

No.	FRAMEWORK COMPONENTS	RECOMMENDED IMPROVEMENTS	RESPONSIBILITY	RESPONSIBLE OFFICER	PRIORITY	STATUS December 2016	Status June 2017	Status Sept 2017	% Achieved	Timing
RM 1.10	Insurance	At present, the CEO and Senior staff review the completeness of insurance annually and adjust policy setting as appropriate. An independent consultant reviews insurance values every three years to confirm insured values are appropriate. This process is deemed effective with no significant uninsured losses to date. No further action.	Corporate and Community	Manager Finance Services and appropriate Finance Officer	Low	SJ339 Property Register IN16/22019 MV Register IN16/22020. Revaluation of land and buildings will occur in 2016/2017 at which time insurance values will be assessed.	Valuation review to be finalised in July 2017.	Buildings and Land revaluations is now completed by Asset Val. Updated on Asset register in synergy as the year end process for June. Auditor to check details and report to be submitted to LGIS.	100	Completed
RM 1.14	Audit and Risk Committee	Audit and Risk Committee is currently in place but no reporting of risks occurs to the Committee. Requires a Management Framework implemented that require the reporting and monitoring of risks to the Audit and Risk Committee on a quarterly basis and the Committee review reporting requirements and delegate to the responsible officer.	Corporate Services and Corporate and Community	Governance Advisor / Director Corporate and Community	High	Terms of Reference to be established for Audit Committee with a regular meeting schedule implemented in 2017. An audit work plan including an internal audit charter will be established to inform the Audit Committee.	AC002/03/17 - ARG Committee - Terms of reference adopted OCM March 2017	TOR for internal audit charter for OCM Sept ARG	100	TOR Completed Internal Audit Charter - to be finalised
RM 1.16	Council Agendas and Minutes	At present, risks are not formally disclosed under a separate heading. Under a separate heading, develop within Council an agenda to draw attention to the risks associated with the decision. We have within the report template a section titled Options and Implications. Consider retitling this to Risks Associated with Decision Making Process.	Corporate Services and Corporate and Community	Governance Advisor / Director Corporate and Community	Medium	Draft agenda item has been prepared and will be presented to council at February 2017 OCM.	OCM233/12/16 Organisational Risk Register - Risk Matrix OCM Dec 2016 yet to be implemented in agenda template	Commence Risk Assessment matrix effected Aug 2017	100	Completed
LC 1.1	Management Framework - Legislative Compliance In Action	No formal legislative compliance framework exists. A legislative compliance strategy and framework be developed to support legislative compliance and is currently highly dependent on the experience of the CEO and other senior staff. Need some investigation as to the systems and controls suitable to support governance to consider formalising a legislative compliance framework.	Leadership Group	Governance Advisor / Director Corporate and Community	High	Compliance audit return for 2016 calendar year is to be completed and submitted to council prior to March 2017. A statutory calendar will also be prepared detailing statutory deadlines for submission of financials, information returns, annual returns etc. Once internal audit function has been established statutory compliance will be continually assessed.	AC004/03/17 - Compliance Audit Return 2016 adopted OCM March 2017	Governance Framework to be presented by Dec 2017 ARG	100	Completed
LC 3.2	Annual Compliance Audit Return	The Return appears appropriate and was reviewed by the Audit Committee prior to the results being reported to Council. Return provides an effective record of any noted compliance breaches of the <i>Local Government Act 1995</i> . Procedure to be developed by Governance for the completion, approval and lodging of the Compliance Audit Return.	Corporate Services	Governance Advisor	Low	Whilst a written procedure does not exist, the Compliance Audit Return has always been completed, considered by Council and submitted to the Department of Local Government by 31 March as required. This process can easily be formalised into a written procedure.	CAR return completed and taken to Audit and Council AC004/03/17 Compliance Audit Return 2016. Documentation for written process to be finalised	Completed	100	CAR Completed Written procedure to be completed and finalised
LC 3.3	Audit and Risk Committee	Audit and Risk Committee is currently in place and meets to review the Compliance Audit Return. Considered effective with a high level of compliance.	Corporate Services	Governance Advisor	Medium	An Audit Committee meeting will need to be scheduled in February 2017 to consider the 2016 Compliance Audit Return.	AC004/03/17 Compliance Audit Return 2016 - March 2017	completed	100	Completed
LC 3.4	Effective Management Group	Legislative Compliance issues are raised within EMG meetings. Unable to assess effectiveness.	Corporate Services	Manager Corporate Services	Medium	Some compliance requirements have been identified by the GA for review, however this is not an exhaustive listing. A full statutory compliance checklist by way of a statutory calendar is to be established. To be addressed via the Statutory Calendar. Risk implications will be included in the Agenda Item Template and any risk with a rating over 10 will be added to the Risk Register. Once internal audit framework has been developed and approved by the Audit Committee, it is envisaged a probity review of the Shire's procurement practices be undertaken with results reported back to the Audit Committee.	Governance Compliance Calender completed April 2017 refer to E17/2791. Completed Action Governance Calendar to be activated with responsible officers June 2017	LG Governance Calender to be reported to ARG Sep 2017. Details to be supplied to EMG for advice and improved effectiveness for the organisation.	100	Completed
LC 4.1	Monitoring Compliance	Annual Compliance Audit Return is the only documented monitoring occurring. Other than the matters noted in the interim Audit Report, monitoring appears effective for Local Government Act 1995 compliance given the absence of any additional breaches. Effectiveness is unable to be determined for other Legislation. That the Risk Management Strategy and Framework (to be developed) contain practices requiring the routine monitoring and reporting of risks. Governance / Finance need to document the current informal controls in place for monitoring compliance with Tenders and the raising, approving and monitoring of purchase orders and any other checks that we have in place.	Corporate Services and Corporate and Community	Governance Advisor / Director Corporate and Community / Manager Corporate Services	Medium	Risk Template adopted at OCM233/12/16 Organisational Risk Register - Risk Matrix (December 2016). Agenda template to be finalised after presentations to officers is completed. Risk Register is in place	Risk Template completed. Internal audit charter the tenders and processes and procedures to be reviewed	Monthly One on One meetings that link in with the annual Performance Appraisal process are being rolled out to actively monitor staff performance and development requirements. Improved HR Systems are being considered to improve planning and recording of training requirements.	100	Completed & Ongoing
IC 2.3	Staff Training	Refer to LC2.5	Executive Services	HR Manager	Medium	Managers are required to develop a training and development plan for their Business Unit team members based on the annual staff performance review process. A whole of organisation training calendar be considered for corporate training requirements. Councillor Entitlements and Allowances are to be considered annually as part of the Budget process giving consideration to any determination by the Salaries and Allowances Tribunal. ICT Allowance is to be reviewed to ensure that elected members are not receiving both the allowance and equipment.	Presented to PCF 1st May, Q & A and to OCM OCM066/05/17 Salaries and Allowances Tribunal Determination and Elected Members Fees, Allowances and Reimbursements. Finalise in Budget process 2017/2018 in July 2017.	Presented to Council OCM080/06/17 June 2017	100	Commenced by all staff. Performance reviews to be completed by early June 2017
IC 2.5	Council Policy G003 Councillor Entitlements	The policy appears appropriate.	Corporate Services	Governance Advisor	Low	DCC to review application of policy/work procedure (PCWP4- Community Funding Program and Process 452) on liaison with Manager Community Engagement to assess compliance and reporting obligations to working group and Council. Whilst the policy does not strictly comply with the FM Regulations, the Shire has never invested in Managed Funds that are not held by authorised ADI's. Nonetheless the Policy requires urgent review and an amended policy will be presented to the Audit Committee in the first quarter of 2017.	This policy is being reviewed and is planned to go to Council in June 2017	Completed ARG003/06/17 presented to Council June 2017	100	Completed
IC 2.8	Council Policy PC102 Financial Assistance to Community	The policy appears appropriate.	Corporate and Community	Manager Community Engagement	Medium					
IC 2.9	Council Policy G006 Investment of Surplus funds	The policy does not comply with Financial Management Regulations 19C as it allows for investment in Managed funds. We suggest the policy be amended to comply with the FM Regulations. This suggests that all managed Funds are not authorised deposit taking institutions - is this correct? This policy will be reviewed in 2015 as the Shire does not invest in Managed Funds.	Corporate Services/Finance	Governance Advisor / Manager Finance Services	High					

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IC 2.14	Council Policy G917 Credit Cards	The policy appears appropriate. The Policy appears effective with no issues noted during the external audit.	Corporate Services	Governance Advisor / Manager Corporate Services	High	The Policy has been reviewed and is now titled Corporate Purchasing Cards at OCM 093/05/16 May 2016. A register of cardholders to be established and cardholders are to sign a 'conditions of use' form.	Purchasing Cards register E11/5567 and signed "conditions of use" forms are located in SJ1427. G917 Corporate Purchasing Cards - recently reviewed and taken to Council OCM093/05/16 29/5/2016 Ordinary Council Meeting. Amended purchasing card was presented to Council as OCM063/05/17 Monthly Financial Report - April 2017 with regards to contain 1 purchasing card for the organisation. Update of Policy and process to be finalised by Aug 2017.	Item completed single credit card completed (Director C & C only) The Monthly financial report has been reviewed and is continually being improved. The financial health check ratio are still to be introduced.	100	Completed
IC 3.2	Ordinary Council Meetings	The appropriate monitoring by Council.	Corporate and Community	Accountant / Director Corporate and Community / Finance Officers	Medium	Monthly financial report template is currently been amended and is to include a financial health checklist. A Schedule of Material Variances is also to be presented to Council on a monthly basis.	The Monthly financial report has been reviewed and is continually being improved. The financial health check ratio are still to be introduced.		100	Completed
IC 3.3	Executive Management Group	EMG Currently monitor performance against budgets considered appropriate.	Corporate and Community	Director Corporate and Community	Medium	A statement of material variances as per Council's adopted material variance threshold will now be prepared as part of the monthly financial report. This variance report will be presented to the LT monthly for review. The level of materiality is to be reviewed against other local governments.	Monthly report is updated to provide this.		100	Completed
IC 3.4	Monitoring	No routine monitoring of internal controls is currently documented. That a process for documented routine monitoring of financial and non-financial internal controls be established based on the risk the controls intended to address.	Corporate Services	Governance Advisor / Manager Corporate Services	Medium	This Improvement Plan will be presented to the Audit Committee as a Standing Item to ensure routine monitoring of internal controls.	Reported at Audit Committee March 2017. Continual improvement plan to be reported every quarter at ARG Committee.	Reported at ARG on a quarterly basis. Continual improvement plan to be reported every quarter at ARG Committee. Work procedures are live documents and regularly reviewed. Formal review process in place and ongoing	100	Completed & ongoing
RM1.3	Management Procedure - Occupational Health and Safety Procedures	No further action. We noted the method and basis for rating risks in the Construction and Health and Safety Plan does not align to the OH&S Procedures.	Operations Manager / Supervisors	Risk Health and Safety Advisor	Low	Risk Matrix has been amended to reflect Organisational Risk Matrix. Special OSH Committee meeting to be held December 2016 to address current deficiencies. Diagrams to be put up in all Council buildings when resource is available to do so. Evacuation and Duress alarm drills to be conducted first quarter 2017.	Documents have been completed ready for EMG/MT discussions	Emergency Evacuation Plan in review process. Drill are yet to be conducted, warden training on hold due to time constraints on staff. Adopted at 9 March 2017 to be sent to DEMC for approval. To be returned to council for approval thereafter	75	Ongoing
RM1.4	Management Plan - Emergency Evacuation Plan	That the plan be reviewed and updated. Documented testing should be undertaken on a regular basis. That a Chief Warden be appointed to coordinate planned drills, training and communication.	Leadership / OSH Committee	Risk Health and Safety Advisor	Medium	The entire plan has been updated and will be presented to LEMC December 2016 for adoption	All updated diagrams have been posted in all Shire buildings, LGIS/RHSA currently reviewing Emergency Evacuation Plan, Drill are yet to be conducted, warden training on hold due to time restraints on staff	Adopted at 9 March 2017 to be sent to DEMC for approval. To be returned to council for approval thereafter	75	Finalised & Ongoing
RM 1.6	Shire of Serpentine Jarrahdale Local Emergency Management Arrangements	Testing of effectiveness should be routinely undertaken. Draft Emergency Management arrangements should be reviewed and adopted by LEMC.	Planning Directorate	Manager Rangers / Compliance and Emergency Services	High	An entity level register has been developed and is to be rolled out to Managers early in 2017 with the ERM Implementation Plan. Through the implementation of the Risk Matrix in Council agenda items, there will be an automatic process for capturing risk items with a risk rating of greater than 10 to be placed on the Risk Register.	Risk Matrix adopted by Council OCM233/12/16 Dec 2016, presented to MT for discussion further meetings to finalise the process for staff to implement with Agenda template. PK to finalise.	Adopted at 9 March 2017 to be sent to DEMC for approval. To be returned to council for approval thereafter	75	Near Completion
RM 1.8	Entity Risk Register	An entity level register has been developed and is to be rolled out to Managers early in 2017 with the ERM Implementation Plan.	Executive Services	Risk Health and Safety Advisor	Medium	HR Manual, induction and relevant forms have been updated and implemented. Documents to be uploaded to Intranet and HPRM.	HR Induction Manual is updated with specific reference to legislative compliance and direct inclusion of the Code of Conduct. Currently developing a concept for online code of conduct competency training to include section tests that will create an online compliance record and refreshers.	TAG group commenced. Outcomes identified and require reporting back to EMG, testing of system to be conducted, Risk Management Progress report to ARG to be presented by Dec 2017 HR and OSH Inductions are currently a WIP as they go on-line. Recording of all inductions will then automatically upload into employee training register in the safety management system. Manuals for both HR and OSH are available on the staff intranet and in HPRM	75	Near Completion
LC 2.3	Management Procedure - Staff Inductions	Legislative compliance is not specifically included as a separate item within the induction process. The inclusion of the Code of Conduct in the induction is considered appropriate, some employee files did not hold a record of induction. It is suggested copies of content covered in inductions is maintained on the employee file. Currently reviewing staff induction content, procedures for reporting and registering.	Executive Services	HR Manager	Low				75	Near Completion
LC 2.6	Access to information	The current practise of the Governance Officer advising relevant Officers of changes advised by WALGA and State Law Publisher is considered appropriate. Procedures appear effective with no legislative breaches identified. Governance to prepare a procedure to ensure staff are notified of legislative changes.	Corporate Services	Governance Advisor	Medium	Governance to inform relevant staff of any changes to legislation that may impact the local government environment.	Process and Procedure not yet finalised.	Process and Procedure not yet finalised. OCM agenda template being reviewed and updated to verify the statutory environment by relevant officers.	75	Near Completion
LC 2.7	Management Procedure Statutory Environment in Council agendas	Documentation of the statutory environment appears appropriate for the items reviewed. Procedures appear effective.	Corporate Services and Community	Governance Advisor / Director Corporate and Community	Low	No action required.	Not yet finalised.		75	Near Completion
LC 2.8	Council Policy Significant accounting Policies	Policy appears appropriate and up to date. Policy appears effective with no issues identified by external auditors.	Corporate Services	Accountant / Manager Finance Services	Low	Policy G009 - Depreciation is required to be reviewed early 2017. Other relevant policies to be reviewed in early 2017.	Policy to be presented to Council in July 2017.	Current policy to be reviewed with November 2017 The Workforce Plan is currently being reviewed which will providing informing strategies for attraction, retention and recognition strategies.	75	Near Completion
IC 2.2	Experienced Staff	Refer to LC2.4	Executive Services	HR Manager	Medium	A remuneration strategy, attraction and retention strategy and reward and recognition policy be developed to inform the Shire's Workforce Plan.	The Workforce Plan is currently being reviewed which will providing informing strategies for attraction, retention and recognition strategies.		75	Near Completion

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RM 1.1	Council Policy - Risk Management Policy	That a Risk Management strategy and framework (including an Organisational Risk Matrix be developed to guide and support implementation of Enterprise Risk Management.	Council and Leadership Group	Risk Health and Safety Advisor	High	To be presented to AC early 2017.	Documents have been completed ready for EMG/MT discussions	TAG group commenced. Areas identified are to organise Risk workshops and training, briefing note to EMG to roll out, input sample Reg 17 & capture risks. Present ARG report on risk. Policy to be presented in Nov 2017 review.	50	Dec-17
RM 1.2	Risk Management Strategy or Framework	That the Risk Management Policy be reviewed and updated in line with the ERM Implementation Plan and Framework.	Council and Leadership Group	Risk Health and Safety Advisor	High	Draft Policy update and review with DCC G913, LT Agenda item, DCC to prepare agenda item for Council consideration 'Risk Implications' heading in Agenda Item template.	Documents have been completed ready for EMG/MT discussions	TAG group commenced. Areas identified are to organise Risk workshops and training, briefing note to EMG to roll out, input sample Reg 17 & capture risks. Present ARG report on risk. Policy to be presented in Nov 2017 review.	50	Dec-17
RM 1.5	Shire of Serpentine Jarrahdale Business Continuity/Disaster Recovery Plan	Review of the BCP as a result of testing and change management is required. Perform electronic data recovery effectiveness in early 2017.	Leadership Group	Risk Health and Safety Advisor / Manager Information Services	High	Re-run business unit workshops in February 2017 to refresh plan to re-test. IT recovery test early 2017. Shire IT provider Focus, is providing a back up service for IT data, with data stored off site.	Taken to MT/LT Feb 2017 for discussion. Nil discussion occurred due to lack of time with meeting process. Yet to be represented back to MT due to other requirements at meeting.	BCP in progress review with TAG team to identify the data recovery effectiveness. IT Strategy in review and to be incorporated through the Risk Management TAG team. Testing date to be arranged	50	commenced
RM 1.7	Staff Knowledge	Evidence of inductions should be maintained to provide a record.	Executive Services	Manager HR / Risk Health and Safety Advisor	High	Documenting and recording of inductions is a 'work in progress' through the new SMS (Safety Management System) currently stalled through limited resources.	Process started will take 6 months to implement.	Continual improvements and online inductions are in the process to be completed by Dec 2017. Safety Management System contains a register of all events, hazards, near misses. Individual job hazards are captured by Take 5, SWMS and Work Procedures, Safe Operating Procedures.	50	Commenced
RM 1.9	OSH Risk Register	That an OSH Risk Register is maintained within the Incident Management System (IMS) and is considered appropriate.	Executive Services	Risk Health and Safety Advisor	Low	Uploading data to the new SMS is in progress - anticipated completion in the first quarter of 2017.	ongoing		50	Ongoing
RM 1.11	Asset Management Risk Assessment	As no risk assessment was undertaken as part of the Asset Management Plan, future revisions of the plan are to include a consideration of associated risks and be included in the organisational ERM Plan.	Engineering	Director Engineering / Engineering Assets Officer	High	OCM November 2016 currently in review mode to be finalised in 2016/2017.	Not yet finalised.	New officer commenced and to be reviewed and considered by June 2018	50	
RM 1.12	Workforce Risk Assessment	Future revisions of the Workforce Plan to include an assessment of key risks.	Executive Services	HR Manager	Medium	Workforce Plan is currently being reviewed in line with the IPR Framework timelines with an indicative completion date of end of 2017.	Workforce Plan is currently being reviewed in line with the IPR Framework timelines with an indicative completion date of end of 2017.	Workforce Plan is currently being reviewed in line with the IPR Framework timelines with an indicative completion date of end of 2017.	50	Commenced
RM 1.13	Project Specific Risk Assessments	As no formal documented risk assessments were done for major projects, procedures to be developed to ensure risk assessments are undertaken in accordance with Shire's Risk Strategy and Framework prior to major project approval. No improvement plan currently in place. An improvement plan be developed from this report be prepared in support of Risk Management practices and to guide the process of implementation. The organisation currently has a CI register and the plan forms part of the organisational RM plan that is currently WIP/draft form.	Director of Engineering	Directors of Engineering / Corporate and Community / Planning	High	Consultants LogiKal Projects have been engaged to establish a Project Governance Framework including a Toolkit which will be available to staff to assess project components including risk.	Not yet finalised.	LogiKal Projects will be conducting training to staff to help identify the projects and toolkits to engage staff in project management process Risk Management practices TAG group has been identify with outcomes to be presented for Dec 2017 ARG & OCM recommendations provided by the consultant are currently being implemented. This process will take between 6-12 months to complete.	50	to be commenced
RM 1.19	Ongoing improvement plan		Leadership Group	Risk Health and Safety Advisor	Medium	Forms part of the ERM implementation plan, requires LT input to move forward. Anticipated commencement of this section is second quarter of 2017.	To be taken to EMG for further discussion.	The CEO has requested (verbally) that the Council minutes are recorded in the Vital Records Register and transferred offsite to SSJ's external storage facility in environmentally controlled secure storage to ensure the integrity of the Council Minute Books.	50	Commenced
LC 2.1	Council Policy - G908 Records Management	The records management policy appears appropriate for the Shire. We noted the storage of vital records to be inadequate, vital records were rectified during the review. Records procedure 654 to be reviewed to include such documents as leases, contracts, tenders, MOUs etc.	Corporate Services	Manager Information Services / Manager Corporate Services	Medium	Records keeping plan and vital records currently being reviewed by a consultant and will be updated following the recommendations. Storage and custody of vital records to be reviewed. Archivist has also completed a thorough review of destruction of records. Lease, Contract, Tenders, MOU, Land Reserves Registers required to be reviewed.	Recommendations provided by the consultant are currently being implemented. This process will take between 6-12 months to complete. The CEO has requested (verbally) that the Council minutes are recorded in the Vital Records Register and transferred offsite to SSJ's external storage facility in environmentally controlled secure storage to ensure the integrity of the Council Minute Books.	(verbally) that the Council minutes are recorded in the Vital Records Register and transferred offsite to SSJ's external storage facility in environmentally controlled secure storage to ensure the integrity of the Council Minute Books.	50	Ongoing
LC 2.2	Management Procedure - Reporting Legislative Breaches	Staff policies require the reporting of breaches and this is included within the Code of Conduct and considered appropriate. No unreported breaches noted. Current position descriptions for relevant senior roles contain qualification requirements relevant to the role. In certain instances reviewed copies of qualifications were not recorded within the employee file. It is suggested copies of the required qualifications for all staff be obtained and filed appropriately in the employee files. Current PD's have only generalised roles and responsibilities and qualification updates to employee files are in progress.	Corporate Services	Governance Advisor	Medium	Whistle-blower Policy and Public Interest Disclosure Policy to be prepared and discussed with Council.	To be taken to ARG Sept 2017.	The shire currently has PID policy and will be reviewed by Mar 2018	50	Mar-18
LC 2.4	Experienced Staff		Executive Services	HR Manager	Low	This is a labour/time intense project that has yet to commence. In realistic terms it is unlikely to be completed until the end of 2017.	This project has not commenced yet. A Key Performance Indicator will be set to commence the project by the end of 2017.	This project has not commenced yet. A Key Performance Indicator will be set to commence the project by the end of 2017.	50	

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LC 2.5	Staff Training	Staff training is currently undertaken in accordance with a training matrix and recorded in a training register. Staff training appears effective with no legislative breaches identified.	Executive Services	HR Manager	Low	Business Unit Managers have the responsibility to ensure individual staff members are given appropriate training and information on legislation pertinent to their role and responsibilities. An organisational training calendar should be prepared identifying training requirements for whole of organisation i.e. Customer Service, Community Engagement (IAP2).	Individual Training is identified during the Performance Appraisal process with each staff member allocated a budget amount per year. In addition organisation development training is prioritised and arranged for all staff to ensure compliance and continuous development, such as Equal Employment compliance, improved performance management and systems improvement / refreshers.	Individual Training is identified during the Performance Appraisal process with each staff member allocated a budget amount per year. In addition organisation development training is prioritised and arranged for all staff to ensure compliance and continuous development, such as Equal Employment compliance, improved performance management and systems improvement / refreshers.	50	Ongoing
LC 2.9	Management Procedure - Compliance Audit Return	Procedures are not documented, informal procedures appear appropriate. From staff representations received, procedures appear effective. Governance to prepare a procedure completion of Compliance Audit Return. We do supply officers and Councillors with information to assist them with completing their return (Refer E13/1335).	Corporate Services	Governance Advisor	Medium	Procedure to be prepared for the annual completion of the Compliance Audit Return. A working file is to be maintained providing evidence to support responses in the Compliance Audit Return.	Not yet finalised.	Process and procedure to be completed Dec 2017	50	Commenced
RM 1.15	Executive Management Group	Key operational risks are not included as an item in the minutes. OSH risks are discussed where significant. Review process for implementation of key operational and strategic risks are raised and documented.	Executive Management Group	Director Corporate / Community Risk Health and Safety Advisor	High	Organisational Risk Register is to be placed as a standing item on the LT Agenda and reviewed at least monthly. Project not yet commenced.	Not yet finalised.	Officer in process of organising register to be presented to EMG. New TAG workgroup implemented and working on outcomes and actions identified Aug 2017	25	Commenced
RM 1.17	OSH Committee	An appropriate committee exists with Terms of Reference clearly defined and reviewed annually.	Executive Services	Risk Health and Safety Advisor	Low	Annual review of Committee performance and Terms of Reference scheduled for February 2017.	Not yet finalised.	Terms of Reference on hold until the finalised Organisational Structure Review has been accepted.	25	
LC 2.10	Communications	Obligation to report Legislative breaches are included within the Code of Conduct. Unable to Assess.	Corporate Services	Governance Advisor	Medium	Complaints against Elected Members and staff are received by the Shire's Complaints Officer. The Complaints Officer would make a determination as to whether any breaches of the Code of Conduct and Rules of Conduct by Elected Members is required to be reported to the Local Government Standards Panel.	Not yet commenced.	Electronic Register E17/4957 to be reviewed and revised with current process and procedures with regards to the Standards Review Panel for staff and members of council	25	Commenced
LC 4.2	Complaint Handling	Complaint recording and monitoring procedures are documented and appear appropriate. From Discussions with staff and evidence obtained, complaint monitoring procedures appear effective. No improvement plan currently in place. That an improvement plan (developed from this report) be prepared in support of the proposed Legislative Compliance Framework. Initial focus would be to formalise a Legislative Compliance Framework.	Corporate Services and Corporate and Community	Governance Advisor / Director Corporate and Community / Manager Corporate Services	Low	CEO is designated as Complaints Officer with any Complaints reported in the Shire's Annual Report as required. This document will be included as a standing item on the Audit Committee Agenda to ensure that actions are monitored and implemented.	Discussions held with Manager Corporate Services & Director Corporate & Community. Process to be reviewed with current officers and to be further assessed.	to be reviewed with CRM system and internal process through Compliants officers (CEO) and other external complaints/HR/HPRM	25	ongoing
LC 4.3	Ongoing Improvement plan		Corporate Services	Governance Advisor	High		Not yet presented.	to be adopted in the Governance Framework Strategy yet to be developed Currently being reviewed and will be presented with review of policies in Nov 2017	25	Dec-17
IC 2.6	Council Policy Legal Proceedings and Prosecutions	No policy in place. That a policy be developed reflecting Council's commitment to risk based internal controls throughout the organisation.	Executive Services	CEO	High	Draft Policy has been prepared and is sitting with Office of CEO for review.	Has not commenced.	Currently being reviewed and will be presented with review of policies in Nov 2017	25	Commenced
IC2.7	Council Policy G807 Legal representation costs indemnification	The policy appears appropriate.	Executive Services	CEO	Low	Policy is current and does not require review at this point. Whilst current policy is appropriate it is recommended that a review take place for Terms of Reference with regards to General Procedure Claim Processing and in line with the Magistrates Act.	Has not commenced.	Current policy to be reviewed with November 2017	25	Commenced
IC 2.10	Council Policy G903 Rates Collection and General Debtors Policy	The policy appears appropriate.	Corporate and Community	Manager Finance Services and appropriate Finance Officer	Low		This policy is being reviewed and is planned to go to Council in June or July 2017.	Current policy to be reviewed with November 2017	25	Commenced
IC 2.12	Council Policy G001 - Purchasing Amounts Under \$150,000	The Policy appears appropriate. Note paragraph 7 of the policy relating to Green Purchasing does not relate to purchasing thresholds and may result in confusion. The Policy appears effective with no issues noted during the external audit. Policy to be reviewed in 2015.	Corporate and Community	Manager Finance Services and appropriate Finance Officer	Low	Reviewed by Council in March 2016 OCM 037/03/16. Policy to be further assessed by staff considering the inclusion of Local Supply Panels and Regional Price Preference. Delegations for Directors are to be reviewed with a view to raise authority to \$149,999. C007S. Policy be reviewed to provide further clarification on clause 1.8.2 Tender Exemption and the definition of Sole Supplier Arrangements. Policy currently being reviewed by DE.	Policy is still to be reviewed, expected to Council in June or July 2017.	Current policy to be reviewed with November 2017	25	Commenced
IC 2.13	Council Policy G002 Procurement of goods or services through Public Tendering	The policy appears appropriate. The Policy appears effective with no issues noted during the external audit.	Corporate Services and Finance	Governance Advisor/Finance / Manager Corporate Services	Medium	Objectives of Policy to determine vehicle allocations, type of vehicles, and whether vehicles are allocated for operational purposes (fit for purpose) vs contractual entitlement. A plant replacement program be developed once the policy has been finalised.	Policy is still to be reviewed, expected to Council in June or July 2017.	to be review	25	Commenced
IC 2.15	Council Policy G004 Light Vehicles	The policy appears appropriate The policy appears to effective with no matters noted.	Engineering / Corporate Services	Director Engineering	Medium		Currently being reviewed with 2017/2018 budget process. Director Corporate & Community and Engineering to review G004 Small Vehicle Fleet & SEGWP1 - Small Vehicle Fleet - Acquisition and Disposal Guidelines and to presented to EMG and Council.		25	Commenced
RM 1.18	Monitoring Compliance	No routine monitoring is currently occurring. Recommendation that the ERMP contain practices requiring the routine monitoring and reporting of risks and an internal audit checklist and Key Risk Indicators be set.	Leadership Group	Director of Corporate and Community / Risk Health and Safety Advisor	Medium	Current ERMP is being revised to include more specific monitoring, reporting, internal audits and Key Risk Indicators processes'. Anticipated completion first quarter of 2017. DCC to submit agenda item to council considering an internal audit charter and the resourcing requirements for an internal audit function.	Not yet commenced.	Not yet commenced.	0	Not commenced

No.	FRAMEWORK COMPONENTS	RECOMMENDED IMPROVEMENTS	RESPONSIBILITY	RESPONSIBLE OFFICER	PRIORITY	STATUS December 2016	Status June 2017	Status Sept 2017	% Achieved	Timing
LC 3.1	Legislative Compliance Register	No register currently exists. That a concise Legislative Compliance register be developed to enable the monitoring and recording of Legislative breaches and associated controls.	Corporate Services	Governance Advisor	Medium	This will be addressed once an Internal Audit Function has been established. The Financial Management Review and Interim and Annual Audit Management letters are required to be reviewed to inform the development of a policy for internal controls.	Not yet commenced.	Not yet commenced.	0	
IC 1.1	Council Policy Internal Controls Policy	No policy for internal controls exist. That a policy be developed reflecting Councils commitment to risk based internal Controls throughout the organisation. The Code of Conduct is considered as providing appropriate guidelines for the acceptable standard of professional conduct. The Code of Conduct is issued to all staff and Elected Members and is available on the Shire's website under public documents. It appears effective with breaches reported in the past. Should be reviewed during 2015.	Corporate Services	Governance Advisor / Manager of Corporate Services	Medium		Not yet commenced.	To be identified within the internal audit review and to be developed	0	
IC 1.2	Code of Conduct for Elected Members and Staff		Corporate Services	Governance Advisor	High	Review scheduled for June 2017 Workshop with Councillors.	Not yet commenced.	not yet commenced new council may be in Nov 2017 needs to be done with HR/CEO offices	0	
IC 2.1	Communications of modifications	Considered appropriate. New and modified policies and procedures approved by the EMG are communicated to staff. Current policies are available on the website and all current procedures are held within HPRM. Representation by staff; it appears staff are aware of the latest policies and procedures and are able to access the latest version.	Corporate Services	Governance Advisor	Medium	Policies should be reviewed by the MT group annually with any recommendations for alterations to existing policies or establishment of new policies be made to the LT for consideration and subsequent discussion with elected members.	Not yet commenced.	Not yet commenced.	0	
IC 2.4	Council Policy G814 Process for review of Policies	The policy is considers appropriate and requires Council policies be reviewed biannually. Council policies were last updated in May 2013 and appear to be effectively maintained and recorded.	Corporate Services	Governance Advisor	Low	G814 - Process for Review of Policies is to be reviewed to reflect the following proposed arrangements: that policies be assessed by the MT group annually with any recommendations for alterations to existing policies or establishment of new policies be made to the LT for consideration and subsequent discussion with elected members.	Has not commenced.	to be reviewed as part of the project plan to EMG	0	
IC 2.11	Council Policy Self-Supporting Loans	No policy is in place. That a policy be developed reflecting councils commitment to risk based Internal Controls throughout the organisation. The Audit Committee meets with the external auditors annually. No routine internal audit reporting of appropriateness of Internal Controls is apparent. That the Audit (Risk and Finance) Committee meet at least once a year (more regularly if possible) to review any internal control weaknesses identified or reported by the EMG and the Auditors.	Corporate Services and Corporate and Community	Governance Advisor / Director Corporate and Community	Medium	A Self Supporting Loan Policy and Self Supporting Loan Deed be developed to provide a framework for the assessment of applications by Community and Sporting Groups for Self Supporting Loans. See Shire of Esperance for sample of SSL Policy and Town of Port Hedland for example of Loan Deed.	Has not commenced.	to be reviewed	0	
IC 3.1	Audit Committee		Corporate Services and Corporate and Community	Governance Advisor / Director Corporate and Community	High	An audit work plan and internal Audit Charter is currently being developed and will be presented to the Audit Committee in the first quarter of 2017. This improvement Plan will be presented to LT on a periodic basis to ensure Executive oversight of internal control issues with high priority items monitored closely for implementation. This document is to serve as a live improvement plan and amended from time to time to include other matters not captured in the current document. Last updated in 2014 and it is intended to have it updated first quarter 2017 with subsequent testing.	Internal Audit Charter to be developed and presented by the end of 2017.	Internal Audit Charter to be developed and presented by the end of 2017.	0	
IC 3.5	Internal Controls Executive Management Group	Internal Control issues are raised within EMG meetings. No specific monitoring or internal audit occurring. Internal Control issues appear to be addressed affectively.	Leadership Group	Governance Advisor	Medium		Not yet commenced.	Not yet commenced.	0	
IC 4.1	Ongoing Improvement Program	No documented program was available . That an improvement plan developed from this report be prepared in support of the Internal Controls framework (to be developed).	Executive Services and Corporate and Community	Director Corporate and Community / Governance Advisor Manager Rangers / Compliance and Emergency Services	Medium		Not yet commenced.		0	
RM 2.7	Local Emergency Management Plan 2011 Draft	That the plan be reviewed and updated. Documented testing should be undertaken in accordance with Part 7 of the plan.	Planning Directorate		High		See RM1.6 LEMP was replaced by LEMA	See RM1.6 LEMP was replaced by LEMA		