SHIRE OF CORRIGIN

Agenda Attachments

SEPTEMBER 2026

ATTACHMENT 5.1 - AUDIT COMMITTEE MINUTES – 13 APRIL 2026

ATTACHMENT 7.1 - CORRIGIN RISK MANAGEMENT FRAMEWORK

ATTACHMENT 7.2 - RISK DASHBOARD

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ATTACHMENT 7.4 - INTERIM MANAGEMENT LETTER

MINUTES

AUDIT, RISK AND IMPROVEMENT COMMITTEE MEETING

Monday 13 April 2026

6:00pm

Council Chambers

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TERMS OF REFERENCE

1.0 INTRODUCTION

The Council of the Shire of Corrigin (hereinafter called the Council) hereby establishes a committee under the powers given in *Section 5.8* and *Section 7.1 A* of the *Local Government Act 1995*, *Local Government Amendment Act 2024* and *Audit Regulations*, such committee to be known as the Audit, Risk and Improvement Committee, (hereinafter called the Committee). The Council appoints to the Committee those persons whose names appear in Section 5.0 below.

Membership of the Committee shall, unless otherwise specified, be for a term ceasing at the date of the Local Government election in the year the Shire's local government elections are held, after which time the Council may appoint members for a further term. The Committee shall act for and on behalf of Council in accordance with provisions of the *Local Government Act 1995*, and associated regulations, local laws and policies of the Shire of Corrigin and this Instrument.

2.0 NAME

The name of the Committee shall be the Audit, Risk and Improvement Committee.

3.0 ROLE

The Committee's role is to report to Council and provide appropriate advice and recommendations on matters relevant to its objectives to facilitate decision-making by Council in relation to the discharge of its responsibilities.

4.0 OBJECTIVES OF THE COMMITTEE

4.1 To provide guidance and assistance to the Council in:

a) carrying out its audit functions under Part 7 of the *Local Government Act*.
b) the development of a process to be used to select and appoint an auditor.
c) determining the scope and content of the external and internal audit and advising on the general financial management of the Shire.
d) overseeing the audit process and meeting with the external auditor after each visit to discuss management issues and monitoring administration's actions on, and responses to, any significant matters raised by the auditor.
e) evaluating and making recommendations to Council on internal and external audit reports prior to them being presented to Council.
f) receiving and verifying the annual Local Government Statutory Compliance Return.
g) review reports provided by the CEO on the Shire's systems and procedures in relation to:
    i. risk management;
    ii. internal control; and
    iii. legislative compliance;

at least once every two years and report to Council the results of that review. Ref: *Functions of Audit Committees (Audit Regulations).*

4.2 To advise Council on significant high level strategic risk management issues related to the Shire of Corrigin including issues involving:

a) the community;
b) the workforce;
c) vehicles and plant;
d) buildings and similar property;
e) revenue streams;
f) legal liability;

g) electronically stored information;
h) environmental impact;
i) fraud; and
j) reputation.

5.0 MEMBERSHIP

The Committee shall consist of all Councillors. Additionally up to two independent members with expertise in financial or legal matters will provide additional independent external advice to the Committee. The external independent persons will have senior business, legal or financial management/reporting knowledge and experience, and be conversant with the financial and other reporting requirements.

Appointments of external consultants shall be made by the CEO following a decision of Council and the allocation of sufficient funds to provide consultation fees using relevant professional fee schedules. No member of staff including the CEO is to be a member of the Committee, but the CEO may participate as Council's principal advisor, unless expressly excluded by resolution of the Committee.

6.0 PRESIDING MEMBER

The Council must appoint a Presiding Member, a Deputy of the Presiding Member, and may, at its discretion, appoint a Deputy Presiding Member. Presiding members cannot be members of the Council or shire staff.

The Presiding Member shall ensure that minutes of the proceedings are kept and that business is conducted in accordance with the Shire of Corrigin Standing Orders (Local Law).

The *Local Government Act 1995* places responsibility for speaking on behalf of Council with the President, or the CEO if the President agrees. The Presiding Member if different from the President is to refrain from speaking publicly on behalf of the committee or Council, or to issue any form of written material purporting to speak on behalf of the committee or Council without the prior approval of the President.

7.0 CONDUCT OF MEETINGS

The Committee shall meet at least three times per year. A schedule of meetings will be developed and agreed to by the members. As an indicative guide, meetings would be arranged to coincide with relevant Council reporting deadlines, for example in February to discuss the Statutory Compliance Return, in July to discuss the year's financial performance and to discuss the annual audit program and in November to discuss the Annual Financial Report. Additional meetings shall be convened at the discretion of the Presiding Member.

Any three members of the Committee collectively or the internal or external auditor themselves may request the Presiding Member to convene a meeting. Urgent matters which may arise should be referred directly to Council through the monthly meetings or to a Special Council meeting.

7.1 Notice of meetings shall be given to members at least three days prior to each meeting.
7.2 The Presiding Member shall ensure that detailed minutes of all meetings are kept and shall, not later than five days after each meeting, provide Council with a copy of such minutes. Council shall provide secretarial and administrative support to the Committee.
7.3 All members of the Committee shall have one vote. If the vote of the members present is equally divided, the person presiding must cast a second vote.
7.4 The Chief Executive Officer should attend all meetings, except when the Committee chooses to meet in camera with the exclusion of the CEO.
7.5 Representatives of the external auditor should be invited to attend at the discretion of

the Committee but must attend meetings either in person or by telephone link up considering the draft annual financial report and results of the external audit.

7.6 The internal auditor or representative shall be invited to attend meetings, at the discretion of the Committee, to consider internal audit matters.

8.0 QUORUM

A quorum for a meeting shall be at least 50 percent of the number of members, whether vacant or not. A decision of the Committee does not have effect unless a simple majority has made it.

9.0 DELEGATED POWERS

The Committee has no delegated powers under the *Local Government Act 1995* and is to advise and make recommendations to Council only.

The Audit, Risk and Improvement Committee is a formally appointed committee of Council and is responsible to that body.

The Audit, Risk and Improvement Committee does not have executive powers or authority to implement actions in areas over which management has responsibility and does not have any delegated financial responsibility. The Committee does not have any management functions and is therefore independent of management.

The following guidelines are to provide further direction from Council for the operation of the Committee:

9. 1 External Audit

The Committee shall:

- Liaise with the Office of the Auditor General regarding the appointment of a suitable Auditor.
- Prior to appointment, discuss the scope of the audit and any additional procedures required from the external auditor. Invite the external auditor to attend audit committee meetings to discuss the audit results and consider the implications of the external audit findings.
- Inquire of the auditor if there have been any significant disagreements with management and whether they have been resolved.
- Monitor management responses to the auditor's findings and recommendations.
- Review the progress by management in implementing audit recommendations and provide assistance on matters of conflict.
- Provide a report and recommendations to Council on the outcome of the external audit.

9.2 Co-ordination of Auditors

The Committee shall:

- Oversee the work of the internal audit function to facilitate co-ordination with the external auditor.
- Meet periodically with the Chief Executive Officer, senior management staff and internal and external auditors to understand the organisation's control environment and processes.

9.3 Duties and Responsibilities

The following duties and responsibilities of the Committee will include:

i. To review the scope of the internal audit plan and program and the effectiveness of the function. This review should consider whether, over a period of years the internal audit plan systematically addresses:

- internal controls over significant areas of risk, including non-financial management control systems.
- internal controls over revenue, expenditure, assets and liability processes;
- the efficiency, effectiveness and economy of significant Council programs; and
- compliance with regulations, policies, best practice guidelines, instructions and contractual arrangements.

ii. Review the appropriateness of special internal audit assignments undertaken by internal audit at the request of Council or Chief Executive Officer.
iii. Review the level of resources allocated to internal audit and the scope of its authority.
iv. Review reports of internal audit and the extent to which Council and management react to matters raised by internal audit, by monitoring the implementation of recommendations made by internal audit.
v. Facilitate liaison between the internal and external auditor to promote compatibility, to the extent appropriate, between their audit programs.
vi. Critically analyse and follow up any internal or external audit report that raises significant issues relating to risk management, internal control, financial reporting and other accountability or governance issues, and any other matters relevant under the Committee's terms of reference.
vii. Review management's response to, and actions taken as a result of the issues raised.
viii. Monitor the risk exposure of Council by determining if management has appropriate risk management processes and adequate management information systems.
ix. Monitor ethical standards and related party transactions by determining whether the systems of control are adequate.
x. Review Council's draft annual financial report, focusing on:
    - accounting policies and practices.
    - changes to accounting policies and practices.
    - the process used in making significant accounting estimates.
    - significant adjustments to the financial report (if any) arising from the audit process.
    - compliance with accounting standards and other reporting requirements.
    - significant variances from prior years.
xi. Recommend adoption of the annual financial report to Council. Review any significant changes that may arise subsequent to any such recommendation but before the financial report is signed.
xii. Discuss with the external auditor the scope of the audit and the planning of the audit.
xiii. Discuss with the external auditor issues arising from the audit, including any management letter issued by the auditor and the resolution of such matters.
xiv. Review tendering arrangements and advise Council.
xv. Review the annual performance statement and recommend its adoption to Council.
xvi. Review issues relating to national competition policy, financial reporting by Council business units and comparative performance indicators.
xvii. Identify and refer specific projects or investigations deemed necessary through the Chief Executive Officer, the internal auditor and the Council if appropriate. Oversee any subsequent investigation, including overseeing of the investigation of any suspected cases of fraud within the organisation.
xviii. Monitor the progress of any major lawsuits facing the Council.
xix. Address issues brought to the attention of the Committee, including responding to requests from Council for advice that are within the parameters of the Committee's terms of reference.

xx. Report to Council after each meeting, in the form of minutes or otherwise, and as necessary and provide an annual report to Council summarising the activities undertaken during the year.
xxi. The Committee in conjunction with Council and the Chief Executive Officer should develop the Committee's performance indicators.
xxii. The Committee, through the Chief Executive Officer and following authorisation from the Council, and within the scope of its responsibilities, may seek information or obtain expert advice on matters of concern.
xxiii. Advise Council on significant risk management issues related to the Shire of Corrigin including major issues involving:
- The Community;
- The Workforce;
- Vehicles and Plant;
- Buildings and Similar Property;
- Revenue Streams;
- Legal Liability;
- Electronically Stored Information;
- Environmental Impact;
- Fraud; and
- Reputation.

xxiv. Review reports on the appropriateness and effectiveness of the Shire's systems and procedures in relation to:
- risk management;
- internal control; and
- legislative compliance

and report to Council.

9.4 Reporting Powers

The Committee:

- Shall report to Council and provide recommendations on matters pertaining to its terms of reference by assisting elected members in the discharge of their responsibilities for oversight and corporate governance of the local government.
- Does not have executive powers or authority to implement actions in areas that management has responsibility.
- Is independent of the roles of the Chief Executive Officer and his senior staff as it does not have any management functions.
- Does not have any role pertaining to matters normally addressed by the Local Emergency Management Committee and Council in relation to financial management responsibilities in relation to budgets, financial decisions and expenditure priorities.
- Is a separate activity and does not have any role in relation to day-to-day financial management issues or any executive role or power.
- Shall after every meeting forward the minutes of that meeting to the next Ordinary meeting of the Council, including a report explaining any specific recommendations and key outcomes.
- Shall report annually to the Council summarising the activities of the Committee during the previous financial year.

10.0 TERMINATION OF COMMITTEE

Termination of the Committee shall be:

a) in accordance with the *Local Government Act 1995*; or
b) at the direction of the Council.

11.0 AMENDMENT TO THE INSTUMENT OF APPOINTMENT AND DELEGATION

This document may be altered at any time by the Council.

12.0 COMMITTEE DECISIONS

The Committee recommendations are advisory only and shall not be binding on Council.

13.0 CONFLICTS OF INTEREST

Members of the Audit, Risk and Improvement Committee are required to disclose all conflicts of interest and may not be eligible to vote on a matter, depending on the nature of the conflict.

14.0 CONFIDENTIALITY

All Committee members are expected to be aware of their responsibilities regarding the confidentiality of information about Council affairs.

15.0 REMUNERATION

External members appointed under the terms of reference are eligible for a per-meeting fee up to the maximum determined by the Salaries and Allowances Tribunal.

1 DECLARATION OF OPENING
The Presiding member, J Mason opened the meeting at 6:02pm

2 ATTENDANCE/APOLOGIES/LEAVE OF ABSENCE

Presiding Member	J Mason
Deputy Presiding Member	L Baker (Via Teams)
Shire President	Cr. S Jacobs
Deputy President	Cr. M Leach
Councillors	Cr. D Hickey
	Cr. M Talbot
	Cr. M Dickinson
	Cr. M Smith
	Cr. W Dyer
Chief Executive Officer	N Manton
Deputy Chief Executive Officer	M Henry
Executive Support Officer	J Filinski
Senior Manager – SW Accountants & Advisors	T Hu (Via Teams)
Auditor – SW Accountants & Advisors	J Holborn (Via Teams)
Assistant Director – Ofice of Auditor General (OAG)	S Karki (Via Teams)

APOLOGIES

3 DECLARATIONS OF INTEREST
NIL

4 PUBLIC QUESTION TIME
NIL

5 CONFIRMATION AND RECEIPT OF MINUTES
5.1 CONFIRMATION AUDIT AND RISK MANAGEMENT COMMITTEE MEETING
COMMITTEE'S RESOLUTION
Moved: Cr. Talbot **Seconded: Cr. Jacobs**
That the Minutes of the Audit, Risk and Improvement Committee meeting held on Tuesday 9 December 2025 (Attachment 5.1) be confirmed as a true and correct record.

Carried 9/0
For: J Mason, L Baker, Cr. Jacobs, Cr. Leach, Cr. Hickey, Cr. Dickinson, Cr. Talbot, Cr. Smith & Cr. Dyer
Against: Nil

The auditors from SW Accountants & Advisors, and the Assistant Director from the OAG introduced themselves and provided an overview of the audit plan for the 2025/26 audit including key focus areas.

T Hu, J Holborn and S Karki left the meeting at 6:09pm.

6 REPORTS
Freedom of Information Applications and Ombudsman Complaint
The Shire received seven Freedom of Information (FOI) applications last year, which is relatively high given the Shire does not usually receive FOI requests (the last recorded application was in 2014). The applications were received in April (2), May (2), and July (3). Of the seven applications, two were refused as invalid and five were accepted and progressed. Four of the five accepted applications proceeded to external review with the

Office of the Information Commissioner. One external review has been finalised and three remain ongoing.

One applicant also lodged a complaint with the Western Australian Ombudsman regarding the Shire's handling of matters. The complaint was closed following the Shire's response, with no further action required.

The FOI applications, associated external reviews and complaint processes have required a significant allocation of staff time across the Chief Executive Officer, Executive Support Officer and other staff. While the Shire is required to comply with legislative obligations, the volume and complexity of these matters have created operational, compliance and resourcing pressures, including diversion from other priorities. These matters present potential legal, financial and governance risks if not managed appropriately.

To strengthen future management of FOI processes and improve efficiency, consideration may be given to targeted FOI training to ensure best practice processes are consistently applied.

Governance/Legislation Updates
The February 2026 WALGA Governance Newsletter outlines significant amendments to the *Local Government Act 1995* and associated Regulations, effective 1 January 2026. Key changes relevant to governance and compliance include:

- All Committee meetings are now required to be open to the public, with expanded publication and transparency obligations.
- Revised provisions relating to closing meetings and treatment of confidential information.
- Introduction of a new complaints framework under Part 8A, including confidentiality requirements and the role of the Local Government Inspector.
- Amendments to the Model Code of Conduct, with a requirement for Local Governments to update their adopted Code by 31 March 2026.
- New requirements for maintaining and publishing a record of information about conduct.
- Mandatory updates to the Employee Code of Conduct to include disclosure of secondary employment.
- Formalised requirements for Audit, Risk and Improvement Committees (ARIC), including mandatory appointment of independent Presiding Members and implementation of prescribed functions by 30 June 2026.
- Strengthened compliance obligations relating to Council Member training, returns, and notification requirements to the Inspector.

These amendments introduce additional governance, reporting and compliance obligations for Local Governments. Implementation will require review and, where necessary, amendment of policies, procedures, Terms of Reference and reporting practices to ensure compliance within prescribed timeframes.

Auditor General Report – Gifts and Benefits in Local Government
The Office of the Auditor General Western Australia audited how local governments manage gifts and benefits.

The audit found that most entities maintain accurate and transparent gift registers, supporting accountability and public trust. However, significant weaknesses were identified in the management of conflicts of interest. At the six entities reviewed, 79 individuals accepted gifts from suppliers and were later involved in procurement or contract-related decisions, creating risks to impartial decision-making.

The report highlights the need for stronger controls, clearer guidance, and improved staff awareness, particularly as most gifts were accepted by staff rather than elected members or CEOs. It also notes that further guidance from the Department of Local Government, Industry Regulation and Safety would assist the sector.

Overall, the report reinforces the importance of effective governance and conflict management to ensure decisions remain free from undue influence. Full report can be found HERE.

Auditor General Report – Information Systems Audit Results
The Office of the Auditor General Western Australia reviewed general computer controls across local government entities to assess the security and reliability of key systems.

The audit identified 333 control weaknesses across 68 entities, with 60% unresolved from prior years. While the number of affected entities decreased, the overall level of risk remains largely unchanged, with most findings rated moderate.

Key issues were identified in access management, information security, endpoint and network security, and business continuity. Common weaknesses included poor password practices, lack of multi-factor authentication, inadequate access monitoring, and limited testing of disaster recovery plans.

Capability maturity assessments at 15 entities showed stagnation or decline, with most entities failing to meet benchmark levels.

The report emphasises the need for stronger governance, improved risk management, and consistent implementation of basic controls to reduce cyber security risks and protect critical systems and data.

Full report can be found HERE.

COMMITTEE'S RESOLUTION
Moved: Cr. Leach **Seconded: Cr. Dickinson**
That the Audit, Risk and Improvement Committee receive and note the reports provided above.

Carried 9/0
For: J Mason, L Baker, Cr. Jacobs, Cr. Leach, Cr. Hickey, Cr. Dickinson, Cr. Talbot, Cr. Smith & Cr. Dyer
Against: Nil

7 MATTERS REQUIRING A COMMITTEE DECISION
7.1 MEETING WITH AUDITOR

Applicant:	Shire of Corrigin
Date:	26/03/2026
Reporting Officer:	Natalie Manton, Chief Executive Officer
Disclosure of Interest:	NIL
File Ref:	FM.0420
Attachment Ref:	Attachment 7.1 – Audit Planning Report - Confidential

SUMMARY
The Shire of Corrigin Audit, Risk and Improvement Committee is required to meet with the auditor annually.

BACKGROUND
In 2017, the Local Government Amendment (Auditing) Act 2017 amended the *Local Government Act 1995* to require that all local governments be audited by the Auditor General. The Office of the Auditor General (OAG) has appointed SW Accountants & Advisors to undertake the Shire's external audit for the next three years, commencing with the audit for the year ending 30 June 2026.

Under the terms of reference for the Audit, Risk and Improvement Committee (ARIC), the committee is required to discuss the scope and planning of the audit with the external auditor.

As part of the initial steps in the 2025–2026 audit process, an Audit Entrance Meeting will be held. This meeting allows auditors from the OAG and SW Accountants & Advisors to present their audit strategy to the Shire. An Audit Planning Report has been prepared outlining the proposed audit approach, key risk areas, and planned audit procedures to support effective communication between the auditors and those charged with governance.

Representatives from SW Accountants & Advisors will meet with ARIC to present the audit approach for 2026 and respond to questions relating to the audit of the Shire's annual financial report for the year ending 30 June 2026.

Ms Tina Hu, Senior Manager, Assurance and Advisory Services; Mr James Holborn, Auditor; and Mr Suraj Karki, Assistant Director, OAG, will attend the meeting via Teams.

COMMENT
The Audit Entrance Meeting provides the Shire and ARIC with the opportunity to engage early with SW Accountants & Advisors and the OAG regarding the planned audit approach for the 2025–2026 financial year. Early clarification of the audit scope and key focus areas assists the Shire in preparing its financial reporting processes and ensures any emerging matters can be addressed in a timely manner.

The auditors have advised that the interim audit is scheduled for the week commencing 25 May 2026, with the final audit visit booked for 5 October 2026. Based on these timelines, the Annual Report is expected to be completed in November 2026, enabling presentation to Council for endorsement at the Ordinary Meeting of Council on 15 December 2026.

The proposed audit schedule provides sufficient time for year-end preparation, audit review, and completion of statutory reporting requirements.

STATUTORY ENVIRONMENT
Local Government Act 1995 Part 7
Local Government (Audit) Regulations 1996

POLICY IMPLICATIONS
NIL

FINANCIAL IMPLICATIONS
Provision for approximately $50,000 for the costs associated with the 2025/26 Interim and Annual Audit will be made in the 2026/27 Annual Budget. Provision will be confirmed once advice from the Office of the Auditor General is received.

COMMUNITY AND STRATEGIC OBJECTIVES
Shire of Corrigin Council Plan 2025-2035:

Objective: Civic Leadership
Strong Governance and Leadership

Council Plan			
Outcome	**Strategies**	**Action No.**	**Actions**
4.1	Deliver a high standard of governance and administration	4.1.1	Investigate the best option and budget for financial management systems for effective governance and administration of Council
		4.1.3	Implement and monitor the annual budget to support timely progress toward strategic goals

VOTING REQUIREMENT
Simple Majority

COMMITTEE'S RESOLUTION
Moved: Cr. Hickey **Seconded: Cr. Talbot**
That the Audit, Risk and Improvement Committee endorse the Audit Planning Report outlining the scope, approach and key deliverables of the audit of the annual financial report for the year ending 30 June 2026.

Carried 9/0
For: J Mason, L Baker, Cr. Jacobs, Cr. Leach, Cr. Hickey, Cr. Dickinson, Cr. Talbot, Cr. Smith & Cr. Dyer
Against: Nil

7.2 INTERNAL AUDIT – RISK MANAGEMENT REVIEW

Applicant:	Shire of Corrigin
Date:	31/03/2026
Reporting Officer:	Natalie Manton, Chief Executive Officer
Disclosure of Interest:	NIL
File Ref:	RM.0006
Attachment Ref:	Attachment 7.2 – Risk Dashboard

SUMMARY
This Internal Audit – Risk Management Review report seeks to provide an update on the assessment, impact and controls to mitigate risks using a risk management tool.

BACKGROUND
The latest review of the Risk Management Framework policies and procedures was adopted by Council on 9 December 2025. The policy and procedures document outlines the commitment and objectives regarding managing risk that may impact the Shire's strategies, goals or objectives.

The Risk Management Review Dashboard summaries the following risks:

- Asset Sustainability
- Business and Community Disruption
- Compliance Requirements
- Document Management
- Employment Practices
- Engagement Practices
- Environmental Management
- Errors, Omissions and Delays
- External theft and fraud
- Management of Facilities/Venues and Events
- IT Communication systems
- Misconduct
- Project/ Change Management
- Safety and Security practices
- Supplier Contract management

COMMENT
Internal risk management reviews are completed twice per annum with the previous report in December 2025.

STATUTORY ENVIRONMENT
Local Government (Audit) Regulations 1996
Section 17 CEO to review certain systems and procedures

POLICY IMPLICATIONS
4.1 Risk Management Policy

FINANCIAL IMPLICATIONS
NIL

COMMUNITY AND STRATEGIC OBJECTIVES
Shire of Corrigin Council Plan 2025-2035:

Objective: Civic Leadership
Strong Governance and Leadership

Council Plan			
Outcome	**Strategies**	**Action No.**	**Actions**
4.1	Deliver a high standard of governance and administration	4.1.1	Investigate the best option and budget for financial management systems for effective governance and administration of Council
		4.1.5	Continue to implement, monitor and report against the Integrated Planning and Reporting milestones

VOTING REQUIREMENT
Simple Majority

COMMITTEE'S RESOLUTION
Moved: Cr. Leach **Seconded: Cr. Hickey**

That the Audit, Risk and Improvement Committee receive the updated Internal Audit Risk Management Report-Dashboard.

Carried 9/0

For: J Mason, L Baker, Cr. Jacobs, Cr. Leach, Cr. Hickey, Cr. Dickinson, Cr. Talbot, Cr. Smith & Cr. Dyer
Against: Nil

7.3 REVIEW OF COUNCIL PLAN 2025 - 2035

Applicant:	Shire of Corrigin
Date:	31/03/2026
Reporting Officer:	Myra Henry, Deputy Chief Executive Officer
Disclosure of Interest:	NIL
File Ref:	CM.0049
Attachment Ref:	Attachment 7.3 – Council Plan Review

SUMMARY

This item presents a review of the Shire of Corrigin Council Plan for consideration by the Audit, Risk and Improvement Committee.

BACKGROUND

The Shire of Corrigin Council Plan 2025–2035 was developed following an extensive period of community consultation undertaken in 2025 and was formally adopted by Council on 19 August 2025.

The Council Plan combines the Strategic Community Plan and Corporate Business Plan into a single integrated document. It outlines the community's long-term vision and aspirations, together with the Shire's priorities, actions, and resourcing commitments required to achieve those outcomes.

The Council Plan is required to be reviewed at least annually in accordance with the *Local Government (Administration) Regulations 1996* and the Shire's Integrated Planning and Reporting Framework to ensure it remains relevant and reflects current priorities and capacity.

COMMENT

The Shire of Corrigin Council Plan 2025–2035 integrates the Strategic Community Plan and Corporate Business Plan into a single document outlining the Shire's long-term vision, priorities, and actions.

The Council Plan includes a schedule of actions and commitments to be delivered over the life of the Plan. This report provides an update on progress against those actions, including achievements to date and actions that are ongoing or yet to commence.

In addition to the statutory annual review, management will provide periodic updates on progress against Council Plan actions to support monitoring of implementation and inform internal oversight of delivery.

The review process supports transparency, accountability, and continuous improvement in service delivery.

STATUTORY ENVIRONMENT

Local Government Act 1995
5.56. Planning principal activities
(1) A local government is to plan for the future of the district
(2) A local government is to ensure that plans made under subsection (1) are in accordance with any regulations made about planning for the future of the district.

Local Government (Administration) Regulations 1996
s. 19C. Strategic community plans, requirements for (Act s. 5.56)

1) A local government is to ensure that a strategic community plan is made for its district in accordance with this regulation in respect of each financial year after the financial year ending 30 June 2013.

2) A strategic community plan for a district is to cover the period specified in the plan, which is to be at least 10 financial years.

3) A strategic community plan for a district is to set out the vision, aspirations and objectives of the community in the district.

4) A local government is to review the current strategic community plan for its district at least once every 4 years.

5) In making or reviewing a strategic community plan, a local government is to have regard to —

(a) the capacity of its current resources and the anticipated capacity of its future resources; and

(b) strategic performance indicators and the ways of measuring its strategic performance by the application of those indicators; and

(c) demographic trends.

6) Subject to subregulation (9), a local government may modify its strategic community plan, including extending the period the plan is made in respect of.

7) A council is to consider a strategic community plan, or modifications of such a plan, submitted to it and is to determine whether or not to adopt the plan or the modifications.*
**Absolute majority required.*

8) If a strategic community plan is, or modifications of a strategic community plan are, adopted by the council, the plan or modified plan applies to the district for the period specified in the plan.

9) A local government is to ensure that the electors and ratepayers of its district are consulted during the development of a strategic community plan and when preparing modifications of a strategic community plan.

10) A strategic community plan for a district is to contain a description of the involvement of the electors and ratepayers of the district in the development of the plan or the preparation of modifications of the plan.

Local Government (Administration) Regulations 1996
s. 19DA. Corporate business plans, requirements for (Act s. 5.56)

1) A local government is to ensure that a corporate business plan is made for its district in accordance with this regulation in respect of each financial year after the financial year ending 30 June 2013.

2) A corporate business plan for a district is to cover the period specified in the plan, which is to be at least 4 financial years.

3) A corporate business plan for a district is to —

a) set out, consistently with any relevant priorities set out in the strategic community plan for the district, a local government's priorities for dealing with the objectives and aspirations of the community in the district; and

b) govern a local government's internal business planning by expressing a local government's priorities by reference to operations that are within the capacity of the local government's resources; and

c) develop and integrate matters relating to resources, including asset management, workforce planning and long-term financial planning.

4) A local government is to review the current corporate business plan for its district every year.

5) A local government may modify a corporate business plan, including extending the period the plan is made in respect of and modifying the plan if required because of modification of the local government's strategic community plan.

6) A council is to consider a corporate business plan, or modifications of such a plan, submitted to it and is to determine whether or not to adopt the plan or the modifications.*
**Absolute majority required.*
7) If a corporate business plan is, or modifications of a corporate business plan are, adopted by the council, the plan or modified plan applies to the district for the period specified in the plan.

POLICY IMPLICATIONS
NIL

FINANCIAL IMPLICATIONS
The annual budget and Long Term Financial Plan include provision for the resourcing required to support delivery of the outcomes and actions contained within the Council Plan 2025-2035.

COMMUNITY AND STRATEGIC OBJECTIVES
Shire of Corrigin Council Plan 2025-2035:

Objective: Civic Leadership
Strong Governance and Leadership

Council Plan			
Outcome	**Strategies**	**Action No.**	**Actions**
4.1	Deliver a high standard of governance and administration	4.1.5	Continue to implement, monitor and report against the Integrated Planning and Reporting milestones

VOTING REQUIREMENT
Simple Majority

COMMITTEE'S RESOLUTION
Moved: Cr. Dickinson **Seconded: Cr. Smith**
That the Audit Committee:

1. *Receives and notes the review of the Shire of Corrigin Council Plan 2025–2035; and*
2. *Recommends that Council receives and notes the Council Plan as provided in attachment 7.3.*

Carried 9/0
For: J Mason, L Baker, Cr. Jacobs, Cr. Leach, Cr. Hickey, Cr. Dickinson, Cr. Talbot, Cr. Smith & Cr. Dyer
Against: Nil

8 NEXT MEETING

Audit, Risk and Improvement Committee meeting to be held on 9 June 2026 at 6.00pm

9 MEETING CLOSURE

The Presiding Member, J Mason closed the meeting at 6:13pm.

Risk Management Framework

For review by Audit, Risk and Improvement Committee, and Council – Adopted by Council XXXX

(To be reviewed every 18 months)

Table of Contents

Document Control – RM.0014

Date of Review/Amendment	Review/Amendment Details
18 March 2025	Reviewed and endorsed by Council
8 May 2026	One and a Half Yearly Review

Introduction

The Shire of Corrigin's (Shire) Risk Management Policy in conjunction with the components of this document encompasses the Shire's Risk Management Framework. It sets out the Shire's approach to the identification, assessment, management, reporting and monitoring of risks.

All components of this document are based on AS/NZS ISO 31000:2018 Risk management - Guidelines.
It is essential that all areas of the Shire adopt these procedures to ensure:

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

This Framework aims to balance a documented, structured and systematic process with the current size and complexity of the Shire.

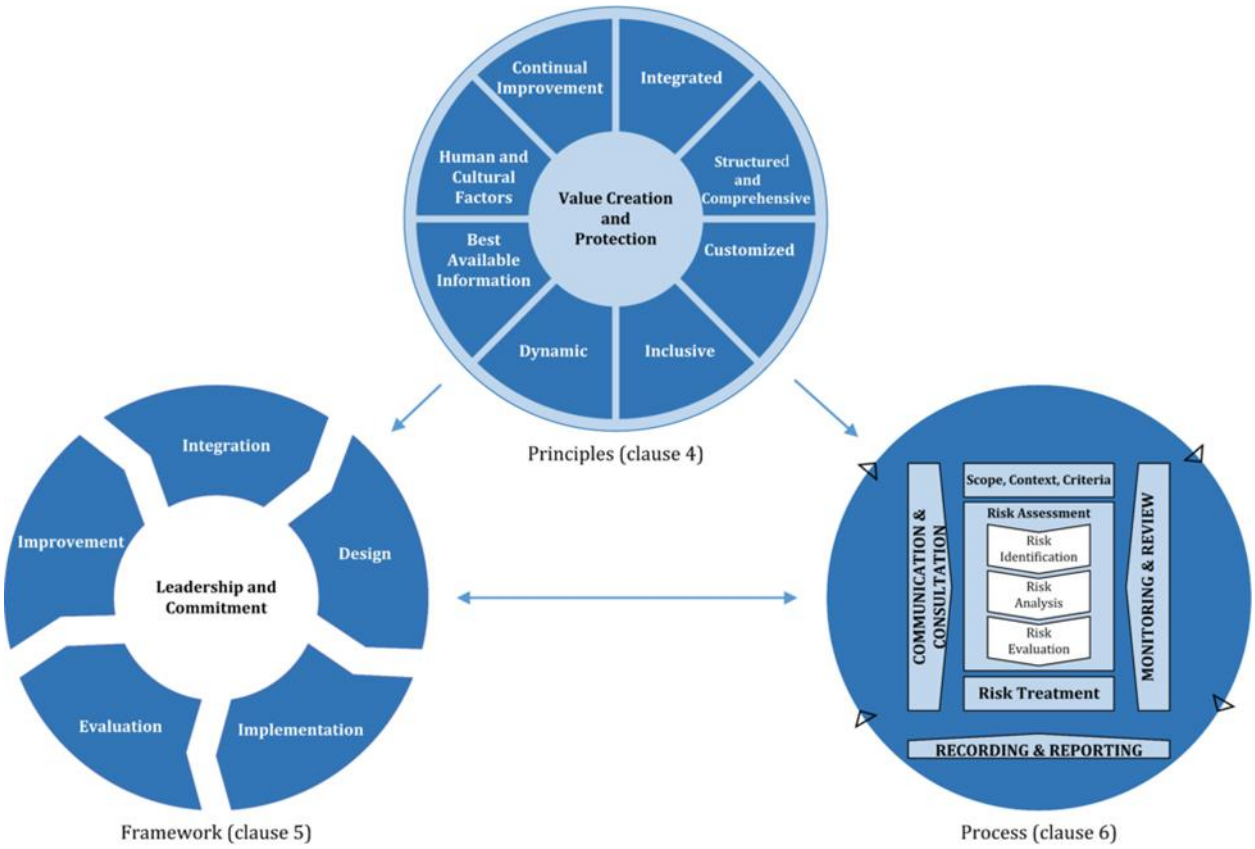


Figure 1: Relationship between the risk management principles, framework and process (Source: ISO 31000:2018)

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.
- An effective Governance Structure to support the risk framework.

Framework Review

The Risk Management Framework is to be reviewed for appropriateness and effectiveness at least every 18 months.

Operating Model

The Shire has adopted a Three Lines of Defence model for the management of risk. 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 delivery of the Shire's Strategic, Corporate and Operational Plans.

First Line of Defence

All operational areas of the Shire are considered 1st 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 the risk decision-making process.
- Prepare risk acceptance proposals where necessary, based on the level of residual risk.
- Retain primary accountability for the ongoing management of their risk and control environment.

Second Line of Defence

The Deputy Chief Executive Officer acts as the primary 2nd line and oversees the risk management framework. They draft and implement the governance procedures and provide the necessary tools and training to support the 1st line process.

Maintaining oversight on the application of the framework provides a transparent view and level of assurance to the 1st and 3rd lines on the risk and control environment. Support can be provided by additional oversight functions completed by other 1st Line Teams (where applicable). Additional responsibilities include:

- Providing independent oversight of risk matters as required.
- Monitoring and reporting on emerging risks.
- Coordinating the Shire's risk reporting for the CEO and Senior Management Team and the Audit, Risk and Improvement Committee.

Third Line of Defence

Internal and 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 oversight frameworks (1st and 2nd Line).

Internal Audit – Appointed by the CEO to report on the adequacy and effectiveness of internal control processes and procedures. The scope of which would be determined by the CEO with input from the Audit, Risk and Improvement Committee.

External Audit – Appointed by the Office of Auditor General to report independently to the President and CEO on the annual financial statements only.

Governance Structure

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

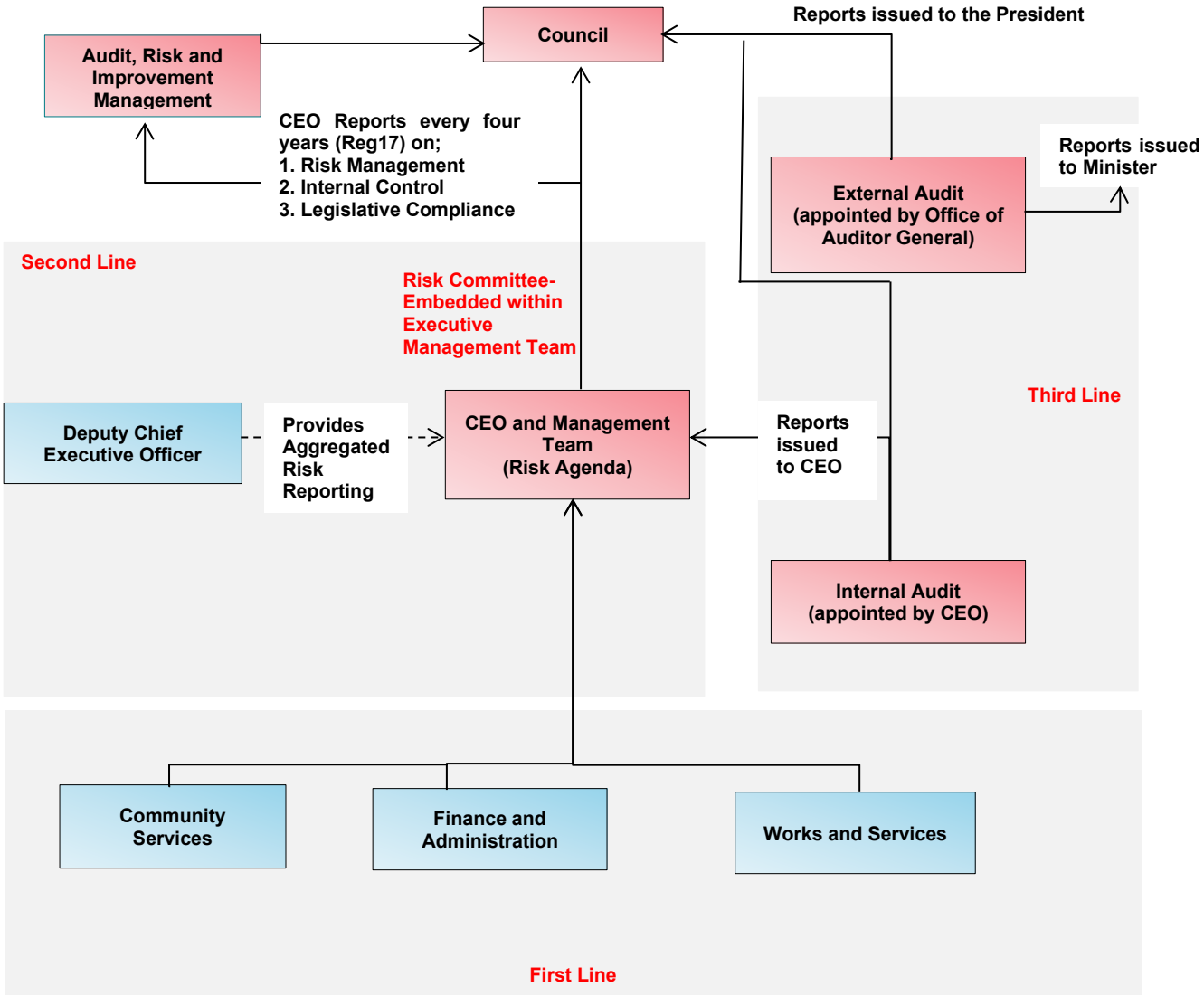


Figure 2: Operating Model

Roles and Responsibilities

Council

- Review and approve the Shire's Risk Management Policy and Risk Assessment and Acceptance Criteria.
- Appoint / Engage external Auditors to report on financial statements annually.
- Establish and maintain an Audit, Risk and Improvement Committee in terms of the Local Government Act.

Audit, Risk and Improvement Committee

- Regular review of the appropriateness and effectiveness of the Framework.
- Support Council to provide effective corporate governance.
- Oversight of all matters that relate to the conduct of External Audits.
- Must be independent, objective and autonomous in deliberations.

CEO / Management Team

- Appoint Internal Auditors as required under Local Government (Audit) Regulations.
- 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 Shire Level.
- Oversee and facilitate the Risk Management Framework.
- Support reporting requirements for risk matters.

Deputy CEO

- Oversee and facilitate the Risk Management Framework.
- Support reporting requirements for risk matters.

Managers/ Work Areas

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

Document Structure (Framework)

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

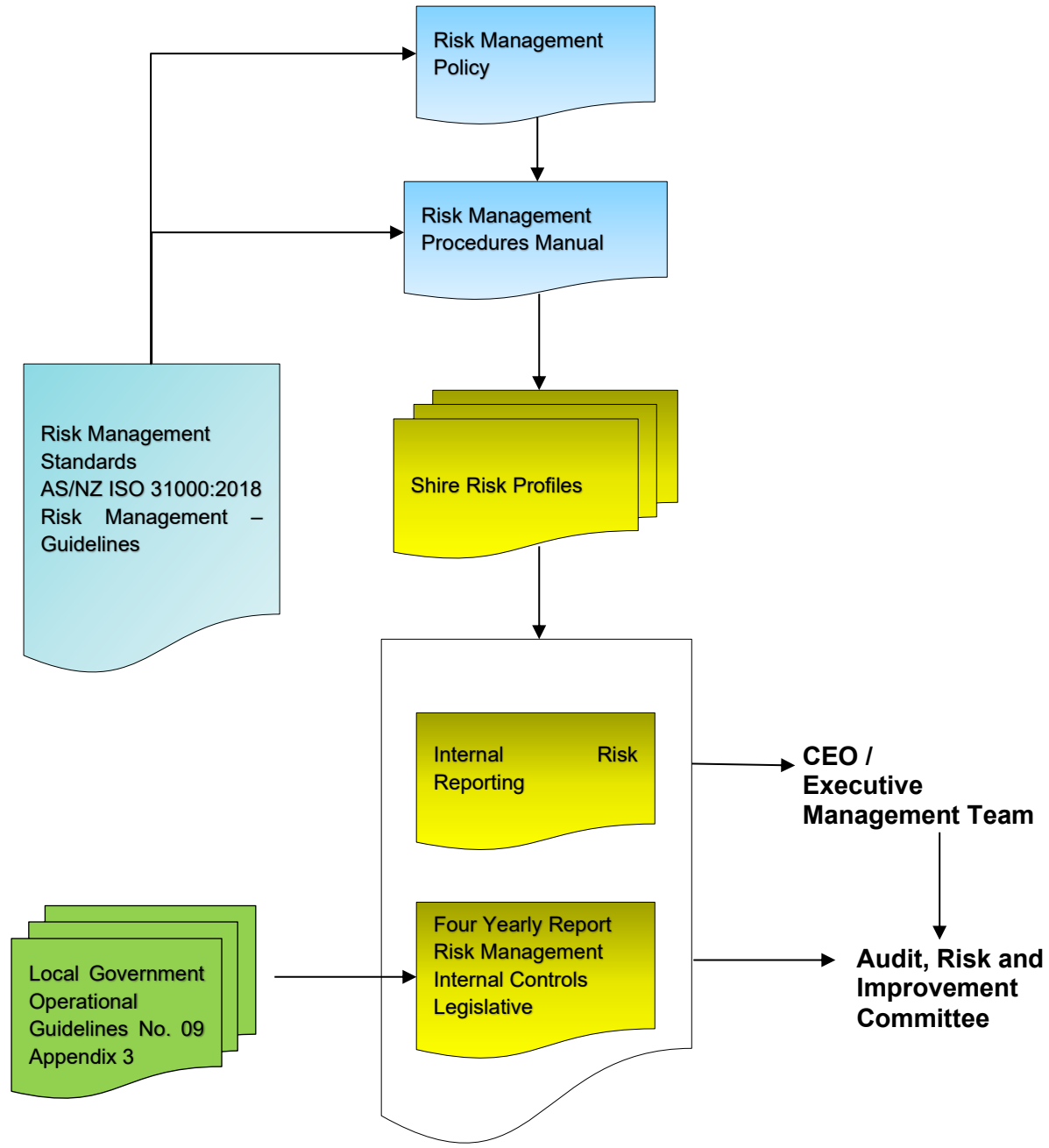


Figure 3: Document Structure

Risk Management Procedures

All Work Areas of the Shire are required to assess and manage the risk profiles on an ongoing basis.

Each Manager, in conjunction with the CEO and Deputy CEO is accountable for ensuring that risk profiles are:

- Reflective of the material risk landscape of the shire.
- Reviewed on at least an 18 month rotation, or sooner if there has been a material restructure or change in the risk and control environment.
- Maintained in the standard format.

This process is supported by 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.

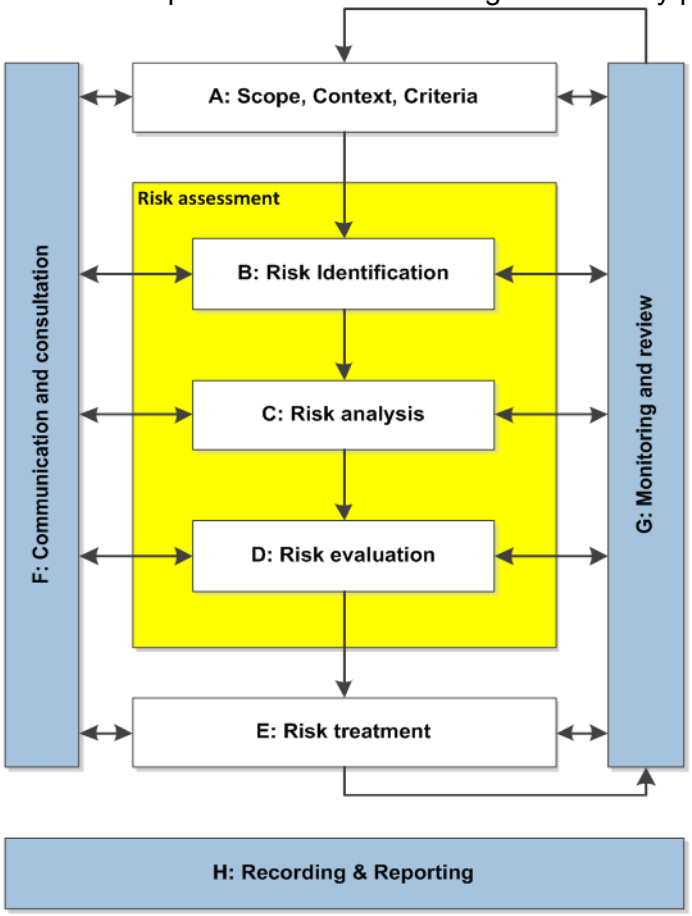


Figure 4: Risk Management Process ISO 31000:2018

A: Scope, Context, Criteria

The first step in the risk management process is to understand the context within which the risks are to be assessed and what is being assessed, this forms two elements:

Organisational Criteria

This includes the Risk Assessment and Acceptance Criteria (Appendix A) and any other tolerance tables as developed. In addition, existing Risk Themes are to be utilised (Appendix C) where possible to assist in the categorisation of related risks.

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

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.
For specific risk assessment purposes the Shire has three levels of risk assessment context:

Strategic Context

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

- Organisational Values / Vision
- Stakeholder Analysis
- Environment Scan / SWOT Analysis
- Strategies / Objectives / Goals (Integrated Planning and Reporting)

Operational Context

The Shire's day to day activities, functions, infrastructure and services. Prior to identifying operational risks, the operational area should identify its key activities i.e. what is it aiming to achieve? In addition, existing Risk Profiles are to be utilised where possible to assist in the identification of related risks.

These Risk Profiles are expected to change over time. In order to ensure consistency, any amendments must be approved by the Executive Management 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.
- 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 are the key stakeholders or 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. Risks are described as the point along an event sequence where control has been lost. An event sequence is shown below:

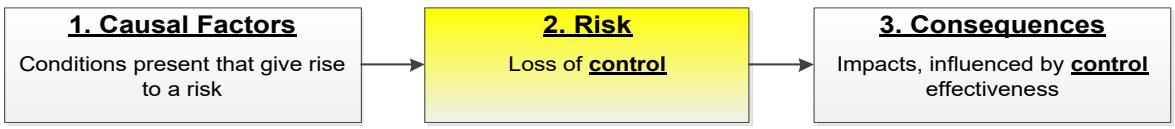


Figure 5: Event (risk) sequence

Using the specific risk assessment context as the foundation and in conjunction with relevant stakeholders, raise the questions listed below and then capture and review the information within each defined Risk Profile. The objective is to identify potential risks that could stop the Shire from achieving its goals. This step is also where opportunities for enhancement or gain across the organisation can be found.

These questions / considerations should be used only as a guide, as unidentified risks can cause major losses through missed opportunities or adverse events occurring. Additional analysis may be required.

Risks can also be identified through other business operations including policy and procedure development, internal and external audits, customer complaints, incidents and systems analysis.

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 can then be identified and captured within the Risk Profiles.

- 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. They can also be described as an event. They are not to 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 (risk).

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 as controls:

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 to the Shire including staff, visitor or contractor injuries; financial; interruption to services; non-compliance; damage to reputation or assets or the environment. There is no need to determine the level of impact at this stage.

C: Risk Analysis

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

Step 1 - Consider the effectiveness of 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 does 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 or Fraud – The ability to protect against internal misconduct or external theft / fraudulent activities.

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

Operating Effectiveness

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

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.

- Re-perform –applicable for 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.
- Inspect – review the outcome of the task or process to provide assurance that the desired outcome was achieved.
- Observe – physically watch the task or process being performed.
- 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 and 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, combine the measures of consequence and likelihood to determine the risk rating. (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.

Individual Risks or Issues may need to be escalated due to urgency, level of risk or of a 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 must have a treatment plan (action) 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. Reduce the likelihood of occurrence.

    (Note: these should have the desired effect of reducing the risk rating to at least moderate)
    c. Improve the effectiveness of the overall controls to Effective and obtain delegated approval to accept the risk as per the Risk Acceptance Criteria.

Once a treatment has been fully implemented, the Deputy CEO 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 and 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 and 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 and Review

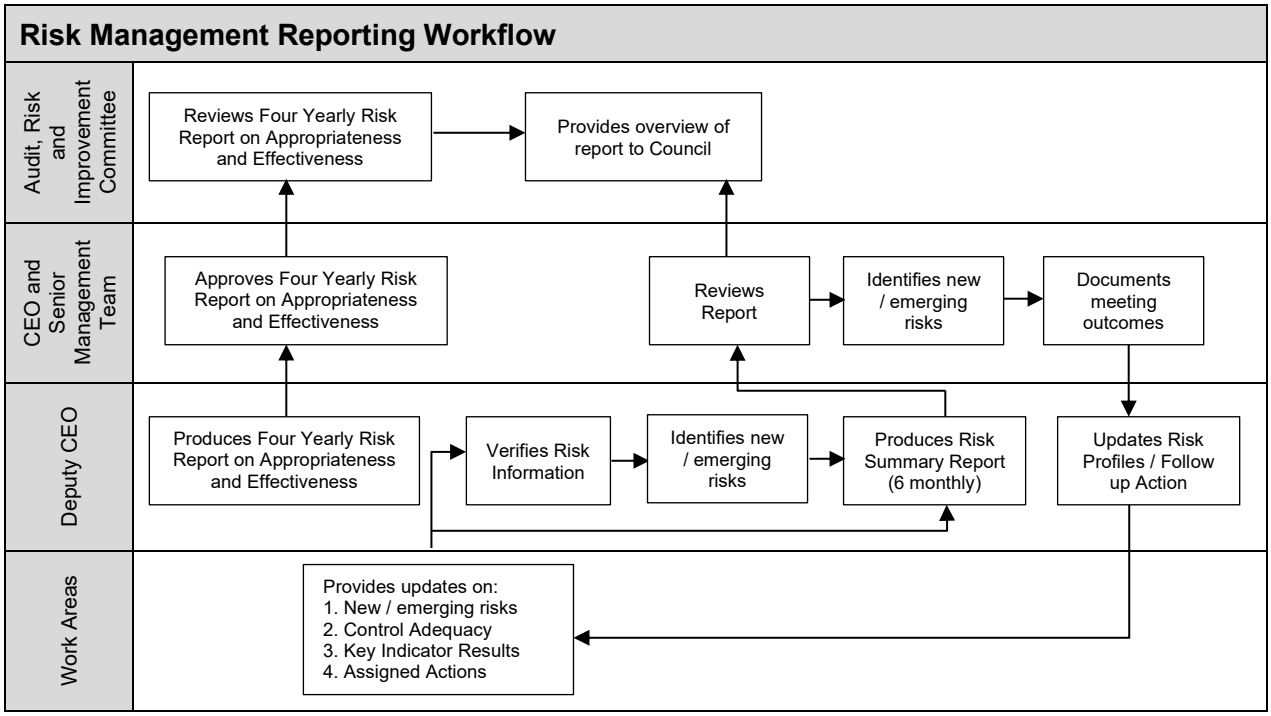
It is essential to monitor and review the management of risks, as changing circumstances may result in some risks increasing or decreasing in significance.

Regularly reviewing the effectiveness and efficiency of controls and the appropriateness of treatment / action options selected, will determine if the shire's resources are being put to the best use possible.

During the biannual reporting process (Risk Matrix report to go to the Audit, Risk and Improvement Committee every six months), management are required to review any risks within their area and follow up on controls and treatments / action mitigating those risks. Monitoring and the reviewing of risks, controls and treatments also apply to any actions / treatments to originate from an internal audit. The audit report will provide recommendations that effectively are treatments for risks that have been tested during an internal review.

H: Recording and Reporting

The following diagram provides a high level view of the ongoing reporting process for risk management.



Each Work Area is responsible for ensuring:

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

The Deputy CEO is responsible for:

- Ensuring Shire risk profiles are formally reviewed and updated, at least on an 18 month rotation or earlier when there has been a material restructure, change in risk ownership or change in the external environment.
- Six monthly risk reporting for the CEO and Executive Management Team – contains an overview of the Risk Summary for the Shire. (Risk Matrix to Audit, Risk and Improvement Committee)

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 and review

Identification

The following represent the minimum standards when identifying appropriate Key Indicators:

- The risk description and casual factors are fully understood
- The Key Indicator is fully relevant to the risk or control
- Predictive Key Indicators are adopted wherever possible
- 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 based on the Shire's risk appetite and are set and agreed over three levels:

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

Monitor and 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 than that of individual data movements only. The trend of the key indicators is specifically used as an input to the risk and control assessment.

Risk Acceptance

Day to day operational management 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 and Acceptance Criteria).

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, copied to the CEO, and include:

- A description of the risk and the reasons for holding a risk outside appetite
- 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
- 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 (ie. Management Team)

Appendix A – Risk Assessment and Acceptance Criteria

Shire of Corrigin Measures of Consequence									
Rating (Level)	**Health**	**Financial Impact**	**Service Interruption**	**Compliance**	**Reputational**	**Property**	**Environment**	**Project TIME**	**Project COST**
Insignificant (1)	Near miss. Minor first aid injuries	Less than $20,000	No material service interruption	No noticeable regulatory or statutory impact	Unsubstantiated, low impact, low profile or 'no news' item	Inconsequential damage.	Contained, reversible impact managed by on site response	Exceeds deadline by 10% of project timeline	Exceeds project budget by 10%
Minor (2)	Medical type injuries	$20,001 - $100,000	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	Exceeds deadline by 15% of project timeline	Exceeds project budget by 15%
Moderate (3)	Lost time injury <30 days	$100,001 - $500,000	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	Exceeds deadline by 20% of project timeline	Exceeds project budget by 20%
Major (4)	Lost time injury >30 days	$500,001 - $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 and external resources to rectify	Uncontained, reversible impact managed by a coordinated response from external agencies	Exceeds deadline by 25% of project timeline	Exceeds project budget by 25%
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 and building	Uncontained, irreversible impact	Exceeds deadline by 30% of project timeline	Exceeds project budget by 30%

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 / **Likelihood**		**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
		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
MODERATE	Monitor	Risk acceptable with adequate controls, managed by specific procedures and subject to semi-annual monitoring	Operational Manager
HIGH	Urgent Attention Required	Risk acceptable with effective controls, managed by senior management / executive and subject to monthly monitoring	Director/ CEO
EXTREME	Unacceptable	Risk only acceptable with effective controls and all treatment plans to be explored and implemented where possible, managed by highest level of authority and subject to continuous monitoring	CEO and Council

Existing Controls Ratings		
Rating	**Foreseeable**	**Description**
Effective	There is little scope for improvement.	Processes (Controls) operating as intended and aligned to Policies / Procedures. Subject to ongoing monitoring. Reviewed and tested regularly.
Adequate	There is some scope for improvement.	Processes (Controls) generally operating as intended, but inadequacies exist. Limited monitoring. Reviewed and tested, but not regularly.
Inadequate	There is a need for improvement or action.	Processes (Controls) not operating as intended. Processes (Controls) do not exist, or are not compliant. Have not been reviewed or tested for some time.

Appendix B – Risk Profile Template (for use in Risk Matrix report)

Risk Theme	Date
(What could go right / wrong?) *Definition of Theme*	

Potential causes *(What could cause it to go right / wrong?)*

List of potential causes

Controls *(What we have in place to prevent it going wrong)*	Type	Date	Rating
List of Controls	Detective		
	Preventative		
	Recovery		

Overall Control Ratings:	

Current Issues / Actions / Treatments	Due Date	Responsibility
List current issues / actions / treatments		

Consequence Category	Risk Ratings	Rating
	Consequence:	
	Likelihood:	

Overall Risk Ratings:	

Indicators *(These would 'indicate' to us that something has gone right / wrong)*	Type	Benchmark / Tolerance
List of Indicators	Leading	
	Lagging	

Comments

Rationale for all above ratings

Appendix C – Risk Theme Definitions (for use in Risk Matrix report)

1. **Asset Sustainability practices**

➢ Failure or reduction in service of infrastructure assets, plant, equipment or machinery. These include fleet, buildings, roads, playgrounds, boat ramps and all other assets and their associated lifecycle from procurement to maintenance and ultimate disposal. Areas included in the scope are;

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

It does not include issues with the inappropriate use of the plant, equipment or machinery. Refer misconduct.

2. **Business and Community disruption**

➢ Failure to adequately prepare and respond to events that cause disruption to the local community and /or normal Shire business activities. The event may result in damage to buildings, property, plant and equipment (all assets). This could be a natural disaster, weather event, or an act carried out by an external party (including vandalism). This includes;

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

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

3. **Failure to fulfil compliance requirements**

➢ Failures to correctly identify, interpret, assess, respond and communicate laws and regulations as a result of an inadequate compliance framework. This could result in fines, penalties, litigation or increase scrutiny from regulators or agencies. This includes, new or proposed regulatory and legislative changes, in addition to the failure to maintain updated legal documentation (internal and public domain) to reflect changes.

This does not include Work Health and Safety Act 2020 (refer Inadequate safety and security practices) or any Employment Practices based legislation (refer Ineffective Employment practices)

It does include the Local Government Act 1995, Public Health Act 2016, Building Act 2011, Privacy Act 1988 and all other legislative based obligations for local government.

4. **Document Management Processes**

➢ Failure to adequately capture, store, archive, retrieve, provision and / or disposal of documentation. This includes:

- Contact lists.
- Procedural documents.
- 'Application' proposals/documents.
- Contracts.
- Forms, requests or other documents.

5. Employment practices

- Failure to effectively manage and lead human resources (full/part time, casuals, temporary and volunteers). This includes not having an effective Human Resources Framework in addition to not having appropriately qualified or experienced people in the right roles or not having sufficient staff numbers to achieve objectives. Other areas in this risk theme to consider are;
  - Breaching employee regulations (excluding Work Health and Safety)
  - Discrimination, Harassment and Bullying in the workplace
  - Poor employee wellbeing (causing stress)
  - Key person dependencies without effective succession planning in place
  - Induction issues
  - Terminations (including any tribunal issues)
  - Industrial activity

Care should be taken when considering insufficient staff numbers as the underlying issue could be process inefficiencies.

6. Engagement practices

- Failure to maintain effective working relationships with the Community (including Local Media), Stakeholders, Key Private Sector Companies, Government Agencies and/or Elected Members. This invariably includes activities where communication, feedback and/or consultation is required and where it is in the best interests to do so. For example;
  - Following up on any access and inclusion issues.
  - Infrastructure Projects.
  - Regional or District Committee attendance.
  - Local Planning initiatives.
  - Strategic Planning initiatives

This does not include instances where community expectations have not been met for standard service provisions such as community events and/or library services.

7. Environment management.

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

The scope includes;

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

8. Errors, Omissions, Delays

- Errors, omissions or delays in operational activities as a result of unintentional errors or failure to follow due process. This includes instances of;
  - Human errors, incorrect or incomplete processing
  - Inaccurate recording, maintenance, testing and/or reconciliation of data.
  - Errors or inadequacies in model methodology, design, calculation or implementation of models.

This may result in incomplete or inaccurate information. Consequences include;

- Inaccurate data being used for management decision making and reporting.
- Delays in service to customers
- Inaccurate data provided to customers

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

9. External theft and fraud (including Cyber Crime)

- Loss of funds, assets, data or unauthorised access, (whether attempts or successful) by external parties, through any means (including electronic), for the purposes of;
  - Fraud – benefit or gain by deceit
  - Malicious Damage – hacking, deleting, breaking or reducing the integrity or performance of systems
  - Theft – stealing of data, assets or information (no deceit)

Examples include:

- Scam Invoices
- Cash or other valuables from outstations.

10. Management of Facilities/Venues/Events

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

This includes;

- Inadequate procedures in place to manage the quality or availability.
- Ineffective signage
- Booking issues
- Financial interactions with hirers/users
- Oversight/provision of peripheral services (e.g. cleaning/maintenance)

11. IT and Communications Systems and Infrastructure

- Instability, degradation of performance, or other failure of IT Systems, Infrastructure, Communication or Utility causing the inability to continue business activities and provide services to the community. This may or may not result in IT Disaster Recovery Plans being invoked. Examples include failures or disruptions caused by:
  - Hardware and/or Software
  - IT Network
  - Failures of IT Vendors

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

- Configuration management
- Performance Monitoring
- IT Incident, Problem Management and Disaster Recovery Processes

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

12. Misconduct

- Intentional activities in excess of authority granted to an employee, which circumvent endorsed policies, procedures or delegated authority. This would include instances of:
  - Relevant authorisations not obtained.
  - Distributing confidential information.
  - Accessing systems and/or applications without correct authority to do so.
  - Misrepresenting data in reports.
  - Theft by an employee.
  - Collusion between Internal and External parties.

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

13. Project/Change Management

- Inadequate analysis, design, delivery and/or status reporting of change initiatives, resulting in additional expenses, time requirements or scope changes. This includes:
  - Inadequate Change Management Framework to manage and monitor change activities.
  - Inadequate understanding of the impact of project change on the business.
  - Failures in the transition of projects into standard operations.
  - Failure to implement new systems.
  - Failures of IT project vendors/contractors.

14. Safety and Security practices

- Non-compliance with the Work Health and Safety Act 2020, associated regulations and standards. It is also the inability to ensure the physical security requirements of staff, contractors and visitors. Other considerations are:
  - Inadequate policy, frameworks, systems and structure to prevent the injury of visitors, staff, contractors and/or tenants.
  - Inadequate organisational emergency management requirements (evacuation diagrams, drills, wardens etc).
  - Inadequate security protection measures in place for buildings, depots and other places of work (vehicle, community etc).
  - Public liability claims, due to negligence or personal injury.
  - Employee liability claims due to negligence or personal injury.
  - Inadequate or unsafe modifications to plant and equipment.

15. Supplier/Contract Management

- Inadequate management of external suppliers, contractors, IT vendors or consultants engaged for core operations. This includes issues that arise from the ongoing supply of services or failures in contract management and monitoring processes. This also includes:
  - Concentration issues.
  - Vendor sustainability.

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Asset Sustainability practices

Risk	Control
Moderate	Effective

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

Actions	Due Date	Responsibility
Ensure road inventory data maintained and up to date	*Jun-26*	*MWS*
Develop an Asset Renewal Program for Roads and Bridges	*Jun-26*	*MWS*
Ensure Asset Management Data & Assessment & condition for Buildings is maintained and up to date	*Dec-26*	*BuildingOfficer*
Provide ongoing procurement training for staff.	*Dec-26*	*DCEO*
Asset revaluation scheduled for 2026–27.	*Jun-27*	*DCEO*
Review and update Asset Management Plan, including 10-year plans.	*Jun-27*	*DCEO*

Business & Community disruption

Risk	Control
Moderate	Adequate

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

Actions	Due Date	Responsibility
Implement and review IT Disaster Recovery Plan.	*Jun-26*	*DCEO*
Complete training and annual practice exercises on Business Continuity	*Jun-26*	*CEO*
Practice Emergency Evacuations every 6 months & update procedure	*Ongoing*	*WHS Officer*
Review Records Disaster Management Plan and Records Management Plan.	*Dec-26*	*Admin Officer/DCEO*

Failure to fulfil Compliance requirements (statutory, regulatory)

Risk	Control
Moderate	Effective

Failure to correctly identify, interpret, assess, respond and communicate laws and regulations as a result of an inadequate compliance framework. This includes, new or proposed regulatory and legislative changes, in addition to the failure to maintain updated internal & public domain legal documentation.

Actions	Due Date	Responsibility
Update Website with new requirements from update of Local Govt Act	*ongoing*	*ESO*
Maintain and review Council policies to support legislative compliance, good governance and organisational needs.	*ongoing*	*CEO/DCEO*
Create Authorisation identity cards for all authorised staff	*ongoing*	*ESO*

Document Management processes

Risk	Control
Moderate	Adequate

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

Actions	Due Date	Responsibility
Ensure Electronic Records Management system working effectively by conducting internal audit	*Jun-27*	*Admin Officer/DCEO*
Ensure all staff aware and using Agreements Register for legal docs/agreements/leases etc	*Ongoing*	*Admin Officer/DCEO*
Improve records management training in induction process & ensure annual training sessions as refreshers	*Ongoing*	*Admin Officer/DCEO*
identify Training on file and folder organisation and naming conventions	*Mar-27*	*Admin Officer/DCEO*

Employment practices

Risk	Control
Moderate	Adequate

Failure to effectively manage and lead human resources (full-time, part-time, casuals, temporary and volunteers).

Actions	Due Date	Responsibility
Improve induction process and ensure inductions completed on first day of employment by relevant manager/employee	*Ongoing*	*HR*
Succession Planning identified as part of annual staff structure review budget process	*Annually*	*CEO/Managers*
Conduct a review of roles and responsibilities to ensure no gaps in service delivery, all roles are allocated	*Sep-25*	*CEO/HR*
Ensure ongoing updates of all HR documentation, systems and induction process	*Completed*	*HR*

Engagement practices

Risk	Control
Moderate	Adequate

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

Actions	Due Date	Responsibility
Review Complaints Management Process and Procedure.	*Jun-27*	*DCEO*
Monitor and review Works requests	*monthly*	*Customer Service*

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Environment management	Risk	Control
	Low	Adequate

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

Actions	Due Date	Responsibility
Raise awareness of rare and endangered flora	*Sep-25*	*Manager Works & Services*
Enhance resident/school information packs with regards rubbish collection, recycling etc	*Dec-25*	*EHO*
increase understanding of native vegetation clearing requirements	*Dec-25*	*MWS*

Errors, omissions & delays	Risk	Control
	High	Adequate

Errors, omissions or delays in operational activities as a result of unintentional errors or failure to follow due process including incomplete, inadequate or

Actions	Due Date	Responsibility
Review records management system quarterly.	*ongoing*	*Administration Officer*
Improve Job planning process (eg. land tenure, consultations, completeness - checklist)	*Sep-25*	*Manager Works & Services*
Monitor works requests with monthly checks.	*monthly*	*Customer Service/DCEO*
Review and improve the Complaints Resolution Process and associated induction materials.	*Jun-27*	*DCEO/CSO*
Maintain Peer review process eg review & teach each other various roles to assist with sharing of roles & overlap for when on leave	*Jun-27*	*DCEO/HR*
Procurement - Create and implement CEO-approved conflict-of-interest procedure for tender and quote evaluations.	*Jun-27*	*DCEO*
Review and strengthen fraud controls and reconciliation processes in line with Auditor General Report No. 5 and Regulation 5	*Jun-27*	*DCEO*

External theft & fraud (Including Cyber)	Risk	Control
	Moderate	Adequate

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

Actions	Due Date	Responsibility
Improve access security at Depot (track equipment/Stocktake monthly)	*Ongoing*	*WHS Depot Admin*
Improve IT security systems and training	*Ongoing*	*DCEO*
Ensure all passwords on individual desktops reviewed and secure	*Ongoing*	*DCEO*
Strengthen fraud controls in line with WA Auditor General Report No. 5, including conflict-of-interest declarations on decision-making and evaluation	*Jun-27*	*CEO/DCEO*

Management of Facilities / Venues / Events	Risk	Control
	Moderate	Effective

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

Actions	Due Date	Responsibility
Review Booking forms, Procedures and User Manuals - CREC	*Dec-26*	*Customer Service*
Familiarise Staff with Hire facilities and how equipment works	*Dec-26*	*Customer Service*
Develop and implement an Events Booking Management Procedure.	*Mar-27*	*Customer Service*

IT or communication systems and infrastructure	Risk	Control
	Moderate	Effective

Disruption, financial loss or damage to reputation from a failure of information technology systems. Instability, degradation of performance, or other failure of IT or communication system or infrastructure causing the inability to continue business activities and provide services to the community. This may or

Actions	Due Date	Responsibility
Implement and review IT Disaster Recovery Plan.	*Jun-26*	*DCEO*
System failure testing	*Jun-27*	*DCEO/ IT provider*
I.T. vulnerability testing	*ongoing*	*IT Provider*

Misconduct	Risk	Control
	High	Effective

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

Actions	Due Date	Responsibility
Review induction process to ensure Code of Conduct, policies, and procedures are shown to new employees.	*Jun-26*	*HR*
Ensure Authorisations and Delegations up to date	*Ongoing*	*CEO/ESO*
Include conflict-of-interest declarations on decision-making and evaluation checklists.	*Jun-25*	*CEO/ESO*

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Project / Change management	Risk	Control
	Moderate	Adequate

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

Actions	Due Date	Responsibility
Ensure risk assessments are integrated into all contract and project management processes.	*Jun-26*	*CEO*
Staff Meetings to raise awareness of Risk Management	*Ongoing*	*WSH Depot Admin*
Monthly inspections for Corrigin worksites saved to record keeping system	*monthly*	*WHS Depot Admin*
Provide training in project management	*Jun-26*	*HR/DCEO*

Safety and Security practices	Risk	Control
	Moderate	Adequate

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

Actions	Due Date	Responsibility
Improve induction process and ensure inductions completed on first day of employment by relevant manager/employee	*Sep-25*	*HR*
Contractor Induction process improve and ensure all contractors inducted	*Mar-26*	*WSH Depot Admin*
Continue updating and formulating Safe Work Method Statements	*Ongoing*	*MWS*
Practice Emergency Evacuations every 6 months & update procedure	*Ongoing*	*Wardens*
Update WSH Management Framework	*Sep-25*	*WHS & Depot Admin*

Supplier / Contract management	Risk	Control
	Moderate	Adequate

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

Actions	Due Date	Responsibility
Review and improve Contract Management System and ensure all induction/paperwork entered into system	*monthly*	*WHS Depot Admin*
Review contractual agreements and determine ongoing requirements	*Sep-25*	*Admin Officer*
Scan and register all existing contracts into a register	*Sep-25*	*Admin Officer*
Ensure Legal advice is sought to ensure contract documentation up to date & adequate	*ongoing*	*CEO/DCEO*
Project and Contract Management - Creation of formal procedure	*Dec-26*	*DCEO*

Compliance Audit Return 2025 Questions

Regulation 14 of the Local Government (Audit) Regulations 1996 requires local governments to carry out a compliance audit return for the period of 1 January to 31 December of each year.

Reference	Question	
Local Government Act 1995		
s. 2.29	Has every person elected or appointed to a mayor, president, deputy, or councillor role made the required declaration in the prescribed form before a prescribed person, prior to acting in the office?	Yes GOV.0054
s. 3.16	Has the local government reviewed local laws which have not been reviewed in the previous 8 years, to ensure compliance with Schedule 9.3, Clause 65?	N/A Local Laws to be reviewed every 15 years, increased from 8 years in 2024. Next review for the Shire due 2032. LE.0002
s. 3.57	Subject to Local Government (Functions and General) Regulations 1996, regulation 11(2), did the local government invite tenders for all contracts for the supply of goods or services where the consideration under the contract was, or was expected to be, worth more than the consideration stated in regulation 11(1) of the Regulations?	Yes No tenders for 2024/2025 Financial Year, Tender Register updated for Tenders in the 2026/2026 Financial year (Only 1 tender in 2025 calendar year). FM.0419
s. 3.58(3)	Where the local government disposed of property other than by public auction or tender, did it dispose of the property in accordance with section 3.58(3) of the *Local Government Act 1995* (unless section 3.58(5) applies)?	Yes
s. 3.58(4)	Where the local government disposed of property under section 3.58(3) of the *Local Government Act 1995*, did it provide details, as prescribed by section 3.58(4) of the Act, in the required local public notice for each disposal of property?	Yes

s. 3.59(2)(a)	Has the local government prepared a business plan for each major trading undertaking that was not exempt in 2025?	N/A No major trading undertakings
s. 3.59(2)(b)	Has the local government prepared a business plan for each major land transaction that was not exempt in 2025?	N/A No major land transactions
s. 3.59(2)(c)	Has the local government prepared a business plan before entering into each land transaction that was preparatory to entry into a major land transaction in 2025?	N/A No major land transactions

Reference	Question	
s. 3.59(4)	Has the local government complied with public notice and publishing requirements for each proposal to commence a major trading undertaking or enter into a major land transaction or a land transaction that is preparatory to a major land transaction for 2025?	N/A No major trading undertakings or major land transactions
s. 3.59(5)	During 2025, did the council resolve to proceed with each major land transaction or trading undertaking by absolute majority?	N/A No major trading undertakings or major land transactions
s. 5.16 (1)	Were all delegations to committees resolved by absolute majority?	Yes Delegation Register adopted by Absolute Majority 17 June 2025 – RES 60/2025 Audit, Risk and Improvement Committee had Delegated Authority to meet with the Auditors. GOV.0001
s. 5.16 (2)	Were all delegations to committees in writing?	Yes In Delegation Register and Committee Terms of Reference GOV.0001
s. 5.17	Were all delegations to committees within the limits specified in section 5.17 of the *Local Government Act 1995*?	Yes Only delegation was to the Audit, Risk and Improvement Committee GOV.0001
s. 5.18	Were all delegations to committees recorded in a register of delegations?	Yes GOV.0001

s. 5.36(4) & s. 5.37(3)	Were all CEO and/or senior employee vacancies advertised in accordance with Local Government (Administration) Regulations 1996, regulation 18A?	N/A CEO and DCEO positions were not vacant. No other senior employee positions exist.
s. 5.37(2)	Did the CEO inform council of each proposal to employ or dismiss senior employee? Where council rejected a CEO's recommendation to employ or dismiss a senior employee, did it inform the CEO of the reasons for doing so?	N/A
s. 5.39B	Has the local government adopted and maintained model standards that incorporate the prescribed model standards within required timeframes (including amendments), ensured adoption by absolute majority, published an up-to-date version on its official website, and avoided including any inconsistent additional provisions?	Yes Adopted by absolute majority 16 March 2021 – RES 37 2021 and uploaded to the Shire website.
s. 5.42	Were all delegations to the CEO resolved by an absolute majority? Were all delegations to the CEO in writing?	Yes Delegation Register adopted by Absolute Majority 17 June 2025 – RES 60/2025 All Delegation, including those to the CEO are in writing. GOV.0001
s. 5.43	Did the powers and duties delegated to the CEO exclude those listed in section 5.43 of the *Local Government Act 1995*?	Yes
s. 5.44(2)	Were all employees delegated authority by the CEO under Section 5.44(1), issued with a written instrument of delegation?	Yes All delegations are provided in writing. GOV.0001

Reference	Question	
s. 5.45(1)(b)	Were all decisions by the Council to amend or revoke a delegation made by absolute majority?	Yes Delegations are reviewed annually and adopted by absolute majority. 2025 review and adoption by absolute Majority took place 17 June 2025 – RES 60/2025 GOV.0001
s. 5.46	Has the CEO kept a register of all delegations made under Division 4 of the *Local Government Act 1995* to the CEO and to employees? Were all delegations made under Division 4 reviewed by the delegator at least once during the 2024/2025 financial year? Did all persons exercising a delegated power or duty under the Act keep, on all occasions, a written record in accordance with Local Government (Administration) Regulations 1996, regulation 19?	Yes Delegations Register reviewed annually, including during the 2024/2025 financial year. Yes, records of delegated power use are kept in accordance of the Local Government (Administration) Regulations 2996, Regulation 19. GOV.0001
s. 5.50	If the local government paid a finishing employee an amount in addition to their entitlement, did the local government follow a policy it had adopted and published on the website? outlining the circumstances in relation to payments made to terminated employees? If the local government made a payment to a finishing employee that is more than the amount set out in the policy, was local public notice given?	Yes Recognition of Service Policy adhered to for all resigning/retiring employees. CM.0059
s. 5.51A	Has the CEO prepared and implemented a code of conduct to be observed by employees of the local government? If yes, has the CEO published an up-to-date version of the code of conduct for employees on the local government's website?	Yes Code of Conduct for Employees is reviewed annually with the Policy Manual annual review. 2025 review took place and was adopted by Council 21 October 2025 – RES

		118. Code of Conduct is available on the Shire website CM.0059
s. 5.67	Where a council member disclosed an interest in a matter and did not have participation approval under sections 5.68 or 5.69 of the *Local Government Act 1995*, did the council member ensure that they did not remain present to participate in discussion or decision making relating to the matter?	Yes
s. 5.68(2)	Were all decisions regarding participation approval in relation to Section 5.68(2), including the extent of participation allowed and, where relevant, the information required by the Local Government (Administration) Regulations 1996 regulation 21A, recorded in the minutes of the relevant council or committee meeting?	Yes Minister approval was required for meeting held 16 December 2025 to allow 1 Councillor to remain in the meeting to participate and vote on 2 items, to maintain a quorum. All information required was recorded in the minutes and conditions of minister's approval adhered to. GOV.0044
s. 5.69(5)	Were all decisions regarding participation approval in relation to Section 5.69(5), including the extent of participation allowed recorded in the minutes of the relevant council or committee meeting?	Yes Minister approval was required for meeting held 16 December 2025 to allow 1 Councillor to remain in the meeting to participate and vote on 2 items, to maintain a quorum. All information required was recorded in the minutes and conditions of minister's approval adhered to. GOV.0044

Reference	Question	
s. 5.70	Where an employee had an interest in any matter in respect of which the employee provided advice or a report directly to council or a committee, did that person disclose the nature and extent of that interest when giving the advice or report?	Yes
s. 5.71B(5) and (7)	Where council applied to the Minister to allow the CEO to provide advice or a report to which a disclosure under section 5.71A(1) of the *Local Government Act 1995* relates, did the application include details of the nature of the interest disclosed and any other information required by the Minister for the purposes of the application? Was any decision made by the Minister under section 5.71B(6) of the *Local Government Act 1995*, recorded in the minutes of the council meeting at which the decision was considered?	N/A
s. 5.73	Were disclosures under sections 5.65, 5.70 or 5.71A(3) of the *Local Government Act 1995* recorded in the minutes of the meeting at which the disclosures were made?	Yes All disclosures of interest are recorded in the minutes of the relevant meetings where disclosures were made. GOV.0044 & GOV.0003
s. 5.75	Was a primary return in the prescribed form lodged by all relevant persons within three months of their start day?	Yes All new Councillors provided a Primary Return Within 3 months of being elected. DCEO completed Primary return within 3 months of employment commencement. GOV.0003
s. 5.76	Was an annual return in the prescribed form lodged by all relevant persons by 31 August 2025?	Yes All annual returns were completed by Councillors and employees by 31 August 2025. GOV.0003

s. 5.77	On receipt of a primary or annual return, did the CEO, or the Mayor/President, as the case may be, give written acknowledgment of having received the return?	Yes All returns were acknowledged as received in writing. GOV.0003
s. 5.88	Did the CEO keep a register of financial interests which contained the returns lodged under sections 5.75 and 5.76 of the Local Government Act 1995? Did the CEO keep a register of financial interests which contained a record of disclosures made under sections 5.65, 5.70, 5.71 and 5.71A of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28? After a person ceased to be a person required to lodge a return under sections 5.75 and 5.76 of the *Local Government Act 1995*, did the CEO remove from the register all returns relating to that person? Have all returns removed from the register in accordance with section 5.88(3) of the *Local Government Act 1995* been kept for a period of at least five years after the person who lodged the return(s) ceased to be a person required to lodge a return?	Yes Register of Financial Interests is kept up to date with only relevant information. Kept physically in the Shire's strong room and updated on the Shire's website with each new input. Returns removed from the register are kept in archive records for at least 5 years. GOV.0003, GOV.0031 & GOV.0037

Reference	Question	
s. 5.89A	Did the CEO keep a register of gifts which contained a record of disclosures made under sections 5.87A and 5.87B of the *Local Government Act 1995*, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28A? Did the CEO publish an up-to-date version of the gift register on the local government's website?	Yes Up to date register is kept in the Shire's strong room and an up-to-date digital copy on the Shire's website. FM.0016
s. 5.90A	Did the local government prepare, adopt by absolute majority and publish an up-to-date version on the local government's website, a policy dealing with the attendance of council members and the CEO at events?	Yes Policy reviewed annually with the Policy Manual review and updated on the Shire website as required. CM.0059
s. 5.94	Does the local government have information available for members of the public to inspect, free of charge as prescribed under section 5.94 and Admin Reg 29, except where restricted under this section?	Yes
s. 5.96	Where a person is entitled to inspect information under this Division, can the local government confirm that copies are available and that the price at which it sells copies does not exceed the cost of providing them, (unless prescribed otherwise)?	Yes
s. 5.96A	Did the CEO publish information on the local government's website in accordance with sections 5.96A(1), (2), (3), and (4) of the *Local Government Act 1995*?	Yes
s. 5.104	Did the local government prepare and adopt, by absolute majority, a code of conduct to be observed by council members, committee members and candidates that incorporates the model code of conduct? Did the local government adopt additional requirements in addition to the model code of conduct? If yes, does it comply with section 5.104(3) and (4) of the *Local Government Act 1995*? Has the CEO published an up-to-date version of the code of conduct for council members, committee members and	Yes Code of Conduct for Council Members, Committee Members & Candidates is reviewed annually with the Policy Manual annual review. 2025 review took place and was adopted by Council 21 October 2025 – RES 118. No additional requirements were

	candidates on the local government's website?	added to the model code of conduct. Code of Conduct is available on the Shire website. CM.0059
s. 5.128	Did the local government prepare and adopt (by absolute majority) a policy in relation to the continuing professional development of council members?	Yes CM.0059

Reference	Question	
s. 7.12A(3), (4) and (5)	Where the local government determined that matters raised in the auditor's report prepared under section 7.9(1) of the Local Government Act 1995 required action to be taken, did the local government ensure that appropriate action was undertaken in respect of those matters? Where matters identified as significant were reported in the auditor's report, did the local government prepare a report that stated what action the local government had taken or intended to take with respect to each of those matters? Was a copy of the report given to the Minister within three months of the audit report being received by the local government? Within 14 days after the local government gave a report to the Minister under section 7.12A(4)(b) of the *Local Government Act 1995*, did the CEO publish a copy of the report on the local government's official website?	Yes No significant findings for the 2024/2025 financial year. FM.0381
Local Government (Administration) Regulations 1996		
Reg 18F	Was the remuneration and other benefits paid to a CEO on appointment the same remuneration and benefits advertised for the position under section 5.36(4) of the *Local Government Act 1995*?	Yes
Reg 19AB	Does the code of conduct contain the requirement that a local government employee (not including the CEO) must not accept a prohibited gift from an associated person?	Yes CM.0059
Reg 19AC	Does the local government's code of conduct include requirements for the recording, storing, disclosure, and use of information relating to gifts accepted by local government employees (excluding the CEO) from associated persons, in accordance with regulatory requirements?	Yes CM.0059
Reg 19AE	Does the local government's code of conduct include requirements addressing employee behaviour in the performance of duties, interactions with others, use and disclosure of information, use of local government resources and finances, the keeping of records, and the reporting and management of suspected breaches and misconduct, in accordance with regulatory requirements?	Yes CM.0059

Reg 19B	Did the local government include in its annual report all information required under section 5.53(2)(g) and (i) and regulation 3A(2), including number of employee's in salary bands over $130,000, remuneration and allowances paid, ordered payments, CEO remuneration, council member meeting attendance, available demographic information about council members, and details of any modifications to the strategic community plan or significant modifications to the corporate business plan?	Yes

Reference	Question	
Reg 19C	Has the local government adopted by absolute majority a strategic community plan? If yes, provide the date of the most recent review	Yes The Shire of Corrigin adopted by absolute majority the Council Plan, incorporating both Strategic Community Plan and Corporate Business Plan at the Ordinary Council Meeting held 15 July 2025 – RES 79/2025 Corporate Documents
Reg 19DA	Has the local government reviewed its corporate business plan in accordance with Admin Regulation 19DA(4) ? If yes, provide date of review Does the corporate business plan comply with the requirements of Local Government (Administration) Regulations 1996 19DA(2) &(3)?	Yes The Shire of Corrigin adopted by absolute majority the Council Plan, incorporating both Strategic Community Plan and Corporate Business Plan at the Ordinary Council Meeting held 15 July 2025 – RES 79/2025 Corporate Documents
Reg 22	Asked as part of question s5.75	Answered as part of question s.5.75
Reg 23	Asked as part of question s5.76	Answered as part of question s.5.76
Reg 28	Asked as part of question s5.88(1)	Answered as part of question s.5.88(1)
Reg 28A	Asked as part of question s5.89A(1)	Answered as part of question s.5.89A(1)
Reg 29	Asked as part of question s5.94	Answered as part of question s.5.94
Reg 29C	Does the local government publish all prescribed information on its official website—including up-to-date policies, required details of council member and employee returns, council member fees and allowances, and relevant public notices—within the specified timeframes and in accordance with legislative requirements?	Yes

Reg 35	Has every local government council member completed and passed the Council Member Essentials course, consisting of the five required modules and delivered by an approved provider, within 12 months of being elected?	Yes New Councillors still have until October 2026. GOV.0004
Reg 36	Does the local government appropriately identify and document council members who are exempt from the training requirements under section 5.126(1), including verifying that the member: - has completed an approved course within the specified 5-year period prior to election, or - completed the LGASS00002 Elected Member Skill Set before 1 July 2019 within the relevant timeframe, or - qualifies for the transitional exemption applicable to council members in office at the commencement of the 2019 regulatory amendments?	Yes Register of Training up to date and uploaded to the Shire website each year in July. GOV.0004

Reference	Question	
Local Government (Audit) Regulations 1996		
Reg 10	Was the auditor's report for the financial year ending 30 June 2025 received by the local government within 30 days of completion of the audit?	Yes FM.0381
Reg 17	Did the CEO review the appropriateness and effectiveness of the local government's systems and procedures in relation to risk management, internal control and legislative compliance in accordance with Local Government (Audit) Regulations 1996 regulation 17 within the three financial years prior to 31 December 2025? If yes, provide date of council's resolution to accept the report.	Yes The Shire of Corrigin Risk Management Framework Review was endorsed by Council at the Ordinary Council Meeting held 18 March 2025 – RES 21/2025 RM.0014
Local Government (Constitution) Regulations 1998		
Reg 11FA	Did the CEO provide the Minister a report as to the result of the election within 14 days of the declaration and in the form of Form 20 of the Local Government (Elections) Regulations 1997, modified as necessary?	Yes GOV.0054
Reg 13	Were all required oaths, affirmations and declarations under section 2.42 (in relation to Commissioners) made in the correct form (Form 8), before the appropriate authorised person?	N/A The Shire of Corrigin doesn't have any Commissioners.
Local Government (Elections) Regulations 1997		
Reg 30G	Did the CEO establish and maintain an electoral gift register and ensure that all disclosure of gifts forms completed by candidates and donors and received by the CEO were placed on the electoral gift register at the time of receipt by the CEO and in a manner that clearly identifies and distinguishes the forms relating to each candidate in accordance with regulations 30G(1) and 30G(2) of the Local Government (Elections) Regulations 1997?	Yes No gifts disclosed

	Did the CEO remove any disclosure of gifts forms relating to an unsuccessful candidate, or a successful candidate that completed their term of office, from the electoral gift register, and retain those forms separately for a period of at least two years in accordance with regulation 30G(4) of the Local Government (Elections) Regulations 1997? Did the CEO publish an up-to-date version of the electoral gift register on the local government's official website in accordance with regulation 30G(5) of the Local Government (Elections) Regulations 1997?	

Reference	Question	
Local Government (Financial Management) Regulations 1996		
Reg 5	Has the CEO ensured efficient systems and procedures are established under provisions set out in Financial Management Regulations 5(1)(a) to (g)?	Yes
Reg 6	Has the local government ensured that any employee delegated responsibility for day-to-day accounting or financial management operations is not also delegated the responsibility for conducting internal audits, reviewing their own duties, or for managing, directing or supervising someone who carries out these functions?	Yes
Reg 7	Did the local government ensure it has regard to the needs of the inhabitants of the district as a whole and not keep separate ward accounts or determine expenditure on the basis of revenue from a ward?	Yes
Reg 8	Does the local government maintain separate accounts with a bank or other financial institution for money to be held in the municipal fund, trust fund and for reserve account purposes?	Yes
Reg 9	Did the local government keep separate financial records for each trading undertaking and each major land transaction?	N/A No major trading undertakings or major land transactions.
Reg 11	Has the local government developed procedures for the authorisation of, and the payment of, accounts in accordance with Local Government (Financial Management) Regulations 11(1), (2) and (3)?	Yes
Reg 12	Were payments made from the municipal fund or trust fund made by the CEO under a delegated authority or authorised, in accordance with regulation 13(2), in advance by a council resolution?	Yes
Reg 13	Can the local government confirm that, where the CEO has been delegated authority to make payments from the municipal or trust fund, the CEO prepared accurate monthly lists that are presented at the next ordinary council meeting and recorded in the minutes that: - include the payee's name, payment amount, payment date, and sufficient information to identify each transaction where payments have already been made; or - include the payee's name, payment amount, sufficient information to identify each transaction, and the date of the council meeting (to which the list will be presented) for accounts requiring council approval?	Yes Accounts for Payments and Monthly Financial Reports taken to Council every month, except January where no meeting is held FM.0036 & FM.0037

Reference	Question	
Reg 13A	Did the local government prepare a list each month of all payments made using employee-authorised credit, debit or other purchasing cards, and include the payee's name, the amount of the payment, the date of the payment, sufficient information to identify the payment, and present the list at the next ordinary council meeting (and record in the minutes)?	Yes Accounts for Payments and Monthly Financial Reports taken to Council every month, except January where no meeting is held FM.0036 & FM.0037
Reg 19	Has the local government established and documented internal control procedures to enable identification of the nature and location of all investments and any related transactions?	Yes
Reg 19C	Has the local government ensured that all investments made under section 6.14(1) comply with statutory restrictions set out in Financial Management Reg. 19C?	Yes
Local Government (Functions and General) Regulations 1996		
Reg 7	Asked as part of question s3.59(2)	Answered as part of question s.3.59(2)
Reg 9	Asked as part of question s3.59(2)	Answered as part of question s.3.59(2)
Reg 10	Asked as part of question s3.59(2)	Answered as part of question s.3.59(2)
Reg 11A	Did the local government comply with its current purchasing policy, adopted under the Local Government (Functions and General) Regulations 1996, regulations 11A(1) and (3) in relation to the supply of goods or services where the consideration under the contract was, or was expected to be, $250,000 or less or worth $250,000 or less?	Yes
Reg 11	Asked as part of question s3.57	Answered as part of question s3.57
Reg 12	Did the local government consider the implications of Local Government (Functions and General) Regulations 1996, Regulation 12 when deciding to enter into multiple contracts rather than a single contract?	N/A Haven't entered into multiple contracts.
Reg 14(1), (3) and (5)	If the local government sought to vary the information supplied to tenderers, was every reasonable step taken to give each person who sought copies of the tender documents, or each acceptable tenderer notice of the variation?	N/A Only one tender relevant for 2025

		and was not varied once created. FM.0419
Reg 15	Did the local government's procedure for receiving and opening tenders comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 15 and 16?	Yes. Records are kept in the Tenders Register. FM.0419

Reference	Question	
Reg 16	Asked as part of question Reg 15	Answered as part of question Reg 15
Reg 17	Did the information recorded in the local government's tender register comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulation 17 and did the CEO make the tenders register available for public inspection and publish it on the local government's official website?	Yes Tender Register is constantly updated throughout the tendering process, including on the Shire website. FM.0149
Reg 18(1) and (4)	Did the local government reject any tenders that were not submitted at the place, and within the time, specified in the invitation to tender? Were all tenders that were not rejected assessed by the local government via a written evaluation of the extent to which each tender satisfies the criteria for deciding which tender to accept?	Yes One tender was rejected due to not being received on time. Yes All tenders are evaluated in line with the tender criteria by multiple officers as part of the report taken to Council FM.0149
Reg 19	Did the CEO give each tenderer written notice containing particulars of the successful tender or advising that no tender was accepted?	Yes All tenderers are notified of the outcome of a tender once awarded. FM.0149
Reg 21	Does the local government's advertising and expression of interest processes for limiting who can tender comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulations 21 and 22?	Yes Not relevant for the 2025 calendar year, but the process in general does comply.

Reg 22	Asked as part of question Reg 21	Answered as part of question Reg 21
Reg 23	Did the local government reject any expressions of interest that were not submitted at the place, and within the time, specified in the notice or that failed to comply with any other requirement specified in the notice? Were all expressions of interest that were not rejected under the Local Government (Functions and General) Regulations 1996, Regulation 23(1) & (2) assessed by the local government? Did the CEO list each person as an acceptable tenderer?	N/A No expressions of interest in the 2025 calendar year.
Reg 24	Did the CEO give each person who submitted an expression of interest a notice in writing of the outcome in accordance with Local Government (Functions and General) Regulations 1996, Regulation 24?	N/A No expressions of interest in the 2025 calendar year.

Reference	Question	
Reg 24AD(2), (4) and (6)	Did the local government invite applicants for a panel of pre-qualified suppliers via Statewide public notice in accordance with Local Government (Functions & General) Regulations 1996 regulations 24AD(4) and 24AE? If the local government sought to vary the information supplied to the panel, was every reasonable step taken to give each person who sought detailed information about the proposed panel or each person who submitted an application notice of the variation?	N/A The Shire did not invite applicants for a panel of pre-qualified suppliers.
Reg 24AE	Asked as part of question Reg 24AD(2), (4) and (6)	Answered as part of question Reg 24AD(2), (4) and (6)
Reg 24AF	Asked as part of question Reg 24AD(2), (4) and (6)	Answered as part of question Reg 24AD(2), (4) and (6)
Reg 24AG	Did the information recorded in the local government's tender register about panels of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24AG?	N/A The Shire did not invite applicants for a panel of pre-qualified suppliers.
Reg 24AH(1) and (3)	Did the local government reject any applications to join a panel of prequalified suppliers that were not submitted at the place, and within the time, specified in the invitation for applications? Were all applications that were not rejected assessed by the local government via a written evaluation of the extent to which each application satisfies the criteria for deciding which application to accept?	The Shire did not invite applicants for a panel of pre-qualified suppliers.
Reg 24AI	Did the CEO send each applicant written notice advising them of the outcome of their application?	The Shire did not invite applicants for a panel of pre-qualified suppliers.
Reg 24E	Where the local government gave regional price preference, did the local government comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24E and 24F?	Yes Following the required statutory advertising, Council Adopted a Regional Price Preference Policy at it's meeting on 21 June 2016 – RES 152/2016 CM.0059

Reg 24F	Asked as part of question Reg 24	Answered as part of question Reg 24

ATTACHMENT

SHIRE OF CORRIGIN

PERIOD OF AUDIT: YEAR ENDING 30 JUNE 2026

FINDINGS IDENTIFIED DURING THE INTERIM AUDIT

Index of findings	Potential impact on audit opinion	Rating	Year first raised
1. Information Technology	No	**Moderate**	2024
2. Related Party Disclosure	No	**Moderate**	2026

Ratings

The ratings in this management letter reflect our assessment of risks based on the likelihood and potential impact if no action is taken. These outcomes consider both quantitative impact (such as financial loss) and qualitative impact (such as inefficiency, non-compliance, poor service to the public or loss of public confidence).

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

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

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

ATTACHMENT

SHIRE OF CORRIGIN

PERIOD OF AUDIT: YEAR ENDING 30 JUNE 2026

FINDINGS IDENTIFIED DURING THE INTERIM AUDIT

1. Information Technology

Finding
The sensitive data stored in the server is not currently encrypted. We however acknowledge that the Shire has compensating controls in place, including BitLocker encryption on workstations and laptops, multi-factor authentication, restricted user access, and Datto BCDR backup to an encrypted cloud.

The Shire has indicated this will be addressed as part of the engagement of a new IT provider, which is currently out to tender.

Rating: Moderate (2025: Moderate)

Implication
Encryption of sensitive data ensures, should the data be intercepted or accessed without authorisation, the data remains unintelligible or unusable.

Recommendation
We recommend that management continue to progress the implementation of server-level encryption to ensure sensitive data held on servers is appropriately protected.

Management comment
Management acknowledges the finding regarding server-level encryption. While servers are not currently encrypted, the Shire has implemented a range of controls in place to mitigate risk, including restricted access to sensitive data, user permission controls, multi-factor authentication, BitLocker encryption on all workstations and laptops, and secure backup arrangements through Datto BCDR with encrypted cloud storage.

Since Information Technology was initially raised in 2024, the Shire has undertaken significant work to strengthen its ICT control environment. This includes addressing the other IT-related audit findings, being ICT strategic planning, implementation of vulnerability assessment and penetration testing (VAPT), and the establishment of a formal user access review process.

Server-level encryption will be reviewed as part of the broader ICT environment review being undertaken alongside current IT provider arrangements. This will also be considered in line with planned system changes, including the future ERP implementation, which may involve increased use of cloud-based solutions and reduce reliance on on-premises servers.

Responsible person: Myra Henry, Deputy Chief Executive Officer
Completion date: 30 June 2027

ATTACHMENT

SHIRE OF CORRIGIN

PERIOD OF AUDIT: YEAR ENDING 30 JUNE 2026

FINDINGS IDENTIFIED DURING THE INTERIM AUDIT

2. Related Party Disclosure

Finding
We noted that the annual Related Party Disclosure declarations for 2024-25 for several Councillors' simply stated "No change" rather than providing full disclosures each year.

We were unable to obtain the original disclosures for one of the Councillors dating back to 2016-17. Management has confirmed that this disclosure has likely been destroyed in line with the Shire's retention schedule following an exhaustive search of available records.

Rating: Moderate

Implication
Where Councillors' disclosures merely refer to the original declarations – which are missing or cannot be recovered – there is a risk that related party transactions and relationships may be inadvertently overlooked.

Recommendation
We recommend that going forward, all Councillors explicitly disclose all related parties in full on an annual basis, rather than stating "no change".

Management comment
Management acknowledges the finding regarding Related Party Disclosure declarations. This matter had been identified internally as a possible issue and was raised with Council at a discussion forum held on 16 June 2026.

As a result, the Shire will update the declaration forms for Councillors and key management personnel as part of the annual declaration process undertaken each July, with the option to note "no change" removed. This will require full disclosure of all related party information to be provided each year, ensuring clarity and completeness of records. This approach aligns with the recommendation outlined in this letter.

Management notes that the prior approach aligned with the original template introduced in earlier years; however, this will now be strengthened to ensure ongoing compliance and to mitigate the risk of incomplete disclosures or missed related party connections.

Responsible person: Myra Henry, Deputy Chief Executive Officer
Completion date: 31 December 2026