 years
1	Rare	The event may only occur in exceptional circumstances	Less than once in 15 years

RISK MATRIX						
CONSEQUENCE		Insignificant	Minor	Moderate	Major	Catastrophic
LIKELIHOOD		1	2	3	4	5
Almost Certain	5	Moderate (5)	High (10)	High (15)	Extreme (20)	Extreme (25)
Likely	4	Low (4)	Moderate (8)	High (12)	High (16)	Extreme (20)
Possible	3	Low (3)	Moderate (6)	Moderate (9)	High (12)	High (15)
Unlikely	2	Low (2)	Low (4)	Moderate (6)	Moderate (8)	High (10)
Rare	1	Low (1)	Low (2)	Low (3)	Low (4)	Moderate (5)

RISK ACCEPTANCE CRITERIA			
Risk Rank	Description	Criteria	Responsibility
LOW	Acceptable	Risk acceptable with adequate controls, managed by routine procedures and subject to annual monitoring	Operational Manager/ Supervisor
MODERATE	Monitor	Risk acceptable with adequate controls, managed by specific procedures and subject to semi-annual monitoring	Operational Manager/ Supervisor
HIGH	Urgent Attention Required	Risk acceptable with excellent controls, managed by senior management/ executive and subject to monthly monitoring	Executive Manager/ CEO
EXTREME	Unacceptable	Risk only acceptable with excellent controls and all treatment plans to be explored and implemented where possible, managed by highest level of authority and subject to continuous monitoring	CEO / Council

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

6.3 Risk and Regulation Action Plan May 2025

Corporate Services



Responsible Officer:	Leah Boehme, EMCS
Author:	As above
Legislation:	<i>Local Government (Audit) Regulations 1996</i>
File Reference:	Nil
Disclosure of Interest:	Nil
Attachments:	Attachment 6.3A – Risk and Regulation Action Plan May 2025

Purpose of Report



Executive Decision



Legislative Requirement

The purpose of this report is to provide the Audit Committee with an update on the Shire of Merredin's (the Shire) progress toward the actions highlighted during the 2023/24 Audit and the Shire's Financial Management Review (FMR), which was presented to the Audit Committee and Council in December 2023.

Actions relating to the Shire of Merredin Risk Dashboard are also incorporated in the document. It should be noted that a full review of the Risk Dashboard has been completed and the Risk and Regulation Action Plan has been amended to include the current information.

The Chief Executive Officer's review of the appropriateness and effectiveness of the financial management systems and procedures of the local government (Regulation 17 review) will occur prior to the end of the current calendar year.

Background

Regulation 5(2)(c) of the *Local Government (Financial Management) Regulations 1996* directs the Chief Executive Officer (CEO) undertake reviews of the appropriateness and effectiveness of the financial management systems and procedures of the local government regularly (and not less than once in every 3 financial years) and report to the local government the results of those reviews. The FMR for the Shire was undertaken in the last quarter of 2023 and results were presented to the Audit Committee and Council. The previous FMR was completed in 2020.

Regulation 17 of the *Local Government (Audit) Regulations 1996* requires the CEO to review the appropriateness and effectiveness of the local government systems and procedures in relation to risk management, internal control and legislation compliance.

The review may relate to any or all of the matters referred to the sub-regulation (1) (a), (b) and (c), but each of those matters is to be the subject of a review at least once every three (3) financial years. The CEO is to report to the Audit Committee the results of that review and then provide updates on the progress toward identified actions on a regular basis.

The Shire undertook this review in December 2022 and all identified actions have now been closed out. The Shire will look to complete this review again prior to the end of 2025.

Comment

As with the previous action plan presented to Council, works toward the completion of the actions have been outlined throughout the document (Attachment 6.3A).

Policy Implications

Policy 3.24 – Risk Management applies.

Statutory Implications

Regulation 17 of the *Local Government (Audit) Regulations 1996* applies.

Strategic Implications

➤ Strategic Community Plan

Theme:	4. Communications and Leadership
Service Area Objective:	4.2 Decision Making. 4.2.3 The Council is well informed in their decision-making, supported by a skilled administration team who are committed to providing timely, strategic information and advice. 4.4.1 The Shire is continuously working to maintain efficient communication, providing open, transparent and factual information, through a variety of channels.
Priorities and Strategies for Change:	Nil

➤ Corporate Business Plan

Theme:	4. Communications and Leadership.
Priorities:	Nil
Objectives	Nil

Sustainability Implications

Ø Strategic Resource Plan

Nil

Risk Implications

There is a risk to the organisation if regulation and risk items are not regularly reviewed and presented to the Audit Committee. The rating is considered to be Moderate (6), which is determined by a likelihood of Possible (3) and a consequence of Minor (2).

By regularly reviewing the Shire's Risk and Regulation Action Plan, and providing updates to the Audit, Risk and Improvement Committee and Council, the risk to the organisation should decrease.

Financial Implications

Nil

Voting Requirements



Simple Majority



Absolute Majority

Resolution

Moved:

Cr McKenzie

Seconded:

Cr Crook

That the Audit, Risk and Improvement Committee;

83601



1. NOTES the quarterly Risk and Regulation Action Plan for May 2025 as presented in Attachment 6.3A; and
2. RECOMMENDS that Council NOTES the Risk and Regulation Action Plan, as tabled to the Audit, Risk and Improvement Committee.

CARRIED 4/0

For: Cr McKenzie, Cr Crook, Cr Manning, Cr Anderson

Against: Nil

Risk and Regulation Action Plan – May 2025

Completed In progress Ongoing Not yet commenced Reviewed elsewhere 

2023/24 Financial Audit

Area's Actions Required	Actions:	Date completed/ comment:
Corporate IT Strategy **previous Audit	Develop a Corporate IT Strategy for the Shire of Merredin that links to the business objectives outlined in the Shire of Merredin Corporate Business Plan.	The Office of Digital Government, Department of Premier and Cabinet Cyber Security Pilot Project has commenced and will continue until 30 June 2026. Initial meetings held. DGOV team visited the Shire on 19.5.2025 and the template for the Strategy was discussed. It is hoped to have a draft version of this ready by the June OCM.
IT Policies/ Procedures **previous Audit	Though a range of processes are currently in place in relation to backups, physical security, HR security and a number of the other areas listed below, the Shire will formalise/ develop documented IT and Cyber Security policies/ procedures that include: <ul style="list-style-type: none"> - Access control (including Account management, Account requests and approvals, Account monitoring, User authentication, Account auditing) - Physical security - Backup protocols - Change management - HR security - Information classification - Data loss prevention 	Documents not yet developed, will be working with the Office of Digital Government, Department of Premier and Cabinet on the Cyber Security Pilot Project until 30 June 2026. Initial meetings held. DGOV team visited the Shire on 19.5.2025 and the template for the required policies were discussed. It is hoped to have draft versions of these ready by the June OCM.
Outdated Workforce Plan	Complete a full review of the current document, taking into account planned organisation changes and predicted needs of the organisation in the coming five years.	Full review has been commenced. Staff survey completed
Excessive Leave Balances	Executive staff will work with any members of their team with around or over 300 hours of annual leave to develop Leave Plans that ensure that excess leave is cleared as soon as possible.	Discussions held with staff members who have excessive leave balances. All staff members have leave booked in 2025 to reduce excess leave. Formal letters to be provided to necessary staff outlining leave requirements.

Financial Management Review

Recommendations:	Actions:	Date completed/ comment:
Bank Reconciliations processes require review to ensure current practices are documented.	Documented processes and procedures to be developed relating to bank reconciliations	Three of four bank reconciliations are now completed utilising the Altus Bank Reconciliation module. The fourth is completed manually. Procedure to be developed. No further progress due to vacancy in the team.
End of Month checklist to be developed to ensure all processes are completed.	The End of Month Checklist has been developed, however is not being used regularly. This will become part of the usual end of month process, with the EMCS to sign off each month moving forward. Some additional items will also be added to deal with items raised in the FMR relating to end of month procedures.	End of Month Checklist is now used at the end of each month to ensure all processes are complete. Further checklists will be put in place for each of the positions. No further progress due to vacancy in the team.
Key reconciliations should be completed prior to the finalisation of the monthly financial reports.	This will be added to the End of Month Checklist moving forward to ensure completion and sign off occurs each month within the required timeframe.	These processes are now included in the End of Month Checklist. These are currently checked each month and the EOM checklist is reviewed and authorised. This will continue to be completed moving forward.
Monthly payroll reconciliations noted three imbalances, however these imbalances were reported at the time and records were maintained to support the reasons for the imbalances. It is suggested that these controls and practices are continued.	The current controls will be documented to ensure their continuation.	Monthly payroll reconciliations are completed and imbalances rectified prior to the commencement of the following pay. A payroll end of month checklist will be implemented to ensure processes continue. No further progress due to vacancy in the team.
Credit card reconciliations are not completed prior to the monthly funds direct debit being completed. The recommendation is for staff to check their statements earlier in the billing cycle.	The EMCS will check credit card statements when pulling through creditor / payroll batches each week and check any suspicious looking transactions with the respective executive. A work instruction for this will be developed.	The EMCS checks all credit cards at least fortnightly and queries any unusual payments with the cardholder. A spreadsheet has been developed and checks are entered as completed. However the work instruction has not yet been developed.

Regular review of cost reallocations to ensure accuracy and so that administration costs are not being incorrectly capitalised.	A review will be undertaken to review cost allocations prior to the 2024/25 budget adoption. This review will be added to the Budget Checklist to ensure it is undertaken annually as part of the budget process.	The Engineering Team work closely with Finance Team and capitalise completed projects monthly. Plant op costs and public works overheads have been reviewed prior to adoption of the new budget. Allocations were also reviewed during Budget Review 1 and Budget Review 2.
Written procedures are required for the reconciliation of borrowings.	A work instruction will be developed and this will be added to the End of Month Checklist moving forward to ensure completion and sign off occurs each month within the required timeframe.	No further progress due to vacancy in the team. We will look to implement this in the new financial year now that the finance team is fully staffed.
Timely reconciliation of stock (including fuel) is required and controls need to be established.	This issue has already been identified through the risk register and processes are beginning to be developed.	Fuel dips have been completed twice weekly (19 May – current), however the reconciliation process and work instruction are to be developed.
Documentation of controls relating to general journal procedures are required. This should include regular audit trails being completed to ensure no unauthorised journals have been completed.	The printing and review of audit trails will be added to the end of month checklist moving forward to ensure completion and sign off occurs each month. A written procedure will also be drafted to outline the processes required.	No further progress due to vacancy in the team. We will look to implement this in the new financial year now that the finance team is fully staffed.
The investment register is not routinely reviewed by a more senior officer.	Currently the Shire do not have any active investments, with all funds being in the form of cash and held with our Bank. Moving forward the “cash” register which is completed will be added to the End of Month Checklist to ensure sign off occurs each month.	Investment Register has been added to the End of Month Checklist to be authorised each month by a more senior officer.
The Business Continuity Plan requires routine testing to ensure validity.	Desktop testing of the Business Continuity Plan will be scheduled prior to the end of the financial year.	Desktop exercise with ELT members led by the CEO occurred 23 January 2025.
Policy 3.5 - Investment Policy requires review and updating. It is suggested that the review timeframe could be amended to align with organisational requirements.	This Policy, along with a number of others, will be reviewed in the coming months.	This will be completed in the new financial year now that the finance team is fully staffed and the new EMIS has commenced.

Risk Dashboard Review

Asset Management			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Transition QGIS data to RAMMS	New	Dec-25	
Ensure appropriate training in RAMMS program for necessary staff	New	Dec-25	
Development of Sport and Recreation Asset Management Plan	New	Jul-25	This is already in progress, with Urbis undertaking works currently
Investigate replacement systems for Building and other asset management (ERP)	New	Dec-25	
Continue quarterly stocktakes at works depot, review oncosts	ongoing	ongoing	Oncosts were review during 2024/25 budget development
Review and update Asset Management Policy	N	Jun-25	Due for review
Create Asset Management Strategy	N	Jun-26	
Business and Community Disruption			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Implement internal emergency management arrangements across Shire	N	ongoing	Planned for May 2025
Review LEMA annually	N	ongoing	Review of LEMA and associated contact lists to occur prior to bushfire season
Hold at least one evacuation practice in each Shire facility each year	Partial	ongoing	Evacuation practice schedule developed in WHS committee and circulated to necessary staff
Desktop testing of IT Disaster Recovery Plan/ Business Continuity Plan	N	Jun-26	Completed September 2024/ Jan 2025. To be scheduled to occur again in 2026
Failure to Fulfil Compliance Requirements (statutory, regulatory)			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Review Compliance Calendar within Attain	ongoing	ongoing	Weekly due items report sent to Exec
Review process for CAR completion	Y	ongoing	2024 CAR presented to Audit and Council in February 2025
Policy and Plan Spreadsheets	Y	ongoing	Spreadsheets developed Q3 2023 updated regularly
Document Management Process			
Action	Completed Y/N	Date Due	Date Completed/ Notes

Policy review included in ELT agenda as required	Y	ongoing	Included in ELT agenda when staff policy required to be reviewed
Digitise vital records	Partial	ongoing	Many old records digitised, most new digitised as created
Review policies by due dates	Partial	ongoing	A number are outstanding currently
Creation of key secure documents that are unable to be edited (H Drive – templates, procedures etc)	Partial	Dec-25	Most folders / documents secured
Continue to review archives of the Shire	Partial	Ongoing	Records officer and Governance Officer have continued review
Employment Practices			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Ensure Recruitment Process are implemented consistently	Partial	ongoing	PDs and Classifications reviewed and updated Onboarding and offboarding checklists developed and utilised
Review of qualification, licenses and tickets for required staff	Partial	ongoing	Training register updated and reviewed regularly
Engagement Practices			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Review Engagement & Consultation Framework	N	Dec-25	
Complete Community Scorecard Survey	N	Jun-26	Will require funds in 2025/26 budget – CEO KPI to engage contractor to completed community scorecard or similar prior to August 2025, with scorecard to be undertaken during 2025/26
Environment Management			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Maintenance and monitoring of waste water re-use scheme	Y	ongoing	Monthly sampling complies with legislation requirements.
Training to be completed for the waste water management program	As required	ongoing	Ongoing training consistently provided to new employees. Current employees working with waste water have up to date training.
Implement Landfill Operational Management Plan	New	ongoing	

Errors, Omissions and Delays

Action	Completed Y/N	Date Due	Date Completed/ Notes
Identify key procedures for ALL areas, to be documented	Partial	Jun-26	A number of Corporate procedures identified via FMR and Audit Added to monthly communities agenda
Create Procedural/Internal Management procedures and policies	Partial	ongoing	Some initial Corporate procedures created. Strategy and Community team have commenced documenting procedures in the correct template Added to monthly communities agenda
Regularly review key information on website for accuracy	Partial	ongoing	Exec to review own information regularly. Media and Comms officer to monitor
Maintain process to track complaints/ work requests	Partial	ongoing	A spreadsheet is in place currently to log requests / Snap Send Solves.

External Theft, Fraud or Damage

Action	Completed Y/N	Date Due	Date Completed/ Notes
Review Admin Security Procedure to include individual 4 digit access system for relevant staff. Removal of access when staff leave.	Y	ongoing	Alarm and swipe card system in use, all staff have individual pins.
Continue implementation of CCTV throughout Shire facilities	Partial	Jun-26	Apex, Town Centre, Cummins, Depot, Admin completed 2024/25
Review of contractor access and induction processes – DAMSTRA use	New	Jun-26	
Contractors/ contract management of works	New	ongoing	

Management of Facilities/ Venues/ Events

Action	Completed Y/N	Date Due	Date Completed/ Notes
Review internal procedures for events and bookings - communication focus	As required	ongoing	Project plans implemented which serve as part of the procedure, including a communication plan section

Review facility/ venue hire forms	As required	ongoing	A new template has been developed and all forms are being reviewed
Develop hire forms for high profile outdoor areas (e.g. Town Centre)	New	Jul-25	Currently being developed
Review fees and charges for bonds and costs charged for cleaning of venues after events	New	ongoing	Fees and Charges are reviewed regularly Proposed 25/26 F&C include these
Review Building Maintenance Program Annually	New	ongoing	
IT or Communications Systems and Infrastructure			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Document IT equipment register and replacement plan	Partial	Jun-25	One third fleet replacement each year. Hardware audit completed 13.5.2025
Develop and implement Corporate IT Strategy	Partial	Jun-26	DGOV team visited the Shire on 19.5.2025 and the template for the Strategy was discussed. It is hoped to have a draft version of this ready by the June OCM.
Implement staff and councillor training for enhanced IT security	Partial	Dec-25	Cyber security video rolled out to all staff who have computer access. Cyber security posters installed. Lock computer reminders on Admin Building computers. Training for all staff completed 19.5.2025 – offered to Councillors
Review staff IT access profiles on shared drive and in SynergySoft	Partial	ongoing	Quarterly review of synergy user access
Review of Whisper resource and its effectiveness	New	Annually	A review is completed annually prior to Bushfire season
Misconduct			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Review of Induction Procedure	Partial	ongoing	Most documents now updated to new templates
Review Fraud & Corruption Control Plan	New	Jun-26	Last reviewed May 2024
Authorised officers' letters of appointment	Y	ongoing	All current staff have letters. New staff receive on commencement

Ethical and Accountable Decision-Making training	N	Dec-25	Will be completed as required moving forward
Projects/ Change Management			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Develop project management plans for the management of major projects (i.e. CBD)	As required	As required	Kept as live documents, updated as required.
Project plans for events in place	As required	ongoing	Review undertaken March 2025, will occur annually moving forward
Develop change management process	New	Jun-26	
Develop a project management reporting template	Partial	Jun-25	Commenced April
Develop a handover process template	New	Jun-25	
Safety and Security Practices			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Determine contractor/ site inspection procedural approach	Partial	Jun-26	Working with Regional Risk Coordinator (LGIS) to utilise DAMSTRA contractor induction system. Procedure to be developed. Work with stakeholders to occur
Finalise register of qualification and competencies and develop procedure for its regular review	Partial	Dec-25	Register commenced
Conduct annual building inspection for BFB and SES	New	ongoing	ESO and RRC to complete annually
Review the effectiveness of DAMSTRA and how to ensure trades complete required data entry (Quals, Insurances, Licences, SWMS, SWPs etc)	New	ongoing	
Review the compliance and effectiveness of chemical and hazardous substance storage throughout all facilities	New	ongoing - biannual	
Supplier/ Contract Management			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Regular review of Tenders, Contracts, Agreements and Grants SynergySoft module	Y	ongoing	Contract and Grant milestones emailed weekly
Development of TCAG procedure	N	Dec-25	
Identify standard template for RFQ and RFT processes	New	Jun-25	

Identify standard template for Goods and Services Contracts	New	Jun-25	
Develop a process flow chart (checklist) for RFQ and RFT processes	New	Jun-25	
Procurement and Disposal			
Action	Completed Y/N	Date Due	Date Completed/ Notes
Procedure for e-quotes/ Vendor Panel/ Tenderlink to be developed	No	Dec-25	-
Development of Asset Disposal procedures	Yes	Dec-25	Completed, awaiting ELT review
Review the cost of paid Vendor Panel and consider for 2025/26 budget	No	Jun-25	

7. Closure

There being no further business, the Presiding Member thanked those in attendance and declared the meeting closed at 1:47pm.

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