

Written Submission for September 2026 Ordinary Meeting of Council (OMC)

Item 12.3 Receipt of Petition - Request for Independent Review and Reference Group, Mr R Hopkinson, Applecross

The Petition^{5(a)} was submitted on September 4, 2026, to Council, however the City only updated the Agenda and provided notification on Friday September 11 afternoon. This submission is submitted at this time due to the City's late notification.

The OFFICER RECOMMENDATION is:

"That the Council acknowledge the petition and advise Mr Hopkinson that, noting Council's previous resolutions on similar requests, including the April 2023 resolution arising from the independent Weir Legal Review, and the subsequent policy, process and governance implemented from that review, no further action will be taken."^{5(a)}

The Officer Recommendation should be rejected and replaced with a motion to the effect:

That the Council acknowledge the Petition and refers it to the Audit, Risk and Improvement Committee (ARIC)⁶ for consideration and a report on the pathway forward to be prepared for the December 2026 Ordinary Meeting of Council.

Alternatively, given the late notification of the City's recommendation, Council could defer this item to the October OMC to give Elected Members adequate time to properly inform themselves for due consideration of all matters raised to ensure proper decisions are made. It is recognised that further information and community engagement could be achieved from being referred to the ARIC⁶ straight away.

Reasons

In short, community members remain dissatisfied with the City's complaints handling culture and proficiency, despite years of community motions, questions, and adverse findings and recommendation from numerous reviews/reports¹. There is a perception that the identified issues and concerns have not been sustainably fixed. The Petition's objectives and scope are more aligned with the scopes and issues identified in the 2022 GFG Review of the Planning, Building and Environmental Health Directorate^{1(h),7} and the 2020 Customer Science Final Complaints Review^{1(d), 8} rather than the 2021 Weir Review^{1(e)}, which was a detailed assessment of a very small sample of planning and building complaints.

The Petition seeks Council to engage community members to assist, to address long-standing concerns around the community's confidence, trust and adverse views of the City's complaint handling culture and proficiency, including planning and building complaints as examples/case studies. The recently formed ARIC⁶ is well suited to progress this Petition.

More specifically;

- ⇒ City officers have provided inadequate information to support the Officer Recommendation to enable Elected Members to make fully informed and considered decisions.
- ⇒ City officers may have real or perceived conflicts of interests in making the recommendation given the community's ongoing expressed concerns about the City's complaint handling, inclusive but not limited to planning and building matters, as evidenced by the October 2025 Letter from Ms Lisa O'Malley MLA², Member for Bicton and recent social media feedback³ such as of July 2026.
- ⇒ Community concerns about the City of Melville's complaint handling have built up over many years¹ of adverse community feedback and independent reviews, all pointing to the same pattern: residents felt the

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City was defensive, slow to act, inconsistent, and hard to deal with, especially when planning and building issues affected their homes.

- ⇒ The Petition^{5(a)} is focused on the City's overarching complaint handling culture and proficiency, it is not seeking to have specific planning and building complaints resolved, such as that covered by Dr Jeffrey Stevens' Petition^{5(b)} as also presented to the September OMC. Elected Members should reference any deputation or submission made by Dr Stevens. Dr Stevens' Petition is just one of many examples/case studies that demonstrates why community members have concerns over the City's complaint handling culture and proficiency. The perception is that it is not appropriate for City officers to suggest that this Petition is like the Petition(s) that drove the 2021 Weir Review^{1(e)}. The Petition's envisaged scope intends an independent review that is materially different to the 2021 Weir Review^{1(e)} scope.
- ⇒ The Petition should be considered in the context of the long history of the community's concerns and independent reports dating back to 2015, as outlined in all the references enclosed given below.
- ⇒ The latest report seen is the 2022 GFG Consulting Review of Planning, Building and Environmental Health Directorate as enclosed below^{1(h),7}. Community members' recently expressed concerns^{2,3} indicates that the intended improvements from the report's recommendations⁶ are not evident, be it culture, proficiency, better complaint handling or complaint outcomes.
- ⇒ Council's newly formed Audit, Risk and Improvement Committee (ARIC) Terms of Reference⁶ provides a good platform to progress the Petition. ARIC responsibilities include **internal and external audit activities, including service reviews; compliance, integrity and improvement matters; risk management**, specifically including legal, fraud, misconduct and corruption control; financial management processes and controls. ARIC has an independent external Presiding Member and Deputy Presiding Member. For example, the City of Albany ARIC committee engaged GFG Consulting earlier this year to undertake an internal audit / review of the City's planning and building teams.
- ⇒ Council has the legislated role and responsibilities, existing structure and powers to progress the Petition.

References enclosed

1. Summaries of key historical Council and public records.
2. 2025 (October) Ms Lisa O'Malley MLA Member for Bicton, letter re community concerns about City of Melville's proficiency in relation to these Acts and their personal dealings.
3. 2026 (July) Melville Community Chat Facebook, Concerns about council compliance team proficiency, posted July 25, 2026, [MelvilleCommunityChat URL](#). This is only a small sample of controversial community social media feedback.
4. 2019 (June) Minister for Local Government, Hon. David Templemen, media statement – "City of Melville report indicates need for cultural change".
5. 2026 (September) City of Melville, Agenda Ordinary Meeting of Council September 15, 2026, a) 12.3 Receipt of Petition – Request for Independent Review and Reference Group, Mr R Hopkinson, Applecross, September 11, 2026 (published) and b) 12.2 Receipt of Petition - Request for Building Orders - Dr J Stevens, Bicton.
6. 2026 (April), City of Melville Council, Terms of Reference Audit, Risk and Improvement Committee (ARIC), also located on [City's website](#).
7. 2022 (November) GFG Consulting, Review of City of Melville Building, Planning and Environmental Health Directorate.
8. 2020 (January) Customer Science, City of Melville Final Complaints Review.

***Disclaimer:** This submission is made in good faith and in the public interest, consistent with the legislated intent of community engagement in the affairs of local governments, transparency and accountability (per Local Government Act 1996 section 1.3). The content and opinions are based on reasonable interpretation of available information. The submission objectives are to assist Council to make the right decisions to improve the City's efficiency and effectiveness for the benefit of all community members. This submission evaluates the structural and systemic deficiencies within standard Council and administrative frameworks and does not reference, target, or assert personal fault against any specific past or current individual employee, officer or anyone else. Please particularise and promptly notify if any factual errors misguided opinions are identified and they will be immediately corrected. In the event any Elected Members needs more information or clarification the Petition lead should be contacted.*

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1. Summary of key historical Council and public records

There is a long history of community members' dissatisfaction with the City's handling of services such as community engagement and communications, non-compliances, community adverse feedback, complaint handling and resolutions, planning and building functions. The following provides concise summaries of a small sample of historical Council and public records.

a) **2015 Electors AGM Motion – Improving Council Oversight of complaints**, as unanimously passed. This is on the [City's website](#).

- It is understood Mr Nick Sloan, now WALGA CEO, assisted preparation and favourably reviewed the motion, in addition to past Mayors and other past and present Elected Members (including some outside of the City).
- The objectives of the motion appeared to be:
 - ⇒ increase transparency
 - ⇒ strengthen governance
 - ⇒ improve accountability
 - ⇒ ensure independent oversight of serious complaints
 - ⇒ give Elected Members more direct involvement in complaint handling
 - ⇒ ensure Council—not just administration—had visibility of risks and issues

That is, it was seeking a **major shift toward more rigorous complaint oversight** within the City.

b) **2019 Minister for Local Government, Hon. David Templeman, media statement – “City of Melville report indicates need for cultural change”**, post DLGSC Report into City of Melville Authorised Inquiry tabled in Parliament. This is enclosed below, and in the [State Government's website](#). Minister Templeman said,

"The recommendations will be the catalyst the City needs to drive cultural change."

"In particular, the complaints management process needs to be improved to ensure all parties are better informed, have a clearer understanding of their roles and ultimately lead to more positive internal and external interactions.

"Serious consideration has been given to the appropriateness of the recommendations to ensure the utmost benefit is afforded to the City and ultimately the community."

c) **2019 DLGSC Report of the Inquiry into the City of Melville**, as tabled in Parliament June 27, 2019, as on the [State Government's website](#). The DLGSC Report highlighted numerous problems at the City, including weaknesses in building oversight, risk management, communication with affected residents, and complaint management. The Authorised Inquiry identified systemic problems in how the City handled complaints:

- ⇒ the City's complaint policy was unclear and inadequate
- ⇒ City officers and Council did not consistently follow their own procedures
- ⇒ complaints were often handled poorly, slowly, or defensively
- ⇒ some complaints were escalated externally because residents felt the City was not responding effectively
- ⇒ the City faced a high volume of complaints, especially about planning, building, and governance.

Overall, the complaint system lacked structure, transparency, and consistency.

d) **2020 (January) City of Melville Final Complaints Review**, by Customer Science in response the 2019 DLGSC Authorised Enquiry Report recommendations. This report is enclosed below, as it is not publicly available, but it is contained in the City's record systems. Problems identified concerning issues such as: "

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- ⇒ Inconsistency undermined the complaint handling systems: unclear and overlapping definitions of complaint, feedback, and service request, verbal complaints often not logged, reducing visibility and root cause analysis, documentation lacked clarity on investigation steps, escalation triggers, and roles.
- ⇒ The City operated two parallel systems: Pathways (proper workflow system), ECM (document storage only).
- ⇒ Executive Complaints sent to the CEO or Council were stored only in ECM, making them: difficult to track, impossible to audit, inconsistently managed.
- ⇒ Reporting was adequate for Pathways but poor for ECM, with no central improvement register.
- ⇒ From 124 complaints reviewed: 80% resolved within SLA, 80% compliant with policy, 86% could have been avoided, customer satisfaction unknown in nearly half of cases
- ⇒ Training existed but senior managers needed independent, external complaints leadership training.

Recommendations included:

- ⇒ Strengthen process discipline: log all complaints (including verbal), improve note-taking and documentation, add validation steps (duplicate check, correct allocation, urgency flagging), embed quality assurance and root-cause analysis.
- ⇒ Improve reporting: expand quarterly reporting to include trends, lessons learned, and root causes; create a central improvement register.
- ⇒ Enhance training, including external leadership training for senior managers.

- e) **2021 (September) Ms Bronwyn Wier Director Weir Legal & Consulting City of Melville Review of Complaints – Building and Planning.** The Report is available from the [City's website](#). The report was a deep dive into a very small sample of complaints and primarily focused on the City's decisions and the handling of the specific complaints, not the broader complaints handling culture and proficiency.

In short 2021 Weir Review^{1(e)} found the City acted unreasonably, unacceptably or made mistakes in relation to several of the issues raised.

Weir found Residents' complaints about planning and building issues were real and justified. The City often failed to manage construction impacts, didn't enforce rules strongly (such as compliance with construction codes and Australian Standards), and was slow to act on serious concerns. Key documents weren't shared with affected neighbours, making it hard for them to understand what was happening or get problems fixed. Weir recommended the City become more transparent, create proper rules (such as construction and traffic management rules), **respond faster to complaints, enforce non-compliance more firmly, and require neighbour consent whenever building work might affect adjoining properties**. It appears the Weir report highlighted the issues with the City's actions and handling of the reviewed complaints but did not make recommendation in relation to the broader overarching complaint handling culture and proficiency.

- f) **2021 (November) Gary Hunt Consulting Group, City of Melville Organisational Review Phase 1 Report.** This report is not publicly available but is contained in the City's record systems. Key findings (as interpreted from the Hunt report).

- ⇒ Urban Planning Directorate perceived as unresponsive
- ⇒ statutory planning poorly understood by Elected Members & community
- ⇒ Canning Bridge workload overwhelming City officers
- ⇒ complaints responses tardy
- ⇒ Council–City officer relationships adversarial
- ⇒ Processes outdated and inconsistent

Hunt recommended:

- ⇒ governance reset
- ⇒ Elected Member education

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- ⇒ modernisation of planning systems
- ⇒ clearer compliance processes
- ⇒ stronger complaint management

The report framed planning & complaints as the City's most significant organisational risk.

- g) **2022 (October) Ms Bronwyn Wier Director Weir Legal & Consulting Building Control: Red Tape or Community Service? The Future if Local Government Building Services**, presentation to WA Local Government Association Convention 2022. The presentation can be obtained from WALGA, and it is likely contained in the City's record systems. Weir said on page 6 about the Role of Local Government Building Departments:
- ⇒ Lack of 'independent', 'public interest' decision making in system
 - ⇒ Lack of effective, proactive oversight by state government regulators
 - ⇒ Lack of accountability from local government for discharging their functions
- h) **2022 (November) GFG Consulting Review of City of Melville Planning, Building and Environmental Health Directorate (version Final) report.** This report is attached for review, it is not publicly available but is contained in the City's record systems.

The GFG review scope was limited to "focus on recommendations that would improve the City's approach to development control in the context of the challenges by increased density development in Activity Centres". Community members, the City's key stakeholders and customers, were not engaged or involved in the review.

The review found the Directorate needed a major cultural reset: leadership was unclear, teams worked in silos, and outdated policies and processes led to inconsistent decisions and a poor community experience. GFG recommended clearer roles, stronger leadership, modernised policies, better technology, and a more community-centred, transparent way of working.

GFG key recommendation themes included;

- ⇒ reset the culture with clear leadership, shared values and better internal communication
- ⇒ modernise and regularly review policies and procedures to ensure consistent handling of planning and building issues
- ⇒ improve community communication, making processes easier to understand and more transparent.
- ⇒ strengthen governance boundaries so City officers can manage complaints without political pressure.

That is, the GFG Review ⁷ said the City must modernise, clarify, and **rebuild trust—internally and with the community**. Without stronger leadership, clearer policies, better technology, and more consistent processes, the City would continue to struggle with planning and building challenges.

- i) **2023 DLGSC City of Melville Governance concerns letters.** These letters are available on the City's website – [February](#) and [November](#). In essence **DLGSC LGSC warned that Melville's governance problems were serious, persistent, and damaging, contributing to dysfunction and undermining the City's ability to serve its community**. The City was required to develop clear plans, improve culture, strengthen governance processes, and ensure Elected Members understood and respected their roles.

Despite all these reviews and reports, little or nothing appears to have changed. Innocent members of the broader community are still suffering damages.

Lisa O'Malley MLA

STATE MEMBER FOR BICTON

Dear Mayor Katy Mair

CC: Gail Bowman, CEO City of Melville

I am writing to you today to advise you of my recent meeting with several of our constituents regarding the Building Act WA 2021, the Building Services (Complaints and Resolution and Administration) Act WA 2021, and the Planning and Development Act WA 2005, at which they raised concerns about the City of Melville's proficiency in relation to these Acts and their personal dealings.

As such, I invite you to meet with me at a time of your convenience.

I hope to hear from you soon.

Sincerely,

Lisa O'Malley

Kind Regards,



Lisa O'Malley MLA
Member for Bicton

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P: 9319 1732 E: bicton@mp.wa.gov.au



Active and Local



9319 1732



bicton@mp.wa.gov.au



Lisa O'Malley MLA



[Redacted] 3h · 🌐

...

I have a neighbour that continually makes illegal improvements to their property - granny flats, extensions etc. All built close or on the fence line and none approved initially.

The council compliance team keep giving retrospective approval because they say it's mean to make them rip the structures down.

The neighbours have now gone way too far so I am seeking recommendations for a lawyer that deals with land and property disputes, so I can address both the council and the neighbours. **See less**

👍🤔 12

66 comments

👍 Like

💬 Comment

View more answers

[Redacted] · 3h

Ignore all these idiot comments. If something happened to them I bet there'd be in here asking the same question. I've seen this happen first hand to someone we know.. people are a-holes.

👍 Reply 🌐

~ View 6 replies

[Redacted] · 2h

This is for the clueless comments.

1. There are building regulations for a reason. To protect the rights of both parties.
2. This is a case of one neighbor finding a loophole to bypass the regulations. That is build whatever the shit they like and get the sympathetic retrospective approval from incompetent council compliance who do not want to uphold the regulations.
3. We all pay council fees with equal entitlement & the expectation that regulations will be followed.
4. What a neighbour builds DOES impact the enjoyment of life if another & the value of there property.
5. How would you like a structure built too close to the boundary which does not meet the height requirements blocking out all your natural sunlight and heating. Not to mention those solar panels that are now useless.
6. Melville Council need to do the job they are paid for.
7. So to you ignorant peeps what you want is a lawless society ? How about I park my truck, boat and caravan in your driveway ? What do you say to that ? Same thing hey? Where's the regulation ?

👍 Reply 🌐

~ View 3 replies

1. [Home](#)
2. [WA Government](#)
3. [Media statements](#)
4. [McGowan Labor Government](#)
5. City of Melville report indicates need for cultural change

City of Melville report indicates need for cultural change

The McGowan Government has today tabled a report in State Parliament following the City of Melville Authorised Inquiry.

- Report into City of Melville Authorised Inquiry tabled in Parliament today
- Seventeen findings and seven recommendations point to a need for cultural change

The McGowan Government has today tabled a report in State Parliament following the City of Melville Authorised Inquiry.

The inquiry began in 2017 to test the veracity of the unprecedented number of allegations made against the City since 2014.

The investigation, undertaken by the Department of Local Government, Sport and Cultural Industries, made 17 findings and seven recommendations.

The report found that overall the City was providing good governance in the best interests of their community; however, there was evidence to show that the City had not been as open and transparent as it could have been while dealing with requests from the public.

It was also found that some complainants were unreasonable in their expectations of the Council and the City.

In accordance with the principles of natural justice, all named and affected parties were provided relevant sections of the report and offered the opportunity to comment prior to release. The report can be accessed at <http://www.dlgsc.wa.gov.au/cityofmelvillereport>

Comments attributed to Local Government Minister David Templeman:

"In order for a local government to operate effectively and efficiently it is important that everyone treats each other with respect and consideration - the elected members, the administration and the community.

"The recommendations will be the catalyst the City needs to drive cultural change.

"In particular, the complaints management process needs to be improved to ensure all parties are better informed, have a clearer understanding of their roles and ultimately lead to more positive internal and external interactions.

"Serious consideration has been given to the appropriateness of the recommendations to ensure the utmost benefit is afforded to the City and ultimately the community.

"The report and its findings should give confidence to the community to actively participate in the local government elections in October."

Minister's office - 6552 5400

Published
27 June 2019
Ministers



Hon. David Templeman

Minister for Culture and the Arts; Sport and Recreation; International Education; Heritage
[See all media statements from this Government](#)

OFFICIAL**12.3 Receipt of Petition - Request for Independent Review and Reference Group, Mr R Hopkinson, Applecross**

The City of Melville received a petition on Friday, 4 September 2026 from Mr R Hopkinson, Applecross. The petition is signed by 28 residents of the City of Melville and the petition is as follows:

"We the undersigned all being electors of the City of Melville, respectfully ask Council to cause an independent review of the City of Melville conduct and performance of it's:

- a) handling of planning and building issues, non-compliances, engagement outcomes, concerns, complaints, comments, feedback, investigations, officer conduct, communication, as raised by any Councillor or community member (Complaints) and,*
- b) exercising of (or not) delegated authorities, duties and enforcement powers to resolve any Complaints to the satisfaction of the relevant Councillors or community members.*

The review should:

- a) establish a reference group of Councillors and experienced community members to assist Council in scoping and completing the review,*
- b) include, but not limited to Complaints relating to City of Melville approval, compliance, and enforcement functions across planning, fencing, health and building areas, especially such as Building Act Part 6 - Work affecting other land section 76 - unauthorised encroachments*
- c) engage all Councillors and community members that have communicated with the City of Melville on any Complaint from beginning of 2022; and*
- d) provide a comprehensive summary of the community members' level of satisfaction, outcomes, root causes of dissatisfaction and improvement suggestions."*

OFFICER RECOMMENDATION

That the Council acknowledge the petition and advise Mr Hopkinson that, noting Council's previous resolutions on similar requests, including the April 2023 resolution arising from the independent Weir Legal Review, and the subsequent policy, process and governance implemented from that review, no further action will be taken.

OFFICIAL**12.2 Receipt of Petition - Request for Building Orders - Dr J Stevens, Bicton**

The City of Melville received a petition on Tuesday 1 September 2026 from Dr J Stevens, Bicton. The petition, signed by 20 residents of the City of Melville, is as below:

"We, the undersigned electors of the City of Melville, respectfully request that Council to cause the Chief Executive Officer to issue building orders directing Dr Stevens' adjoining property owner to remove the unauthorised encroachments onto his property and make good, in full accordance with the State's building legislation, as justified by Dr Stevens' 22/8/2026 email to Council."

OFFICER RECOMMENDATION

That the Council acknowledge the petition and advise Dr Stevens that as the Council made a resolution related to this matter at the 18 & 19 April 2023 Ordinary Meeting of Council no further action will be taken.

TERMS OF REFERENCE AUDIT, RISK AND IMPROVEMENT COMMITTEE

Purpose

The purpose of the Audit, Risk and Improvement Committee (ARIC) is to advise and support the Council and strengthen good governance by providing oversight and guidance on the City's audit functions, risk management systems, internal improvements, financial reporting, ethical conduct and compliance accountability:

ARIC Function

The ARIC is a Committee of Council established under sections 7.1A and 5.8 of the *Local Government Act 1995*. The ARIC is formally appointed by the Council, with the following responsibilities:

- internal and external audit activities, including service reviews;
- compliance, integrity and improvement matters;
- risk management, specifically including legal, fraud, misconduct and corruption control;
- financial management processes and controls;

The ARIC does not have any delegated authority or executive powers, therefore is not a decision-making committee.

Membership

Members

		Member	Deputy
1	Mayor		
2	Elected Member Applecross-Mount Pleasant Ward	Cr D Lim	No Deputy
3	Elected Member Bateman-Kardinya-Murdoch Ward	Cr Hong	Cr Robins
4	Elected Member Bicton-Attadale-Alfred Cove Ward	Cr Panayotou	Cr Barber
5	Elected Member Bull Creek-Leeming Ward	Cr Spanbroek	Cr Woodall
6	Elected Member Central Ward	Cr Green	Cr Yorke
7	Elected Member Palmyra-Melville-Willagee Ward	Cr Wheatland	Cr McGoldrick
8	External Member Presiding Member	Mr P Draber (expiry May 2027)	
9	External Member Deputy Presiding Member	Mr T Cheong (expiry May 2027)	
	CEO or Delegate	(non voting member)	

Elected Members Appointed by the Council OMC 21 April 2026

In accordance with 7.1A(2) of the *Local Government Act 1995* members of the ARIC are appointed by an absolute majority decision of the Council.

The appointment of an external members shall be made by the Council, by way of a public advertisement and be for a term of two years, to a maximum of four terms. The external members must have no association with the City of Melville either as an Elected Member, an officer or a closely associated person.

Designated City of Melville employees, whilst not permitted to be members of the ARIC, will be required to attend meetings of the ARIC to provide advice, information and guidance to the ARIC.

External presenters may be invited to attend the meetings, based on the matters within the remit of the ARIC, including the opportunity for internal and external auditors to meet with the ARIC without City Officers, including the CEO, present.

Term of Membership

Elected Member membership of the ARIC will terminate on the day of each Local Government Ordinary Election, following which, all Elected Members will be eligible for appointment as a member of the ARIC.

External Member membership of the ARIC will be reviewed every two years External members shall be paid in accordance with s.5.100 of the Local Government Act as determined by the Salary and Allowance Tribunal, any other entitlements are as provided for in Council Policy CP-130 – External Committee Members.

Presiding Member

The Presiding Member of the ARIC shall be an appointed external Committee Member in accordance with s.7.1A(3) of the *Local Government Act 1995*.

The Presiding Member will:

- ensure an efficient and effective meeting process in accordance with the relevant Meeting Procedures Local Law;
- foster a positive culture within the meeting that provides an opportunity for all attendees to participate, and promotes openness and honesty,
- encourage appropriate questioning;
- ensure the clarity of the roles of Elected Members and Officers; and
- ensure clarity of the recommendations to the Council.

Meeting Schedule

Meetings will be open to the public, as required by s.5.23(b) of the Local Government Act 1995, held at least quarterly set annually in advance and published on the City's website.

Additional meetings may be convened at the request of the CEO in consultation with the ARIC Presiding Member to deal with topical or urgent matters.

Where there are no items for discussion at a particular meeting, the meeting may be cancelled at the direction of the ARIC Presiding Member and the CEO.

Delegated Authority

There is no delegated authority (under s5.16 of *the Act*) associated with this ARIC.

Committee Governance

- (a) ARIC meetings will be convened by the CEO, as required by the Meeting Schedule above;
- (b) ARIC deliberations will be resolved by simple majority vote with each ARIC member being entitled to one vote. The Presiding Member of the ARIC will not have a casting vote in addition to his/her deliberative vote in the case of an equality of votes for and against a motion.
- (c) A quorum for the ARIC is 5.
- (d) The ARIC's recommendations must be considered and adopted by the Council before implementation.

Administration

City officers, under the direction of the CEO, will:

- be responsible for coordinating meetings.
- Ensure ARIC Meeting dates are published on the City's website annually;
- Circulate and publish the agenda and minutes in accordance with the requirements of the *Local Government Act 1995* and the *Local Government Administration Regulations 1996*
- take minutes of the meeting, including actions to be taken, and
- ensure all documents related to the ARIC are registered in the City's Document Management System and made available to Committee Members
- Progress ARIC resolutions through to Council meetings for determination.

Agenda Setting

Items for inclusion on the agenda are to be sent to the governance.team@melville.wa.gov.au for scheduling in consultation with the CEO and the ARIC Presiding Member.

Code of Conduct

Elected Members and external ARIC Members are bound by the City of Melville Code of Conduct for Council Members, Committee Members and Candidates.

Officers are bound by the City of Melville Code of Conduct Employees.

24250007 / F2024364

REVIEW OF PLANNING, BUILDING AND ENVIRONMENTAL HEALTH DIRECTORATE

Prepared for the City of Melville by GFG Consulting
November 2022

VERSION | Final



ABOUT THIS REPORT

BACKGROUND

GFG Consulting were engaged to conduct a best practice review of the Planning, Building and Environmental Health Directorate (PBEHD) with a focus on the City's compliance approach. At the initial start-up briefing session, the scope was further clarified to focus on recommendations that would improve the City's approach to development control in the context of the challenges presented by increased density development in Activity Centres.

Specific issues around complaints and decisions relating to particular developments are well documented in other reports. This report does not seek to delve further into those matters. Instead, it is forward looking with recommendations to improve service delivery, compliance and accountability into the future.

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EXECUTIVE SUMMARY | CONTEXT

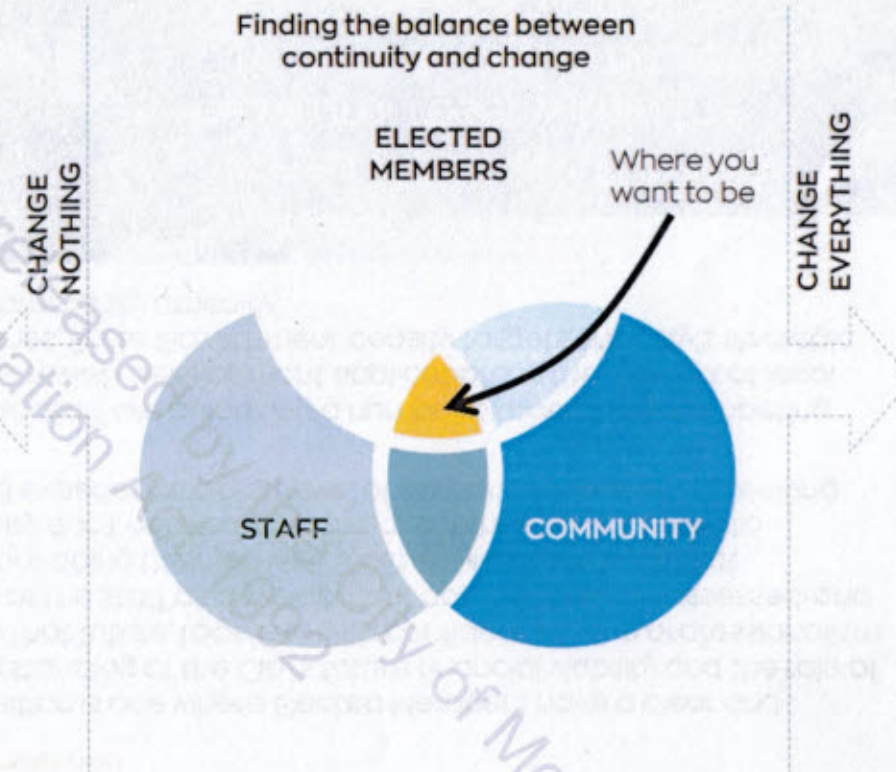
The key question GFG considered is: 'In the context of the challenges presented by increased density development, what does this Directorate need to be doing right to be successful?'

“ Good development is about finding the balance.

The principles behind sound development control are the same regardless of the level of density. Higher density is generally more controversial and therefore attracts greater attention and scrutiny.

The foundation of development control is the planning scheme, strategy and policy settings. Some people believe these foundations should be driven solely by community aspirations and desires. In reality, that cannot be the case, as other factors also influence development control.

Factors such as State Government density mandates and individual personal preferences are inevitably going to be at odds in some circumstances. Good development is about finding the balance.



EXECUTIVE SUMMARY | CONTEXT

GFG believe there is significant opportunity to improve work practices that will lead to more efficient and effective development control and in turn provide a more rewarding and enjoyable place to work.

Our recommendations include structural changes, but these need to be supplemented with changes in attitudes, trust and respect. This applies equally to the Administration and the Elected Members.

Each has an important role to play, but currently there appears to be a significant gap in understanding and appreciation of the different roles of Elected Members and Staff.

The desired position is one where Elected Members have a clear and balanced understanding of the City's future financial viability and the role of development in that future, together with confidence in the professionalism and judgement of the staff as development applications are assessed, and trust that staff are doing their job well. Elected Members build that confidence if they don't hear complaints, and if they have access to information and experience a high level of responsiveness when seeking clarification.

At the same time, staff are balancing a number of potentially competing interests as they review development applications in the context of local planning guidelines, State Government density targets, the City's strategic priorities, and community amenity.

Aligned with this is the need for a cultural reset within the Directorate – an articulation of vision, purpose, and how teams within the Directorate should be working together to achieve success.



EXECUTIVE SUMMARY | THE BIG ISSUES

Leadership:

- Vision and communication within the Directorate. A shared belief and understanding of purpose and relationship to what the Elected Members and Community want.
- Clear identification needed of priorities and articulation of "how we do things here".
- A plan of actions to shift from where they are now, to where they need to be, with clear actionable next steps, spread over a realistic time frame.

Governance & compliance:

- The use of clear and relevant policies, procedures and processes as the primary driver of actions.

THE BIG ISSUES

Role Clarity:

- Managers need to manage and Co-ordinators need to co-ordinate.

Connectedness:

- Business units within the Directorate need to work closer together, support each other more and the same philosophy needs to permeate across other directorates as a "one organisation" approach. This requires getting rid of silos (current physical set-up doesn't help).
- Understanding of the roles and responsibilities between the Elected Members and the Administration and how they must be symbiotic and not at odds with each other. Elected Members need to understand and accept the levers they can pull to drive development control in the direction they believe it should go (given State Government mandates and community expectations) and have respect and confidence for the technical skills and experience of the administration. This requires an ongoing education process.

Consequences of doing nothing:

- There are many other more specific issues that need to be addressed (as outlined further in this report) and these improve efficiency and effectiveness, however the failure to adequately address the above will diminish any probable improvements that can be made. The above matters a foundational requirements upon which to rebuild the Directorate.
- A re-set is needed on patterns of learned behaviour to turn this around.

Community centricity:

- Make it easier for the community to 'do business with' the City. Facilitate a positive outcome.
- Clear and reasonable expectations created
- Consistent processes, consistently applied
- Open and transparent communication

24250007 / F2024364

02

THE FINDINGS

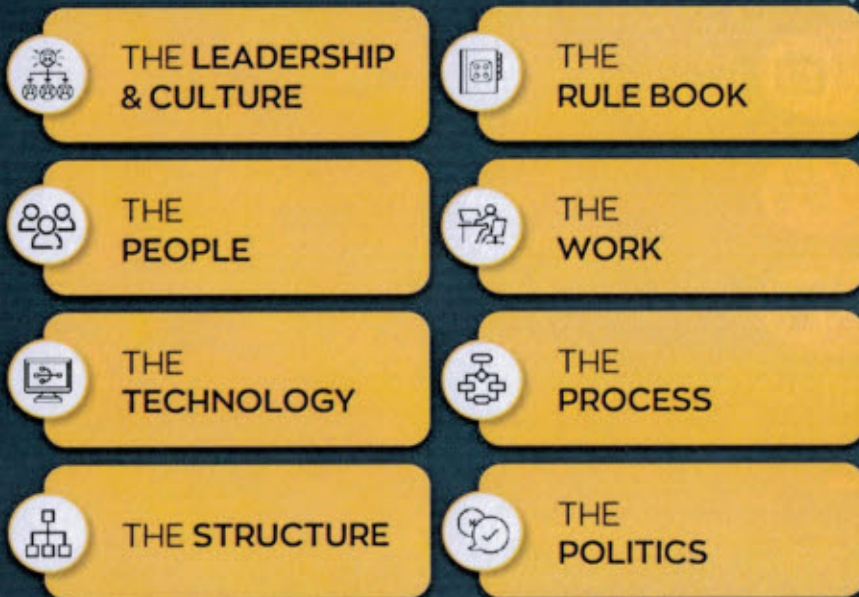


THE FINDINGS | DIAGNOSTIC TOOL

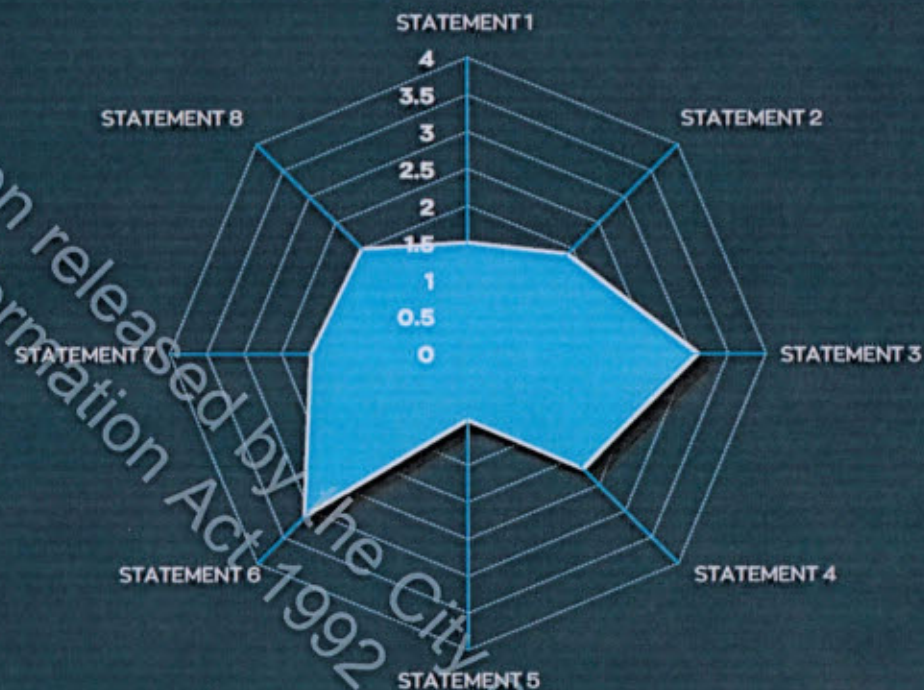
In order to provide recommendations about improvement in the operations of development control, GFG considered eight 'categories of success' to measure performance against.

CATEGORIES OF SUCCESS

The eight categories below were chosen as the most relevant aspects of the business units. Each category is built from a series of success statements, which GFG believe are representative of a high performing business unit. Anything less than "strongly agree" presents an opportunity for improvement.



THE 'RADAR' CATEGORY



The "spokes" of the radar charts represent the "success statements". A score of 4 indicates "strongly agree" and a score of 1 represents "strongly disagree". These are value judgements and perceptions of the GFG team after interviews and workshops with the agreed stakeholders [see page 33 stakeholder list].

THE FINDINGS | DIAGNOSTIC OUTPUT

In order to provide recommendations about improvement in the operations of development control, GFG considered eight 'categories of success' to measure performance against.

“ This process has highlighted that there is no one single issue that needs to be “fixed”.

The performance analysis shows the maximum possible score for each category based on the number of success statements x 4 and the GFG assessed score.

This process has highlighted that there is no one single issue that needs to be “fixed”. As is often the case, improvement is required across all aspects of the business, however it is important to note that there is some cause and effect relationship between some elements. For example, strong leadership will permeate throughout other elements.

	MAX SCORE	ASSESSED SCORE	%
 THE LEADERSHIP & CULTURE	32	14	44%
 THE PEOPLE	16	11	69%
 THE TECHNOLOGY	20	9	45%
 THE STRUCTURE	16	8	50%
 THE RULE BOOK	20	11	55%
 THE WORK	16	9	56%
 THE PROCESS	16	8	50%
 THE POLITICS	12	5	42%

THE FINDINGS THE LEADERSHIP & CULTURE

Leadership is one of the key enablers to success, and lack of good leadership was one of the big issues identified.



THE LEADERSHIP & CULTURE

44%

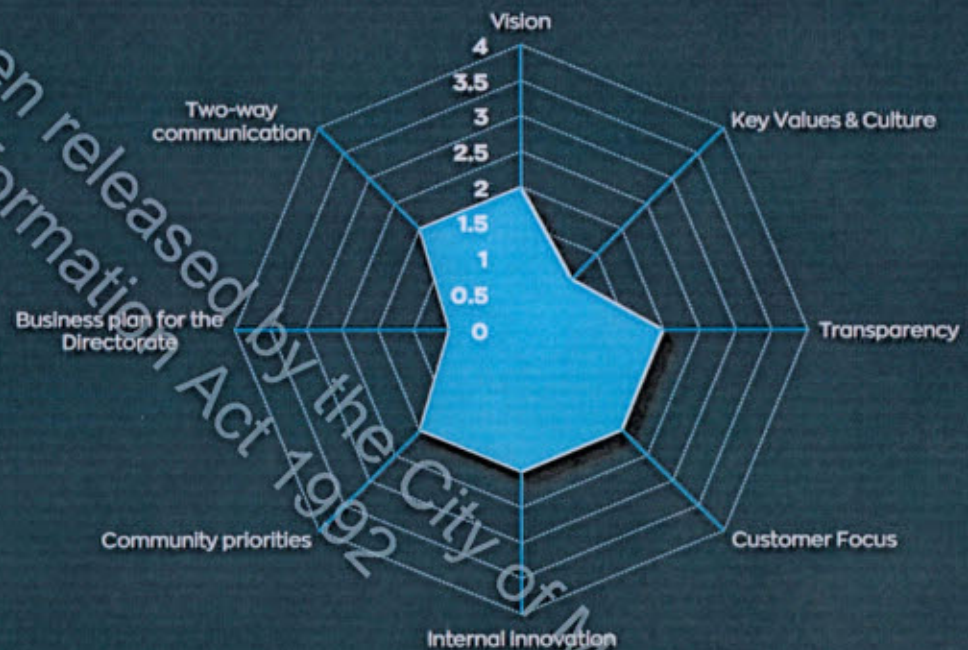
Strong leadership is required to articulate the vision and purpose of the community, the organisation and the directorate. The culture and values must be communicated and constantly reinforced by the Director and managers.

The Director must be an active and effective contributor to the City's Executive Team and the conduit between Elected Members and staff.

The need to be balanced in decision making should be crystal clear to all staff. Everyone should feel comfortable to challenge and encouraged to innovate.

The team must know what the improvement roadmap looks like and how their role can contribute to that.

THE LEADERSHIP & CULTURE



As this radar chart shows, strong leadership is lacking, with community priorities as raised by Elected Members being more of a driver than any self-determination by the Directorate itself. There is no improvement plan.

24250007 / F2024364 THE FINDINGS | THE PEOPLE

The quality and effectiveness of the work undertaken relies on the skills, attributes, application and attitude of staff.



THE PEOPLE

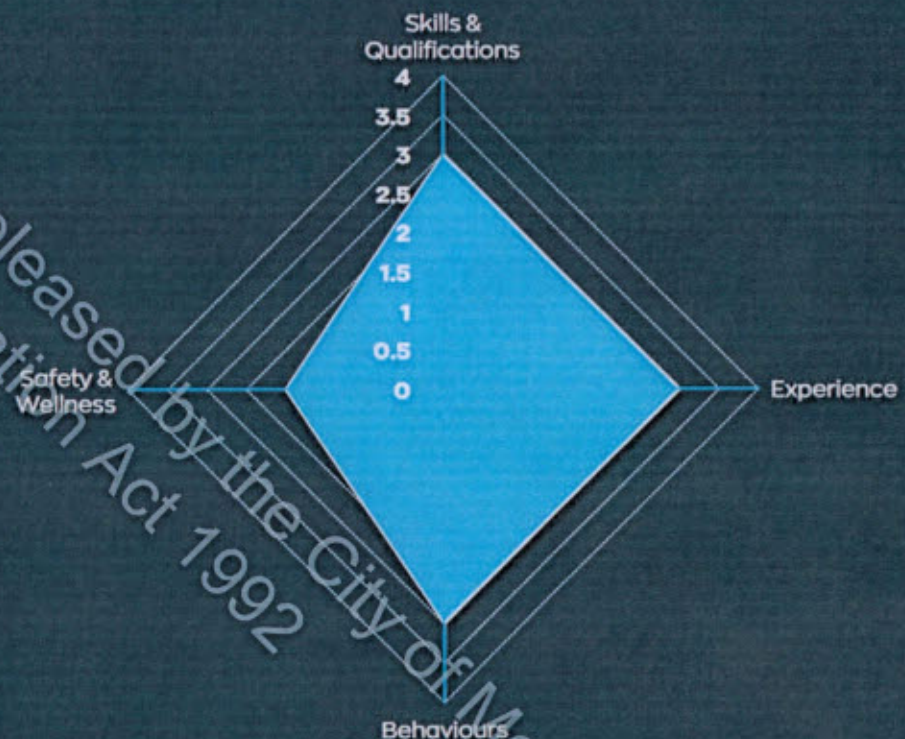
69%

In many of the teams GFG acknowledge a high level of professionalism, pride and a sense of accomplishment.

There are some pockets of disgruntlement and hurt, _____ and also as a result of no decisions being made on key positions where staff have been acting for some time.

GFG also noticed the flow-on impact of this indecision to other members of the teams. With the introduction of the Workplace Health and Safety Act, safety and wellness are areas of potential liability if not addressed effectively.

THE PEOPLE



As this radar chart shows, generally the staff have solid experience, the right skills and qualifications, and the will to do a good job. This is being undermined by a perceived lack of support, guidance, communication, and case management of issues.

THE FINDINGS | THE TECHNOLOGY

Technology is an important enabler, and there is significant room to utilise better tools for each project the Directorate is working on.



THE TECHNOLOGY

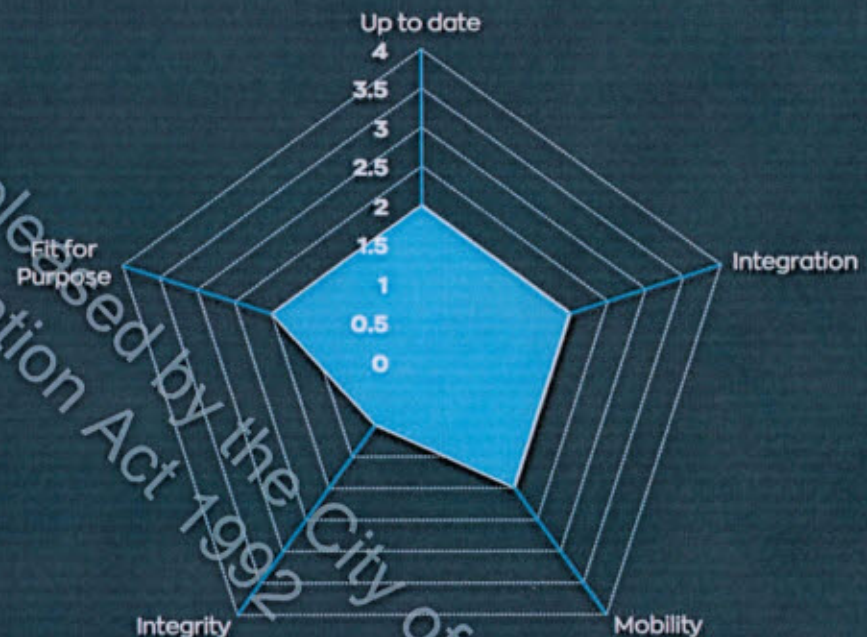
45%

Technology is another important enabler, and there is significant room to utilise better tools to speed up the work, eliminate double handling/double entry of data, support mobility, and streamline the information on each project the Directorate is working on.

Digital transformation will be required. This was one area that GFG interrogated other Councils about in the benchmark interviews, and it is a highly topical issue. All Councils are highly aware of the need to enhance technological tools to enable better and quicker delivery of services, and all are at a different stage of the journey to find the most appropriate solutions.

Two Councils are at the point of introducing bespoke web-based services to improve the development and building application processes.

THE TECHNOLOGY



As this radar chart shows, the staff are frustrated with the inconsistent indexing of information, the volume of duplication and the lack of integration between different systems. The detail and the benefits of any improvement strategy is not well known.

24250007 / F2024364 THE FINDINGS | THE STRUCTURE

The silo structure in the Directorate is allowing teams to operate independently and not realising potential benefits from increased cooperation.



THE STRUCTURE

50%

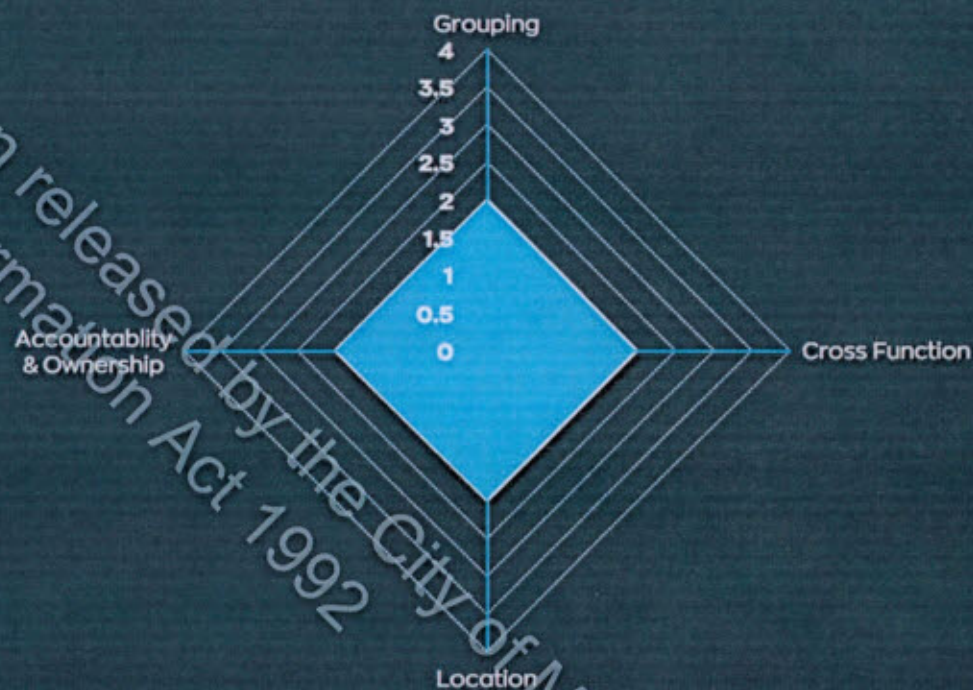
The City is keen to develop a more customer-centric mindset across the organisation requiring a shared recognition of the importance of the customer experience. This means understanding how the processes are experienced by developers, neighbours, and community members, and whether the experience could be improved.

Improvement is likely to require collaboration, cross-functional discussion, shared accountability for the outcome, and a mindset that effective delivery of the development controls is everyone's responsibility.

The 'decentralised' teams make communication more difficult, and this needs to be overcome through the introduction of a way of working that brings the teams together as needed.

Clear lines of accountability for outcomes should be cascaded to the relevant teams so that everyone knows who is doing what.

THE STRUCTURE



As this radar chart shows, there is an opportunity to improve the grouping of functions. Together with better cross function communication there will be greater ownership and accountability.

24250007 / F2024364 THE FINDINGS | THE RULE BOOK

The Directorate's work should be supported by a set of guidance documents that are crucial to effective and consistent performance.



THE RULE BOOK

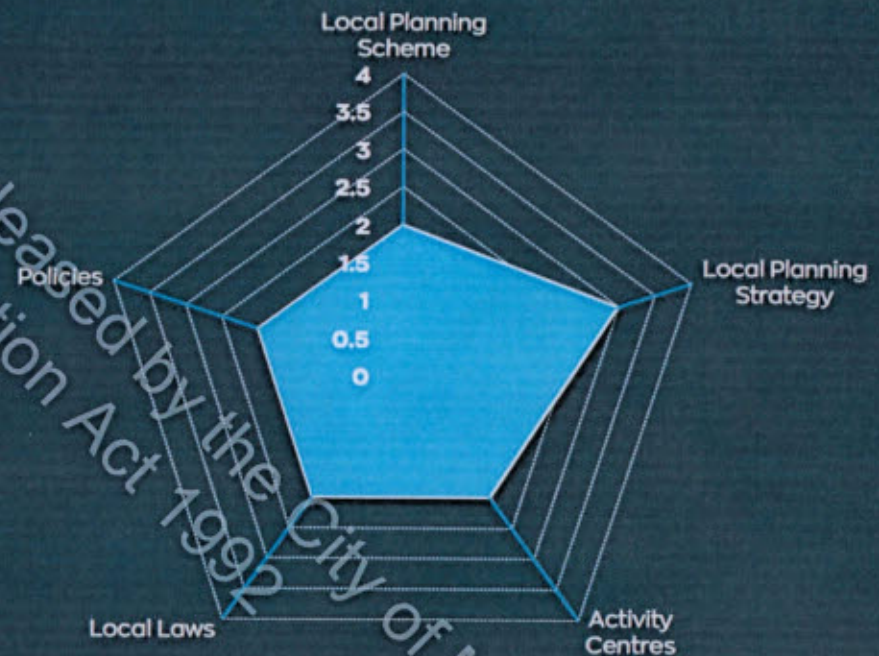
55%

Staff undertake their role to assess development applications and manage large-scale development projects with constant reference to well-constructed policies, procedures, planning schemes, local laws, and planning frameworks.

If these are incomplete, outdated, irrelevant, or ambiguous, they will lead to inconsistent decision-making, exposing the City to challenges, complaints, and resulting in a development process fraught with problems. GFG's assessment is that improvement is needed across the board in this area.

The assessment of this factor is based on the current situation. We acknowledge that the Scheme and the Canning Bridge Activity Centre Plan are in the process of being reviewed.

THE RULE BOOK



As this radar chart shows, the documents that should be the major drivers of decision making are deficient. These are foundation components which should be under constant review.

24250007 / F2024364 THE FINDINGS | THE WORK

The department needs to be agile and able to pivot as needed when the workload changes.



THE WORK

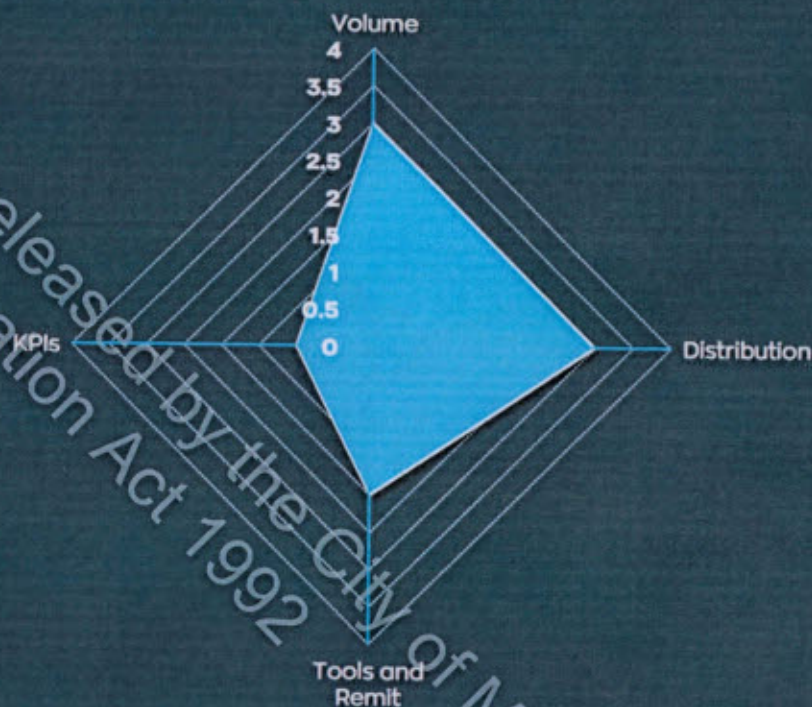
56%

The Directorate assesses workload and how the work is allocated, whether the resourcing matches the workload, efficiency of the teams, and how the work is defined.

It is also important to look at what level of flexibility and agility exists to pivot as needed when the workload changes, and what arrangements are in place to pull in additional resources if needed to meet targets.

There was a lot of discussion about the reactive nature of the work, and a desire to be able to get ahead of the game and be more proactive. The list of KPIs provided to GFG was lengthy but focused on work activity outputs rather than on outcomes or measures of delivering against purpose. There was little discussion about KPIs or accountability in staff workshops.

THE WORK



As this radar chart shows, the volume of work and distribution is acceptable, but the way it is allocated, the ownership and accountability and the measurement of success, is not.

24250007 / F2024364 THE FINDINGS | THE PROCESS

Processes should be systematically designed and managed to deliver consistent outcomes and to eliminate risk for the organisation.



THE PROCESS

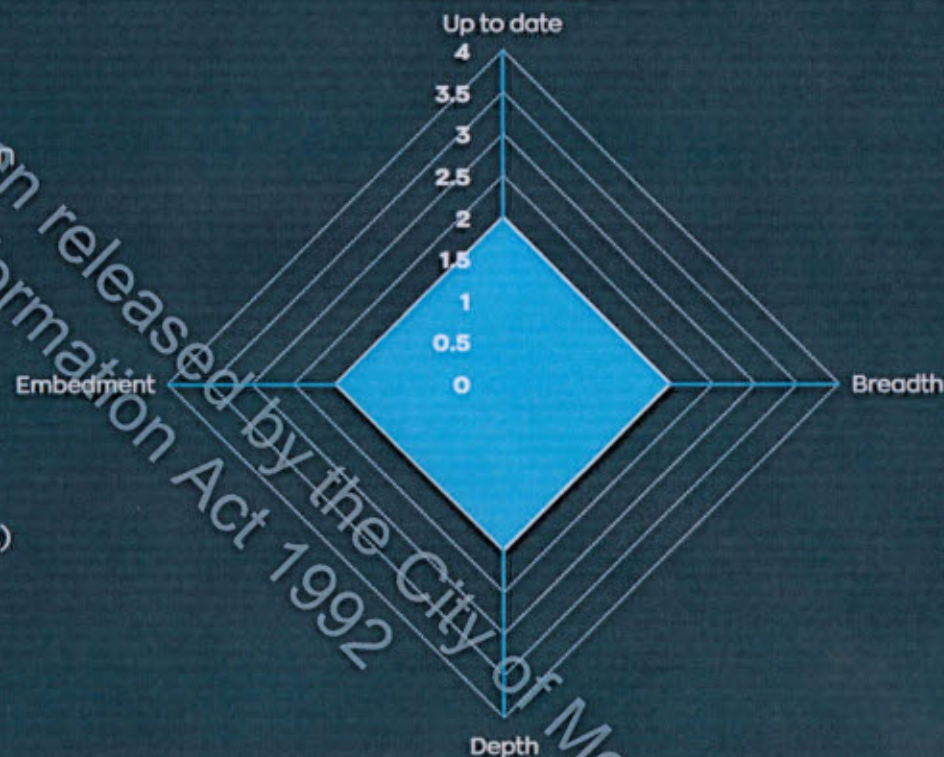
50%

Processes are systematically designed and managed to deliver the outcomes consistently, with all steps covered in order, with all the relevant information considered, and to eliminate risk for the organisation.

Processes undergo constant review to continually adjust, improve and streamline the way the work is done to achieve the desired outcomes. If the review doesn't occur regularly, or without the benefit of new information or innovations, there are likely to be missed opportunities to improve the services provided.

Work instructions or procedures (as distinct from policies) are ad hoc, not widely referred to and GFG saw no evidence of a program of review.

THE PROCESS



As this radar chart shows, staff are operating based on historical ways of working, prior knowledge and experience or how they think things should be done. A systems approach is lacking.

24250007 / F2024364 THE FINDINGS | THE POLITICS

A functional political context in local government is one of collaboration with mutual understanding of the role performed by Elected Members vs the Administration.



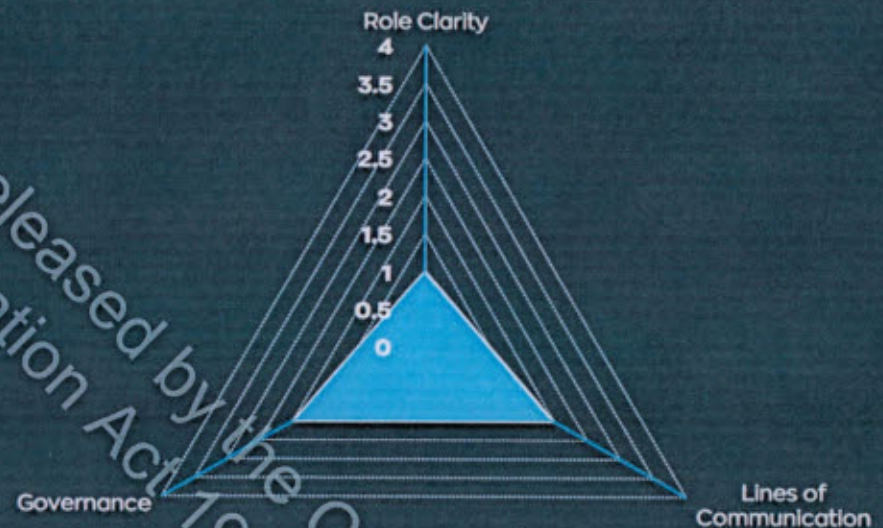
THE POLITICS

42%

The CEO should ensure the roles of Elected Members vs the Administration are understood. That is, Elected Members understand their role in the decision-making process and are presented with the right information in the right format to enable those decisions to be made; and where the staff are employed for the expertise and knowledge to deliver and manage the services provided by the City. Ideally there is trust, respect and agreed communication lines between Elected Members and staff, and any crossing of the lines or inappropriate contact is managed promptly by the CEO.

In addition, the Administration (Planning in particular) need to understand that planning is not black and white, and that interactions with the Elected Members and decisions need to consider the wishes of the community as presented by the Elected Members.

THE POLITICS



As this radar chart shows, there is an unhealthy political context impacting the work being done. Operating improvements need to be implemented based on a sound governance framework. Education (including mandatory induction for Elected Members) should be an ongoing process as well as feedback to staff on Council's wishes.

03

THE RECOMMENDATIONS



RECOMMENDATIONS | SETTING A NEW COURSE

GFG's recommendations are summarised for each category in the Diagnostic Tool. These recommendations need to be adopted to move forward and set the Directorate up for future success.



THE LEADERSHIP & CULTURE

RECOMMENDED ACTION

- 1** Appoint an interim Director, who will not be a candidate for the permanent placement, to steady the ship and prepare it for change. This person would:
 - Determine whether the right people are in the right positions; making appointments.
 - Take action to uniformly make people feel valued, and to create a safe working environment.
 - Provide visible support and commitment to the Transformation journey the City is embarking on, with clear commitment to the Small Business project which this Directorate has carriage of.
 - Identify foundational elements that need correcting, and deal with these as a prelude to future improvement.
 - Establish clear priorities for the Directorate.
- 2** Ensure clear and frequent communication within the Directorate to create and reinforce expectations and to support the rebuild of culture.
This could include:
 - Regular Department-wide meetings and activities, and cross-team discussions to re-set the current culture of working in silos.
- 3** Temporarily limit the ability of staff to work from home. WFH should be the exception rather than the rule and justified with reasons.

WHY

Important to build and manage staff expectations and culture for the new world, and provide direction.

Also important to deal with those members of staff who are currently feeling disenfranchised and unhappy.

Note: At the time of writing an appointment of an interim Director had been made.

Everyone needs to feel part of the organisation, and needs to know what is happening.

The Directorate needs to rebuild its culture. This is difficult to do with significant numbers of staff working from home.

RECOMMENDATIONS | SETTING A NEW COURSE

GFG's recommendations are summarised for each category in the Diagnostic Tool. These recommendations need to be adopted to move forward and set the Directorate up for future success.



THE PEOPLE

RECOMMENDED ACTION

- 4** Develop role definitions that clearly articulate the expectations of the roles of director, manager, coordinator, supervisor (or senior) and team leader.

WHY

Remove the inconsistency in responsibility and accountability between the same roles in different teams.

- 5** Confirm key appointments

Unnecessary angst and uncertainty has been created by having people in acting positions for long periods of time.



THE TECHNOLOGY

RECOMMENDED ACTION

6 Online Services:

- Develop a staged approach to digital transformation starting with converting all online PDF's (editable and non-editable) into database linked web forms.
- Plan the implementation of online application lodgements with smart algorithms (see City of Stirling as an example).
- Develop and document a plan for the roll out of mobile tools with full straight through integration to back at base databases.

WHY

Improve the quality and completeness of applications submitted which in turns leads to quicker and easier assessment which leads to greater customer satisfaction with the process. Remove the need to re-key information from field assessments.

RECOMMENDATIONS | SETTING A NEW COURSE

GFG's recommendations are summarised for each category in the Diagnostic Tool. These recommendations need to be adopted to move forward and set the Directorate up for future success.



THE STRUCTURE

RECOMMENDED ACTION

7

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

8

- [REDACTED]
- [REDACTED]

9

- [REDACTED]
- [REDACTED]

WHY

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

- [REDACTED]
- [REDACTED]

- [REDACTED]
- [REDACTED]

RECOMMENDATIONS | SETTING A NEW COURSE

GFG's recommendations are summarised for each category in the Diagnostic Tool. These recommendations need to be adopted to move forward and set the Directorate up for future success.



THE RULE BOOK

RECOMMENDED ACTION

10 Produce a review schedule of all policy and procedures:

- Circulate widely and frequently among team members
- Scheduled review dates
- Allocated to individuals
- Include a mechanism to capture issues as they arise so that they can be considered in the reviews.
- Include monthly performance review to check adherence to the schedule.
- Involve Elected Members in the review process (via workshops) so that concerns and suggestions can be accommodated.

Note: if there are any other guidance documents that would be useful, produce them, circulate them and make them a living document. (e.g., City of Vincent's 'Built Form Policy').

11 Responsible Authority Report (RAR)

- As stated in the publication 'Making Good Planning Decisions' at clause 5.3.2: "It is improper for Councillors of a local government to influence the planning officer's professional opinion on the assessment of the application in any way. If the local government also wishes to make a statement regarding an application before a DAP, it may do so by making a submission."
- Elected Members need to respect and trust planning officer's work and not intervene in RARs. If there is misalignment, it should be managed through policy change.
- Develop the policy position that RARs are not circulated to Council (may take time as trust needs to be restored).

WHY

Create a focus on the importance of policy and how that should guide decision making and ensure consistency. Creates clarity for staff and emphasises Elected Members' role in policy setting.

Better separation between the role of Elected Members and the administration. Allow due process to be followed.

Note: This may take time as the current process involves significant opportunities for discretion. It is likely Council will be uncomfortable until the constraints or guidance of discretion is tightened.

RECOMMENDATIONS | SETTING A NEW COURSE

GFG's recommendations are summarised for each category in the Diagnostic Tool. These recommendations need to be adopted to move forward and set the Directorate up for future success.



THE RULE BOOK cont.

RECOMMENDED ACTION

12 Local laws:

- Engage a legal firm to review local laws with the intention of providing a mechanism for swift enforcement actions based on infringement notices (using the LG Act).

WHY

Although education is the preferred mechanism, on the spot infringement capability may assist with compliance.



THE WORK

RECOMMENDED ACTION

13 Delegations:

- Change the delegations to permit Building Surveyors who are registered practitioners, to sign their own assessments with a system of peer review so that two professionals are signing off (eg. Rockingham and Cockburn systems).

WHY

Fairer distribution of work, holding qualified professionals accountable for their own work. Reduce risk.

14 Verges:

- Shift responsibility for verges in front of private property to the Building Services unit from Tech Services.
- Conduct a cost benefit analysis of the verge bond system (Cockburn have scrapped it). For major developments apply conditions at DA.

Verge issues are more often than not related to a building or planning or environmental health issue. Eliminate the directorate bounce around.

Remove a process that has limited value.

RECOMMENDATIONS | SETTING A NEW COURSE

GFG's recommendations are summarised for each category in the Diagnostic Tool. These recommendations need to be adopted to move forward and set the Directorate up for future success.



THE WORK cont.

RECOMMENDED ACTION

15 Triage of Applications and Allocation of work

- Review work instructions and checklists to provide greater clarity and certainty of requirements for applications.
- Set up specialisations within the Business Support team to handle specific types of allocations.
- All applications to be distributed directly to officers for assessment. Co-ordinators intervene by exception for re-allocation if required.
- Receiving Business Support officer to remain the point of contact with applicant and associated stakeholders for the duration of the development (liaise with other technical specialist as required). Single point liaison
- Re-open the front counter. Provider better interactions with initial enquiries. Utilize dead space.
- Fast-track system – move simple DAs out of the pack and deal with them quickly

16 Indemnity for Building Surveyors

- Provide written assurance for Building Surveyors who are registered practitioners, stating that the City's insurances and indemnity will protect them in the event of action taken by third parties, provided that they have been working within the City's guidelines.

WHY

Reduction in non-value add steps in the application process. Improved customer experience. Controlled communication through a single source.

Provide certainty for staff and demonstrate the City's commitment to stand by and protect and support its workforce.

RECOMMENDATIONS | SETTING A NEW COURSE

GFG's recommendations are summarised for each category in the Diagnostic Tool. These recommendations need to be adopted to move forward and set the Directorate up for future success.



THE WORK cont.

RECOMMENDED ACTION

17 Proactive EHO work planning

- Develop an annual/monthly/weekly schedule of planned inspections and track performance against the plan.

WHY

Improve accountability and transparency of workloads and provide visibility of performance against target.

18 Resourcing

- [REDACTED]
- Identify where additional resourcing might be sourced when workloads escalate in specific areas and make sure teams are aware of the additional resourcing and how to access it.
- Ensure rapid access to a structural engineer, either on staff (could be in Tech Services) or by establishing a pre-qualified panel of providers.

If City/Council wants to improve the quality of developments and/or cut down the time taken to get developments happening and/or create a perception of being responsive, more resourcing needs to be provided.

19 KPIs

- Review the suite of KPIs to include fewer activity/workload indicators and introduce "outcome measures" that show performance against purpose.

Shared understanding of what success looks like. Focus on the outcome/purpose.

RECOMMENDATIONS | SETTING A NEW COURSE

GFG's recommendations are summarised for each category in the Diagnostic Tool. These recommendations need to be adopted to move forward and set the Directorate up for future success.



THE PROCESS

RECOMMENDED ACTION

- 20** Ensure that the Development Application process is clear, comprehensive and easy to navigate. As [REDACTED] (City of Stirling) said: "We want people to enjoy their experience of dealing with us. It's about the process and how you deliver it".
- 21** Proactively explain the planning frameworks (e.g. Mayor at City of South Perth very involved in doing this) and explain about why the processes are necessary.

WHY

Consistent application of a clear process reduces the risk of non-compliance.

To build community understanding of the frameworks, and the City's aim to do this well to keep planning control at the local level.



THE POLITICS

RECOMMENDED ACTION

- 22** Elected Member interactions.
- Communication between Elected Members and the administration should be via the CEO and Executive only with direct contact with Managers on an as required basis with the permission of relevant Executive (the CEO should intervene in instances of inappropriate communication).
 - Plan and develop a series of workshops for attendance by Elected Members and Senior Planning and Building staff to educate all on their roles and responsibilities in the development control ecosystem.

WHY

Build trust and respect between the Elected Members and staff. The aim is to get to a position where the Elected Members have a high level of confidence in the professional expertise of staff and staff understand the will and desire of the Elected Members in the decision-making process.

RECOMMENDATIONS | SETTING A NEW COURSE

GFG's recommendations are summarised for each category in the Diagnostic Tool. These recommendations need to be adopted to move forward and set the Directorate up for future success.



THE POLITICS cont.

RECOMMENDED ACTION

23 Appoint a City Architect or panel of preferred suppliers to act as City Architect.

WHY

An appointed Architect can provide services that take into account a City preferred position in areas that are not black and white. A panel will provide flexibility and a mechanism to avoid conflicts of interest.

24 Implement a central Elected Member question and answer system whereby all questions come through a single point and the response, along with the original question is distributed to all Elected Members and the Executive.

Improve transparency, accountability, and efficiency with responding to Elected Members.

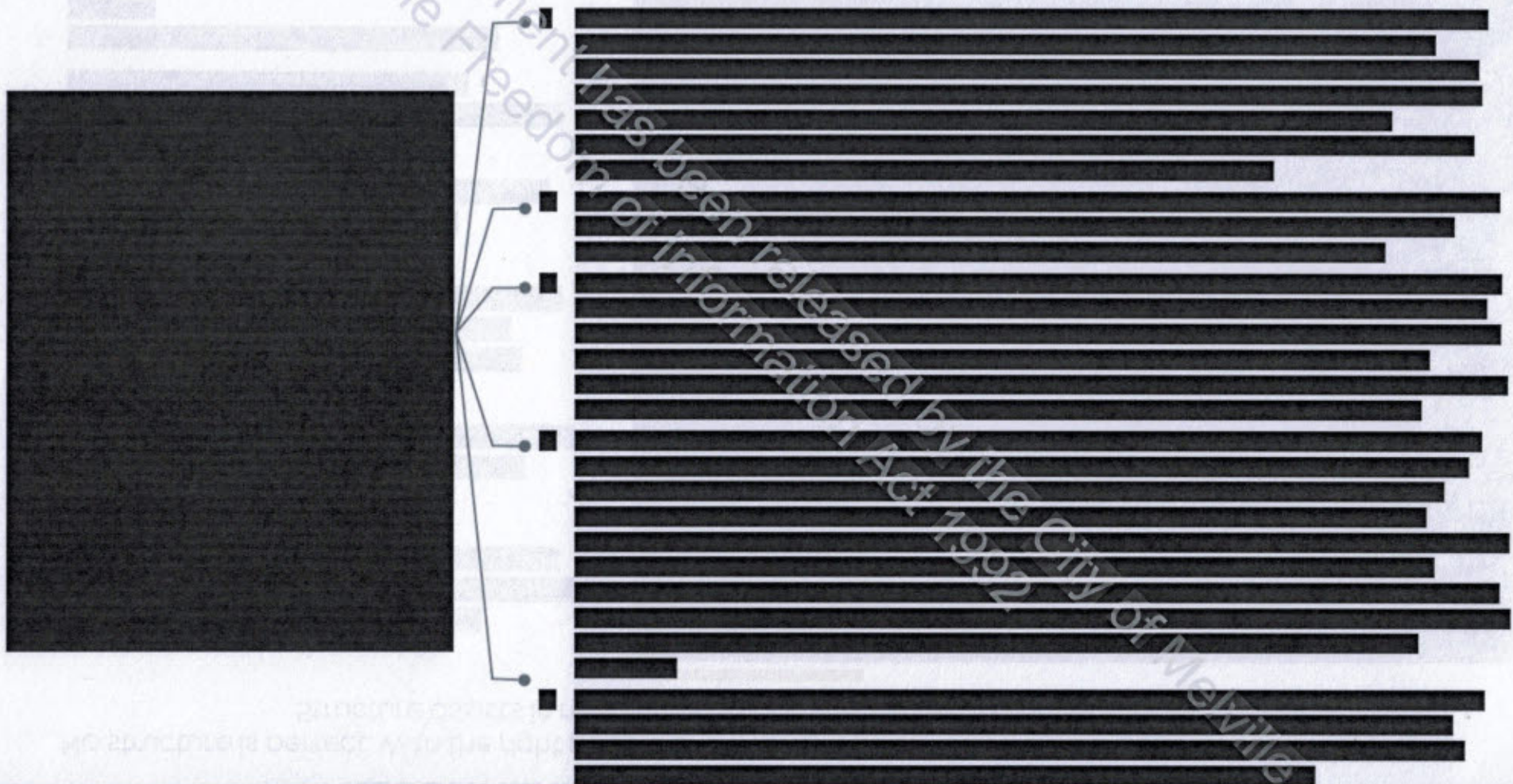
RECOMMENDATIONS | PROPOSED STRUCTURE

No structure is perfect. With the right people and the right attitudes, structure becomes less important. Structure assists in reporting and administration and accountability.

-
1. [Redacted]
 2. [Redacted]
 3. [Redacted]
 4. [Redacted]
 5. [Redacted]

RECOMMENDATIONS | STRUCTURAL CHANGES RATIONALE

No structure is perfect. With the right people and the right attitudes, structure becomes less important.
Structure assists in reporting and administration and accountability.



RECOMMENDATIONS | IMPLEMENTATION APPROACH (cont.)

A key success factor for the new structure will be the approach to implementation and communication. It will not be possible to implement all changes immediately, and it will be a step-by-step process.



A Clear Plan:

- Staff will be more accepting of change if the plan is well documented and communicated.
- The cultural change process needs to happen at the same time.
- People need to be willing to change and need to have confidence that there is a big picture.
- The main focus for the Acting Director should be to document the change plan and timeline based on the City's response to this report.



Communication:

- The Acting Director should start a process of open discussion and consultation with staff about the agreed structural changes. Key messages include:
- What needs to be considered to best support this approach and why.
 - The best location for the Business Support and Compliance team, and proposed timeline.
 - A new way of working is needed, and that the steps being taken now will be laying the foundations.



Tools:

To assist improved future cross-Directorate functioning, you may consider:

- The use of prominent visual aids such as Kanban boards.
- Regular "stand up" meetings and whole Directorate "town hall" meetings to update and inform of progress.
- The improvement plan could be drafted and accessible through MS Teams using the Planner/task/to do functions.



Behaviours:

- A positive culture will be reinforced by celebrating success as each improvement action is implemented.
- Agility will be important. Circumstances change and it is important for leaders to not become anchored to decisions if the circumstances change. The ability to pivot and be agile will reinforce that management is responsive and aware of the operating environment and prepared to shift when required.

RECOMMENDATIONS | IMPLEMENTATION APPROACH (cont.)

A key success factor for the new structure will be the approach to implementation and communication. It will not be possible to implement all changes immediately, and it will be a step-by-step process.

Cultural Change:

- Recognising the need for cultural change, the City has launched a program of transformation with four areas of focus, led by the CEO and Executive Team. This Directorate will contribute to the change program by successfully implementing the specific focus area it has been allocated (small business), and more importantly by ensuring the Directorate staff are fully engaged, happy, committed and come to work prepared to do their best.
- Developing a cultural change program can be undertaken with support from cultural change experts, or can be managed internally with support from the City's HR team. It starts with a clear vision for the Directorate in terms of its purpose and the values it believes are important to enable the purpose to be achieved. This vision must align with the City's overall vision.
- The structural elements of the Directorate's work have been discussed above, and supporting this the cultural change will be about the behavioural elements of leadership, communication, attitudes, responsiveness, collaboration, and taking responsibility that are to become the behavioural norms. The Director and Managers will need to model the new behaviours, and be persistent in ensuring everyone is working as part of this approach.

Business Improvement:

A commitment to continuous improvement will be one of the building blocks.

- In addition to the recommended structural and cultural changes there is significant opportunity to improve the efficiency of the business through more streamlined processes and the use of technology. This must not be done in isolation and should fit within a broader organisational business improvement strategy.
- For the PBEHD, business improvement can be distilled down to the development of detailed process maps and development of IT requirements for the automation of tasks where possible.



RECOMMENDATIONS | PROPOSED IMPLEMENTATION PHASES

We have proposed a phased 'step-by-step' approach for implementation over four horizons:
Immediate (1 mth), Short-term (1-6 mths), Medium-term (6-12 mths) and Long-term (+12mths)

PHASED IMPLEMENTATION

IMMEDIATE (1 month)

- 1 Appoint an interim Director
- 2 Ensure clear and frequent communication within the Directorate
- 10 Produce a review schedule of all policy and procedures
- 13 Change the delegations for Building Surveyors
- 16 Provide indemnity for Building Surveyors
- 22 Improve Elected Member interactions
- 24 Implement a central Elected Member question and answer system

SHORT-TERM (1-6 months)

- 3 Temporarily limit the ability of staff to work from home
- 4 Develop clear role definitions for director, manager, coordinator, supervisor and team leader.
- 5 Confirm key appointments
- 7 Transfer compliance role, and develop education and prevention strategies
- 8 [REDACTED]
- 9 [REDACTED]
- 15 Triage of Applications and Allocation of work
- 18 Additional resourcing
- 20 Improve Development Application process
- 21 Proactively explain the planning frameworks

MEDIUM-TERM (6-12 month)

- 6 Enhance Online Services, including database linked web forms, online application lodgements and mobile tools.
- 12 Engage a legal firm to review local laws with the intention of providing a mechanism for swift enforcement actions based on infringement notices
- 14 Shift responsibility for private property verges to the Building Services unit and review the verge bond system
- 17 Proactive EHO work planning
- 19 Review KPIs to include fewer activity/workload indicators and introduce "outcome measures
- 23 Appoint a City Architect or panel of preferred suppliers to act as City Architect

LONG-TERM (+12 month)

- 11 Develop the policy position that Responsible Authority Report (RARs) are not circulated to Council (may take time as trust needs to be restored).

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04

METHODOLOGY & BODY OF EVIDENCE



METHODOLOGY & BODY OF EVIDENCE | CONSULTATIONS

To complete our diagnostic tool, meetings, workshops and one-to-one interviews were held with a range of stakeholders relevant to the Directorate.



One on one interviews with CoM staff & Elected Members

1. Director Infrastructure
2. Manager Strategic Urban Planning
3. A/Manager Building & Environmental Health (x2 interviews)
4. Business Support Coordinator (x2 interviews)
5. Building Services Coordinator
6. A/Coordinator Environmental Health Services
7. Manager Statutory Planning
8. Coordinator Statutory Planning
9. Director Corporate Services
10. Building Surveyor (absent for Workshop session)
11. Director Community Development
12. Senior Building Surveyor
13. Senior Building Surveyor
14. Building Services Coordinator
15. Director Environment & Infrastructure
16. Business Support Officer (absent for Workshop session)
17. Mayor and Deputy Mayor



Group workshops with CoM staff

1. Building Services Workshop (13 people)
2. Environmental Health Workshop (5 people)
3. Statutory Planning Workshop (9 people)
4. Business Support Workshop (8 people)
5. Strategic Urban Planning Workshop (3 people)
6. Property Workshop (2 people)
7. Building Compliance Officers Workshop (2 people)

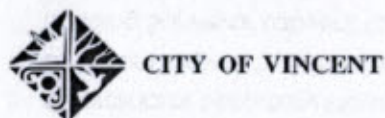
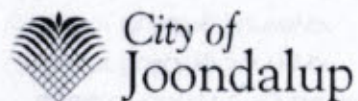
Meetings with other local authorities

1. City of Vincent (CEO session & Director/Manager session)
2. City of Joondalup (CEO session & Director/Manager session)
3. City of Stirling (Director/Manager session only)
4. City of South Perth (CEO session & Director/Manager session)
5. City of Cockburn (Director/Manager session only)



METHODOLOGY & BODY OF EVIDENCE | WHAT WE LEARNED FROM OTHERS

The benchmarking interviews were insightful, with useful information gathered from each of the five Councils.



The impact of strong leadership at the CEO and Director level was apparent, and all five Councils evidenced a commitment to:

- Reflecting continuously on the business to find better ways of doing business, and make things easier for residents
- Focussing on clear and exemplary processes
- Undertaking an organisational 're-set' where needed
- Collaborative practice
- Transparency, easy access to rules, clear and understandable language, and absolute clarity about what is/isn't acceptable in development terms
- Being responsive
- Being pragmatic
- Owning past mistakes and learning from them
- Embedding trust between Elected Members and staff

METHODOLOGY & BODY OF EVIDENCE | WHAT WE LEARNED FROM OTHERS

The benchmarking interviews were insightful, with useful information gathered from each of the five Councils.



CITY OF COCKBURN

- Focus on constant improvement, with the aim of achieving the vision of "Making Cockburn the best place to be". This includes creating a workplace that allows people to bring their best selves to work.
- Purpose-based organisation
- An efficiency drive across the organisation has put the focus on what can be done better to improve service. This has been done by a business analyst working with each team to digitally map processes to reduce the steps and look to automate.
- DAs and BAs are largely submitted electronically, allowing for instant verification of land ownership, and pre-population of data etc.
- Planning DAs are tracked as deadlines loom so that resources can be brought in as needed to complete the process.
- Coordinators have a key role in keeping applications moving through the approvals process.



CITY OF STIRLING

- Dedicated Business Improvement Officer
- Online application system
- Council and Admin aligned on planning and development. Councillors don't want the State Planning Commission to come in because planning isn't perceived to be done properly.
- The Directorate assumes a facilitator not a regulator role. Trying to get in front of things and prevent issues by working collaboratively, being transparent and proactively engaging with residents
- Officers are accessible and willing to meet and discuss projects to lead to best possible DAs.

METHODOLOGY & BODY OF EVIDENCE | WHAT WE LEARNED FROM OTHERS

The benchmarking interviews were insightful, with useful information gathered from each of the five Councils,



CITY OF VINCENT

CITY OF VINCENT

- Joint Planning and Building Strategy House and shortform business plan
- Importance of Built Form Policy
- Learning culture – what can we learn from JDAP decisions? Do we need to adjust policies to improve the approach?



City of
Joondalup

CITY OF JOONDALUP

- Focus throughout organisation is on making things easier for residents, leading to better ways of doing business.
- Fast-tracking of simple planning approvals
- Embrace continuous improvements and challenge the status quo



CITY OF SOUTH PERTH

- Community engagement as part of every development project. Involves weekly meetings with builders to do forward planning to identify and address potential issues.
- Clear guidelines given in terms of Construction Management Plan so it's very clear what developers need to do.
- A key driver to doing this properly is that the City doesn't want to cede planning controls to the State.

OUR DETAILS & CONTACT INFORMATION

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Customer
Science

We bring service transformation to life.



City of Melville Final Complaints Review

Lead Consultant [REDACTED]

Customer Science

Version: v.3

Date: Friday, 10th January 2020

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Revision

Version	Description	Author	Release Date
V1	Initial draft – internal only		8 January 2020
V2	Draft for review		9 January 2020
V3	Final for distribution		10 January 2020

Executive Summary

The City of Melville has established a very solid complaints management framework and, in the main, handles its complaints highly effectively. Its policy and procedures have been certified under the Customer Service Institute of Australia's Customer Complaints Framework in March 2019.

The City of Melville was however the subject of a review by the Western Australian Department of Local Government, Sport and Cultural Industries in 2018/19 and as a result of the authorised inquiry, a report with recommendations was released in June 2019 (Inquiry Report). In part, key recommendations from the report were that the City of Melville:

- Independently review the City of Melville's complaints management processes
- Review decision resolution for complaints from 27 June for a period of three months in accordance with recommendation two (2) of the Inquiry Report.

Customer Science was selected to undertake the independent review. An initial report was completed and provided on 19 December 2019 and this report constitutes the final report inclusive of a detailed review of confidential complaints which for the purpose of this report are called **Executive Complaints**.

Based on our review, Customer Science believes that there are robust and quality policies, procedures and systems in place to manage the complaints made to the City. It has also found that:

- complaints that are registered through the workflow and system of record, **Pathways**, were consistent in volume and nature to the volume of services, service requests and residents and not inconsistent with our experience in dealing with other councils and entities.
- in the main, Pathways complaints were adequately dealt with in line with the documented policy and procedures delivering appropriate actions, consistent resolution and satisfaction to the complainants.
- Opportunities were identified for further improvement specifically around consistency of terminology and improvements in documentation and procedure, all of which are considered normal given the detailed scrutiny, independence and benchmarking Customer Science has applied.
- Executive Complaints are being treated outside of the City's standard complaint management process and Pathways system. While it is appreciated that this is due to the confidential nature and volume of issues, it is believed to be a more complicated and inferior process and system to ensure that "complaints" are tracked, responded to and adherence to policy and process is validated.

This report sets out detailed findings and the key theme of the recommendations is to build upon the existing very strong framework in place but create clarity, ownership, consistency and discipline to the management of all complaints. No single solution will address this, and all recommendations are co-dependent and interrelated.

Background

As a result of the recommendations of the Department of Local Government, Sport and Cultural Industries Authorised Inquiry into the City of Melville released in June 2019 (Inquiry Report), Customer Science was selected to undertake a review to deliver the following outcomes:

- Independently review the City of Melville's complaints management processes
- Review decision resolution for complaints from 27 June for a period of three months in accordance with recommendation two (2) of the Inquiry Report.

The agreed scope of the review was:

- Review all the Relevant Documents as shown below in order to understand the current documented processes that are in place and verify that the practice of handling complaints and achieving resolution thereof at all levels of the organisation, is in accordance with those documented processes.
- Review complaint resolution, decisions and actions and associated applied processes for complaints received for a period of three months from 27 June, noting any opportunities for process improvement.
- Recommend improvements to current processes and documentation.
- The internal review process includes a conformity scan covering health and safety, environmental, regulatory, legal and other policies, as per recommendation from CSIA report.
- Preparation of a report to summarize the work conducted, including the methodology applied to the review conducted and offer further recommendations that help ensure the findings and recommendations of the Inquiry Report are addressed and will further support the City's goal of working together with its residents to achieve community wellbeing and achieve customer satisfaction.

The following documents were provided as part of the scoping phase:

1. CP-101 Complaints Management Policy
2. CP-107 Managing Unreasonable Conduct by Customers
3. OP- 022 Customer Feedback Policy
4. Customer Feedback Complaints Procedure
5. CSIA Complaints Handling Framework (CHF) Assessment report completed in March 2019
6. Department of Local Government, Sport and Culture Report of the Inquiry into the City of Melville dated June 2019

Review Process

Customer Science reviewed all provided documents and undertook an onsite assessment including interviews, observations and viewing of systems and documentation.

The review process included:

- 12 interviews with City of Melville leaders including the CEO
- 8 hours of side by side observation of service staff in customer contact (phone, email, chat, front counter) and systems use
- Detailed review of 8 policy & procedure documents relating to complaints
- Detailed review of 124 Pathways complaints
- Detailed review of 561 documents in ECM

Following an initial assessment, it was agreed that the original approach of the review be altered based on the volume and access to all complaints requiring assessment, specifically those documents in ECM. It was also agreed that rather than completing a report prior to the in-depth analysis of all complaints, that an initial review be completed, followed by the in-depth review of all ECM documents and then follow with a detailed report.

The initial review was completed on 19 December and provided to the City of Melville. For the purpose of the review, the initial report and this final report, correspondence/complaints that have been directed to the CEO and Council, placed onto ECM and were subject to findings of the Audit Report, will be referred to as **Executive Complaints**. This term is common in complaint management procedures of benchmark organisations and identifies those complaints which are often managed separately and/or receive special handling.

This report, therefore, forms the basis of the detailed review specifically:

- Findings & observations on the complaints documentation
- Detailed review of Pathways complaints
- Detailed review of Executive Complaints
- Recommendations for improvement

Framework

The Initial Review and the Detailed Review are structured into three categories to assist with the assessment and also to clearly identify the findings and recommendations. The table below illustrates at a high level our approach and activities under each step.

	Complaints Documentation & Processes	Pathways Complaints	Executive Complaints
Initial Review	- Detailed review of all documents - Report on findings & observations - Report on recommendations	- Detailed review all complaints for the 3-month review period - Assessment of reasonable outcomes - Report on findings - Report on recommendations	- Understand the special handling process - Understand the volume and complexity of Executive Complaints for the 3-month review period - Map process and time to review
Detailed Review	Final report on findings and recommendations	Final report on findings and recommendations	- Detailed review of complaints & findings - Develop detailed recommendations - Final report on findings and recommendations

Analysis & Findings

As context to the recommendations that will be provided, the following key findings were identified:

Complaints Documentation and Processes

Definition of Complaint, Feedback & Service Request

- The Customer Feedback Policy, Complaints Policy and other documents use the words 'feedback' and 'complaint' interchangeably which makes these documents unclear. This also flows onto the City's website where a resident selects to log a complaint but ends up with a Customer Feedback form.
- Given the importance of these policies and their application, clearer definitions and greater precision in their use is required.
- When a complaint is received via the telephone or in person and resolved immediately, the complaint is not always logged. This means that the city is not capturing the exact number of complaints that are received from its residents, the nature of those complaints and their resolution. This will in turn hinder the identification of root cause and continual improvement initiatives.

Complaints Management Policy

The Complaints Management Policy is of high quality and has been certified by the Customer Service Institute of Australia (March 2019). There were however a number of further opportunities identified:

- While a definition of “complaint” is in place and represents a broad view of compliant to incorporate feedback, given the nature of the Audit Report & the complaints received by the City, this definition needs to be updated and a clearer definition with no ambiguity.
- The Policy does not clearly outline the steps that will be taken to investigate and resolve a complaint. Where the customer is provided with a copy of the Policy and no other supporting documentation, they would not have a clear understanding of what happens next.
- Currently the owner of the complaints policy and process resides in one of the Directorates and should be elevated to the CEO.

Customer Feedback Policy

The Customer Feedback Policy is of high quality and the City is commended for having such policies in place. There were however a number of further opportunities identified:

- The policy refers to identifying problems or strengths with service provision and improvement but should be broader to incorporate identifying problems or strengths about people and contractors.
- A definition of a complaint sits within the Customer Feedback Policy and potentially creates confusion. For consistency and ease it is best to make reference to the Complaints Policy rather than restating in the Customer Feedback Policy. In this way any changes do not have to be made and removes any possible discrepancies.

Customer Feedback Complaints Procedure

The Customer Feedback Complaints Procedure is of high quality and the City is commended for having such documents in place. There were however a number of further opportunities identified:

- The naming of this procedure creates ambiguity in its purpose.
- Scope of the document refers to staff and representatives which is different from the wording in the policy which outlines ‘elected members, staff and contractors’ and there should be alignment and consistency.
- Complaints about elected members are not covered under the scope and needs to be clarified. If they are not covered, then there needs to be an alternative policy and procedures created for the handling of such complaints. If they are covered it needs to clearly be identified in the procedure.
- The sentence “Achieving resolution in any complaints received to further improve the City of Melville’s product and customer services” is unclear and should be clarified to remove any ambiguity.

- The sentences “Auditing the customer feedback process” and ‘Reviewing the effectiveness of the customer feedback process’ should both be removed from this procedure document and they relate to Customer Feedback.
- The process flows and procedures do not adequately outline a validation step for complaints as they come in. There are questions that should be answered: Does this complaint already exist in the system? Who should the complaint be allocated to? Is that person in the office or on leave? Is the complaint categorised correctly?
- Quality Assurance and root cause analysis are not included as part of this document. These steps are critical to continual improvement and should be referenced even if they are conducted as part of a separate process.
- In the Complaint Handling Process – About a City of Melville Staff Member has a step to ‘Advise customer / complainant of investigation and action taken’ without providing any corresponding guidelines, templates or parameters.
- The terms “CSTO” and “Toolbox” are referenced within the document but no explanation of what they mean. A glossary of terms may assist.
- The procedure refers to residents being able to log a complaint in person to ‘any city of Melville employee’ however at present not all staff are following the same complaints process / procedure.
- Under section 5 Recording and Resolving, reference is made to “All **feedback** received by” which should be removed from this procedure document.
- Emphasis on the recording of all notes and action is not prominent enough across the policy, process or procedure.
- The document does not outline the importance of sharing with the customer the process or the set expectations of the process.
- The document refers to a confidential complaint but does not outline what makes a confidential complaint.
- Under the section Investigation of a Complaint it refers to a ‘Service Recovery Matrix’ however this is not included as part of the document.
- Under Response to a Complaint reference is made to ‘Actioning officer is to identify and implement documents to prevent reoccurrence’. It is unclear what “documents” is referring to.
- Under the section Maintenance and Improvements reference is made to ‘The Customer Relations Coordinator will review customer **feedback** and analyse and implement opportunities for improvement’. Again, reference is made to feedback and should either read **complaints** or be removed.
- Under section 6 Employee Well Being and Safety reference is made to storing information about unreasonable complaints being recorded in a memo field needs to be clarified if this is the correct and most appropriate location.
- Under section 7 Employee Responsibilities reference is again made to customer feedback rather than complaints.
- The Customer Relations Improvement Officer only reviews complaints when they are first logged and again when they are closed. Complaints need to be actively managed throughout their lifecycle and monitored for SLA adherence etc.
- Unless a resident is logging a complaint from the website there is little information provided to the resident on the complaints process – what happens next, timeframes etc.

Managing Unreasonable Conduct by Customers

While it is not unusual for organisations to have a policy in place for the protection and instruction of staff where they are being abused or intimidated, the Managing Unreasonable Conduct by Customers is potentially unnecessary. There were however a number of further opportunities identified:

- The policy appears quite specific in its nature and could benefit from being pitched at a higher level and align with the Customer Charter which is already in place and focussed on the protection of employees.
- The policy statement refers to 'legitimate and important' concerns but does not define what and who determines what is 'legitimate and important'.
- There does not appear to be any procedures developed to assist with the operationalisation of the policy.

Customer Charter

The Customer Charter was reviewed and is a high-quality charter which includes commitments to customers and equally sets out standards of behaviour expected from customers. This charter in effect acts as a policy statement around customer behaviour and may be able to be leveraged in certain circumstances. The Melville Way sets out procedures for staff to operationalise this policy including scripts for staff.

Actions/update since Report of Inquiry

- The Report of Inquiry made no mention to the Complaints Handling Framework assessment by the Customer Service Institute of Australia and the subsequent certification that was presented to the City in March 2019 which attests that the Council's complaint management is at a high standard.
- The Report highlighted a need to brief residents on the content of the Complaints Policy when they record a complaint, so expectations are set up front. Process and procedure documents need to be updated to reflect this.
- The report referenced that delays in correspondence with residents due to waiting on legal advice. There should be an initial step within the process to include an initial correspondence to residents with their Complaint ref number in all circumstances and to clearly set expectations up front and throughout the complaints process.
- The Report recommends a more robust complaints handling policy and escalation processes both within the City and externally. This review incorporates those recommendations.
- The Report recommends Senior staff training on complaint management and unreasonable complainants. Internal training has been provided and further training should be considered.

Pathways & ECM system

The City's workflow management system "Pathways" is the key system of record for customer data, service requests and complaints, provides tracking, notes and reporting. An additional system, "ECM", is used as the document storage system and does not provide workflow and tracking at the same standard as Pathways and only allows for limited notes and reporting.

- Pathways is an adequate and appropriate system for logging, recording, tracking and reporting for complaints.
- ECM appears adequate as a secure document storage system but is not effective as a logging, recording, tracking and reporting system for complaints.
- The naming of documents in ECM is inconsistent, meaning that documents associated with a complaint are not always flagged accordingly making them difficult to track.
- This is especially the case with any complaints that are not logged in Pathways and the documents just stored in ECM.
- Executive Complaints, directly to the CEO and Council, are not all tracked in Pathways but are placed in ECM with the intention that they are treated confidentially.
- Documents associated with an Executive Complaint are placed directly in ECM but are not always linked to each other making it difficult to follow the trail of communication or associated actions for any one complaint.
- The auditing of complaints to monitor compliance against both policy and procedure is clear and easy within Pathways however incredibly limited and time consuming within ECM.
- Pathways should be the single and only source of truth for all complaints.

Reporting

Complaint Reporting is adequate for Pathways complaints and inadequate for ECM/Executive Complaints.

- Newly created quarterly Pathways complaint reporting is in place showing volume of complaints, directorate and primary reason and would benefit from being expanded to include root cause analysis, lessons learnt and continual improvement opportunities.
- There are currently categories of complaint cause in Pathways; People, Process and Systems which is enough for high level reporting. However, there would be benefit in rescoping the subcategories to drill down more into the root cause of the complaints.
- Management reporting is accurately extracted from Pathways and presented through Excel & PowerPoint. There is an opportunity for this process to be streamlined with the use of macros and extraction tools, saving time and potential errors.

Follow up & action planning

The intention of the Complaint Management framework is to collate all information related to complaints and analyse data for common issues, root cause and develop improvement plans to improve service and reduce complaints. However, improvement initiatives are managed by each different directorate and there is no centralised improvement register to track ownership, actions, commitments and progress.

Mental Health issues/Report of suicide

It has been observed that there are residents within the City who declare that they have mental health issues throughout the complaints process. In one instance a resident declared that she was suicidal. This is not uncommon across government departments, councils and service providers and is unfortunately increasing. The City has a duty of care to both residents and staff and it does not appear there is adequate coverage of action or escalation in the existing policies to address this.

Escalation process

It is common within complaints policies and procedures to document an escalation trigger and process to address complainants concerns that issues have not been adequately addressed. There does not appear adequate coverage of action or escalation in the existing policies to address this.

Treatment of staff and “elected member” complaints

Currently complaints related to “staff” and “elected member” are recorded through Pathways but are segregated for tracking, auditing and reporting purposes. While it is acknowledged that these complaints can be seen as confidential it is normal procedure that these complaints are managed as part of the normal process and procedure ensuring that right level of tracking, reporting and improvement. It is also observed that these complaints are, at times, only recorded in ECM.

Roles and responsibilities

There are high levels of experience, capability and professionalism evident with the Customer Relations Improvement Officer and the Coordinator Customer Relations which could be leveraged further. Opportunities identified:

- Currently the Customer Relations Improvement Officer only has access to Pathways:
 - COMP03 – Complaints about a Melville Service
 - COMP06 – Complaints about a Non-City of Melville Service
 - COMP01 - Complaint about a Staff Member
- Currently not all complaints are being overseen by the Customer Relations Improvement Officer and the following was noted:
 - complaints being routed to the wrong manager resulting in delays
 - duplicate complaints being recorded
 - complaints classified incorrectly
 - urgent complaints are not flagged for immediate attention
- To ensure consistency in the way complaints are handled, the Customer Relations Improvement Officer should be granted access to all complaints regardless of type.
- The current process does not clearly define all the roles and responsibilities for all staff involved in managing a complaint.

Independence of training

It is noted that training has been provided by the Customer Relations Improvement Officer and it certainly appears to be making a difference to the way in which complaints are managed. Managers have acknowledged the quality and benefits of the training. For Senior Managers however they may benefit from additional complaints leadership training which are commonly provided by external providers.

Pathways Complaints

A review was undertaken of complaints registered in Pathways for the period set by the Audit report being 3 months from 27 June 2019. The following observations were made:

Volume & trending

- 124 complaints were registered, averaging 39 per month over the three-month period.

Types of complaints

- 103 (83%) of complaints were about a service.
- 76 (61%) of complaints are in relation to Technical services with 53 (70%) of those were regarding Resource Recovery & Waste.
- 78 (66%) of complaint causes were Process related.
- Of the 124 complaints, the categories with 10 or more complaints were:
 - 17% related to parking.
 - 13% related to bins.
 - 12% related to perceived poor staff conduct.
 - 8% related to negligence.

Service Level adherence

- Of the 124 complaints recorded, 3 remain open.
- 80% of complaints were resolved within the 10-day SLA.
- 36% of customers were satisfied with the resolution.
- 47% unknown if the customer was satisfied.
- Assessed that 86% of complaints could have been avoided.

Compliance to documented policy/procedure

- 80% of complaints logged (100/124) were compliant with the complaints policy.
- Of the 20% that were not, delays in response to the customer and lack of notes were the primary reasons

Adequacy of complaint resolution/decisions and actions

The majority of Pathway complaints were managed well with both prompt action taken and within the complaints framework.

- 45% of complaints were resolved with an explanation from the council.
- 26% were resolved with an apology and having the corrective action applied.
- A basic audit process is in place for reviewing complaints once they are closed however this audit could be more detailed.
- Currently, customer satisfaction at the conclusion of a complaint is only achieved by asking the resident if they are satisfied. This is only carried out if the resident is contacted by telephone. In many cases it is unknown whether the customer is satisfied or ready for their complaint to be closed.
- Quality of notes was the primary reason for non-conformance of the complaint policy / procedure. In these instances, City staff are not ensuring that detailed notes are recorded at each step of the complaint or that any associated documentation is attached / recorded.
- At times, there is a tendency to quote 'technical' terms to residents on why something cannot / needs to be done.
- The spelling in both the notes of the Pathway cases and the correspondence that goes out to customers can at times be poor.
- A few complaints are raised about the conduct / behaviour of the City of Melville contractors.
- The highest number of complaints received by the city have a root cause of Process / Communication. It is felt that many of these complaints could have been avoided had the engagement with the residents impacted by these changes been improved.
- When complaints are referred to a third party, the complaint is closed out within Pathways however there is no follow up to ensure that the third party closes out the complaint with the resident.
- There were minimal complaints about the IVR however those that did come through complained of lengthy wait times.

Executive Complaints

A review was undertaken of Executive Complaints in ECM for the period set by the Audit report being 3 months from 27 June 2019. The following observations were made:

- From over 500 "complaint" documents in ECM, 341 have been identified as unique documents
- Not all correspondence to the Council executive are complaints/Executive Complaints but rather requests, copies of documents, comments and feedback
- Executive Complaints, complaints direct to Elected Members and those received by field staff (rec centres, libraries etc) are not all logged in Pathways. Most Executive Complaint documents are stored within ECM only which makes tracking, reporting, auditing difficult.
- In addition, visibility of historical complaints and / or current open complaints is extremely difficult when they are not tracked within a single system. This can result in a duplication of effort / a poor experience for the customer when multiple people are managing the same or different issues for a single customer.
- Executive Complaints are largely managed outside of the Complaints Policy and the Pathway system.

- Due to the lack of notes within the ECM system and the lack of structure around the organisation of the documents, it is difficult to determine if in fact there are complaints and if they had been resolved. Certainly, it was observed that actions and correspondence from the City was occurring, but the tracking and auditability of the system is poor.
- Documents stored in ECM are given a document ID and an internal ID reference. Where documents were part of an ongoing issue, the internal ID in many instances did not reference the original case meaning that it is very difficult to easily identify what documents are linked and form part of the same complaint / request.
- A large number of the documents stored within ECM do not have notes against them, or even where there are notes, it cannot be determined what the outcomes were or if the matter had been resolved.
- The naming convention of documents within ECM is highly inconsistent which makes searching for 'Complaints' and achieving accurate data challenging.
- 90 of the documents reviewed in the three-month period were forwarded documents from elected members and City staff, some of which were in relation to matters that were 5+ years old.
- It was observed that there are several historical complaints within ECM that have been ongoing for several years.
- Ongoing noise complaints from one resident were being recorded every few days. Each time these complaints were raised as a new Pathway case and a new set of records were created in ECM with each case being treated as a separate matter.
- It was identified that there were a number of duplicated documents within ECM where different people had forwarded the same document into the system, but a different ID was used creating duplication and confusion.
- Only 40 of the 341 documents identified in ECM had an associated Pathway Case. 45% of those were related to noise disturbance and 25% were complaints about a City of Melville service.

Scope of Executive Complaints

The precise nature of Executive Complaints is not easily determined as they not tracked through the Pathways system. There were 341 unique documents in ECM that were reviewed to determine the exact nature of Executive Complaints.

It was determined that during the 3-month review period there were **47 "new"** Executive Complaints.

Document Types

The detailed review identified and categorised the 341 documents as:

Complaint	213	63%
Request	90	26%
Information	32	9%
Feedback	6	2%

Residents	195	57%
Resident Association	99	29%
Third Party	28	8%
Elected Member /Internal	19	6%

Volume & Trending

- 165 documents (48%) of the 341 documents entered into ECM during the review window, were entered in July 2019.
- 55% of the documents entered in July 2019 were forwarded emails from elected members and City staff containing historical correspondence from residents over a number of years.
- 95 documents were entered in August 2019 and reduced to 70 in September 2019.
- 47% of the documents from the review period were inbound correspondence from residents, residents' associations and third parties.
- 53% of the documents from the review period were outbound or internal correspondence from the City / Elected Members.

Volume of Executive Complaints

- 213 (63%) of all ECM documents were identified as being in relation to a complaint, as per the City's current definition of a complaint.
- 47 (22%) of the Complaint documents were identified as a 'New' complaint
- 94 (44%) of the Complaint documents were 'Historical' (for the purpose of this review, historical related to complaints that were raised prior to the review period. In some instances, many years prior.
- 70 (33%) of the Complaint documents were identified as 'Existing'. These documents related to a complaint that had already been raised during the review period. Typically, they were correspondence between the City and the Resident as they worked through a complaint.

Understanding of the special handling process

The specific handling procedure of Executive Complaints is not easily determined as they not tracked though the Pathways system, workflow and notes. Consequently, we are unable to endorse the existing special handling process for Executive Complaints.

- 254 (74%) of the documents in ECM for the review period had no notes.
- 154 of the documents were linked to either a Pathway Case or another document in ECM. It was noted that many additional documents were linked to others, but the internal ID reference had not been updated to reflect this.

Service Level adherence

Due to the lack of notes, tracking and reporting in ECM it is not possible to determine the achievement to SLA's of the 47 new Executive Complaints. Additionally, due to the complexity, volume and duplicative nature of material presented by the complainants it would be extremely difficult to address within the 10-day window. Based on the detailed review observations, most items are managed outside of the 10-day SLA. There is a greater likelihood to ensure adherence to the SLA should all Executive Complaints be managed through the Pathways system.

Compliance to documented policy/procedure

Due to the lack of notes, tracking and reporting in ECM it is not possible to determine, at high confidence level, that there is compliance with the documented policy & procedure. Issues are recorded and retained, issues investigated, and responses provided. Additionally, due to the complexity, volume and duplicative and repetitive nature of material presented by the complainants it is extremely difficult to decipher and address the issues. There is a greater likelihood to ensure compliance to policy and procedure should all Executive Complaints be managed through the Pathways system.

Adequacy of complaint resolution, decisions and actions

Due to the lack of notes, tracking and reporting in ECM it is not possible to determine, at high confidence level, the adequacy of resolution, decision and actions. Information is provided and actions are taken however there is a lack of clarity as to an exact resolution or outcome. This is particularly the case when information/answers are provided which the complainant does not agree with or accept.

While issue “resolution” would ideally seek to achieve “complainant satisfaction” it is not uncommon in complaint management and industry generally that the parties do not agree on the outcome. It is therefore critical that the policy and procedure is clear on escalation steps, clear on when complaints can be “closed” and procedures in place to include where “no further action” can or will be taken. It is also critical that this procedure and communication is transparent to the complainant.

Recommendations Summary

Aligned to the framework, high level recommendations are in the table below. Particular emphasis will be placed on the Priority opportunities.

Improvement Opportunities	Priority	Future State
Complaints Documentation & Processes	Clarify and consistently align the definition of a complaint - Update the Complaints Policy, Customer Feedback Policy and Complaints Procedure <i>(as outlined in the detailed recommendations)</i> - Establish customer facing supporting documentation, escalation matrix / website / guidelines Extend system access & delegated authorities for staff dealing with complaints Undertake external Executive Complaint Handling Training and City-wide briefing, including contractors, on the changes	- Review and update process for conducting root cause analysis and driving continual improvement - Expand the scope of Complaints reporting to increase visibility, awareness and action - Establish guidelines in relation to duty of care in mental health - Review Managing Unreasonable Behavior Policy
Pathways Complaints	Log all complaints, even those resolved over the phone and counter service Implement an extended audit process on an ongoing basis	- Investigate automated SLA tracking and reporting - Review Customer Survey options for email complaints
Executive Complaints	Commence recording 'Executive Complaints', defined by the Complaints Policy, in Pathways Manage all 'Executive Complaints' as per the standard Complaints Policy & Complaints Procedure Review and develop an escalation and "No Further Action" sections in the Complaints Policy & Procedure.	Review the benefit to creating Pathway records for historical and existing Executive Complaints

N.B. Recommendations in **bold** represent quick wins

Recommendations - Priority

The key theme of the Priority recommendations is to build upon the existing very strong framework in place but create clarity, ownership, consistency and discipline to the management of all complaints. No single solution will address this, and all recommendations are co-dependent and interrelated.

Complaints Documentation and Process Opportunities

1. The City's **definition of "complaint"** needs to be reviewed and updated to ensure that City staff and residents are clear on the difference between a customer service request, customer feedback and a complaint and what constitutes a complaint. While some organisations take a "broad view" on the definition of complaint to capture and document customer insights, The City of Melville would benefit from a clearer, more defined view specifically as the processes and procedures for each is quite precise. It is felt that a clearer definition would greatly assist staff and residents.
2. **The Complaints Policy, Customer Feedback Policy and the Complaints Procedure should be revised** and clearly separated from each other. The detailed recommended changes in each document are contained in Appendix A. The changes would therefore incorporate and align on the definitions and ensure each document is fit for its purpose. This clarity and specificity will assist with reporting and ensuring appropriate actions.
3. Provide a **customer facing and staff guide** to complaints which outlines the Complaints framework including steps taken to resolve, escalate and close a complaint with appropriate templates. This document can also outline key milestones so that the resident's expectations are set from the outset.
4. Extend **system access & delegated authorities** for staff dealing with complaints, specifically the Customer Relations Improvement Officer. This would include access to:
 - COMP02 - Complaint about an Elected Member
 - COMP07 - Complaint about a Contractor
 - COMP09 - Complaint about a Supplier
 - Executive Complaints

This access would allow monitoring, auditing (quality assurance and adherence to policy) and reporting of complaints. Also, it would provide a holistic view of complaints and necessary improvement initiatives.

5. It is strongly recommended that tailored external **executive/leadership Complaints Handling & Customer Service Training** such as through the Customer Service Institute of Australia (CSIA), be considered. This independent leadership training will provide further skills and insights into complaint management, demonstrating the City's ongoing commitment to complaints. It is also recommended that all staff, including contractors, undergo some dedicated briefing on the final recommendations and changes to ensure they are operationalized effectively.

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Pathway Complaints Opportunities

6. **Log all complaints** even those that are resolved on the phone and in person into Pathways for accurate tracking, reporting and insight purposes.
7. Establish a comprehensive **audit process** for all complaints on an ongoing basis.
 - what is the appropriate close out for a complaint? If the resident has been emailed to answer a complaint, consider that the resident be contacted within 5 days of that email being sent to confirm that their complaint has been resolved?
 - where customer satisfaction has not been able to be determined, consider a customer satisfaction survey that can be emailed to the resident.

Executive Complaints Opportunities

8. Commence **recording all 'Executive Complaints', as defined by the Complaints Policy, in Pathways** rather than ECM, and that Pathways is relied upon as the single source of truth for complaints providing a single and reliable system for tracking, reporting and audit purposes. It will need to be validated that documents loaded through Pathways are stored automatically through to ECM. In other words, ECM is used only for storage not for workflow nor management of Executive Complaints.
9. **Manage all 'Executive Complaints' as per the standard Complaints Policy & Complaints Procedure**
10. The Complaints Policy and Procedures be updated to include **definitions and actions for escalation** when a matter is deemed as **resolved or closed** (including but not restricted to an Ombudsman or State Body decision/ruling) and that there is a fair and reasonable **'no further action'** policy and procedure included.

Recommendations – Future State

The following recommendations relate to longer term initiatives to deliver improved complaints handling and management but would require the delivery and stabilisation of the priority items before embarking on further initiatives.

1. Quality Assurance and root cause analysis is critical to developing a mature complaints framework, providing resolution to issues and preventing them reoccur. Creation of a centralised Continual Improvement register for all improvement activities that are generated from complaints with clear ownership and timeframes.
2. Establish a regular meeting with all Directorate leads with a formalised agenda to cover:
 - Summary of complaints for the period
 - Exceptions in the data
 - Root cause findings
 - Lessons Learnt
 - Improvement opportunities
3. It is recommended to have a process in place on how to support residents and staff, where to get support, how to organise and what actions are to be taken in the case of mental health issues.
4. It is recommended that the Managing Unreasonable Behaviour Policy be reviewed, and consideration given to a 'Code of Conduct' Policy / Framework for residents or leverage the existing Customer Charter on how to manage unreasonable behaviour with all escalation options defined.
5. Investigate automated SLA tracking and reporting.
6. Review Customer Survey options for email complaints.
7. Review the benefit to creating Pathway records for historical and existing Executive Complaints.

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Next Steps & Actions

Customer Science recommends the next steps and actions as follows:

1	Present Final Report to Executive	Customer Science	10 Jan
2	Workshop report findings and recommendations with Executive	Sponsor & Customer Science	By 17 Jan
3	Final Report and Recommendations	Customer Science	20 Jan
4	Commence embedding recommendations (as required)	Customer Science	20 Jan
5	Follow up & review progress	Customer Science	30 Mar

Customer Science also recommends that the available time and resources allocated to this review be leveraged to complete the following actions, naturally should they be endorsed by the City:

1. **Clarify and consistently align the definition of a complaint**
2. **Update the Complaints Policy, Customer Feedback Policy and Complaints Procedure**
10. **Review and development of escalation and a “No Further Action” section in the Complaints Policy & Procedure.**

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Appendix A: Detailed recommendations & considerations

Complaints Documentation and Process Opportunities

1. The Customer Feedback Policy and Complaints Policy should be revised and clearly separated from each other. The website should also be updated so it is clear for a resident that there is a difference between feedback, compliments and logging a complaint. [Priority Recommendation 1]

Complaints policy

2. The City's definition of complaint needs to be reviewed and updated to ensure that City staff and resident are clear on the difference between customer feedback and a complaint and what constitutes a complaint. [Priority Recommendation 1]
3. Provide a customer facing and staff guide to complaints which outlines the Complaints framework including steps taken to resolve. This document can also outline key milestones so that the resident's expectations are set from the outset. [Priority Recommendation 3]

Customer Feedback Policy

4. Update the policy to reflect that people and contractors could be a problem area / receive a compliment etc. This includes updating the list of areas a customer could provide feedback on to include Contractors. [Priority Recommendation 2]
5. It is recommended that the Definition of a Complaint and the associated Policy Statement are removed from the feedback policy [Priority Recommendation 2]
6. Item 7 'Investigation of Complaints' should be removed from this policy and only be in the Complaints policy [Priority Recommendation 2]

Complaints procedure

7. Provide templates for staff to use to gather all relevant information for complaint [Priority Recommendation 3]
8. Align wording from Complaints Policy and replace "staff and representatives" with "elected members, staff and contractors" [Priority Recommendation 2]
9. It is recommended that all Complaints regardless of the nature follow the same complaints policy and procedures but may have a slightly different handling process as per 'executive complaints. [Priority Recommendation 2]
10. Consider a revision to this 'Achieving resolution in any complaints received to further improve the City of Melville's product and customer services' sentence as it is not clear. Suggest separating out why the City wants to achieve a resolution and the benefits of this. [Priority Recommendation 2]
11. Both line items should be removed 'Auditing the customer feedback process' and 'Reviewing the effectiveness of the customer feedback process' from this document as they are in relation to Customer Feedback. [Priority Recommendation 2]

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12. Both process / procedures are rewritten to clearly define everyone's responsibilities when managing a complaint and the steps needing to be taken in more detail. A RACI outline each role and each step would assist with this. [Priority Recommendation 2]
13. Quality Assurance / root cause analysis are not included as part of the process / procedures. These items should be included as next step even if they are not covered as part of this process. [Priority Recommendation 2]
14. Guidelines should be put into place around the confidential nature of certain actions that should not be shared with the resident e.g. About a City of Melville Staff Member has a step to 'Advise customer / complainant of investigation and action taken'. [Priority Recommendation 2]
15. Ensure that a glossary of terms included. [Priority Recommendation 2]
16. Alignment across the whole of the City of Melville, using a single complaints framework and system is required. [Priority Recommendation 5]
17. The document is in relation to complaints and should be updated to not keep referring to the term 'feedback'. [Priority Recommendation 2]
18. Update the documents to ensure that record keeping is a key success factor and a non-conformance if not complied with. [Priority Recommendation 2]
19. Procedure be updated to include expectation customer setting as a step in the process. [Priority Recommendation 2]
20. Ensure that the document gives a clear explanation on what constitutes a 'confidential complaint'. [Priority Recommendation 2]
21. Update the procedure to include the Service Recovery Matrix or refer to where this can be located [Priority Recommendation 2]
22. Update the procedure to be clear what documents are being referred to, 'Actioning officer is to identify and implement documents to prevent reoccurrence'. [Priority Recommendation 2]
23. Update the document under Maintenance and Improvements to replace the word feedback with "complaints". Provide steps of analysis to be carried out or refer to a separate process. Also, at present auditing is restricted only to complaints about a service so either the process needs to be updated or as recommended allow the coordinator access to all complaints. [Priority Recommendation 2]
24. Review Employee Well Being and Safety reference to storing information about unreasonable complaints and these being recorded in a memo field. [Priority Recommendation 2]
25. Update Employee Responsibilities to amend the reference to customer feedback. [Priority Recommendation 2]
26. Include a RACI for the Complaints process, so all staff are clear on their roles and responsibilities. [Priority Recommendation 2]
27. Investigate opportunity in Pathway to build in SLA's / SLA breach warnings-to enable a more effective manner of overseeing and tracking complaints. Alternatively, this could be achieved through daily reporting on the number of days complaints have been open.

Managing Unreasonable Conduct by Customers

28. That this policy has a full review and rewrite. Fully leverage the existing Customer Charter or consider a 'Code of Conduct' Policy / Framework for residents and then a separate internal document on how to manage unreasonable behaviour with all escalation options defined. [Future Recommendation 4]

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29. Guidelines on what constitutes a complaint with some examples could assist residents.
[Priority Recommendation 3]

Reporting

30. Include root cause analysis, lessons learnt and continual improvement opportunities in complaint reporting. [Future recommendation 1]
31. Establish a regular meeting with all Directorate leads with a formalised agenda to cover:
- Summary of complaints for the period
 - Exceptions in the data
 - Root cause findings
 - Lessons Learnt
 - Improvement opportunities

[Future recommendation 2]

Review complaint types and categories for analysis with potentially more subcategories [Future recommendation 2]

Consider a reporting hierarchy and the appropriate audiences to increase visibility and awareness of complaints for the City, Elected Members and the Residents.
[Future recommendation 2]

Communication/access

Ensure that all residents are properly informed at the time of logging a complaint, including a complaint reference number and a timeframe. Suggest a 'what happens next?' image / document to be provided. [Priority recommendation 3]

Resources and capability

32. To ensure consistency in the way complaints are handled, the Customer Relations Improvement Officer should be granted access to all complaints regardless of type. This would include:
- COMP01 - Complaint about a Staff Member
 - COMP02 - Complaint about an Elected Member
 - COMP07 - Complaint about a Contractor
 - COMP09 - Complaint about a Supplier
 - Executive Complaints

This access would allow monitoring, auditing (quality assurance and adherence to policy) and reporting of complaints. Also, it would provide a holistic view of complaints and necessary improvement initiatives. [Priority recommendation 4]

33. A level of authority needs to be provided to the Customer Relations Improvement Officer role to enforce compliance to the complaints policy and associated process / procedures.
[Priority recommendation 4]
34. Update the procedure so that the Customer Relations Improvement Officer conducts validation for all incoming complaints. In addition, a process for reclassifying a complaint

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or complaint type should be in place with only limited staff that can carry out this action.
[Priority recommendation 4]

Follow up and action planning

35. Creation of a centralised Continual Improvement register for all improvement activities that are generated from complaints with clear ownership and timeframes. Monthly reporting. [Future recommendation 1]

Pathways and ECM system

36. ECM ceases to be used as a separate complaints system and all complaints are recorded and tracked through Pathways. [Priority recommendation 8]
37. A strict naming convention needs to be agreed and then made mandatory when storing documents in ECM. [Priority recommendation 8]

Mental Health issues/Report of suicide

38. It is recommended to have a process in place on how to support residents and staff, where to get support (agency?), how to organise, what actions are to be taken. [Future recommendation 3]
39. Coaching should be provided for staff on mental health awareness. [Future recommendation 3]
40. Investigate necessary options on providing residents with additional care. [Future recommendation 3]

Complaints Training

41. There may be benefit in some external Complaints Handling & Customer Service Training to further enforce not only why this is important but to help give staff the tools and support they need to feel comfortable in managing complaints. For the leaders, Service Leadership training should also be a consideration to align the leadership team and re-enforce the importance of leading by example. It is highly recommended that consideration being given for dedicated, independent and external Leadership Complaints training such as through the Customer Service Institute of Australia (CSIA) offering proven & certified training. [Priority recommendation 5]
42. It is recommended that ALL Contractors have mandatory induction training which includes the Melville Way to set expectations on how they must conduct themselves whilst they are representing the City. This should include follow up training refreshers at regular intervals. [Priority recommendation 5]

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Pathway Complaints Opportunities

43. Establish the use of local council language / acts and legislation in communications with residents. It needs to be used in a manner that is understandable to the resident. [Priority recommendation 3]
 44. Investigate whether or not a spell check feature is available in Pathway
 45. For Community impacting changes, review the Community Consultation / Communication process to ensure that all aspects are being covered dependant on the size and scope of the change. [Priority recommendation 3]
 46. Review the complaints process and consider a follow up step within one week of the transfer to a 3rd party to ensure issue resolved. [Priority recommendation 2]
 47. Consideration should be given to the IVR and what happens where there are long waits for residents.
 48. Establish a comprehensive audit process for all complaints would be beneficial.
 - what is the appropriate close out for a complaint? If the resident has been emailed to answer a complaint, consider that the resident be contacted within 5 days of that email being sent to confirm that their complaint has been resolved?
 - where customer satisfaction has not been able to be determined, consider a customer satisfaction survey that can be emailed to the resident.
- [Priority recommendation 4]
49. Log ALL complaints even those that are resolved on the phone / in person. [Priority recommendation 2]

Executive Complaints Opportunities

50. As not all correspondence to the Council executive is a Complaint/Executive Complaint in terms of the Complaints Policy, it is recommended that a triage of executive correspondence be undertaken on all executive correspondence as it arrives to ensure correct allocation of a complaint to then follow the complaints procedure. [Priority recommendation 9]
51. As Executive Complaints are identified and entered into Pathways, they need follow and adhere to the Complaints Policy in the same way as any other complaint however it is recommended that 'Executive Complaints' are handled by nominated individuals within the City. [Priority recommendation 9]
52. Where correspondence/feedback/requests are received by Elected Members or the City, but they are not actually 'Complaints, they should still be logged in a single feedback system for tracking, reporting and auditing purposes. [Priority recommendation 9]
53. Establish an appropriate **governance for document management** in ECM, to ensure document control, standardised naming conventions and document linkage. [Priority recommendation 8]

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