



Risk Management and Audit Committee (RMAC) BUSINESS PAPER WEDNESDAY 31/05/2023

Meeting to be held commencing 9:30am
In the Council Chambers at 7 Bees Creek Road, Freds Pass

A handwritten signature in black ink, appearing to read 'S. Hoyne'.

Stephen Hoyne, Chief Executive Officer

Any member of Council who may have a conflict of interest, or a possible conflict of interest in regard to any item of business to be discussed at a Council meeting or a Committee meeting should declare that conflict of interest to enable Council to manage the conflict and resolve it in accordance with its obligations under the Local Government Act and its policies regarding the same.



RMAC AGENDA

LITCHFIELD COUNCIL RMAC MEETING

Notice of Meeting
to be held in the Council Chambers, Litchfield
on Wednesday, 31 May 2023 at 9:30am

Stephen Hoyne
Chief Executive Officer

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1. Opening of meeting

2. Apologies and Leaves of Absence

3. Disclosure of Interests

Any member of the RMAC who may have a conflict of interest, or a possible conflict of interest regarding any item of business to be discussed at the RMAC meeting should declare that conflict of interest to enable Council to manage the conflict and resolve it in accordance with its obligations under the Local Government Act and its policies regarding the same.

4. Confirmation of Minutes

THAT the full minutes of the Risk Management Audit Committee Meeting held Wednesday 22 February 2023, 5 pages, be confirmed.

THAT the confidential minutes of the Risk Management Audit Committee Meeting (confidential minutes circulated to RMAC Members under separate cover) held Wednesday 22 February 2023, 2 pages, be confirmed.



RISK MANAGEMENT & AUDIT COMMITTEE

MINUTES

LITCHFIELD COUNCIL COMMITTEE MEETING

Council Chambers, Litchfield

Wednesday, 22 February 2023 at 9:30am

Present	Iain Summers Cr Mathew Salter Cr Mark Sidey Mayor Doug Barden	Chairperson Committee Member Committee Member Ex-Officio
Staff	Stephen Hoyne Nicky Davidge Maxie Smith Rebecca Taylor Megan Leo	Chief Executive Officer General Manager Community and Lifestyle General Manager Business Excellence A/Manager People and Performance Executive Support
Presenters	Nil	

1. OPENING OF THE MEETING

The Chairperson, Iain Summers opened the meeting at 9:31am

2. APOLOGIES AND LEAVE OF ABSENCE

Nil.

3. DISCLOSURES OF INTEREST

Chairperson, Mr Iain Summers declared the following disclosures of interest:

- Appointed by the Litchfield Council as the independent facilitator of the current CEO performance appraisal process;
- Appointed by the NT Attorney-General as the member of the Prospective Warnindilyakwa Regional Council, which, if funded, may be established as a separate Regional Council on Groote Eylandt; and
- Chair, Audit Risk and Compliance Committee of the Office of the Independent Commissioner Against Corruption in the NT.

4. CONFIRMATION OF MINUTES

Moved: Cr Salter
Seconded: Cr Sidey

THAT:

1. the minutes of the Risk Management Audit Committee Meeting held Wednesday 26 October 2022, 5 pages, be confirmed; and
2. the confidential minutes of the Risk Management Audit Committee Meeting (confidential minutes circulated to RMAC Members under separate cover) held Wednesday 26 October 2022, 3 pages, be confirmed.

CARRIED (3-0)

5. BUSINESS ARISING FROM THE MINUTES

Moved: Cr Sidey
Seconded: Cr Salter

THAT the Risk Management and Audit Committee note and receive the Action Sheet.

CARRIED (3-0)

6. PRESENTATIONS

Nil presentations.

7. ACCEPTING OR DECLINING LATE ITEMS

Nil.

8. OFFICERS REPORTS

8.01 FIN09 Risk Management and Audit Committee Policy

Moved: Cr Salter
Seconded: Cr Sidey

THAT the Risk Management and Audit Committee approve the draft FIN09 Risk Management and Audit Committee policy, at Attachment A, with recommended amendments, for presentation at the March 2023 Ordinary Council Meeting.

CARRIED (3-0)

8.02 Risk Register

Moved: Cr Sidey
Seconded: Cr Salter

THAT the Risk Management and Audit Committee:

1. note the updated risk register at Attachment A;
2. note the completed actions in the risk dashboard of the risk register, which will be removed from the action list;
3. receive a report about the need for Driveways Asset Management Plan; and
4. recommend a budget allocation in 2023/24 for an externally facilitated review of the current Risk Register.

CARRIED (3-0)

8.03 Internal Audit Plan

Moved: Cr Salter
Seconded: Cr Sidey

THAT the Risk Management and Audit Committee:

1. receive and note the progress on the internal audits;
2. request a recommendation for an alternative internal audit if the Human Resource policy topic does not need to proceed; and
3. note the Council Reserve Management arrangements topic is an internal review rather than an internal audit, because the reviewers were not independent from the management activities.

CARRIED (3-0)

*Mayor Baden left the meeting at 11:25am
Mayor Baden returned to the meeting at 11:27am*

8.04 Meeting Schedule and Workplan

Moved: Cr Salter
Seconded: Cr Sidey

THAT the Risk Management and Audit Committee endorse the meeting schedule and workplan for 2023 with the inclusion in the May 2023 agenda of the report from the Local Government Compliance Review.

CARRIED (3-0)

9. OTHER BUSINESS

Nil.

10. CONFIDENTIAL ITEMS

Moved: Cr Salter
Seconded: Cr Sidey

THAT pursuant to Section 93(2) of the *Local Government Act 2019* and Regulation 51(1) of the *Local Government (General) Regulations* the meeting be closed to the public to consider the following Confidential Items:

10.1 Management Response – 2021-2022 Audit Findings

Regulation 51(1) For section 293(1) of the Act, the following information is prescribed as confidential:

(e) subject to subregulation (3) – information provided to the council on condition that it be kept confidential and would, if publicly disclosed, be likely to be contrary to the public interest.

10.2 Additional Independent Member

Regulation 51(1) For section 293(1) of the Act, the following information is prescribed as confidential:

(c) information that would, if publicly disclosed, be likely to:

(iv) subject to subregulation (3) – prejudice the interests of the council or some other person;

10.3 Termination Calculations

Regulation 51(1) For section 293(1) of the Act, the following information is prescribed as confidential:

(c) information that would, if publicly disclosed, be likely to:

(iv) subject to subregulation (3) – prejudice the interests of the council or some other person;

CARRIED (3-0)

The meeting moved to the Confidential Session at 11:42am.

Moved: Cr Sidey
Seconded: Chairperson Iain Summers

THAT pursuant to Section 93(2) of the *Local Government Act 2019* and Regulation 51(1) of the *Local Government (General) Regulations* the meeting be re-opened to the public.

The meeting was moved to Open Session at 12:12pm.

11. CLOSE OF MEETING

The Chair closed the meeting at 12:12pm.

12 NEXT COMMITTEE MEETING

Wednesday 31 May 2023.

MINUTES TO BE CONFIRMED

Wednesday 31 May 2023.

.....
Iain Summers
Chairperson

unconfirmed

5. Business Arising from the minutes

THAT RMAC receives and notes the Action Sheet.

Meeting Date	Agenda Item & Resolution	Action Officer	Status
26/10/2022	<p>Local Government Compliance Review</p> <p>THAT the Risk Management and Audit Committee receive and note correspondence from the Department of Chief Minister and Cabinet dated 12 September 2022, as at Attachment A being the letter of Notification – Compliance Review.</p>	CEO	The Compliance Review 2022 – Final Outcome Report in contained within this agenda 31 May 2023 – Completed.
22/02/2023	<p>8.01 FIN09 Risk Management and Audit Committee Policy</p> <p>THAT the Risk Management and Audit Committee approve the draft FIN09 Risk Management and Audit Committee policy, at Attachment A, with recommended amendments, for presentation at the March 2023 Ordinary Council Meeting.</p>	CEO	FIN09 Risk Management and Audit Committee Policy was presented and adopted by Council at the April Ordinary Council meeting as per the recommended amendments – Completed.
22/02/2023	<p>8.02 Risk Register</p> <p>3. receive a report about the need for Driveway Asset Management Plan; and</p> <p>4. recommend a budget allocation in 2023/24 for an externally facilitated review of the current Risk Register.</p>	CEO	<p>3. Report about the need for Driveway Asset Management Plan is contained within this agenda 31 May 2023 – Completed</p> <p>4. A budget allocation in 2023/24 will be sought in Budget Review 1.</p>
22/02/2023	<p>8.03 Internal Audit Plan</p> <p>2. request a recommendation for an alternative internal audit if the Human Resource policy topic does not need to proceed;</p>	CEO	An alternative internal audit is proposed within this agenda 31 May 2023 – Completed.

6. Presentations

7. Accepting or Declining Late Items

8. Officer Reports



RMAC REPORT

Agenda Item Number:	8.01
Report Title:	Internal Audit Plan
Author:	Rebecca Taylor, Policy and Governance Program Leader
Recommending Officer:	Maxie Smith, Director Corporate and Community
Meeting Date:	31/05/2023
Attachments:	A: Internal Audit Plan

Executive Summary

The purpose of this report is to provide an update to RMAC on the progress of the internal audits.

Recommendation

THAT RMAC

1. receive and note the progress on the internal audits; and
2. approve the proposed audits for the 2023/2024 financial period, as at Attachment A.

Background

In accordance with the internal audit plan, at Attachment A, there were two audits to be conducted during the 2021/22 financial period and two audits to be conducted in the 2022/23 financial period. Below is an update on each audit.

Council's Road Inspection Regime

Council's road inspection regime remains in draft form this quarter, with no expected completion date. An audit is unable to be carried out until the regime has been finalised and implemented. The audit will remain on the internal audit schedule until complete.

Council's Reserve Management Arrangements

The audit on Council's reserve management arrangements is preparing to get underway. A request for quote will be circulated to relevant consultants with the proposed scope below;

- Review Council's arrangements with reserves maintained by independent associations
- Review Council's arrangements of reserves maintained by Council
- Identify any risks to Council from the above
- Provide best practice examples from other councils

WHS Audit

The WHS audit has now been completed and the final report was received on 8 March 2023. The audit report and findings are provided in a separate report to this agenda.

HR Policies Audit

Council recently underwent a compliance audit from the Department of the Chief Minister and Cabinet in accordance with Section 298 of the *Local Government Act 2019*. Part of the process included auditing Council's human resource management policies. The results of the audit can be found in a separate report under this Agenda. As per, Attachment A, it is determined that the compliance audit has met the requirements of this internal audit.

At the February RMAC meeting, RMAC requested an alternative internal audit be recommended should the Human Resource policy audit not proceed. Coincidentally, a payroll audit is currently underway as outlined below.

Payroll Audit

Following internal inconsistencies in the payroll area, an audit was conducted in March 2023. Council engaged a consultant to identify where payroll is incorrect when compared to the current Enterprise Agreement and calculate the correct payments that should be made for employees. The draft final report was received in late March and Council is currently working through the findings. RMAC can expect a report at the meeting in August 2023.

Proposed Audit Plan

The current audit plan period comes to an end at the end of the 2023/2024 financial period. At attachment A, is two proposed audits for the next financial year based on the current risk profiles that are currently not within Council's risk appetite.

Links with Strategic Plan

Performance - An Effective and Efficient Organisation

Legislative and Policy Implications

This item is consistent with FIN08 Risk Management and FIN09 Risk Management and Audit Committee.

Risks

Nil identified.

Financial Implications

Budget allowances are made for internal audits.

Community Engagement

Not applicable.

Internal Audit	Status	Financial Year	Description	Risk Profile	Risk Rating	Control Rating
Procurement	Completed	17/18	Litchfield Council has engaged Local Buy Pty Ltd to assess Council's procurement practices and recommend ways in which to improve it, in line with local government best practice and ensure compliance with relevant Northern Territory government legislation	RP14 - Inadequate Procurement / Supplier / Contract Management	High	Inadequate
Works Permits	Completed	17/18	The objective of this Internal Audit was to review the processes by which work permits are submitted, assessed and approved in order to identify opportunities for improvement. Additionally, the engagement sought to understand the processes that took place in relation to the development approval at 110 FPR and the resulting community dissatisfaction.	RP4 - Errors, Omissions, Delays and Incorrect Advice	Moderate	Adequate
Waste Transfer Stations WHS	Completed	17/18	Audit of Councils Waste Transfer Stations WHS capability	RP8 - Inadequate Safety and Security Practices	High	Inadequate
Audit of Council's processes related to traffic management of Council commissioned works	Not completed	18/19	In response to the recent findings handed down by the NT Coroner regarding the liability of Councils in relation to traffic management, management propose to conduct an audit of Councils processes related to traffic management at Council commissioned works. Recommendations from this audit will contribute to improving controls in the "Inadequate Safety and Security Practices" risk profile which has an overall risk rating of high and overall control rating of inadequate.	RP4 - Errors, Omissions, Delays and Incorrect Advice	Moderate	Adequate
Audit of Council's payroll processes	Completed	18/19	Internal audit of Councils payroll processes to ensure accuracy and consistency. This audit will examine the processes currently in use to process Councils payroll including consistency between contract conditions and payroll setup. It will ensure that the "Ineffective and Unsustainable Financial Management" risk profile controls are maintained at an adequate level commensurate with the overall moderate risk rating and contributes to addressing the External Auditors findings regarding payroll certification	RP16 - Ineffective HR Management / Employment Practices	Moderate	Adequate
Audit of Contract Management Practices	Completed	18/19	As part of the current probity advise received on tendering and contract processes an opportunity was raised for an audit on current processes for contracts management and acceptance of variations to tendered contracts.	RP14 - Inadequate Procurement / Supplier / Contract Management	High	Inadequate
Audit of Mobile Work Force work health and safety procedures and practices	Completed	19/20	This audit will focus on the operational practices of the MWF both at the Humpty Doo workshop and in the field. Recommendations from this audit will contribute to improving controls in the "Inadequate Safety and Security Practices" risk profile which has an overall risk rating of high and overall control rating of inadequate. This audit was expanded to a complete WHS review of Council, approved at RMAC meeting March 2020	RP8 - Inadequate Safety and Security Practices	High	Inadequate
Review of Council WHS systems and framework	Completed	19/20	The purpose of this project is to review and update Council's Work Health and Safety (WHS) management system to ensure it meets legislative and operational requirements, and controlling an identified risk of inadequate health, safety and security practices.	RP8 - Inadequate Safety and Security Practices	High	Inadequate

Information Security	Completed	19/20	The ICT Improvement Plan has been developed in 2017 and implementation will be undertaken over the coming years. IT Security regarding data, cyper attacks and disaster recovery are a great risk to Council if not managed appropriately. The audit should identify if the implemented measures of the ICT Improvement Plan are mitigating the risk to Council's satisfaction.	RP6 - ICT Systems and Infrastructure Failure	Moderate	Adequate
Audit of compliance with Tree Risk Management Plan	Completed	20/21	Council has resolved to develop a Tree Risk Management Plan identifying the level, intervals and documentation of tree risk assessment for Council's open space. Development will take place in the 2018/19 financial year. The audit should identify if processes have been sufficiently established and are followed to mitigate risk to Council.	RP10 - Ineffective Management of Public Facilities / Venues / Events	Moderate	Inadequate
Records Management processes	Completed	20/21	This audit will look at the success of the implementation of the Records Management Improvement Plan. The findings of the audit will inform and provide confirmation of control ratings related to records management risks	RP11 - Inadequate Records Management Processes	Moderate	Adequate
Audit and review of Council's reserve management arrangements	Underway	21/22	Council has been managing Howard Park and Knuckeys reserves since 2015 with five other reserves managed by local associations. This review will examine the reserve management arrangements and make recommendations as to the risks to Council.	RP10 - Ineffective Management of Public Facilities / Venues / Events	Moderate	Inadequate
Audit of compliance with Roads Inspection Regime	Proposed	21/22	Council has a regime of roads inspection determining intervals, level of inspection and documentation required. The audit will identify if the regime is adhered to and is appropriately mitigating risk for Council.	RP15 - Inadequate Asset Sustainability Practices	Moderate	Inadequate
Audit of the implementation of the 2019 work health and safety management framework	Underway	22/23	Litchfield Council initiated a Council wide WHS review in 2019 in order to address a Risk Control Action which identified the requirement to undertake a review on the existing health and safety management systems used by Council and to identify and implement new systems as required. This audit will assess the level of implementation and effectiveness of the WHS framework developed as result of the 2019 review	RP8 - Inadequate Safety and Security Practices	High	Inadequate
Audit of Councils Human Resource policies for legislative compliance	Completed	22/23	An updated Local Government Act will be enacted in July 2021. A component of this Act requires Councils to adopt a series of HR principles in the form of a policy. This Audit will conduct a desktop review of Councils HR polices to assess if the policies are fit for purpose and compliant with relevant legislation. The outcome of this audit will inform the risk rating for the risk profile RP16	RP16 - Ineffective HR Management / Employment Practices	Moderate	Adequate
Asset Management	Proposed	23/24	Audit of how Council does Asset Management to identify the gaps and risks associated.	RP15 - Inadequate Asset Sustainability Practices	Moderate	Inadequate
Risk Register	Proposed	23/24	Audit Council's risk register for appropriateness		N/A	N/A



RMAC REPORT

Agenda Item Number:	8.02
Report Title:	Work Health and Safety Audit
Author:	Rebecca Taylor, Policy and Governance Program Leader
Recommending Officer:	Maxie Smith, Director Corporate and Community
Meeting Date:	31/05/2023
Attachments:	A: WHS Audit Summary Report B: ISO Audit Sheet

Executive Summary

The report presents the audit reports for the Work, Health and Safety Audit.

Recommendation

THAT RMAC receive and note the WHS Audit Summary Report, at Attachment A, and the ISO Audit Sheet, at Attachment B.

Background

As per Council's internal audit plan, a WHS Audit was due to be carried out to assess the level of implementation and effectiveness of the WHS framework developed in 2019.

The audit was conducted in February by WHS consultant, Wendy's Safety Services, and finalised on 8 March 2023. The audit involved reviewing Council's WHS Management Plan 2019 and conducting interviews and site visits with different work teams.

The following key issues were identified;

- Lack of designated persons to ensure all WHS areas are addressed and maintained to a standard required to maintain compliance, both legal and council requirements.
- Lack of documented registers / processes and documented continuous improvement procedures.
- Lack of resources both human and equipment to maintain adequate safety systems

As a result, Council's overall WHS management system scored a *1. Informal/Weak controls* as per the Summary Report, at Attachment A.

The ISO Audit Sheet, at Attachment B, identifies where Council is compliant and non-compliant, and the risk associated. Also included are management responses.

The table below provides an overview of the findings;

Findings		
Compliant		53
Opportunity for improvement		76
Non-Compliant	Moderate (123)	141
	Major (18)	
Total Findings		270

The table below presents the findings grouped into categories for a high level overview;

Category	Description	Number of findings	Action
No Action required	These are findings that require no action.	82	These findings include compliant findings and some of the opportunity for improvement findings. Management has determined that these require no action.
Not meeting plan	Component of the WHS Management Plan 2019 that Council are not meeting.	41	These findings mainly relate staff not being aware of the requirements of the plan. Requires and education drive and resources to push the plan.
Procedural/Process	A new or current process that needs to be implemented/updated to be compliant. Mostly sits outside of the WHS Management Plan.	53	RFQ for the updating of the WHS Management Plan 2019 has been sent out. Closes on 19 th May. This work includes updating the findings identified here.
Update Plan	Sections of the plan that need to be updated to be compliant.	18	As above.
Resources	Processes that require the resources to undertake (mostly related to continuous improvement and the checking of new legislation)	45	Further discussions to be had with Executive on how this area will be resourced, ie Consultant.
Committee	Actions that will be resolved by implementing the WHS & Wellbeing Committee	26	Council's WHS and Wellbeing Committee have not been operational since June 2022. EOI have been sent out to staff, closing date is 26 May. First meeting will be scheduled in early June.
Records Management	Required changes to document control to be compliant.	5	To be updated.

There were 18 Major non-compliant issues that were identified in the audit, the table below identifies the issues and expected completion date;

Audit Criteria	Management Comment	Status
4.4 Has the organization implemented and does it have the system in place to maintain and continually improve the WH&S management system, including the processes needed and their interactions, in accordance with the requirements of ISO 45001?	Record corrective actions in a register.	Completed
d) ensuring that the resources needed for the WH&S management system are available?	Consulting out the functions of WHS in the short-term to address the audit findings.	To be determined
m) supporting the establishment and functioning of health and safety committee?	Committee to be re-established (amended terms of reference and request for nominations).	June 2023
1. infrastructure, equipment, materials, substances and the physical conditions of the workplace?	Once WHS Management Plan has been amended with current legislation, further education will be rolled out to staff. Assessment/Investigation into Regulatory Services complaint.	To be determined
6.1.3 Has the organization established, implemented and maintained processes to: a) determine and have access to up to date legal requirements and other requirements that are applicable to the hazards, OH&S risks and OH&S management system? b) determine how these legal requirements and other requirements apply to the organization and what needs to be communicated? take legal and other requirements into account when establishing implementing, maintaining and continually improving its OH&S management system?	Engaging a consultant to regularly review and record changes to legislation.	To be determined
3. prepare for and respond to emergency situations? (see 8.2);	Either start Emergency committee again or allocate responsibility to another committee ie Wellbeing/SLT ect.	To be determined

7.1 Has the organization determined and provided the resources needed for the establishment, implementation, maintenance and continual improvement of the WH&S management system?	Engage consultant	To be determined
a) the OH&S and objectives policy?	Change of process for induction shall be all new employees will have a one on one induction on their first day.	Completed
b) contributions to the effectiveness of the WH&S system including the benefits of improved WH&S performance?		
c) the implications of not conforming to the WH&S management system requirements?		
d) incidents and the outcomes of investigations that are relevant to them?		
e) hazards, WH&S risks and actions determined that are relevant to them?		
f) the ability to remove themselves from work situations that they consider present an imminent and serious danger to their life or health, as well as the arrangements for protecting them from undue consequences for doing so?		
d) adapting to workers?	Engaging a consultant to assist us in making procedural changes for our ageing work force.	To be determined
8.1.3 Does the organization review the consequences of unintended changes, taking action to mitigate any adverse effects, as necessary?	Record corrective actions in a register.	Completed

Council will continue to work through the findings and report to RMAC regularly.

Links with Strategic Plan

Performance - An Effective and Efficient Organisation

Legislative and Policy Implications

This item is consistent with FIN08 Risk Management and FIN09 Risk Management and Audit Committee.

Risks

Health and Safety

Staff have a right to work in a safe environment. It is important to address the findings in the WHS Audit report as quickly as possible to lower the risk of a serious incident.

Financial Implications

The request for quote for the updating of the Work, Health and Safety Management Plan 2019 was not finalised at the time of writing this report. Council predicts the costs to be around \$20,000. This is allowed for in the current budget. Further costs associated with the regular engagement of a WHS consultant has not been determined.

Community Engagement

Not applicable.

WHS AUDIT SUMMARY

To: Litchfield Council

Date: 08/03/2023

From: Wendy Kirkbright / Wendy's Safety Services

Re: WHS AUDIT

LOCATION OF AUDIT Various Council Sites

DATE OF AUDIT 06/02/2023-03/03/2023

AUDIT SCOPE

Audit for compliance with the following requirements: ISO 45001:2018 Occupational Health Management Systems

AUDIT ATTENDEES

NAME	TITLE	ROLE
Rebecca Taylor	Policy & Governance Program Leader	Participant
Paul Wilson	Resource recovery team leader	Participant
Justin Dunning	Mobile workforce program leader	Participant
Joanne Scott	Library Worker	Participant
Rachel Macrae	Manager Regulatory Services	Participant
Nicole Davenport	Regulatory Services Program Leader	Participant
Charissa Monteleone	Senior Business Support Officer	Participant
Wendy Kirkbright	Wendy's Safety Services	Auditor

AUDIT FINDINGS

314	Observations
140	Work Health and Safety non-conformances
81	Work Health and Safety opportunities for improvement

OVERALL AUDIT CONCLUSION

Overall, during the audit process it was identified that Litchfield Council was a semi organised business. Information was readily available either through the electronic version of documentation or hard copy information held on file. However, most was outdated, and had not been reviewed and sections of the WHSMP states it is still in draft since 2019. There is little conformance with the system throughout all council departments.

Based on the above information, attached Corrective Action Register (CAR), of the Work Health and Safety Management System is given a rating of:

- 1. informal / weak controls

Key Issues identified:

- Lack of designated persons to ensure all WHS areas are addressed and maintained to a standard required to maintain compliance, both legal and council requirements.
- Lack of documented registers/ processes and documented continuous improvement procedures.
- Lack of resources both human and equipment to maintain adequate safety systems

1	2	3	4	5
Informal / weak controls	Significant control weaknesses	Adequate controls	Satisfactory controls	Well controlled

1	Informal / weak controls	<ul style="list-style-type: none"> ➢ Poorly controlled and detrimental to achieving business objectives. ➢ Significant weaknesses in internal control. ➢ Little or no reliance to be placed on information. ➢ Control weaknesses are so significant or widespread that there is a high risk of financial loss, regularities, compromise of proprietary information, or non-compliance with policies. ➢ Urgent attention is required by management to improve controls and correct identified weaknesses.
2	Significant control weaknesses	<ul style="list-style-type: none"> ➢ Significant control weaknesses found in a number of areas. ➢ A number of key controls either do not exist or are not sufficiently executed. ➢ The weaknesses identified, individually or in the aggregate, significantly impair important controls to the extent that prompt corrective measures are necessary to bring controls to an acceptable level.
3	Adequate controls	<ul style="list-style-type: none"> ➢ Adequate level of control in most areas. However, some minor to moderate control weaknesses identified. ➢ Adequate controls exist in certain business processes, but specific control issues and risk exposures exist in non-critical business processes. ➢ The weaknesses identified impair the control environment to a small extent, with further improvement and corrective action required.
4	Satisfactory controls	<ul style="list-style-type: none"> ➢ Good control environment with some control weaknesses / opportunities for improvement identified. ➢ Controls provide protection from material loss, misstatement, or non-compliance with management directives. ➢ Although some control weaknesses were identified which require corrective action, such weaknesses, either individually or taken in the aggregate, do not significantly impair the overall control environment.
5	Well controlled	<ul style="list-style-type: none"> ➢ Well controlled, supporting strategies and business objectives. ➢ The control system is well designed, effective, efficient, and functioning properly. ➢ Key controls are in place and operating effectively. ➢ Controls comply with organisation requirements. ➢ No problems and no opportunities for improvement identified.

WORKPLACE SAFETY MANAGEMENT

In summary it was found that the Executive Leadership Team did not have adequate systems and processes in place to allow for the safety of workers and others on the sites visited, and to ensure the Executive Leadership Team is meeting its responsibilities as a Person Conducting Business or Undertaking (PCBU).

There is a definite lack of processes and procedures to ensure continual improvement, with the lack of incident and corrective action registers at the head office (some of the departments have introduced their own without being requested or required.) It should be able to be determined when there are reoccurring issues that need to be addressed, and having a register in place that is reviewed regularly should bring to light any recurring issues, be it equipment failure or human factors.

The general feedback from the different sites is there is a breakdown and or lack in communications and support from the Executive Leadership Team and the team leaders tend to run each department as stand-

alone businesses. It has been reported that there is little or no response to any reports / requests to the executive, leading to apathy from the workers.

It is the opinion of the auditor that the lack of a stand-alone designated WHS officer be it an employee or subcontractor leaves the WHSMS open to failure as other employees who are given the role on top of their normal work do not have the time and possibly the skill sets to fulfill the role. At a minimum the WHS officer should hold a certificate IV in WHS. Due to the lack of this person there has been a lag in corporate inductions, workers spoken to on site who had been employed over the last 12 months claim this has not occurred however they are being site inducted. It is also recommended that an induction booklet be developed and is given to new employees to keep so they can refer back if required. The employee should also sign a copy of their induction record both corporate and site that should be kept on their personnel file. Whilst there is documented records of toolbox talks occurring, they are not signed off by employees in attendance, it is recommended that this now occurs as proof of training. There has also been a lag in co-ordination of the WHSMS and all departments seem to have become standalone businesses and doing their own thing. Generally, this is working but does not always meet Executive Leadership Team nor legislative requirements. It has been reported that several senior management positions have not been replaced after resignation thus increasing others workloads and stress levels, and /or work not being undertaken or maintained. This has a major effect on staff members mental health and could be detrimental to the council's reputation.

Resource Recovery/ Mobile Workforce

Resource recovery have issues with lone workers on site especially at the Berry Springs site, it may be beneficial to obtain back to base personal alarms for all isolated workers, and regular call ins from the isolated worker, via text message to their manager, this already occurs with mobile workforce teams. The current team leaders have set up comprehensive registers of incidents and hazards however when incidents are reported to the General Manager there is no feedback as to actions taken by the General Manager and /or Council Executive nor information forthcoming on the actions required by the teams involved.

Taminmin Community Library

The library has overarching systems to follow provided by the school however it would be beneficial to have formal direction on incident and hazard reporting back to the Executive Leadership Team.

Thorack Regional Cemetery

The cemetery also seems to be well run however they do not always follow documented procedures and hold informal prestart meetings that are not documented. The prestart checks on machinery were only happening once per week not each time they are used as required.

Regulatory services

Regulatory services have extreme concerns regarding the lack of staff as often rangers have to work alone in risky situations. The condition of the pound is quite poor with no segregated pens for holding dangerous dogs. Staff need to physically enter the pens with these dogs to clean and change feed and water putting themselves at risk of attack. The concrete in the pound is extremely slippery when wet, there is poor drainage and not enough shelter from sun and rain, causing an animal welfare issue. There is no impermeable barrier between pens to prevent cross contamination. There is no dedicated area for quarantining potentially sick or diseased dogs away from others. The gravel/ rocks surrounding the pound are quite uneven and create trip hazards, and increases risk of disease spread.

Infrastructure and planning

Infrastructure and planning seem to be working well but has their own documents and procedures which do not necessarily align with the councils WHSMS.

The Council Staff

There has been little, or no emergency situation training, and the current procedure does not adequately address the possible council emergencies especially with the aging workforce. It is also suggested that all the gate keepers on the waste sites be designated first aiders, and this be sign posted at the entrance so that the visitors and public at that facility know who to contact if required. It would also be beneficial to have nominated first aiders sign posted at all department offices including the council office.

The staff facilities appear very limited in the main office area with no designated lunchroom and the outdoor area is not covered is mosquito ridden with extremely slippery concrete.

There also appears to have been a hiatus in Health and Wellbeing Committee meetings, however, there have been requests for this to be reintroduced and this needs to be addressed urgently. The reintroduction of the Health and Wellbeing committee should assist in the reviewing and upgrading of the WHSMS.

The staff in all the different teams appear to be working well and are doing a great job with the resources available.

FINDINGS – SEE ATTACHED CAR REGISTER

	Audit Criteria	Audit Verification	Conformance/ Non-conformance/ OFI	Consequence Rating	Likelihood Rating	Risk Rating	Comments	Action	Responsibility	RMAC Report
1	4.1 Has the organization determined external and internal issues that are relevant to its purpose and strategic direction and that affect the ability to achieve the intended outcomes of the OH&S management system?	WHS Policy LCWHSMP s.01 The plan needs to be reviewed and updated to reflect ISO45001 not AS/NZ 4801.	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
2	4.1 How does the organization monitor and review information about these external and internal issues?	WHSMP section 6 Performance measurement and monitoring plan LCWHSMP S.13 Needs to address external stake holders/ interested parties, no SWOT analysis has been undertaken	OFI	Compliance	Major	Moderate	Carry SWOT as per WHS Management Plan	Carry SWOT as per WHS Management Plan	Consultant	Not meeting Plan
3	4.2 Has the organization determined the following: a) the interested parties in addition to workers that are relevant to the WH&S management system? b) the needs and expectations of these interested parties that are relevant to the WH&S management system c) which of these needs and expectations are, or could become legal requirements and other requirements?	Needs to address external stake holders/ interested parties, no SWOT analysis has been undertaken	non conformance	Compliance	Major	Moderate	Carry SWOT as per WHS Management Plan	Carry SWOT as per WHS Management Plan	Consultant	Not meeting plan
4	4.2 How does the organization monitor and review information about these interested parties and their relevant needs and expectations?	There is a contractor management plan within the WHSMP s.017 however this is not totally relevant to their needs and expectations of all stake holders	non conformance	Compliance	Major	Moderate	Consider amending contractor management plan within WHS Management plan to be more aligned with Council needs.	Consider amending contractor management plan within WHS Management plan to be more aligned with Council needs.	Consultant	Update Plan
5	4.3 Has the organization determined the boundaries and applicability of the WH&S management system to establish its scope?	This has been addressed in section 1.3 WHSMP	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
6	4.3 When determining the scope of the WH&S management system how did the organization consider: a) the external and internal issues referred to in 4.1? b) the requirements of relevant interested parties referred to in 4.2? c) take into account the planned or performed work related activities?	There is no documented evidence of this occurring. Within the WHSMP there needs to be a procedure to address the safety of all stakeholders both contractors and public	non conformance	Compliance	Major	Moderate	Development of a simple procedure.	Development of a simple procedure.	Consultant	Procedure
7	4.3 Is the scope available as documented information?	Section 1.3 refers to the scope covering all aspects of the councils operations	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
8	4.4 Has the organization implemented and does it have the system in place to maintain and continually improve the WH&S management system, including the processes needed and their interactions, in accordance with the requirements of ISO 45001?	Whilst audits appear to be taking place there is no corrective action register being maintained, thus no tracking is happening of non-conformances thus a complete KPI record is not available and improvements may not be happening due to lack of available evidence. Introducing a comprehensive CAR register would be advantageous	non conformance	Compliance	Major	Major	When an incident report is received, the corrective actions are not recorded. Hence there is no follow up or improvements. Although officers indicate they have made operational changes there is no further evidence of this.	Record corrective actions in a register.	People and Performance Team	Procedure
	5.1 How does top management demonstrate leadership and commitment with respect to the WH&S management system:									
9	a) taking overall responsibility and accountability for the prevention of work-related injury and ill health, as well as the provision of safe and healthy workplaces and activities?	Yes WHS Policy Statement states: Providing a workplace that is free from risks to health and safety by implementing the highest possible standards to ensure workplace and community health, safety, and wellbeing.	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A

10	b) ensuring that the WH&S policy and related OH&S objectives are established for the WH&S management system and are compatible with the strategic direction of the organization?	Yes WHS Policy Statement states: Establishing targets and objectives which are used to drive improvement in health and safety systems and behaviours however there is no documented evidence of this occurring. There is no objectives and targets recorded or reviewed.	OFI	Compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
11	c) ensuring the integration of the WH&S management system requirements into the organization's business processes?	Is committed over all aspects of the councils business.	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
12	d) ensuring that the resources needed for the WH&S management system are available?	Policy Statement allocates these responsibilities to the CEO. However there appears to be a lack of resources available, with the absence of a dedicated WHS person within the council and delays in finances being made available for improvements to the some requested WHS requirements. Refer WORK HEALTH AND SAFETY (NATIONAL UNIFORM LEGISLATION) ACT 2011 Part 2 Div 1 Sub div 2 section 18 (e)	non conformance	Compliance	Major	Major	WHS sits within the People and Performance team and competes with many other priorities. Further to this, Council does not have the expertise to carryout a WHS assesment on any requests to determine the risk vs costs in the first instance.	Consulting out the functions of WHS in the short-term to address the audit findings.	Consultant	Resources
13	e) communicating the importance of effective WH&S management and of conforming to the WH&S management system requirements?	this is allocated to all council managers and supervisors in the policy statement, This is occurring within the external departments of the council.	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
14	f) ensuring that the WH&S management system achieves its intended outcomes?	this is allocated to all council managers and supervisors in the policy statement	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
15	g) directing and supporting workers to contribute to the effectiveness of the WH&S management system?	section 3.4 of policy statement addresses this. The external departments are performing well in this area. However lack of feed back from management when addressing reported non-conformances has been noted and some employees wondering why bother. More Feed back at WHS/HSR Meetings to be taken back to the workers would likely improve outcomes	of	Compliance	Moderate	Moderate	Increasing communication between staff and management re WHS through Wellbeing Committee, Toolbox meetings and all staff meetings will improve outcome	Re establishment of the Wellbeing Committee and continuation of toolbox and all staff meetings	People and Performance Team	Committee
16	h) ensuring and promoting continual improvement?	this is addressed in the commitment and policy statement however there is no documented procedure	OFI	Compliance	Minor	low	Increasing communication between staff and management re WHS through Wellbeing Committee, Toolbox meetings and all staff meetings will improve outcome	Re establishment of the Wellbeing Committee and continuation of toolbox and all staff meetings	People and Performance Team	Committee
17	i) supporting other relevant management roles to demonstrate their leadership as it applies to their areas of responsibility?	Section 3 of the WHSMP	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
18	j) developing, leading and promoting a culture in the organization that supports the intended outcomes of the WH&S management system?	section 3.2 WHSMP	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
19	k) protecting workers from reprisals when reporting incidents, hazards, risks and opportunities?	WHS Policy states: Creating a workplace environment where workers and others affected by our business or operations are encouraged and supported to raise health and safety issues and help reduce and manage them	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
20	l) ensuring the organization establishes and implements a process(es) for consultation and participation of workers?	Section 5.3.1 & 5.3.2 Complies	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
21	m) supporting the establishment and functioning of health and safety committee?	There is a defunct health and well being committee that has not met for over 6 months. Regular monthly meetings should be reintroduced asap. See WORK HEALTH AND SAFETY (NATIONAL UNIFORM LEGISLATION) REGULATIONS 2011 Div 2 Regulation 19	non conformance	Compliance	Major	Major	Wellbeing Committee includes a component of WHS. The committee has not met in over 6 months and since then, there has been a turnover of staff.	Committee to be re-established (amended terms of reference and request for nominations).	People and Performance Team	Committee
5.2 Have top management established, implemented and maintained a WH&S policy that:										
22	a) includes a commitment to provide safe and healthy working conditions for the prevention of work-related injury and ill health and is appropriate to the purpose, size and context of the organization and to the specific nature of its OH&S risks and opportunities?	WHS policy states: Providing a workplace that is free from risks to health and safety by implementing the highest possible standards to ensure workplace and community health, safety, and wellbeing.	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A

23	b) provides a framework for setting WH&S objectives?	No objectives and targets procedure or register available	non conformance	Compliance	Moderate	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
24	c) includes a commitment to fulfil legal requirements and other requirements?	WHS policy States: Complying with NT WHS (National Uniform Legislation) Act and Regulations However there is no legal register nor any evidence of regular reviews of current requirements.	non conformance	Compliance	Moderate	Moderate	Minimum resources and expertise to be able to keep up with current WHS legislation.	Engaging a consultant to regularly review and record changes to legislation.		Resources
25	d) Includes a commitment to eliminate hazards and reduce WH&S risks?	WHS Policy States: Providing and maintaining safe systems of work and a work environment free from risks to health and safety	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
26	e) includes commitment to continual improvement of the WH&S management system?	Talks of improvement in the policy but not continuous improvement, this is not documented or recorded else where within the system.	OFI	Compliance	Moderate	moderate	Increasing communication between staff and management re WHS through Wellbeing Committee, Toolbox meetings and all staff meetings will improve outcome	Re establishment of the Wellbeing Committee and continuation of toolbox and all staff meetings	People and Performance Team	Committee
27	f) includes a commitment to consultation and participation of workers, and, where they exist workers representative?	WHS Policy States: • Consulting with workers on all matters relating to health and safety the now defunct health and well being committee requires reinstatement asap	OFI	Compliance	Moderate	Moderate	Increasing communication between staff and management re WHS through Wellbeing Committee, Toolbox meetings and all staff meetings will improve outcome	Re establishment of the Wellbeing Committee and continuation of toolbox and all staff meetings	People and Performance Team	Committee
28	5.2 Is the WH&S policy: a) available as documented information b) communicated within the organization c) available to interested parties d) relevant and appropriate?	Policy is available but has not been reviewed nor signed by the current CEO. Policy is communicated at time of induction However it appears there has been a lack of corporate inductions over the past 12 months. Policy is available but not displayed on any sites. Policy is relevant and appropriate Requires to be reviewed as last reviewed and updated in 2018, needs to be current, signatures are not from current CEO	OFI	Compliance	Minor	Low	A monthly group induction is usually run for all new employees to attend but is subject to supervisors releasing employees for induction and the number of new staff.	Change of process for induction shall be all new employees will have a one on one induction on their first day.		Policy
29	5.3 Does top management ensure that the responsibilities and authorities for relevant roles within the OH&S management system are assigned, available as documented information, communicated and understood at all levels within the organization?	See section 3 of WHSMP	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
30	5.3 Do workers assume responsibility for those aspects of the WH&S management system for which they have control?	This is a requirement of the WHSMP and appears to occurring	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
31	5.3 Has top management assigned the responsibility and authority for: a) ensuring that the WH&S management system conforms to the requirements of ISO 45001? b) reporting on the performance of the WH&S management system to top management?	These areas have been assigned to WHS/ HR advisor under section 3.3 WHSMP. However this position is vacant at the moment, WHS should be a stand alone position for the role to be effective	OFI	Compliance	Major	Moderate	Position has been removed following the restructure. No resource allocated.	Engage consultant	Consultant	Resources
32	5.4 Has the organization established, implemented and maintained a process (es) for consultation and participation of workers at all applicable levels and functions, and where they exist, workers representatives, in the development, performance evaluation and actions for improvement of the WH&S system?	LCWHSMP S.11 is the communications plan , section 5.3 of the WHSMP is Consultation, Communication and Reporting Section of the plan.	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
33	5.4 Does the organization: a) provide mechanisms, time, training and resources necessary for consultation and participation?	See WHSMP S.06 Training and competency section 2.1 allocates this to CEO and Executive team	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
34	b) provide timely access to clear, understandable and relevant information about the OH&S management system?	there is currently no intranet available at the council so staff and visitors can access the WHSMS at the office via the front page of the council systems Info Expert. This is not ideal and does not allow for easy access to workers, it appears that it is not easy to navigate either. It may be advantageous to have the WHS policy on the Website .	OFI	Compliance	Minor	low	WHS plan is currently on front page of infoxpert, this is sufficient.	No action	N/A	N/A

35	c) determine and remove obstacles or barriers to participation and minimize those that cannot be removed?	This has been verbally confirmed to have addressed but no documented evidence of this occurring has occurred It may be advantageous to give remote access to the various site offices.	OFI		Moderate	Moderate	Where appropriate outdoor staff have access to use supervisor computer. Communication at toolbox meetings and all staff meetings.	No action	N/A	N/A
36	d) emphasize the consultation of non-managerial worker on the following:	This has been occurring within the different departments . However the original system appears to have been written by a external consultant with no evidence of consultation with the workers.	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
37	1. determining the needs and expectations of interested parties?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
38	2. establishing the OH&S policy?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
39	3. assigning organizational roles, responsibilities and authorities, as applicable?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
40	4. determining how to fulfil legal and other requirements?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
41	5. establish and plan to achieve OH&S objectives?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
42	6. determining applicable controls for outsourcing, procurement and contractors?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
43	7. determining what needs to be monitored, measured and evaluated?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
44	8. planning, establishing, implementing and maintaining an audit programme?	Audits are mentioned in WHSMP s.13 3.1 however there is no evidence of an audit plan nor evidence of audits in the past 2 years. A segmented audit program would be beneficial perhaps several different sections each quarter.	non conformance	Compliance	Major	Moderate	No specific WHS audit plan. Council does not have the expertise to develop or carryout a WHS specific audit plan.	Create WHS specific audit plan.	Consultant	Resources
45	9. ensuring continual improvement?	Talks of improvement in the policy but not continuous improvement, this is not documented or recorded else where within the system.	OFI	Compliance	Moderate	moderate	Increasing communication between staff and management re WHS through Wellbeing Committee, Toolbox meetings and all staff meetings will improve outcome	Re establishment of the Wellbeing Committee and continuation of toolbox and all staff meetings	People and Performance Team	Committee
46	e) emphasize participation of non-managerial workers in the following:	This has been occurring within the different departments . However the original system appears to have been written by a external consultant with no evidence of consultation with the workers.	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
47	1. determining the mechanisms for their consultation and participation?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
48	2. identifying hazards and assessing risks and opportunities?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
49	3. determining actions to eliminate hazards and reduce OH&S risks?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
50	4. determining competence requirements, training needs, training and evaluating training?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
51	5. determining what needs to be communicated and how it is to be done?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
52	6. determining control measures and their effective implementation and use?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
53	7. investing incidents and nonconformities and determine corrective action?	As above	OFI	Compliance	Moderate	Moderate	When updates are made to WHS plan, consultation with staff will be conducted to bridge gap.	Consultation with staff re changes to WHS plan	Consultant	Resources
	6.1 .1 When planning for the WH&S management system, has the organization considered the issues referred to in 4.1 and the requirements referred to in 4.2 and 4.3 and determined the risks and opportunities that need to be addressed to:									

54	a) give assurance that the WH&S management system can achieve its intended outcomes?	This is addressed in the WHS policy statement Whilst the different departments are doing the best they can with the resources available, this process is not being achieved at the executive level with the lack of a WHS Officer thus lacking the maintenance and improvement of the systems	non conformance	Compliance	Major	Moderate	Resource issue.	Engage a consultant regularly	Consultant	Resources
55	b) prevent, or reduce, undesired effects?	This is addressed in the WHS policy statement Whilst the different departments are doing the best they can with the resources available, this process is only partially being achieved.	non conformance	Compliance	Major	Moderate	Resource issue.	Engage a consultant regularly	Consultant	Resources
56	achieve continual improvement?	This is addressed in the WHS policy statement There is no continuous improvement procedure nor a objectives and target register to aid in this process	non conformance	Compliance	Major	Moderate	Resource issue.	Engage a consultant regularly	Consultant	Resources
6.1.1 When determining the risks and opportunities for the WH&S management system and its intended outcome has the organization taken into account:										
57	1. hazards?	WHSMP Section 03 addresses hazard plans. Hazards are addressed in the different departments utilising the incident/ hazard report forms and are generally addressed by the team leader, if they are elevated to top management there appears to be a lack of formal feed back to the relevant persons on site. It would be beneficial to give feed back at the monthly HSR meetings	off		Moderate	Moderate	Incident reports are discussed at the wellbeing committee.	No Action	N/A	Committee
58	2. WH&S risks and other risks?	WHSMP section 02 addresses risk management and section 4.1 addresses the development and review of a risk register. There is no evidence of a current WHS risk assessment/ register, it would be beneficial to address this at the HSR meetings and create a current WHS risk register for all sites previous register was commenced in 2017 but never completed!	non conformance	Compliance	Major	Moderate	No specific WHS risk register. Can discuss at Wellbeing Committee meetings but would need to engage a consultant to provide expertise on creating a specific WHS risk register.	Engage consultant to create WHS risk register	Consultant	Procedure
59	3. WH&S opportunities and other opportunities?	at the time of audit I could find no reference to any WHS opportunities, this is a proactive measure and this is another area that should be discussed at the HSR meetings.	non conformance	Compliance	Moderate	Moderate	No resourcing to be proactive in the WHS space, only reactive.	Add to wellbeing committee agenda	People and Performance Team	Committee
60	4. legal and other requirements?	Legal requirements are not being met, with a definite lack of resources and staff to effectively meet the legislative requirements.	non conformance	Compliance	Major	Moderate	No resourcing to be proactive in the WHS space, only reactive. The re establishment of the committee and the use of a consultant should improve this finding.	Wellbeing Committee / Consultant	People and Performance Team	Resources
61	6.1.1 Has the organization in its planning process determined and assessed the risks and opportunities relevant to the intended outcomes of the WH&S system associated with planned changes permanent or temporary before the change is implemented?	WHS policy States: Complying with NT WHS (National Uniform Legislation) Act and Regulations However there is no legal register nor any evidence of regular reviews of current requirements.	non conformance	Compliance	Moderate	Moderate	Create legal register and engage consultant to regularly review.	Engage Consultant	Consultant	Procedure
6.1.1 Has the organization maintained documented information on:										
62	1. risks and opportunities?	There is no evidence of a current risk assessment/ register, it would be beneficial to address this at the HSR meetings and create a current WHS risk register for all sites	non conformance	Compliance	Major	Moderate	No specific WHS risk register. Can discuss at Wellbeing Committee meetings but would need to engage a consultant to provide expertise on creating a specific WHS risk register.	Engage consultant to create WHS risk register	Consultant	Resources
63	2. the process and actions needed to determine and address its risks and opportunities to the extent necessary to have confidence that they are carried out as planned?	This is addressed in WHSMP section 02 however there are incident and hazard reports generated by the different departments which also address risks but there is a lack of documented feed back from management confirming actions taken, therefore workers lack confidence in the processes	OFI	Compliance	Moderate	Moderate	The re establishment of committee and having a corrective actions register will improve this finding	No action	N/A	Committee

64	6.1.2.1.1 Has the organization established, implemented and maintained a process(es) for hazard identification that is ongoing and proactive?	WHSMP Section 03 addresses hazard plans. Hazards are addressed in the different departments utilising the incident/ hazard report forms and are generally addressed by the team leader, if they are elevated to top management there appears to be a lack of formal feed back to the relevant persons on site. It would be beneficial to give feed back at the monthly HSR meetings	OFI	Compliance	Moderate	Moderate	The re establishment of committee and having a corrective actions register will improve this finding	No action	N/A	Committee
	Do the processes take into account, but not be limited to:									
65	a) how work is organized, social factors (including workload, work hours, victimization, harassment and bullying) leadership and the culture of the organization?	This is done by rostering of work hours/ days off, waste management team rosters are a good example. This also allows for team members who have issues with each other to be allocated different work rosters	Complies	Compliance	n/a	n/a	N/A	N/A	N/A	N/A
	b) routine and non-routine activities and situations, including hazards arising from:									
66	1. infrastructure, equipment, materials, substances and the physical conditions of the workplace?	WHSMP S03 hazard management plan refers to SLAM (stop, look, assess and manage) process, which would generally occur naturally. MWF and WMT supervisors confirm this happens in their daily prestarts. However workers spoken to had no recollection of this being mentioned/ utilised in the work place. The Regulatory services team is understaffed and the pound infrastructure is deficient eg no dedicated dangerous dog pens, no quarantine/cross contamination control, full shade/rain protection, slippery and uneven surfaces leaving them open to major safety issues including the risk of being attacked by vicious dogs.	non conformance	Compliance	Major	Major	Further education around the WHS Management plan ie SLAM. Issues in Regulatory Services have not been raised with People and Performance.	Once WHS Management Plan has been amended with current legislation, further education will be rolled out to staff. Assessment/Investigation into Regulatory Services complaint.	People and Performance Team	Not meeting plan
67	2. product and service design, research, development, testing, production, assembly, construction, service delivery, maintenance and disposal?	As above	OFI	Compliance	Moderate	Moderate	Further education around the WHS Management plan ie SLAM.	Once WHS Management Plan has been amended with current legislation, further education will be rolled out to staff.	People and Performance Team	Not meeting plan
68	3. human factors?	as there is no current WHS risk register the human factors have not been documented	OFI	Compliance	Moderate	Moderate	No specific WHS risk register.	Engage consultant to create WHS risk register	Consultant	Procedure
69	4. how work is performed?	SOP's and SWMS have been addressed and implemented and reviewed biannually on site, however these reviews are not documented.	OFI	Compliance	Moderate	Moderate	Sufficient with current resource restraints.	N/A	N/A	N/A
70	c) past relevant incidents, internal or external to the organization, including emergencies, and there causes?	At the time of audit there was no documented evidence of corrective action or hazard registers being maintained at the head office.	non conformance	Compliance	Moderate	Moderate	WHD risk register and corrective action register to be created	Engage consultant	Consultant	Procedure
71	d) potential emergency situations?	WHSMP S10 Emergency Preparedness plan is in place but does not address all possible emergencies, there is a procedure P6 that addresses heavy weather. It is recommended that all possible emergency situations be addressed and added to the emergency preparedness plan. This should include medical emergencies, fire, cyclones, inclement weather, vehicle accidents etc	non conformance	Compliance	Moderate	Moderate	Council have a cyclone emergency plan and a business continuity plan. Creating and maintaining plans for all emergency situations would require a lot of resources.	Engage consultant	Consultant	Procedure
	e) people, including consideration off:									
72	1. those with access to the workplace and their activities including workers, contractors, visitors and other persons?	There is a contractor management plan within the WHSMP s.017 and workers are addressed through out the plan Visitors and the general public do not appear to have been addressed, it is recommended that this be addressed when the WHSMP is reviewed and updated.	OFI	Compliance	Moderate	Moderate	Update WHS Management plan as per comment.	Consultant	Consultant	Update Plan
73	2. those in the vicinity of the workplace who can be affected by the activities of the organization?	A documented risk assessment for the general public and neighbouring properties was not available at the time of audit	OFI	Compliance	Moderate	Moderate	Relevant consultation is carried as per project management plan.	N/A	N/A	N/A
74	3. workers at a location not under the direct control of the organization?	This occurs at the library as the education department is the overarching body and this seems to work effectively.	Complies	Compliance	N/A	N/A	N/A	N/A	N/A	N/A
	f) other issues, including consideration of:									

75	1. the design of work areas, processes, installations, machinery/equipment, operating procedures and work organization, including their adaptation to the needs and capabilities of the workers involved?	No documented procedures in place	OFI	Compliance	Moderate	Moderate	Adaption of processes/machinery for employees is considered on a case by case basis.	N/A	N/A	N/A
76	2. situations occurring in the vicinity of the workplace caused by work-related activities under the control of the organization?	No documented procedures in place	OFI	Compliance	Moderate	Moderate	Relevant consultation is carried as per project management plan.	N/A	N/A	N/A
77	3. situations not controlled by the organization and occurring in the vicinity of the workplace that can cause injury and ill health to persons in the workplace?	No documented procedures in place, this occurs within the Library, regulatory Services and MWF	non conformance	Compliance	Moderate	Moderate	The organisation naturally responds to situations that occur outside the organisation, although there are no procedures.			Procedure
78	g) actual or proposed changes in organization, operations, processes, activities and the WH&S management system? (see 8.1.3)	This is addressed in WHSMP s.02 6.3	complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
79	h) changes in knowledge of, and information about, hazards?	As there are registers kept and no WHS meetings with staff this does not appear to be occurring	non conformance	Compliance	Moderate	Moderate	Once committee and registers are in place, this will be compliant.	Committee to be re-established.	People and Performance Team	Committee
	6.1.2.2 Has the organization established implemented and maintained a process to:									
80	a) assess WH&S risks from the identified hazards, while taking into account the effectiveness of existing controls?	This is addressed in WHSMP S.02 6.4	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
81	determine and assess the other risks related to the establishment, implementation, operation and maintenance of the WH&S management system?	This is addressed in WHSMP S.13	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
82	6.1.2.2 Has the organization's methodologies and criteria for the assessment of WH&S risks been defined with respect to the scope, nature and timing to ensure they are proactive rather than reactive and are used in a systematic way?	This is addressed in WHSMP s.02 6.3	complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
83	6.1.2.2 Does the organization maintain and retain documented information on the methodologies and criteria?	Records storage is mentioned in WHSMP S16. 13.13.1, 13.2, 13.3 13.4. This process in the WHSMP has not been finalised and there is no evidence of this being occurring. It is recommended that this procedure be reviewed and updated and processes put in place	non conformance	Compliance	Major	Moderate	All council records are stored in the records management system (Infoxpert) and/or the finance system (Authority).	Update section in WHS Management Plan	Consultant	Update Plan
	6.1.2.3 Has the organization established, implemented and maintained processes to assess:									
84	a) WH&S opportunities to enhance WH&S performance, while taking into account planned changes to the organization, its policies, its processes and its activities and:	This is addressed in WHSMP s.02 6.3	complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
85	1. opportunities to adapt work, work organization and work environment to workers?	This is addressed in the WHSMP S.02 & S.03 very vaguely It is recommended that this be addressed more thoroughly at the next review and updated.	OFI	Compliance	Moderate	Moderate	Look at amending in WHS Management Plan	Update section in WHS Management Plan	Consultant	Update Plan
86	2. opportunities to eliminate hazards and reduce WH&S risks?	This is addressed in the WHSMP S.02 & S.03	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
87	b) other opportunities for improving the WH&S system?	There is mention of continuous improvement in the WHSMP . There is no evidence of this occurring, nor a documented procedure	non conformance	Compliance	Moderate	Moderate	Continuous improvement does not occur due to lack of resources. Use of committee and registers will improve this finding.	Committee and registers	People and Performance Team	Resources
88	6.1.3 Has the organization established, implemented and maintained processes to:	Whilst there is mention of Legal requirements in the WHSMP there appears to be no register nor evidence of any legislation, codes of practice or Australian Standards being reviewed. This affects the continuous improvement processes.	non conformance	Compliance	Major	Major	Minimum resources and expertise to be able to keep up with current WHS legislation.	Engaging a consultant to regularly review and record changes to legislation.		Resources
89	a) determine and have access to up to date legal requirements and other requirements that are applicable to the hazards, OH&S risks and OH&S management system?	As above	non conformance	Compliance	Major	Major	Minimum resources and expertise to be able to keep up with current WHS legislation.	Engaging a consultant to regularly review and record changes to legislation.		Resources
90	b) determine how these legal requirements and other requirements apply to the organization and what needs to be communicated?	As above	non conformance	Compliance	Major	Major	Minimum resources and expertise to be able to keep up with current WHS legislation.	Engaging a consultant to regularly review and record changes to legislation.		Resources
91	take legal and other requirements into account when establishing implementing, maintaining and continually improving its OH&S management system?	As above	non conformance	Compliance	Major	Major	Minimum resources and expertise to be able to keep up with current WHS legislation.	Engaging a consultant to regularly review and record changes to legislation.		Resources

92	6.1.3 Does the organization maintain and retain information on its legal and other requirements?	At the time of audit there is no evidence of this occurring	non conformance	Compliance	Major	Moderate	Minimum resources and expertise to be able to keep up with current WHS legislation.	Engaging a consultant to regularly review and record changes to legislation.		Resources
93	6.1.3 How does the organization ensure its legal requirements are up to date and reflect any changes?	Whilst there is mention of Legal requirements in the WHSMP there appears to be no register nor evidence of any legislation, codes of practice or Australian Standards being reviewed.	non conformance	Compliance	Major	Moderate	Minimum resources and expertise to be able to keep up with current WHS legislation.	Engaging a consultant to regularly review and record changes to legislation.		Resources
6.1.4 Does the organization:										
a) plan actions to:										
94	1. to address risks and opportunities? (see 6.1.2.2 and 6.1.2.3);	WHSMP addresses this in S.02 and S.03. There is no evidence of a risk assessment/ register, it would be beneficial to address this at the HSR meetings and create a current risk register for all sites	non conformance	Compliance	Major	Moderate	Committee and development of registers will improve this finding.	Committee and registers	People and Performance Team	Committee
95	2. to address legal and other requirements? (see 6.1.3);	Whilst there is mention of Legal requirements in the WHSMP there appears to be no register nor evidence of any legislation, codes of practice or Australian Standards being reviewed	non conformance	Compliance	Major	Moderate	Minimum resources and expertise to be able to keep up with current WHS legislation.	Engaging a consultant to regularly review and record changes to legislation.		Resources
96	3. prepare for and respond to emergency situations? (see 8.2);	This is addressed in S.10 of the WHSMP and there are documented processes for emergency evacuation. There is no evidence of any training on other emergency situations. It is recommended that each section perform an emergency drill, be it a desk top one discussing medical or other emergencies, or an evacuation drill at least 2 times annually on each work site. Nor are there any nominated first aiders on the waste transfer sites, whilst all employees are trained in first aid it is recommended that the gate keepers be nominated and signage displayed for the public.	non conformance	Compliance	Major	Major	There used to be an emergency group that consisted of head fire wardens, firewardens and first aiders. Group haven't met in a number of years. No drill has been held for a number of years. Most staff do hold a current first aid certificate. Only two trained fire wardens remain, no backups.	Either start the committee again or allocate responsibility to another committee ie Wellbeing/SLT ect		Committee
b) How to:										
97	1. integrate and implement the actions into its WH&S management system processes or other business processes?	This is addressed in section 1.3 of the WHSMP	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
2. evaluate the effectiveness of these actions.										
98	6.1.4 Has the organization taken into account the hierarchy of controls and outputs and outputs from OH&S management system when planning to take action?	This is addressed in S.02 of the WHSMP 6.2.2 and S.13 6 & 7. However at the time of audit there was no documented evidence of this occurring.	non conformance	Compliance	Moderate	Moderate	Lack of education around the WHS Management Plan.	Consult staff when updated plan is done	consultant/people and performance team	Resources
99	6.1.4 Does the organization take into account best practice, technological options and financial, operational and business requirements when planning its actions?	The planning stage of the WHSMP only documents Risk assessment and hazard identification, and these are addressed within the hierarchy of controls.	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
100	6.2.1 Has the organization established WH&S objectives at relevant functions, levels that are needed to maintain and continually improve the WH&S management system?	There was no documented evidence of any objectives or targets at the time of audit	non conformance	Compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
101	6.2.1 Are the WH&S objectives:	There was no documented evidence of any objectives or targets at the time of audit	non conformance	Compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
102	a) consistent with the WH&S policy?	As above	non conformance	Compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure

103	b) measurable or capable of performance evaluation?	As above	non conformance	Compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
104	c) take into account:	As above	non conformance	Compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
105	1. applicable requirements?	As above	non conformance	Compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
106	2. the results of the assessment of risks and opportunities?	As above	non conformance	Compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
107	3. the results of consultation with worker and workers representatives?	There is no documented evidence of this occurring at the time of audit	non conformance	Compliance	Major	Moderate	Increasing communication between staff and management re WHS through Wellbeing Committee, Toolbox meetings and all staff meetings will improve outcome	Re establishment of the Wellbeing Committee and continuation of toolbox and all staff meetings	People and Performance Team	Committee
108	d) monitored?	As above	non conformance	compliance	Major	Moderate	Increasing communication between staff and management re WHS through Wellbeing Committee, Toolbox meetings and all staff meetings will improve outcome	Re establishment of the Wellbeing Committee and continuation of toolbox and all staff meetings	People and Performance Team	Committee
109	e) communicated?	As above	non conformance	compliance	Major	Moderate	Increasing communication between staff and management re WHS through Wellbeing Committee, Toolbox meetings and all staff meetings will improve outcome	Re establishment of the Wellbeing Committee and continuation of toolbox and all staff meetings	People and Performance Team	Committee
110	updated, as appropriate?	As above	non conformance		Major	Moderate	Increasing communication between staff and management re WHS through Wellbeing Committee, Toolbox meetings and all staff meetings will improve outcome	Re establishment of the Wellbeing Committee and continuation of toolbox and all staff meetings	People and Performance Team	Committee
111	6.2.2 When planning how to achieve WH&S objectives, has the organization determined:	There was no documented evidence of any objectives or targets at the time of audit	non conformance	compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
112	a) what will be done?	As above	non conformance	compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure

113	b) what resources will be required?	As above	non conformance	compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
114	c) who will be responsible?	As above	non conformance	compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
115	d) it will be completed?	As above	non conformance	compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives. Developing objectives and targets would not be successful with no one to drive them.	WHS Strategic Plan?	Consultant	Procedure
116	e) how the results will be evaluated including indicators for monitoring?	As above	non conformance	compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no	WHS Strategic Plan?	Consultant	Procedure
117	f) the actions to achieve WH&S objectives will be integrated into the organizations business processes?	As above	non conformance	compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives.	WHS Strategic Plan?	Consultant	Procedure
118	6.2.2 Does the organization maintain and retain documented information on the WH&S objectives and plans to achieve them?	There was no documented evidence of any objectives or targets at the time of audit	non conformance	Compliance	Major	Moderate	We have some high level KPI's in regards to WHS but no strategic/operational objectives.	WHS Strategic Plan?	Consultant	Procedure
119	7.1 Has the organization determined and provided the resources needed for the establishment, implementation, maintenance and continual improvement of the WH&S management system?	This is addressed as the responsibility of the CEO within the WHSMP. There is little evidence to confirm this is happening, the lack of a stand alone WHS advisor and lack of funds provided to address the issue of a lone worker (ie Berry Springs waste transfer station ? epirb device, personal alarm) as examples	non conformance	Compliance	Major	Major	There is no available internal resource. Only option is to engage a consultant.	Engage consultant	Consultant	Resources
7.2 Has the organization:										
120	a) determined the necessary competence of workers that affects the performance and effectiveness of the WH&S management system?	This is done at the time of employment and at their annual review. However there is no documented Verification of competency procedure nor form available at the time of audit.	OFI	Compliance	Moderate	Moderate	Sufficient with current resource restraints.	No action	N/A	N/A
121	b) ensured that these workers are competent (including the ability to identify hazards) on the basis of appropriate education, training, or experience?	It is referred to in the WHSMP s.03 .6 There is no documented evidence of this occurring at the time of audit.	OFI	Compliance	Major	Moderate	Sufficient with current resource restraints. Supervisors monitor staff performance and raise any training concerns as required. Incidents also inform training needs.	No action	N/A	N/A
122	c) where applicable, taken actions to acquire and maintain the necessary competence, and evaluated the effectiveness of the actions taken?	This is allocated to the department managers/supervisors to train and identify training needs. There is no training register available to confirm compliance.	OFI	Compliance	Moderate	Moderate	Sufficient with current resource restraints. Supervisors monitor staff tickets and required training. Tickets are refreshed as required.	No action	N/A	N/A
123	d) retained appropriate documented information as evidence of competence?	It is referred to in the WHSMP s.03 .6 There is no documented evidence of this occurring at the time of audit.	non conformance	Compliance	Major	Moderate	Training records and performance reviews are recorded on personnel folders. A training register would improve this finding.	Training Register	People and Performance Team	Procedure
7.3 How does the organization ensure that workers are aware of:										
124	a) the OH&S and objectives policy?	This is addressed in the WHSMP S.06 However due to lack of a dedicated WHS officer this seems to be lagging and recent employees state they have not yet received a corporate induction. (site inductions are said to be occurring however there is no documented evidence)	non conformance	Compliance	Major	Major	A monthly group induction is usually run for all new employees to attend but is subject to supervisors releasing employees for induction and the number of new staff.	Change of process for induction shall be all new employees will have a one on one induction on their first day.	People and Performance Team	Procedure

125	b) contributions to the effectiveness of the WH&S system including the benefits of improved WH&S performance?	As above	non conformance	Compliance	Major	Major	A monthly group induction is usually run for all new employees to attend but is subject to supervisors releasing employees for induction and the number of new staff.	Change of process for induction shall be all new employees will have a one on one induction on their first day.	People and Performance Team	Procedure
126	c) the implications of not conforming to the WH&S management system requirements?	As above	non conformance	Compliance	Major	Major	A monthly group induction is usually run for all new employees to attend but is subject to supervisors releasing employees for induction and the number of new staff.	Change of process for induction shall be all new employees will have a one on one induction on their first day.	People and Performance Team	Procedure
127	d) incidents and the outcomes of investigations that are relevant to them?	As above	non conformance	Compliance	Major	Major	A monthly group induction is usually run for all new employees to attend but is subject to supervisors releasing employees for induction and the number of new staff.	Change of process for induction shall be all new employees will have a one on one induction on their first day.	People and Performance Team	Procedure
128	e) hazards, WH&S risks and actions determined that are relevant to them?	As above	non conformance	Compliance	Major	Major	A monthly group induction is usually run for all new employees to attend but is subject to supervisors releasing employees for induction and the number of new staff.	Change of process for induction shall be all new employees will have a one on one induction on their first day.	People and Performance Team	Procedure
129	f) the ability to remove themselves from work situations that they consider present an imminent and serious danger to their life or health, as well as the arrangements for protecting them from undue consequences for doing so?	as above	non conformance	Compliance	Major	Major	A monthly group induction is usually run for all new employees to attend but is subject to supervisors releasing employees for induction and the number of new staff.	Change of process for induction shall be all new employees will have a one on one induction on their first day.	People and Performance Team	Procedure
130	7.4.1 How has the organization determined the internal and external communications relevant to the WH&S management system, including:	Complies WHSMP S.12	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
131	a) on what it will communicate?	As above part 2.1 / 2.2	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
132	b) when to communicate?	As above	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
133	c) with whom to communicate:	As above	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
134	1. internally among the various levels and functions of the organization?	Complies WHSMP s .12 parts 2.1 / 2.2	Complies	Compliance	N/A	N/a	N/A	N/A	N/A	N/A
135	2. among contractors and visitors to the workplace?	The WHSMP mentions contractors in the WHSMP S.12 part 1.1 There is no mention of other stake holders in this section. It may be advisable to address the needs of visitors and public.	OFI	Compliance	Minor	Minor	Sufficient	No action	n/a	N/A
136	3. among other interested parties?	as above	OFI	Compliance	Minor	Minor	Sufficient	No action	n/a	N/A
137	4. How to communicate?	As per the WHSMP S.12 2.1/2.2/2.3 and 2.4	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
138	7.4.1 How does the organization take into account diversity (Gender, language, culture, literacy, disability) aspects when considering communication needs?	In the WHSMP S11 communications plan does not address these areas	non conformance	Compliance	Moderate	Moderate	Amend communication plan in WHS management plan to take into account diversity.	Amend WHS Management Plan	Consultant	Update Plan
139	7.4.1 How are the views of interested parties considered in establishing communication processes?	There is no documented process that addresses this area	non conformance	Compliance	Moderate	Moderate	Amend communication plan in Whs Management plan.	Amend WHS Management Plan	Consultant	Update Plan
	7.4.1 In establishing communication processes has:									
140	1. legal and other requirements been taken into account?	the WHSMP S11 Communication plan refers to both the act and regulations	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
141	2. information been consistent with other information generated from the system and reliable?	The toolbox talks being held on the different sites cover the requirements of the systems and appear to be reliable	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
142	7.4.1 Who responds and how is relevant communications answered with regard to the WH&S management system?	It appears that the team leaders address information from workers. There is no feed back forthcoming from head office as to outcomes. This needs to be addressed	OFI	Compliance	Moderate	Low	The corrective action register and committee will allow for better communication between Supervisors, People and Performance and Executive team.	Create corrective action register and re establish committee	People and Performance Team	Procedure
143	7.4.1 In what form is documented information retained as evidence of communications?	Electronic and hard copy	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
	7.4.2 How has the organization ensured that:									

144	a) internally communicated information is relevant to the WH&S management system among various levels and functions of the organization. Does it include changes to the WH&S management system?	This is addressed via emails and with the WHS person attending various site toolbox talks, to promote two way communication.	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
145	b) workers are able to contribute to continual improvement?	Workers are able to contribute to this process at the different workites. However lack of feed back from head office is evident	OFI	Compliance	Minor	Low	Committee will improve this issue	No action	N/A	N/A
146	7.4.3 Has the company got an external communication process?	This is not addressed in the communications procedure within the WHSMP however the staff do utilise Facebook, Web page, signage and letterbox drops.	non conformance	Compliance	Moderate	Moderate	Council has a Community Engagement policy and a communication plan in relation to project management.	Update communication section in WHS Management Plan	Consultant	Update Plan
147	7.4.3 How does external communication of WH&S information take into account legal and other requirements?	This is not addressed in the communications procedure within the WHSMP	non conformance	Compliance	Moderate	Moderate	Council has a Community Engagement policy and a communication plan in relation to	Update communication section in WHS	Consultant	Update Plan
	7.5.1 Does the organization's WH&S management system include:									
148	a) documented information required by ISO 45001?	At the time of audit there were some documents available for review. It is recommended that the system be updated to reflect these requirements	OFI	Compliance	Minor	Low	Update WHS Management plan as per comment.	Update WHS Management plan	Consultant	Update Plan
149	b) documented information determined by the organization as being necessary for the effectiveness of the OH&S management system?	There is very limited documented information available, such as no incident registers/ Corrective action registers etc .	non conformance	Compliance	Major	Moderate	Creation of registers will improve finding.	Create registers	People and Performance Team	Procedure
	7.5.2 When creating and updating documented information, how does the organization ensure appropriate:									
150	a) identification and description (e.g. a title, date, author, or reference number)?	this is addressed in the WHSMP S 16 3.1 information on controlled documents. However the documents viewed don't have these in place, it is recommended that version/ document control be implemented and put in place.	OFI	Compliance	Minor	Low	Version control is done electronically through infoxpert.	No action	N/A	N/A
151	a) format (e.g. language, software version, graphics) and media (e.g. paper, electronic)?	Sits within the records management system however when printed there is no version control on paper copies	OFI	Compliance	Minor	Low	Documents and forms can only be amended by People and Performance team. If amended they are circulated to Supervisors and staff to notify. Supervisors are then responsible for ensuring the correct form is completed. Process could be streamlined but not without putting pressure on resources. Sufficient as is.	No action	N/A	N/A
152	b) review and approval for suitability and adequacy?	This area needs to be addressed	OFI	Compliance	Minor	Low	Forms update as required	No action	N/A	N/A
	7.5.3 How does the organization ensure documented information required by the OH&S management system and by ISO 45001 is controlled to ensure:									
153	a) it is available and suitable for use, where and when it is needed?	the documents are available for printing on info expert however it is not a user friendly system	OFI	compliance	Minor	Low	Infoxpert is Council's records management system, unable to change.	No action	N/A	N/A
154	b) is adequately protected (e.g. from loss of confidentiality, improper use, or loss of integrity)?	The documents are available in info expert and this is within the council computer file .to access there must be access to the computer systems. However these documents are not locked and any one can make changes	OFI	compliance	Moderate	Moderate	Lock WHS documents so only People and Performance can update	Update security in infoxpert	People and Performance Team	Records Manager
	7.5.3 For the control of documented information, how does the organization address the following activities, as applicable:									
155	1. distribution, access, retrieval and use?	this is through info expert	Complies	compliance	N/A	n/a	N/A	N/A	N/A	N/A
156	2. storage and preservation, including preservation of legibility?	these documents are not locked and any one can make changes and the document and records management procedure is incomplete	non conformance	compliance	Moderate	Moderate	Lock WHS documents so only People and Performance can update and update records section in WHS Management plan.	Update security in infoxpert and update WHS Management Plan.	People and Performance Team / Consultant	Records Manager
157	3. control of changes (e.g. version control)?	these documents are not locked and any one can make changes the document and records management procedure is incomplete	non conformance	compliance	Moderate	Moderate	Lock WHS documents so only People and Performance can update and update records section in WHS	Update security in infoxpert and update WHS Management	People and Performance Team / Consultant	Records Manager
158	4. retention and disposition?	the document and records management procedure is incomplete	non conformance	compliance	Moderate	Moderate	Lock WHS documents so only People and Performance can update and	Update security in infoxpert and update	People and Performance Team / Consultant	Records Manager

159	7.5.3 How does the organization ensure documented information of external origin is identified and controlled?	the document and records management procedure is incomplete and this has not been addressed	non conformance	compliance	Moderate	Moderate	Lock WHS documents so only People and Performance can update and update records section in WHS Management plan.	Update security in infexpert and update WHS Management Plan.	People and Performance Team / Consultant	Records Manager
	8.1.1 Does the organization plan, implement and control the processes needed to meet the requirements of the OH&S management system and to implement the actions determined in Clause 6 by:									
160	a) establishing criteria for the processes?	the WHSMP does address this in S2 & S3	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
161	b) implementing control of the processes in accordance with the criteria?	this happens at a team level but is neglected at a corporate level	OFI	Compliance	Moderate	Moderate	This will improve with the committee and a refresh on the amended WHS Management plan.	No action	N/A	N/A
162	c) maintaining and keeping documented information to the extent necessary to have confidence that processes are being carried out as planned?	Due to lack of registers and feed back there is little or no confidence in the system by workers	non conformance	Compliance	Major	Moderate	this will conform once registers and communication is addressed	Create registers and increase communication through committee, toolbox and all staff meetings	People and Performance	Procedure
163	d) adapting to workers?	With the current lack of induction and review processes this is not happening. Most departments have an aging workforce and procedural changes should be addressed to suit this.	non conformance	Compliance	Major	Major	The consultant highlighted high risk with our ageing workforce, which can be seen from the number of incidents and workers compensations.	Engaging a consultant to assist us in making procedural changes for our ageing work force.	Consultant	Procedure
164	8.1.1 How does the organization coordinate the relevant parts of OH&S management system with other organizations in multi-employer situations?	Tamimin Library, the school is the overarching authority and staff work within both systems. Subcontractors are addressed in WHSMP S17	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
165	8.1.2 Has the organization established, implemented and maintained processes for the elimination of hazards and reduction of OH&S risks using the following hierarchy of controls:	See sections 2&3 WHSMP where this is addressed and appears to have been implemented.	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
166	a) eliminate the hazard?	as above	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
167	b) substitute with less hazardous process, operations, materials or equipment?	as above	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
168	c) use engineering controls and reorganization of work?	as above	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
169	d) use administration controls, including training?	as above	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
170	e) use adequate personal protective equipment?	as above	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
	8.1.3Has the organization established processes for the implementation and control of planned temporary and permanent changes that impact performance including:									
171	a) new products, services and processes, or changes to existing products, services and processes, including:	This is addressed in S.02 of the WHSMP 6.3 d However at the time of audit there was no documented evidence of this occurring. As SWMS & SOP's do not have recorded reviews and updates,	OFI	Compliance	Moderate	Moderate	Sufficient	No action	N/A	N/A
172	1. workplace locations and surroundings?	as above	OFI	Compliance	Moderate	Moderate	Sufficient	No action	N/A	N/A
173	2. working organization?	as above	OFI	Compliance	Moderate	Moderate	Sufficient	No action	N/A	N/A
174	3. working conditions?	as above	OFI	Compliance	Moderate	Moderate	Sufficient	No action	N/A	N/A
175	4. equipment?	as above	OFI	Compliance	Moderate	Moderate	Sufficient	No action	N/A	N/A
176	5. work force?	as above	OFI	Compliance	Moderate	Moderate	Sufficient	No action	N/A	N/A
177	b) changes to legal requirements and other requirements?	There is no mention of this in the WHSMP nor is there a legal and other requirements register available	non conformance	Compliance	Moderate	Moderate	No resources to keep up with current legislation and keep a register.	Create register and review legislation regularly	Consultant	Resources
178	c) changes to knowledge or information about hazards and OH&S risks?	This is addressed in S.02 of the WHSMP 6.3 However at the time of audit there was no documented evidence of this occurring. As SWMS & SOP's do not have recorded reviews and updates,	OFI	Compliance	Moderate	Moderate	Sufficient - updated as required	No action	N/A	N/A
179	d) in knowledge and technology?	There is no mention of this in the WHSMP	non conformance	Compliance	Moderate	Moderate	Update WHS Management plan as per comment.	Update WHS Management plan	Consultant	Update Plan
180	8.1.3 Does the organization review the consequences of unintended changes, taking action to mitigate any adverse effects, as necessary?	there appears to be no procedure to address this and with the lack of Corrective action and incident / hazard registers there is no followup process	non conformance	Compliance	Major	Major	Currently do not have a register for corrective actions. Once an incident report is completed and signed off. No further action is taken.	Record corrective actions in a register.	People and Performance	Procedure
181	8.1.4.1 Has the organization established, implemented and maintained processes to control the procurement of products and services in order to ensure their conformity to its OH&S management system?	This is addressed in S17 WHSMP with a contractors questionnaire to be completed. This document is not utilised and the department have imlement their own document and recording methods.	OFI	Compliance	Moderate	Moderate	Consultation between each team and the committee to decide how best to amend S17 WHSMP.	Discuss with committee and teams	Consultant	Not meeting plan

	8.1.4.2 Does the organization coordinate its procurement processes with its contractors, in order to identify hazards and assess and control the WH&S risks arising from:	This is addressed in S17 WHSMP								
182	a) the contractors' activities and operations that impact the organization.	this is addressed in 5 of the above however there is limited or no evidence available that this occurs	non conformance	Compliance	Moderate	Moderate	Seek advice from consultant on how to address	Seek advice from consultant on how to address	Consultant	Not meeting plan
183	b) the organization's activities and operations that impact the contractors workers?	this is addressed in 5 of the above however there is limited or no evidence available that this occurs	non conformance	Compliance	Moderate	Moderate	Seek advice from consultant on how to address	Seek advice from consultant on how to address	Consultant	Not meeting plan
184	c) the contractors' activities and operations that impact other interested parties in the workplace?	this is addressed in 5 of the above however there is limited or no evidence available that this occurs	non conformance	Compliance	Moderate	Moderate	Seek advice from consultant on how to address	Seek advice from consultant on how to address	Consultant	Not meeting plan
185	8.1.4.2 How does the organization ensure that the requirements of its WH&S management system are met by contractors and their workers?	this is addressed in 5 of the above however there is limited or no evidence available that this occurs	non conformance	Compliance	Moderate	Moderate	Seek advice from consultant on how to address	Seek advice from consultant on how to address	Consultant	Not meeting plan
186	8.1.4.2 Does the organizations procurement processes define and apply occupational health and safety criteria for the selection of contractors?	This is addressed in the WHSMP S17 7	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
187	8.1.4.3 How does the organization ensure outsourced functions and processes are controlled?	their documented processes are reviewed at the start, with any change in the scope of work and with a 3 monthly performance review, which is partially document at 13 of the above section	OFI	Compliance	Minor	Low	Sufficient	No action	N/A	N/A
188	8.1.4.3 Does the organization ensure that its outsourcing arrangements are consistent with legal requirements and other requirements and with achieving the intended outcomes of the OH&S management system?	This is not a documented process within the WHSMP	non conformance	Compliance	Major	Moderate	Seek advice from consultant on how to address	Update plan /consultant	Consultant	Update Plan
189	8.1.4.3 Has the type and degree of control to be applied to these functions and processes been defined within the OH&S management system?	This is not a documented process within the WHSMP	non conformance	Compliance	Major	Moderate	Seek advice from consultant on how to address	Update plan /consultant	Consultant	Update Plan
	8.2 Has the organization established, implemented and maintained the processes needed to prepare for and respond to potential emergency situations identified in 6.1.2.1 and do they include:	this is addressed in the WHSMP S10								
190	a) establishing a planned response to emergency situations including provision of first aid?	This is addressed in the WHSMP S10 but does not actually cover individual emergency procedures. It is suggested that in the emergency procedure section that probable emergencies are address, i.e. Heart attack, major injuries/ amputations, vehicle accidents, electric shock/ electrocution	non conformance	Compliance	Major	Moderate	Council have a cyclone emergency plan and a business continuity plan. Creating and maintaining plans for all emergency situations would require a lot of resources.	Engage consultant	Consultant	Procedure
191	b) providing training for the planned response?	the WHSMP states training will be made available however the different sites have stated that this does not occur. It is recommended that each worksite have a minimum of 2 emergency response training sessions per year. This could take the form of a desk top emergency or a trial evacuation	non conformance	Compliance	Major	Moderate	Currently not happening	Need to start running drills either through committee or HR team	People and Performance Team	Not meeting plan
192	c) periodically testing and exercising the planned response capability?	As above	non conformance	Compliance	Major	Moderate	Currently not happening	Need to start running drills either through committee or HR team	People and Performance Team	Not meeting plan
193	d) evaluating performance and as necessary, revising the planned response, including after testing and in particular after the occurrence of an emergency situation?	there is no current register / nor documented procedure for this process	non conformance	Compliance	Major	Moderate	Currently not happening	Need to start running drills either through committee or HR team	People and Performance Team	Procedure
194	e) communicating and providing relevant information to all workers on their duties and responsibilities?	the WHSMP states training will be made available however the different sites have stated that this does not occur.	non conformance	Compliance	Major	Moderate	Currently not happening	Need to start running drills either through committee or HR team	People and Performance Team	Not meeting plan
195	f) communicating relevant information to contractors, visitors, emergency response services, government authorities, and as appropriate local community?	this has no documented procedure	non conformance	Compliance	Major	Moderate	Currently not happening	require guidance from consultant on how to address	Consultant	Procedure
196	g) taking into account the needs and capabilities of all relevant interested parties and ensuring their involvement, as appropriate, in the development of the planned response?	As above	non conformance	Compliance	Major	Moderate	Currently not happening	require guidance from consultant on how to address	Consultant	Procedure
197	8.2 Has the organization maintained documented information on the process and on the plans for responding to potential emergency situations?	this has not been reviewed nor updated for a minimum of 2 years. The current plan is not appropriate to the councils needs.	non conformance	compliance	Major	Moderate	Review WHS Plan	Review WHS Plan	Consultant	Update Plan
198	9.1.1 The organization shall establish, implement and maintain processes for monitoring, measurement analysis and performance evaluation. How does the organization determine:	This is addressed in the WHSMP S13	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
	a) What needs to be monitored and measured:									

199	1. the extent to which legal requirements and other requirements are met?	this is addressed in the 2.2 of the above section There is no evidence of this occurring	OFI	Compliance	Moderate	Low	No resources to maintain, monitor or analyse performance	Refer to consultant	Consultant	Resources
200	2. its activities and operations related to identified hazards, risks, and opportunities?	This is addressed in 6 of the above section There is no evidence of this occurring	OFI	Compliance	Moderate	Low	No resources to maintain, monitor or analyse performance	Refer to consultant	Consultant	Resources
201	3. progress towards achieving WH&S objective?	This is addressed in 7 of the above section there is no documented Corrective Action/ incident register available at the time of audit for this to be actioned	non conformance	Compliance	Moderate	Moderate	no corrective action register	Develop register	People and Performance	Procedure
202	4. effectiveness of operational and other controls?	This is addressed in 7 of the above section there is no documented Corrective Action/ incident register available at the time of audit for this to be actioned	non conformance	Compliance	Moderate	Moderate	no corrective action register	Develop register	People and Performance	Procedure
203	b)) the methods for monitoring, measurement, analysis and performance evaluation needed to ensure valid results?	this is addressed in 3.1 of the above section There is no evidence of this occurring	OFI	Compliance	Moderate	Low	No resources to maintain, monitor or analyse performance	Refer to consultant	Consultant	Resources
204	c) the criteria against which the organization will evaluate its OH&S performance?	this is addressed in 3.1 of the above section There is no evidence of this occurring	OFI	Compliance	Moderate	Low	No resources to maintain, monitor or analyse performance	Refer to consultant	Consultant	Resources
205	d) when the monitoring and measuring shall be performed?	this addressed in annexure A of the above section. The WHSMP needs to be updated to reflect the requirements os ISO 45001:2018 Not AS/NZS 4801	OFI	Compliance	Moderate	Low	Update whs plan	Refer to consultant	Consultant	Update Plan
206	e) when the results from monitoring and measurement shall be analyzed and evaluated and communicated?	This is not addressed in the above section, this needs to be updated	OFI	Compliance	Moderate	Low	Update whs plan	Refer to consultant	Consultant	Update Plan
207	9.1.1 How does the organization evaluate the performance and the effectiveness of the WH&S management system?	this is addressed in the WHSMP S13	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
208	9.1.1 How does the organization ensure that monitoring and measuring equipment is calibrated or verified as applicable, and used and maintained as appropriate?	tools are tested and tagged through an outsourced contractor during a routine contract but there is no documented procedure requirement with in the WHSMP	OFI	Compliance	Moderate	Low	Process could be improved and perhaps included in WHS plan. Sufficient for the resources we have	N/A	N/A	N/A
209	9.1.1 In what form does the organization retain appropriate documented information as evidence of the monitoring, measurement, analysis and performance evaluation and maintenance, calibration or verification of measuring equipment?	there is no documented procedure requirement with in the WHSMP	OFI	Compliance	Moderate	Low	Process could be improved and perhaps included in WHS plan. Sufficient for the resources we have	N/A	N/A	N/A
210	9.1.2 How does the organization establish implement and maintain processes for evaluating compliance with legal and other requirements?	there is no procedure nor register	non conformance	Compliance	Moderate	Moderate	Do not currently evaluate compliance.	Can develop appropriate tools but no resources to conduct.	Consultant	Resource
9.1.2 Does the evaluation include:										
211	a) determining the frequency and method(s) for the evaluation of compliance?	there is no procedure nor register	non conformance	Compliance	Moderate	Moderate	Do not currently evaluate compliance.	Can develop appropriate tools but no resources to conduct.	Consultant	Resource
212	b) evaluate compliance and take action if needed? Yes/No	there is no procedure nor register	non conformance	Compliance	Moderate	Moderate	Do not currently evaluate compliance.	Can develop appropriate tools but no resources to conduct.	Consultant	Resource
213	c) maintaining knowledge and understanding of its compliance status with legal requirements and other requirements?	there is no procedure nor register	non conformance	Compliance	Moderate	Moderate	Do not currently evaluate compliance.	Can develop appropriate tools but no resources to conduct.	Consultant	Resource
214	d) retaining documented information of the compliance evaluation results?	there is no procedure nor register	non conformance	Compliance	Moderate	Moderate	Do not currently evaluate compliance.	Can develop appropriate tools but no resources to conduct.	Consultant	Resource
215	9.2.1 Does the organization conduct internal audits at planned intervals to provide information on whether the OH&S management system:	Annexure A of S13 of the WHSMP addresses this	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	
a) conforms to:										
216	1. the organization's own requirements for its WH&S management system, including policy and objectives?	As above	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	
217	2. the requirements of this International Standard?	As above however refers to AS4801 not ISO45001	ofi	Compliance	Minor	Low	Update whs plan		Consultant	Update Plan
218	b) is effectively implemented and maintained?	S13 3.2 addresses this area	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
9.2.2 Does the organization:										

219	a) plan, establish, implement and maintain an audit programme(s) including the frequency, methods, responsibilities, planning requirements and reporting, which shall take into consideration the importance of the processes concerned, and the results of previous audits?	Annexure A of S13 of the WHSMP addresses this However it does not cover the results of previous audits nor reporting processes	OFI	Compliance	Moderate	Moderate	Amend plan to include previous audits or develop register. Unsure if there are previous whs audits to record.		consultant	Update Plan
220	b) define the audit criteria and scope for each audit?	this does not occur	non conformance	Compliance	Moderate	Moderate	as above		consultant	Update Plan
221	c) select auditors and conduct audits to ensure objectivity and the impartiality of the audit process?	Annexure A of S13 of the WHSMP addresses this	Complies	Compliance	N/A	n/a	N/A	N/A	N/A	N/A
222	d) ensure that the results of the audits are reported to relevant management; ensure results of internal audits are reported to workers and where they exist, workers representatives, and other relevant interested parties?	this does not occur	non conformance	Compliance	Moderate	Moderate	Unsure if any audit has been conducted as per S13 of the WHSMP.		consultant	Not meeting plan
223	e) action to address nonconformity and continually improve its WH&S audit programme and the audit results?	this does not occur	non conformance	Compliance	Moderate	Moderate	Unsure if any audit has been conducted as per S13 of the WHSMP.		consultant	Not meeting plan
224	f) retain documented information as evidence of the implementation of the audit programme and the audit results?	this does not occur	non conformance	Compliance	Moderate	Moderate	Unsure if any audit has been conducted as per S13 of the WHSMP.		consultant	Not meeting plan
225	9.3.ISO 45001 requires top management to review the organization's WH&S management system, at planned intervals, to ensure its continuing suitability, adequacy, effectiveness". What format does this review(s) take?	this does not occur	non conformance	Compliance	Moderate	Moderate	Unsure if any audit has been conducted as per S13 of the WHSMP.		consultant	Not meeting plan
	9.3 Is the organization's management review planned and carried out taking into consideration:									
226	a) The status of actions from previous management reviews?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
	b) Changes in external and internal issues that are relevant to the WH&S management system including:									
227	1. needs and expectations of interested parties?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
228	2. legal requirements and other requirements?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
229	3. risks and opportunities?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
230	c) the extent to which WH&S policy and objectives have been met?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
231	d) information on the WH&S performance, including:	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
232	1. incidents nonconformities and corrective actions and continual improvement?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
233	2. monitoring and measurement results?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
234	3. results of evaluation of compliance with legal requirements other requirements?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
235	4. audit results?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
236	5. consultation and participation of workers?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
237	6. risks and opportunities?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
238	e) adequacy of resources for maintaining an effective WH&S system?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
239	f) relevant communication with interested parties?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
240	g) opportunities for continual improvement?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
	9.3 Do the outputs of the management review include decisions and actions related to:									
241	1. the continuing suitability, adequacy, and effectiveness in achieving the intended outcomes?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
242	2. continual improvement opportunities?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
243	3. any need for changes to the WH&S management system?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
244	4. resource needs?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
245	5. actions needed?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
246	6. opportunities to improve integration of the WH&S system with other business processes	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan

247	7. implications for the strategic direction of the organization?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
248	9.3How are the relevant outputs from management review communicated to workers and where they exist workers representatives?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
249	9.3 In what form does the organization retain documented information as evidence of the results of management reviews?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
250	10.1 How does the organization determine and select opportunities for improvement and implement any necessary actions to achieve intended outcomes of the WH&S management system?	this does not occur	non conformance	Compliance	Moderate	Moderate	Has not occurred so cannot confirm			Not meeting plan
	10.2 When an incident or nonconformity occurs, how does the organization:									
	a) react in a timely manner to the incident or nonconformity and, as applicable:									
251	1. take action to control and correct it?	this happens within the individual departments but there is no evidence that if it is escalated ,of the actions taken by council senior management	OFI	Compliance	Moderate	Moderate	Happens at a team level and is addressed through incident report and processes changed where required.	N/A	N/A	N/A
252	2. deal with the consequences?	this happens within the individual departments but there is no evidence that if it is escalated ,of the actions taken by council senior management	OFI	Compliance	Moderate	Moderate	Happens at a team level and is addressed through incident report and processes changed where required.	N/A	N/A	N/A
	b) evaluate, with the participation of workers and the involvement of other relevant interested parties, the need for corrective action to eliminate the root cause(s) of the incident or nonconformity, in order that it does not recur or occur elsewhere, by:									
253	1. investigating the incident or reviewing the nonconformity?	this does not occur	non conformance	Compliance	Moderate	Moderate	Investigation occurs as per incident report. Lacks an action register so no review is conducted.	need to develop action register, open up communication to senior management and across Departments ie through committee	People and Performance	Procedure
254	2. determining the causes of the incident or nonconformity?	this does not occur	non conformance	Compliance	Moderate	Moderate	Investigation occurs as per incident report. Lacks an action register.	need to develop action register, open up communication to senior management and across Departments ie through committee	People and Performance	Procedure
255	3. determining if similar incidents have occurred, if nonconformities exist, or if could potentially occur?	this does not occur	non conformance	Compliance	Moderate	Moderate	Investigation occurs as per incident report. Lacks an action register so cannot determine if easily of other incidents have occurred.	need to develop action register, open up communication to senior management and across Departments ie through committee	People and Performance	Procedure
256	c) review existing assessments of WH&S risks and other risks, as appropriate?	this does not occur	non conformance	Compliance	Moderate	Moderate	No WHS specific risk register	need to develop action register, open	People and Performance	Procedure
257	d) determine and implement any action needed, including corrective action, in accordance with the hierarchy of controls and the management of change?	this does not occur	non conformance	Compliance	Moderate	Moderate	Action addressed in incident report. Not in accordance with hierachy of controls/management of change.	need to develop action register, open up communication to senior management	People and Performance	Procedure
258	e) assess WH&S risks and that relate to new or changed hazards, prior to taking action?	this does not occur	non conformance	Compliance	Moderate	Moderate	No WHS specific risk register	need to develop action register, open up communication to senior management and across Departments ie through committee	People and Performance	Procedure

259	f) review the effectiveness of any action taken, including corrective action?	this does not occur	non conformance	Compliance	Moderate	Moderate	Investigation occurs as per incident report. Lacks an action register so no review is conducted.	need to develop action register, open up communication to senior management and across Departments ie through committee	People and Performance	Procedure
260	g) make changes to the WH&S management system, if necessary?	this does not occur	non conformance	Compliance	Moderate	Moderate	Investigation occurs as per incident report. Lacks an action register so no review is conducted.	need to develop action register, open up communication to senior management and across Departments ie through committee	People and Performance	Procedure
261	10.2 Does the organization take corrective actions appropriate to the effects or potential effects of the incidents or nonconformities encountered?	this happens within the individual departments but there is no evidence that if it is escalated of the actions taken by council senior management	OFI	Compliance	Moderate	Moderate	Investigation occurs as per incident report. Chnages made at officer level, senior management is not involved. .	need to develop action register, open up communication to senior management	People and Performance	Procedure
	10.2 In what form does the organization retain documented information evidence of:									
262	1. the nature of the incidents or nonconformities and any subsequent actions taken?	this happens within the individual departments but there is no evidence that if it is escalated of the actions taken by council senior management	OFI	Compliance	Moderate	Moderate	No communication or sharing at SLT/ELT level. Communication happening at toolbox level but not across departments.	Get committee up and running. Take committee minutes to SLT meetings	People and Performance	Committee
263	2. the results of any action and corrective action including their effectiveness?	this happens within the individual departments but there is no evidence that if it is escalated of the actions taken by council senior management	OFI	Compliance	Moderate	Moderate	No communication or sharing at SLT/ELT level. Communication happening at toolbox level but not across departments.	Get committee up and running. Take committee minutes to SLT meetings	People and Performance	Committee
264	10.2 How is this information communicated to relevant workers, and, where applicable, workers representatives, and other interested parties?	this does not occur	non conformance	Compliance	Moderate	Moderate	No communication or sharing at SLT/ELT level. Communication happening at toolbox level but not across departments.	Get committee up and running. Take committee minutes to SLT meetings	People and Performance	Committee
265	10.3How does the organization continually improve the suitability, adequacy and effectiveness of the WH&S management system?	this does not occur	non conformance	Compliance	Moderate	Moderate	No communication or sharing at SLT/ELT level. Communication happening at toolbox level but not	Get committee up and running. Take committee minutes to	People and Performance	Committee
	10.3 How does the organization:									
266	a) enhance WH&S performance?	this does not occur	non conformance	Compliance	Moderate	Moderate	No current communication, discussion or promotion.	Get committee up and running	People and Performance	Committee
267	b) promote a culture that supports the WH&S management system?	this does not occur	non conformance	Compliance	Moderate	Moderate	No current communication, discussion or promotion.	Get committee up and running	People and Performance	Committee
268	c) promote the participation of workers in implementing actions for continual improvement of the WH&S management system?	this does not occur	non conformance	Compliance	Moderate	Moderate	No current communication, discussion or promotion.	Get committee up and running	People and Performance	Committee
269	d) communicating the results of continual improvement workers and if appropriate workers representatives?	this does not occur	non conformance	Compliance	Moderate	Moderate	No current communication, discussion or promotion.	Get committee up and running	People and Performance	Committee
270	e) maintain and retain documented information as evidence of continual improvement?	this does not occur	non conformance	Compliance	Moderate	Moderate	No current communication, discussion or promotion.	Get committee up and running	People and Performance	Committee



RMAC REPORT

Agenda Item Number:	8.03
Report Title:	Risk Register
Author:	Rebecca Taylor, Policy and Governance Program Leader
Recommending Officer:	Maxie Smith, Director Corporate and Community
Meeting Date:	31/05/2023
Attachments:	A: Risk Register

Executive Summary

To update the RMAC on the risk profile, controls and action status as identified in the risk register, and to confirm the format and frequency of the committee receiving the risk register.

Recommendation

THAT RMAC note the updated risk register at Attachment A.

Background

The risk register (as at Attachment A) forms part of the Risk Management Governance Framework for Litchfield Council and consists of 16 risk profiles. The summary dashboard provides updates as to the progress in implementing actions.

Since the risk register was last presented to RMAC in February, the following changes have been made;

Dashboard Actions

Only 7 actions remain and of these actions, 1 has been completed as per below.

Action	Due Date	Final Comment
Implement Business Systems Review and develop Roadmap (Item 3.1.1)	Dec-19	The upgrade to the ERP system was successful on 16 March 2023. Council will assess hardware with the potential to move into a cloud-based system in 2025. Action is now complete.

Controls

The following controls have been reviewed and updated;

Control	Control Rating	Risk Profile	Action
HR Policy and Procedures	Adequate	RP16	Following the Compliance Review conducted by the Department, all HR policies are now up to date. Control updated to adequate.
Documented Operational Procedures / Checklists (Doc ID 408679)	Adequate	RP04	All actions from the Dashboard in relation to operational procedures have been completed. Each Department now have their core processes documented. Control changed to adequate.

As a result of the changes outlined above, the following table provides an overview of the current controls;

Control Ratings February 2023		Control Ratings May 2023	
Row Labels	Count of Control Rating	Row Labels	Count of Control Rating
Excellent	27	Excellent	27
Adequate	160	Adequate	162
Inadequate	28	Inadequate	26
Total	215	Total	215

There are currently five risk profiles where the appetite is not yet achieved. Work will continue to address this issue.

Risk Profile	Risk	Control
RP1 - Misconduct	Moderate	Adequate
RP2 - Business and Community Disruption	Moderate	Adequate
RP3 - Inadequate Environmental Management	Low	Adequate
RP4 - Errors, Omissions, Delays and Incorrect Advice	Moderate	Adequate
RP5 - External Theft and Fraud (inc. Cyber Crime)	Moderate	Adequate
RP6 - ICT Systems and Infrastructure Failure	Moderate	Adequate
RP7 - Failure to Fulfil Statutory, Regulatory or Compliance Requirements	Moderate	Adequate
RP8 - Inadequate Safety and Security Practices	High	Inadequate
RP9 - Ineffective and Unsustainable Financial Management	Moderate	Adequate
RP10 - Ineffective Management of Public Facilities / Venues / Events	Moderate	Inadequate
RP11 - Inadequate Records Management Processes	Moderate	Adequate

RP12 - Inadequate Project/Change Management	Moderate	Inadequate
RP13 - Inadequate Engagement Practices	Moderate	Adequate
RP14 - Inadequate Procurement / Supplier / Contract Management	High	Inadequate
RP15 - Inadequate Asset Sustainability Practices	Moderate	Inadequate
RP16 - Ineffective HR Management / Employment Practices	Moderate	Adequate

Links with Strategic Plan

Performance - An Effective and Efficient Organisation

Legislative and Policy Implications

This paper is consistent with FIN08 Risk Management and FIN09 Risk Management and Audit Committee. The risk framework meets Council’s risk management compliance requirements.

Risks

Nil identified.

Financial Implications

Not applicable.

Community Engagement

Not applicable.

Litchfield Council Risk Dashboard Action Status Report

RP6 - ICT Systems and Infrastructure Failure		Risk	Control
		Moderate	Adequate
Current Issues / Actions / Treatments	Due Date	Responsibility	Comments & Review History
Implement Business Systems Review and develop Roadmap (Item 3.1.1)	Dec-19	Information Technology Program Leader	<p>September 2019 - New Action</p> <p>February 2020 Parallel with the recommendations around Azure proposal and strategic planning around ICT (i.e. reduced architecture and reliance on on-premise servers and asset management, Business System Review planning to take place in 2020. Documentation and information from external sources to be secured in March 2020, with Draft Documentation due in April 2020. Due May 2020</p> <p>September 2020 Azure proposal complete - In progress</p> <p>December Servers to remain on premise until Gap analysis report as a key deliverable from ERP systems review project to advice timing or feasibility of moving to Software as a Service (SAAS) platform.</p> <p>July 2021 ERP Review - GAP analysis is in it's final stages. Meeting arranged with Civica to discuss how to address current GAP in product delivery</p> <p>February 2022 Hardware ROI requires > 2 years</p> <p>February 2023 Council is in the process of upgrading the ERP with go live date set at 16 March 2023. In the following year council will assess hardware with the potential to move into a cloud based system in 2025 or shortly after.</p> <p>May 2023 ERP was successfully upgraded on 16 March 2023. As above, hardware will be assessed with the potential to move to cloud base in 2025. Action is now completed.</p>
RP9 - Ineffective and Unsustainable Financial Management		Risk	Control
		Moderate	Adequate
Current Issues / Actions / Treatments	Due Date	Responsibility	Comments & Review History
Review Developer Contribution Plan	Jun-18	Project Management Program Leader	<p>7 August 2018 Consultants have prepared a draft Developer Contribution Plan. Planning and Development Manager is currently reviewing for preparation to Council in October.</p> <p>February 2019 The new Developer Contribution Plan continues to be developed. Updates have been provided to Council. The detail of the contribution plan is 80% complete following a review of asset data and requirement of works assessment. Legal advice is required to be obtained and instructions for advice are being prepared. This is a complex project that has legislative requirements in its content and delivery and therefore is being processed in a manner to minimise the risk to Council of the plan being insufficient. Current target – completion by July 2019</p> <p>November 2019 Council's revised Developer Contribution Plan is currently under development and nearing completion. However, recently proposed amendments to the NT Planning Act propose changes to how fees noted within a DCP can be collected. It is also understood that updated Regulations that will accompany the amendments to the Act will result in changes to which assets Council can collect money for within a DCP. The proposed changes are expected to be of benefit to Council, allowing Council greater ability to collect fees from development contributing to upgrades and to collect money for all infrastructure assets requiring upgrades. Any DCP or changes to a DCP is required to undergo a 28-day public consultation prior to adoption. As a result, it is considered prudent to continue to develop the DCP with the proposed changes in mind. Then the finalised plan can be publicly exhibited and adopted once the changes are made to the NT Planning Act and associated Regulations. At this time, it is understood that the intention is for the updated Planning Act to be adopted in mid 2020, with the Regulations to follow shortly after. Legal advice is to wait until new act is passed then proceed with adoption. Expect completion September 2020.</p> <p>February 2020 Updates to Planning Act are due to be enacted by June 2020. Once enacted updates will need to be made to plan. Expect completion by October 2020</p> <p>September 2020 Now that the NT Planning ACT and Planning regulations have been updated by NTG, can proceed to finalising updated plan under the new requirements, for legal review and then community consultation if approved by Council.</p> <p>December Council are expecting the DRAFT DCP from Aurecon in December/January</p> <p>February 2021 DRAFT DCP received from Aurecon, to be reviewed. DRAFT to be finalised and provided to lawyers by March.</p> <p>July 2021 The proposed development of Kowandi and Holtze, has highlighted some anomalies in the current DRAFT DCP. A workshop was held with Councillor's and it has been decided that a new approach to the DCP is required. Further review over the next 12 months.</p> <p>February 2022 As per above - work continues</p> <p>August 2022 With continued vacancies in the Planning section, no further updates have occurred.</p> <p>February 2023 Work on the developer contribution plan will recommence next month.</p> <p>May 2023 No progress</p>

Litchfield Council Risk Dashboard Action Status Report

Asset management plans in progress	Jul-18	Manager Infrastructure & Assets	<p>7 August 2018 The Thorak Cemetery asset management plan is drafted and with the Director of Community and Corporate Services for review. Once this has been developed it will be used as a template for plans for other Council assets (Council offices, Waste Transfer Stations, MWF workshop etc.). This action will be replaced by individual actions for each asset management plan to be developed.</p> <p>3 October 2018 1. Thorak Regional Cemetery – to be presented at Thorak Regional Cemetery Board meeting in September 2018 2. Roads – AMO is collecting background information now and will be drafted by November 2018 3. Plant & Equipment – Not yet to start but will be prepared by December 2018 4. Driveways – Not yet to start but will be prepared by December 2018</p> <p>February 2019 Scheduled for all plans is in place and progressing 1. Thorak Regional Cemetery 2. Roads – Asset Management Plan (AMP) drafted – critical elements to be considered through budget consideration process prior to finalising 3. Plant & Equipment – AMP drafted and replacement schedule being utilised to inform budget process 4. Driveways – AMP data collection, checking and updating underway Proposed target – the asset management plans are progressing to a schedule, with a target completion of December 2019 for all plans</p> <p>September 2019 Update on proposed targets to be presented to RMAC in Feb 2020</p> <p>February 2020 Report presented to March RMAC meeting</p> <p>September 2020 Asset management working group are meeting on 16/9/20. Will be reviewing membership and updating terms of reference for group. Working group will then review the prioritisation of the outstanding asset management plans.</p> <p>December Asset management plan schedule confirmed by PACMan committee. 1. Thorak Cemetery - complete 2. Road assts - complete 3. Plant and Equipment - in draft due June 2021 4. Driveways - in draft due June 2021</p> <p>July 2021 Asset management plan schedule amended by PACMan committee. Driveways will be included in the Road Assets and the name will be changed to Transport Asset to be all inclusive. 1. Thorak Cemetery - complete 2. Plant and Equipment - in draft due October 2021 4. Transport - June 2022</p> <p>August 2022 1. Thorak Cemetery - complete 2. Plant and Equipment - complete 4. Transport - June 2022</p> <p>February 2023 No further progress</p> <p>May 2023 As above</p>
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[RP10 - Ineffective Management of Public Facilities / Venues / Events](#)

Risk	Control
Moderate	Inadequate

Current Issues / Actions / Treatments	Due Date	Responsibility	Comments & Review History
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Formalise Public Places By-Law	Jun-19	General Manager Business Excellence	<p>7 August 2018 No progress to date on this item as meeting procedure by-laws are still in development. A needs assessment will be commissioned to ascertain the I it is still beneficial for Council to proceed with the development of these by-laws.</p> <p>November 2018 Seeking Consultant to guide workshop with elected members in May 2019</p> <p>February 2019 This action is on hold pending the establishment of meeting procedure by-laws.</p> <p>February 2020 New consultant approached to facilitate workshop which will review Council's intent and capacity in line with updated NTG planning regs may impact this action.</p> <p>September 2020 On Hold - only to be actioned once Meeting Procedure by-laws have been finalised</p> <p>December 2020 Work is currently being undertaken on the status for a report to February Council meeting (meeting by-laws) In progress - rescind the decision to have meeting by-laws</p> <p>July 2021 meeting by-laws decision rescinded, February 2021; Parliamentary counsel require instructions for public places by-laws to be from incoming Council. Expect to have report to Council for October.</p> <p>February 2022 Council approved instructions for public places by-laws. Instructions are now sitting with NTG.</p> <p>August 2022 Instructions still remain with NTG, waiting for the availability of a draftsman.</p> <p>February 2023 As above</p> <p>May 2023 As above</p>
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Litchfield Council Risk Dashboard Action Status Report

Develop Inspection/Maintenance program	Jun-18	Manager Infrastructure & Assets	<p>7 August 2018 Schedules have been completed and are with the relevant responsible officers for final review. Expect sign of by next RMAC meeting.</p> <p>2 Jan 2019 Development of maintenance schedule actions rolled up into one action for consistency and ease of reporting.</p> <p>February 2019 Inspection and maintenance plans are in place for Council's building assets, including safety and compliance requirements for reserves. Tree and playground inspection program under development. Proposed target - May 2019</p> <p>February 2020 September 2020 Playground inspection/maintenance program in place Cemetery Reserves Supervisor now employed - expect Tree inspection program complete by Dec 2020</p> <p>December Tree inspection program completed. Inspection/maintenance program required for buildings on reserves - assessing internal resourcing to determine whether building maintenance for reserves will remain with Community or be moved to Infrastructure. Program can then be developed. Drainage/footpaths - DRAFT inspection/maintenance schedule has been developed and implementation is due to start end of February.</p> <p>July 2021 Outstanding inspection maintenance programs remain in DRAFT form, to be implemented over the next few months.</p> <p>August 2022 With the current staff shortages, there has been no further development on this action.</p> <p>February 2023 As above.</p> <p>May 2023 As above</p>				
RP15 - Inadequate Asset Sustainability Practices		<table border="1"> <tr> <th data-bbox="489 772 608 798">Risk</th> <th data-bbox="608 772 727 798">Control</th> </tr> <tr> <td data-bbox="489 798 608 823">Moderate</td> <td data-bbox="608 798 727 823">Inadequate</td> </tr> </table>	Risk	Control	Moderate	Inadequate	
Risk	Control						
Moderate	Inadequate						
Current Issues / Actions / Treatments	Due Date	Responsibility	Comments & Review History				
Develop Asset Management Plan inc Asset costings to establish renewal program	Jul-18	Manager Infrastructure & Assets	<p>7 August 2018 The Thorak Cemetery asset management plan is drafted and with the Director of Community and Corporate Services for review. Once this has been developed it will be used as a template for plans for other Council assets (Council offices, Waste Transfer Stations, MWF workshop etc.). This action will be replaced by individual actions for each asset management plan to be developed</p> <p>February 2019 Refer to RP9:Asset management plans in progress. All asset management plans include renewal requirements.</p> <p>February 2020 In progress</p> <p>September 2020 Asset management working group are meeting on 16/9/20. Will be reviewing membership and updating terms of reference for group. Working group will then review the prioritisation of the outstanding asset management plans.</p> <p>December Asset management plan schedule confirmed by PACMan committee. 1. Thorak Cemetery - complete 2. Road assts - complete 3. Plant and Equipment - in draft due June 2021 4. Driveways - in draft due June 2021</p> <p>July 2021 Asset management plan schedule amended by PACMan committee. Driveways will be included in the Road Assets and the name will be changed to Transport Asset to be all inclusive. 1. Thorak Cemetery - complete 2. Plant and Equipment - in draft due October 2021 4. Transport - June 2022</p> <p>August 2022 1. Thorak Cemetery - complete 2. Plant and Equipment - complete 4. Transport - June 2022</p> <p>February 2023 No further progress</p> <p>May 2023 As above</p>				

Litchfield Council Risk Dashboard Action Status Report

<p>Develop Inspection/Maintenance program</p>	<p>Oct-18</p>	<p>General Manager Infrastructure & Operations</p>	<p>7 August 2018 A draft maintenance schedule covering the Mobile Workforce, Waste Transfer Stations and the Administration building has been submitted to the Director of Infrastructure and Operations for review and is on track for October 2018 completion.</p> <p>February 2019 Inspection and maintenance plans are in place for Council's building assets, including safety and compliance requirements. Programs relating to all other infrastructure assets will be incorporated into relevant Asset Management Plans. Proposed target – key requirement is complete relating to buildings, all others to be complete by December 2019</p> <p>February 2020 In progress</p> <p>September 2020 Playground inspection/maintenance program in place Cemetery Reserves Supervisor now employed - expect Tree inspection program complete by Dec 2020</p> <p>December Tree inspection program completed. Inspection/maintenance program required for buildings on reserves - assessing internal resourcing to determine whether building maintenance for reserves will remain with Community or be moved to Infrastructure. Program can then be developed. Drainage/footpaths - DRAFT inspection/maintenance schedule has been developed and implementation is due to start end of February.</p> <p>July 2021 Outstanding inspection maintenance programs remain in DRAFT form, to be implemented over the next few months</p> <p>August 2022 With the current staff shortages, there has been no further development on this action..</p> <p>February 2023 As above.</p> <p>May 2023 As above</p>
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RP1 - Misconduct **Jan-18**

This Risk Theme is defined as:
 Intentional activities in excess of authority granted to an employee, which circumvent endorsed policies, procedures or delegated authority.

This would include instances of:

- Relevant authorisations not obtained.
- Distributing confidential information.
- Accessing systems and / or applications without correct authority to do so.
- Misrepresenting data in reports.
- Theft by an employee
- Collusion between Internal & External parties
- Unauthorised and misuse of corporate systems and assets

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

- Potential causes include:**
- Lack of Training
 - Changing of Job Titles / Roles
 - Delegated Authority Process Inadequately Implemented
 - Disgruntled Employees
 - Lack of Understanding
 - Poor Internal Checks (Supervision, PO's and Delegated Authority)
 - Password Sharing

Key Controls	Type	Owner	Date	Rating
Delegation Manual	Preventative	Manager People & Performance	14/09/2017	Adequate
Fraud Training	Preventative	Manager Corporate Services	14/09/2017	Adequate
Control of Devices Policy / Procedures	Preventative	Manager Corporate Services	14/09/2017	Inadequate
Electronic Document Management	Preventative	Manager People & Performance	14/09/2017	Adequate
On and Off Site Records Storage	Preventative	Manager People & Performance	14/09/2017	Adequate
Recruitment Process	Preventative	Manager People & Performance	14/09/2017	Adequate
Segregation of Duties (Financial)	Preventative	Manager Corporate Services	1/06/2018	Excellent
ICT Security Access Framework - Access and Approvals	Preventative	Manager Corporate Services	14/09/2017	Adequate
Internal / External Audits	Detective	Manager People & Performance	14/09/2017	Adequate
Induction Process (Code of Conduct)	Preventative	Manager People & Performance	14/09/2017	Adequate
Internet / Phone Usage Policy	Preventative	Manager Corporate Services	14/09/2017	Adequate
Fraud Protection Policies	Preventative	Manager Corporate Services	14/09/2017	Adequate
Credit Card Policy and Monthly Reporting	Detective	Manager Corporate Services	1/06/2018	Excellent
Disciplinary Procedures	Responsive	Manager People & Performance	14/09/2017	Adequate
Cash Handling Procedures	Preventative	Manager Corporate Services	14/09/2017	Adequate
Performance Review process	Detective	Manager People & Performance	30/11/2017	Adequate
Whistle Blower Policy	Preventative	Manager People & Performance	15/11/2017	Excellent
Ongoing Fraud and Misconduct Awareness Training/Information	Preventative	Manager Corporate Services	12/02/2018	Adequate
Purchasing Policy / Process (Purchase Order Process)	Preventative	Manager Corporate Services	14/09/2017	Adequate

Overall Control Ratings: Adequate

Risk Ratings		Rating
Consequence:		Moderate
Likelihood:		Unlikely
Overall Risk Ratings:		Moderate

Key Indicators	Tolerance	Date	Overall Result
<i>Number of actual / attempted fraud and misconduct incidents</i>			

Comments

As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to moderate financial, compliance and reputational impacts

Current Issues / Actions / Treatments	Due Date	Responsibility

RP2 - Business and Community Disruption **Jan-18**

This Risk Theme is defined as:
 Failure to adequately prepare and respond to events that cause disruption to the local community and/or normal Local Government business activities. The event may result in damage to buildings, property, plant and equipment, lack of availability of key staff and/or interruptions to supply chain.

This does include;

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

Note: This does not include IT and/or communications systems and infrastructure related failures - refer "Failure of IT and/or Communication Systems and Infrastructure".

Potential causes includes;

- Cyclone, Storm Surges, Fire, Earthquake
- Terrorism / Sabotage / Criminal Behaviour
- Epidemic / Pandemic
- Extended Power Outage
- Economic Factors
- Loss of Key Staff

Key Controls	Type	Owner	Date	Rating
Business Continuity Framework (Policy & Procedures)	Preventative	Manager People & Performance	14/09/2017	Inadequate
Business Continuity Plan	Responsive	Manager People & Performance	23/02/2021	Adequate
Cyclone Plan	Responsive	Manager Infrastructure & Assets	14/09/2017	Adequate
Fire Management Plan	Preventative	Manager Operations & Environment	14/09/2017	Excellent
Council Property Inspections for Compliance (Informal) (Doc id 458315)	Detective	Manager Infrastructure & Assets	27/02/2020	Adequate
Pre cyclone clean up	Preventative	Manager Infrastructure & Assets	14/09/2017	Adequate
Risk managemnt framework (Doc id447380)	Preventative	Manager People & Performance	3/03/2020	Adequate
Risk management and audit committee (Doc id 447381)	Preventative	Manager People & Performance	3/03/2020	Adequate
Emergency Management Procedures/Drills	Responsive	Manager Operations & Environment	14/09/2017	Adequate

Overall Control Ratings: Adequate

Risk Ratings		Rating
Consequence:		Moderate
Likelihood:		Unlikely

Overall Risk Ratings: Moderate

Key Indicators	Tolerance	Date	Overall Result
Vegetation slashing and mowing of 900kms of road network before July fire bans	2 rounds		
Fire breaks and road reserve slashing of 1000kms within Council excised land	>75%		
Lost time due to plant and equipment breakdown	<20hrs		

Comments

As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to moderate service interruption, reputation and environmental impacts. Noting the risk refers to Councils ability to adequately and appropriately fulfil its role and responsibilities to prepare and/or respond to a disruptive event, not the disruptive event itself.

Current Issues / Actions / Treatments	Due Date	Responsibility

RP3 - Inadequate Environmental Management **Jan-18**

This Risk Theme is defined as:
 Inadequate prevention, identification, enforcement and management of environmental issues. The scope includes;
 • Lack of adequate planning and management of coastal erosion issues.
 • Failure to identify and effectively manage contaminated sites (including groundwater usage).
 • Waste facilities (landfill / transfer stations).
 • Weed control.
 • Ineffective management of water sources (reclaimed, potable)
 • Illegal dumping.
 • Illegal clearing / land use.

Potential causes include:

- Inadequate Management of Landfill Sites
- Inadequate Reporting / Oversight Frameworks
- Lack of Understanding / Knowledge
- Community Apathy
- Inadequate Local Laws / Planning Schemes
- Heavy Vehicles on Reserves

Key Controls	Type	Owner	Date	Rating
WTS Environmental Management Plans (Doc id 447588)	Preventative	Manager Operations & Environment	21/11/2019	Adequate
Waste Management Strategy	Preventative	Manager Operations & Environment	1/06/2018	Excellent
Contamination Register - MWF	Detective	Manager Operations & Environment	21/12/2018	Inadequate
Contamination Register - Thorak (Doc id 428179)	Detective	Manager Operations & Environment	26/04/2019	Adequate
Asbestos Register (Doc ID 416357)	Detective	Manager Infrastructure & Assets	14/09/2017	Excellent
Weed Control Schedule	Preventative	Manager Operations & Environment	14/09/2017	Adequate
Support Local Environmental Groups	Preventative	Manager Operations & Environment	14/09/2017	Adequate
Environmental Management / Response Plans	Responsive	Manager Operations & Environment	14/09/2017	Inadequate
Erosion Control Road Side Drains	Preventative	Manager Infrastructure & Assets	14/09/2017	Adequate
Reporting of Listed Waste	Preventative	Manager Operations & Environment	14/09/2017	Adequate
Landfill Rehabilitation	Preventative	Manager Operations & Environment	14/09/2017	Adequate
Ranger (Dogs) Service (Doc ID 415880)	Preventative	Manager Operations & Environment	14/09/2017	Adequate

Overall Control Ratings: Adequate

Risk Ratings		Rating
Consequence:		Moderate
Likelihood:		Rare

Overall Risk Ratings: Low

Key Indicators	Tolerance	Date	Overall Result
Weed spraying roadside furniture and target Gamba grass and classified weeds	150000L		
Waste tonnage transferred to Shoal Bay	<10000t		
% of green waste received that is on-sold as mulch	>80%		
% of erosion repairs to road side drainage	?		

Comments
 As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to environmental impacts

Current Issues / Actions / Treatments	Due Date	Responsibility

RP4 - Errors, Omissions, Delays and Incorrect Advice **Jan-18**

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

- Potential causes include:**
- Human Error
 - Inadequate Procedures or Training
 - Lack of Staff (or trained staff)
 - Incorrect Information
 - Miscommunication

Key Controls	Type	Owner	Date	Rating
Documented Operational Procedures / Checklists (Doc ID 408679)	Preventative	Manager People & Performance	14/09/2017	Adequate
Complaints and Requests Register (CRM)	Detective	Manager Corporate Services	14/09/2017	Inadequate
Senior Manager Oversight to Elected Members Information	Detective	Manager People & Performance	14/09/2017	Adequate
Utilise External Expertise / Consultants	Preventative	Manager People & Performance	14/09/2017	Adequate
Segregation of Duties (Financial Control)	Preventative	Manager Corporate Services	14/09/2017	Adequate
Performance Review Process	Detective	Manager People & Performance	14/09/2017	Adequate
Media and Communications Resource	Preventative	Manager Communications & Community	14/09/2017	Adequate
Development and Subdivision Standards (Doc id 419760)	Preventative	Manager Infrastructure & Assets	9/01/2019	Adequate
Staff Meetings (Briefings / Debriefings)	Preventative	Manager People & Performance	14/09/2017	Adequate

Overall Control Ratings: Adequate

Risk Ratings		Rating
Consequence:		Moderate
Likelihood:		Possible

Overall Risk Ratings: Moderate

Key Indicators	Tolerance	Date	Overall Result
<i>Issue work permits associated with a Development Permit with in 5 days</i>	90%		
<i>Issue clearances for development</i>	<10days		
<i>Investigations completed within 14 days</i>	>90%		

Comments
 As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to moderate reputational and financial impacts. Noting that this level of risk may be realised through incorrect approvals.

Current Issues / Actions / Treatments	Due Date	Responsibility

RP5 - External Theft and Fraud (inc. Cyber Crime) Jan-18

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

Potential causes include:
 • Inadequate Security of Equipment / Supplies / Cash • Lack of Supervision / Unauthorised Entry
 • Robbery
 • Scam Invoices

Key Controls	Type	Owner	Date	Rating
Visitor Sign In	Detective	Manager Corporate Services	14/09/2017	Adequate
Keyed Access Controls - Admin Building	Preventative	Manager Infrastructure & Assets	14/09/2017	Adequate
Monitored Alarm - Admin Building	Detective	Manager Infrastructure & Assets	14/09/2017	Adequate
Cash Handling procedures	Preventative	Manager Corporate Services	14/09/2017	Adequate
Staff Inductions	Preventative	Manager People & Performance	14/09/2017	Adequate
Restricted and Registered Keys	Preventative	Manager Corporate Services	14/09/2017	Adequate
After Hours Security	Detective	Manager Infrastructure & Assets	14/09/2017	Adequate
System Checks for New Creditors	Preventative	Manager Corporate Services	14/09/2017	Adequate
Access Control for Online Banking (Dual Signatory)	Preventative	Manager Corporate Services	14/09/2017	Adequate
Delegation Manual	Preventative	Manager People & Performance	14/09/2017	Adequate
Disposal of assets process/forms	Detective	Manager Corporate Services	30/11/2017	Adequate
Credit Card policy	Preventative	Manager Corporate Services	1/06/2018	Excellent
Investment policy	Preventative	Manager Corporate Services	1/06/2018	Excellent
Audit reports (Monthly report, Weekly AP report)	Preventative	Manager Corporate Services	1/06/2018	Excellent
Seperation of Duties	Preventative	Manager People & Performance	1/06/2018	Excellent
Invoice aproval process	Preventative	Manager Corporate Services	30/11/2017	Adequate
Manned Access Control at Off-site Locations (Except BSWTS)	Preventative	Manager Operations & Environment	14/09/2017	Adequate
Asset Management System - Asset Register (Doc id 458336)	Detective	Manager Corporate Services	27/02/2020	Adequate
CCTV	Detective	Manager Infrastructure & Assets	14/09/2017	Adequate
IT Firewall Systems	Preventative	Manager Corporate Services	14/09/2017	Adequate

Overall Control Ratings: Adequate

Risk Ratings	Rating
Consequence:	Moderate
Likelihood:	Unlikely

Overall Risk Ratings: Moderate

Key Indicators	Tolerance	Date	Overall Result
<i>Number of actual / attempted theft and fraud incidents</i>			

Comments
 As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to moderate financial impacts

Current Issues / Actions / Treatments	Due Date	Responsibility

RP6 - ICT Systems and Infrastructure Failure **Jan-18**

This Risk Theme is defined as:
 Instability, degradation of performance, or other failure of ICT Systems and Infrastructure causing the inability to continue business activities and provide services to the community.

This may or may not result in IT Disaster Recovery Plans being invoked.

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

- Potential causes include:**
- Weather impacts
 - Vendor Failures
 - Outdated / inefficient hardware
 - Sabotage
 - Power failure
 - Infrastructure Breakdown
 - Lack of Training
 - Lack of Configuration Management

Key Controls	Type	Owner	Date	Rating
Data Back Up Systems (manual process) (DOC ID. 438060)	Responsive	Manager Corporate Services	24/01/2020	Excellent
Performance Monitoring (DOC ID. 438119)	Detective	Manager Corporate Services	20/08/2019	Adequate
UPS / Generator (DOC ID. 438122)	Responsive	Manager Corporate Services	20/08/2019	Excellent
ICT Business Continuity Plan (Doc ID. 438090)	Responsive	Manager Corporate Services	31/08/2022	Adequate
ICT Infrastructure Replacement / Refresh Program (DOC ID. 438116)	Preventative	Manager Corporate Services	14/11/2019	Adequate
ICT Governance/Policy Framework (Doc ID. 394988 & 438114)	Preventative	Manager Corporate Services	28/08/2019	Adequate
Internal Service Level Agreements (Doc ID. 438120)	Preventative	Manager Corporate Services	20/08/2019	Adequate
Microwave Connection with Off-site Locations (Doc ID 438118)	Responsive	Manager Corporate Services	18/11/2019	Adequate
Telstra land lines (Doc ID 438121)	Preventative	Manager Corporate Services	18/11/2019	Adequate
Land Lines at Off-site Locations (Thorak and Waste Transfer Stations) DOC IDs 394993 & 438121	Preventative	Manager Corporate Services	18/11/2019	Adequate
Vendor Support (Doc ID 439170)	Preventative	Manager Corporate Services	18/11/2019	Adequate
ICT Improvement Plan (Doc id 448415)	Preventative	Manager Corporate Services	3/03/2020	Adequate
ICT Access Control and Approval Procedures (438106)	Preventative	Manager Corporate Services	14/11/2019	Adequate

Overall Control Ratings: Adequate

Risk Ratings		Rating
Consequence:		Moderate
Likelihood:		Possible

Overall Risk Ratings: Moderate

Key Indicators	Tolerance	Date	Overall Result
Acknowledgement of the lodgement of technology issue	<1day		
Resolution of Category 1 Urgent technology issue	<2days		
Resolution of Category 2 Moderate technology issue	<5days		
Resolution of Category 3 Non-urgent technology issue	<15days		

Comments

As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to moderate service interruption and compliance impacts

Current Issues / Actions / Treatments	Due Date	Responsibility
Implement Business Systems Review and develop Roadmap (Item 3.1.1)	Dec-19	Information Technology Program Leader
Develop high level ICT business continuity plan (BCP) and Disaster. (Item 5.2.1)	Dec-19	Information Technology Program Leader
ICT Security Audit 2020 - Actions	Dec-21	Information Technology Program Leader

RP7 - Failure to Fulfil Statutory, Regulatory or Compliance Requirements

Jan-18

This Risk Theme is defined as:

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

It does include the Local Government Act and all other legislative based obligations for Local Government. This **does not** include Safety & Health Legislation (refer "Inadequate safety and security practices") or any Employment Practices based legislation (refer "Ineffective HR Management / Employment practices")

Potential causes include:

- Lack of Training, Awareness and Knowledge
- Staff Turnover
- Inadequate Record Keeping
- Ineffective Processes
- Lack of Legal Expertise
- Councillor Turnover
- Breakdowns in Tender process
- Ineffective Monitoring of Changes to Legislation

Key Controls	Type	Owner	Date	Rating
Compliance Checklist	Detective	Manager People & Performance	14/09/2017	Adequate
Compliance Calendars	Preventative	Manager People & Performance	14/09/2017	Adequate
Councils Policy Framework	Preventative	Manager People & Performance	14/09/2017	Adequate
External Auditor Reviews (Financial Compliance)	Detective	Manager People & Performance	14/09/2017	Adequate
External/ Internal Auditor Reviews (Other Compliance)	Detective	Manager People & Performance	14/09/2017	Inadequate
Monitor Legislative Changes / Subscriptions	Detective	Manager People & Performance	14/09/2017	Adequate
Induction Process - Councillors / Staff	Preventative	Manager People & Performance	14/09/2017	Adequate
Staff Network Channels	Detective	Manager People & Performance	14/09/2017	Adequate
Legislative Reporting to Regulators	Detective	Manager People & Performance	14/09/2017	Adequate
Internal Compliance Audit - Quarterly	Detective	Manager People & Performance	14/09/2017	Adequate
Scheduled Review of Council Policies and Delegations	Detective	Manager People & Performance	14/09/2017	Adequate
Tender Process	Preventative	Manager Infrastructure & Assets	14/09/2017	Adequate
Road Openings and Road Closures Procedures (Doc id 420364)	Preventative	Manager Infrastructure & Assets	11/01/2019	Excellent
Annual review of external auditor by RMAC	Preventative	Manager Corporate Services	3/03/2020	Adequate
Dog By-laws administration (Doc id 456989)	Preventative	Manager Regulatory Services	27/02/2020	Excellent
Internal Audit Program (Doc ID 417918)	Detective	Manager People & Performance	8/05/2018	Excellent

Overall Control Ratings: Adequate

Risk Ratings		Rating
Consequence:		Major
Likelihood:		Unlikely
Overall Risk Ratings:		Moderate

Key Indicators	Tolerance	Date	Overall Result
Compliance with management, statutory and regulatory budgeting and reporting	100%		
Compliance with legislative requirements as per DOLG Compliance Checklist	100%		
Risk Management Audit Committee Meetings	4 per year		
Internal Audits conducted as defined in Annual Internal Audit Program	3 per year		
Replace non-compliant signs in the signage program to Australian Standards	100%		
Compliance with Cemetery regulations	100%		

Comments

As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to major compliance impact

Current Issues / Actions / Treatments	Due Date	Responsibility

RP8 - Inadequate Safety and Security Practices **Jan-18**

This Risk Theme is defined as:
 Non-compliance with the Health and Safety Legislation, associated regulations and standards. It is also the inability to ensure the physical security requirements of staff, contractors and visitors.

Other considerations are:

- Inadequate Policy, Frameworks, Systems and Structure to prevent the injury of visitors, staff, contractors and/or tenants.
- Inadequate Organisational Emergency Management requirements (evacuation diagrams, drills, wardens etc).
- Inadequate security protection measures in place for buildings, depots and other places of work (vehicle, community etc).
- Public Liability Claims, due to negligence or personal injury.
- Employee Liability Claims due to negligence or personal injury.
- Inadequate or unsafe modifications to plant & equipment

- Potential causes include:**
- Lack of Appropriate PPE / Equipment
 - Inadequate Signage, Barriers or other Exclusion Techniques
 - Inadequate First Aid Supplies or Trained Staff
 - Storage and Use of Dangerous Goods
 - Rubbish / Litter Control
 - Ineffective / Inadequate Testing, Sampling (similar) Health Based Req
 - Inadequate Security Arrangements
 - Lack of Mandate and Commitment from Senior Management

Key Controls	Type	Owner	Date	Rating
Workplace Inspections - Off-site Locations	Preventative	Manager Infrastructure & Assets	14/09/2017	Adequate
Workplace Inspections - Administration	Preventative	Manager Infrastructure & Assets	14/09/2017	Inadequate
WHS Policy	Preventative	Manager People & Performance	14/09/2017	Adequate
Safety Management System/Framework	Preventative	Manager People & Performance	23/02/2021	Adequate
Contractor Inductions / Safety Requirements (Doc ID 527766)	Preventative	Manager People & Performance	12/01/2022	Inadequate
Toolbox Meetings	Preventative	Manager People & Performance	14/09/2017	Adequate
Inventory Hazardous Goods and MSDS (Doc ID 527594)	Preventative	Manager Operations & Environment	12/01/2022	Adequate
Staff Uniforms (protective) (Doc ID 527403)	Preventative	Manager Operations & Environment	12/01/2022	Adequate
Training Register (HR File)	Preventative	Manager People & Performance	14/09/2017	Inadequate
Operator License Checks (Outdoor Workforce)	Detective	Manager People & Performance	14/09/2017	Adequate
Driver License Checks	Detective	Manager People & Performance	14/09/2017	Excellent
Asbestos Register (Doc ID 416357)	Detective	Manager Infrastructure & Assets	16/08/2022	Inadequate
Fleet Vehicle and plant Safety Requirements	Preventative	Manager Infrastructure & Assets	14/09/2017	Inadequate
Conflict Resolution Training - Frontline Staff (Doc ID 526934)	Preventative	Manager People & Performance	12/01/2022	Inadequate
Fire Safety Systems Check (Doc id 458348)	Detective	Manager Infrastructure & Assets	27/02/2020	Excellent
Electrical Tag and Test (Doc ID 416358)	Detective	Manager Infrastructure & Assets	27/02/2020	Adequate
Incident/Accident and Damage Reporting	Detective	Manager People & Performance	14/09/2017	Adequate
Staff Inductions	Preventative	Manager People & Performance	14/09/2017	Adequate
Insurance Cover (Doc ID 526953)	Preventative	Manager People & Performance	12/01/2022	Adequate
Works Permit – Public Liability Insurance (Doc id 419761)	Preventative	Manager Infrastructure & Assets	9/01/2019	Adequate
first aid kits and fire extinguishers in all Council vehicles	Preventative	Manager Infrastructure & Assets	8/05/2018	Excellent

Overall Control Ratings: Inadequate

Risk Ratings		Rating
Consequence:		Major
Likelihood:		Possible

Overall Risk Ratings: High

Key Indicators	Tolerance	Date	Overall Result
Number of WorkSafe Notifiable Incidents			
Lost Time Injuries			
Public liability Insurance claims			

Comments

As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to major injury, financial and compliance impacts. Note the inadequate overall control rating is from the perspective of Council as an organisation and may not be reflective of individuals and/or individual work areas approaches to safety.

Current Issues / Actions / Treatments	Due Date	Responsibility

RP9 - Ineffective and Unsustainable Financial Management **Jan-18**

This Risk Theme is defined as:
 Failure to ensure Council manages its finances in a responsible and sustainable manner in the short and long term.

- Potential causes include:**
- Historical Legacy
 - Uncertainty of Funding Sources
 - Lack of Information (Assets, Debtors)
 - Lack of Policy Framework
 - Investment Performance
 - Council Decisions

Key Controls	Type	Owner	Date	Rating
Long Term Financial Plans	Preventative	Manager Corporate Services	14/09/2017	Adequate
Finance Reports Monthly	Detective	Manager Corporate Services	14/09/2017	Adequate
Internal Audit Program (Doc ID 417918)	Detective	Manager People & Performance	8/05/2018	Adequate
External Audit Program	Detective	Manager Corporate Services	14/09/2017	Adequate
Delegation Manual	Preventative	Manager People & Performance	14/09/2017	Adequate
General Ledger and Journal control	Preventative	Manager Corporate Services	14/09/2017	Adequate
Finance Policies	Preventative	Manager Corporate Services	14/09/2017	Adequate
Segregation of Duties	Preventative	Manager Corporate Services	14/09/2017	Adequate
Developer Contribution Plan (Doc ID 415869)	Preventative	Manager Infrastructure & Assets	14/09/2017	Inadequate
Budgets - Reviews	Preventative	Manager Corporate Services	14/09/2017	Adequate
Project management of capital projects	Preventative	Manager Infrastructure & Assets	30/11/2017	Adequate
Rating strategy	Preventative	Manager Corporate Services	30/11/2017	Adequate
Investment policy	Preventative	Manager Corporate Services	30/11/2017	Adequate
Asset management system - Capital value records	Preventative	Manager Corporate Services	30/11/2017	Adequate
Grant acquittal	Preventative	Manager Corporate Services	30/11/2017	Adequate
Rating parameters approval by Finance Manager	Preventative	Manager Corporate Services	30/11/2017	Excellent
Debt Recovery - processes and agreements	Responsive	Manager Corporate Services	14/09/2017	Excellent
Risk Management and Audit Committee (Doc id 447381)	Detective	Manager People & Performance	3/03/2020	Adequate
Asset Management Plans	Preventative	Manager Infrastructure & Assets	14/09/2017	Inadequate
Rating Policy	Preventative	Manager Corporate Services	14/09/2017	Adequate
Annual review of financial manuals and procedures	Preventative	Manager Corporate Services	23/02/2021	Adequate
Asset Valuations (Doc id 458338)	Preventative	Manager Infrastructure & Assets	27/02/2020	Excellent

Overall Control Ratings: Adequate

Risk Ratings	Rating
Consequence:	Major
Likelihood:	Unlikely

Overall Risk Ratings: Moderate

Key Indicators	Tolerance	Date	Overall Result
Current Years Rates Outstanding	<15%		
Rates Coverage Ratio	>50%		
Liquidity Ratio	>1:1		
Asset Sustainability Ratio	90%		
Grants Acquitted Within Timeframes	100%		

Comments
 As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to major financial and reputational impacts

Current Issues / Actions / Treatments	Due Date	Responsibility
Review Developer Contribution Plan	Jun-18	Project Management Program Leader
Asset management plans in progress	Jul-18	Manager Infrastructure & Assets

RP10 - Ineffective Management of Public Facilities / Venues / Events**Jan-18****This Risk Theme is defined as:**

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

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

Potential causes include:

- Double Bookings
- Illegal Alcohol Consumption
- Managing Bond Payments
- Animal / Pest Contamination.
- Reliance on External Management of Facilities
- Access to Facilities / Venues.

Key Controls	Type	Owner	Date	Rating
Booking / Permit System	Preventative	Manager Communications & Community	14/09/2017	Adequate
Inspection and Maintenance Program - Other Assets (Doc id 458319)	Preventative	Manager Infrastructure & Assets	14/09/2017	Inadequate
Community Feedback Process	Detective	Manager Communications & Community	14/09/2017	Adequate
Event Management, Risk Assessments, Emergency Procedures (Doc id 458494)	Preventative	Manager Communications & Community	2/03/2020	Inadequate
Outsource Management at Key Recreational Reserve (548476)	Preventative	Manager Communications & Community	4/08/2022	Adequate
Policies and Procedures - Sport and Recreation (548477)	Preventative	Manager Communications & Community	4/08/2022	Adequate
Conditions of Entry to Public Facilities	Preventative	Manager Communications & Community	14/09/2017	Adequate
Community Events Procedures on Public Land	Preventative	Manager Communications & Community	14/09/2017	Adequate
Public Building Compliance	Preventative	Manager Infrastructure & Assets	14/09/2017	Inadequate
Alcohol Management	Preventative	Manager Communications & Community	14/09/2017	Adequate
Noise Management	Preventative	Manager Communications & Community	14/09/2017	Adequate
Asbestos Register (Doc ID 416357)	Preventative	Manager Infrastructure & Assets	16/08/2022	Inadequate
Removal of abandoned vehicles (Doc id 456987)	Preventative	Manager Regulatory Services	27/02/2020	Adequate
Tree management plan	Preventative	Manager Operations & Environment	3/03/2020	Adequate
Playground inspection program	Preventative	Manager Operations & Environment	3/03/2020	Adequate
Budgets to Support Public Facilities (548475)	Preventative	Manager Communications & Community	4/08/2022	Adequate

Overall Control Ratings: Inadequate

Risk Ratings	Rating
Consequence:	Moderate
Likelihood:	Possible

Overall Risk Ratings: Moderate

Key Indicators	Tolerance	Date	Overall Result
Overall community satisfaction from Annual Community Survey	>70%		
Number of community events			

Comments

As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to moderate people and reputational impacts. Noting that Council has less control of this risk on public lands through reserve management.

Current Issues / Actions / Treatments	Due Date	Responsibility
Formalise Public Places By-Law	Jun-19	General Manager Business Excellence
Develop Inspection/Maintenance program	Jun-18	Manager Infrastructure & Assets
Formalise Procedures, Documentation and Checklists for Core Operations - Corp and Comm Serv	Sep-18	General Manager Business Excellence

RP11 - Inadequate Records Management Processes **Jan-18**

This Risk Theme is defined as:
 Failure to adequately capture, store, archive, retrieve, provision and / or disposal of records and documentation. This includes:
 • Contact lists.
 • Procedural documents.
 • 'Application' proposals/documents.
 • Contracts
 • Forms, requests or other documents.

Potential causes include:

· Spreadsheet/Database/Document Corruption or Loss	· Outdated Record Keeping Practices / Incompatible Systems
· Inadequate Access and/or Security Levels	· Lack of System/Application Knowledge
· Inadequate Storage Facilities	· High Workloads and Time Pressures
· Staff Turnover / Loss of Corporate Knowledge	· Incomplete Authorisation Trails

Key Controls	Type	Owner	Date	Rating
Central Record Systems (EDMS)	Preventative	Manager People & Performance	14/09/2017	Adequate
Records Management Committee	Preventative	Manager People & Performance	14/09/2017	Adequate
Records Management Process (Doc id 419406)	Preventative	Manager People & Performance	2/01/2019	Adequate
Records Management Policy (Doc id 419406)	Preventative	Manager People & Performance	2/01/2019	Adequate
Document / Correspondence Receipt / Action Process	Preventative	Manager People & Performance	14/09/2017	Adequate
On and Off Site Records Storage (Doc id 419960)	Preventative	Manager People & Performance	4/01/2019	Adequate
Records Management Strategy	Preventative	Manager People & Performance	23/02/2022	Adequate

Overall Control Ratings: Adequate

Risk Ratings		Rating
Consequence:		Minor
Likelihood:		Possible

Overall Risk Ratings: Moderate

Key Indicators	Tolerance	Date	Overall Result
Incoming documents entered into records management system	<1day		
Staff using records management system	>80%		

Comments
 As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to moderate compliance impacts

Current Issues / Actions / Treatments	Due Date	Responsibility
Records Management Audit		Manager People & Performance

RP12 - Inadequate Project/Change Management **Jan-18**

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

- Potential causes include:**
- Lack of Communication and Consultation
 - Lack of Investment
 - Ineffective Management of Expectations (Scope
 - Inadequate Project Planning (Resources/Budget)
 - Lack of Project Methodology Knowledge and Reporting Requirements
 - Inadequate Monitoring and Review
 - Project Risks not Managed Effectively

Key Controls	Type	Owner	Date	Rating
Project Management Framework (Project Methodology)	Preventative	Manager Infrastructure & Assets	1/01/2021	Adequate
Project Budget Tracking	Detective	Manager Corporate Services	14/09/2017	Adequate
New Initiative Reporting	Detective	Manager Corporate Services	14/09/2017	Adequate
Council Adoption of New Initiatives	Preventative	Manager Corporate Services	14/09/2017	Adequate
Community Engagement Strategy and Policy - Implementation of strategy over 4 years - ongoing from Feb 2018	Preventative	Manager Communications & Community	14/09/2017	Excellent
Project Status Reporting	Detective	Manager Infrastructure & Assets	14/09/2017	Adequate
Project Management Training	Preventative	Manager People & Performance	14/09/2017	Inadequate
Change Management Plan	Preventative	Manager People & Performance	14/09/2017	Inadequate

Overall Control Ratings: Inadequate

Risk Ratings		Rating
Consequence:		Moderate
Likelihood:		Possible

Overall Risk Ratings: Moderate

Key Indicators	Tolerance	Date	Overall Result
% Variation in Time, Cost, Scope or Quality of Project Estimates and Actuals			

Comments

As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to major financial and reputational impacts

Current Issues / Actions / Treatments	Due Date	Responsibility

RP13 - Inadequate Engagement Practices **Jan-18**

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

- Potential causes include:**
- Budget / Funding Issues
 - Media Attention
 - Inadequate Documentation or Procedures
 - Short Lead Times
 - Miscommunication / Poor Communication (Internal / External)
 - Relationship Breakdowns with Community Groups

Key Controls	Type	Owner	Date	Rating
Some Public Education Programs (Animal Management, Waste)	Preventative	Manager Communications & Community	14/09/2017	Adequate
Council Reports	Preventative	Manager People & Performance	14/09/2017	Adequate
Community Engagement Strategy and Policy - Implementation of strategy over 4 years - ongoing from Feb 2018	Preventative	Manager Communications & Community	14/09/2017	Excellent
Media Policy	Preventative	Manager Communications & Community	14/09/2017	Adequate
Communications Plans within Project Plans/Events	Preventative	Manager Communications & Community	23/02/2021	Adequate
Strategic Partner Lists	Preventative	Manager Communications & Community	14/09/2017	Adequate
Sponsorship Policy	Preventative	Manager Communications & Community	14/09/2017	Adequate
Councillor Bulletin	Preventative	Manager Communications & Community	14/09/2017	Adequate
Annual Rates Newsletters	Preventative	Manager Communications & Community	14/09/2017	Adequate
Require Public Consultation prior to Granting Works Permit (Doc	Preventative	Manager Infrastructure & Assets	17/01/2019	Adequate
Pop Up Info and Consultation Stalls	Detective	Manager Communications & Community	14/09/2017	Adequate
Animal Management Plan (Doc id 456988)	Preventative	Manager Regulatory Services	27/02/2020	Excellent
Provision of economic and social data via Council website (Doc id 4472	Preventative	Manager People & Performance	3/03/2020	Excellent
Community Grants Scheme (Doc id 448168)	Preventative	Manager Communications & Community	2/03/2020	Adequate
Social Media/Website Updates	Preventative	Manager Communications & Community	14/09/2017	Adequate

Overall Control Ratings: Adequate

Risk Ratings	Rating
Consequence:	Moderate
Likelihood:	Unlikely

Overall Risk Ratings: Moderate

Key Indicators	Tolerance	Date	Overall Result
Overall community satisfaction from Annual Community Survey	>70%		
Media Response Timeframe	<24hrs		
Professional Development Program for Councillors	>2		
Freds Pass Show??	Booth visitors		
Community Education Programs	2		
Dog Awareness Education Program delivered to Primary Schools	>2 per year		

Comments
 As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to reputational impacts

Current Issues / Actions / Treatments	Due Date	Responsibility

RP14 - Inadequate Procurement / Supplier / Contract Management **Jan-18**

This Risk Theme is defined as:
 Inadequate management of External Suppliers, Contractors, ICT Vendors or Consultants engaged for core operations and the associated procurement. This includes issues that arise from the ongoing supply of services or failures in contract management & monitoring processes.

- Potential causes include:**
- Funding
 - Complexity and Quantity of Work
 - Inadequate Tendering Process
 - Historical Contracts
 - Inadequate Contract Management Practices
 - Ineffective Monitoring of Deliverables
 - Lack of Planning and Clarity of Requirements

Key Controls	Type	Owner	Date	Rating
Contract Management System	Preventative	Manager Infrastructure & Assets	23/02/2021	Adequate
Local Government Guidelines (Doc id 447310)	Preventative	Manager People & Performance	16/11/2021	Adequate
Suppliers and Contractors WHS Requirements	Preventative	Manager Infrastructure & Assets	14/09/2017	Inadequate
Tender Procedure (Doc id 447431)	Preventative	Manager Infrastructure & Assets	1/09/2020	Adequate
Procurement Manual (Doc id 447431)	Preventative	Manager Infrastructure & Assets	1/09/2020	Adequate
FIN03 Procurement Policy (Doc id 447431)	Preventative	Manager Infrastructure & Assets	1/09/2020	Adequate
Overall Control Ratings:				Inadequate

Risk Ratings		Rating
Consequence:		Major
Likelihood:		Possible

Overall Risk Ratings:	High
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Key Indicators	Tolerance	Date	Overall Result
<i>Number of contracts expired prior to renewal</i>			

Comments
 As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to major financial impacts

Current Issues / Actions / Treatments	Due Date	Responsibility

RP15 - Inadequate Asset Sustainability Practices Jan-18

This Risk Theme is defined as:

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

Areas included in the scope are;

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

It does not include issues with the inappropriate use of the Plant, Equipment or Machinery. Refer Misconduct.

Potential causes include:

- Skill Level and Behaviour of Operators
- Lack of Trained Staff
- Outdated Equipment
- Unavailability of Information and/or Parts
- Lack of Formal or Appropriate Scheduling (Maintenance / Inspections)
- Unexpected Breakdowns

Key Controls	Type	Owner	Date	Rating
Asset Management Plans (Doc id 458323)	Preventative	Manager Infrastructure & Assets	7/12/2021	Inadequate
Procurement Asset Contract Management Committee (PACMan) (Doc id 458322)	Preventative	Manager Infrastructure & Assets	7/12/2021	Adequate
Asset Management System - Asset Register	Preventative	Manager Corporate Services	7/12/2021	Adequate
Asset Handover Procedures (Doc id 420053)	Preventative	Manager Infrastructure & Assets	7/12/2021	Adequate
Conditional Analysis (Doc id 458339)	Detective	Manager Infrastructure & Assets	7/12/2021	Adequate
Asset Valuations (Doc id 458338)	Preventative	Manager Corporate Services	7/12/2021	Inadequate
Inspection and Maintenance Program - Roads	Detective	Manager Infrastructure & Assets	7/12/2021	Adequate
Wet season road network management	Preventative	Manager Infrastructure & Assets	7/12/2021	Inadequate
Capital Works Program	Preventative	Manager Infrastructure & Assets	7/12/2021	Adequate
Street Lighting Program	Preventative	Manager Infrastructure & Assets	7/12/2021	Adequate
Road Network, Road Reserve and Fire Breaks on Council land slashing (447507)	Preventative	Manager Operations & Environment	7/12/2021	Excellent
Inspection and Maintenance Program - Other Assets (Doc id 458319)	Detective	Manager Infrastructure & Assets	7/12/2021	Inadequate
Overall Control Ratings:				Inadequate

Risk Ratings		Rating
Consequence:		Moderate
Likelihood:		Unlikely
Overall Risk Ratings:		Moderate

Key Indicators	Tolerance	Date	Overall Result
Asset sustainability ratio	90%		
Works (operating) program - as adopted, completed in agreed timeframes	>90%		
Works (capital) program - as adopted, completed in agreed timeframes	>90%		
Drainage / roads meet a condition rating of satisfactory or above	>75%		
Emergency works response mobilised	<48hrs		
Plant serviced within 3 days of service due date	100%		

Comments

As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to major financial and reputational impacts

Current Issues / Actions / Treatments	Due Date	Responsibility
Develop Asset Management Plan inc Asset costings to establish renewal program	Jul-18	Manager Infrastructure & Assets
Develop Inspection/Maintenance program	Oct-18	General Manager Infrastructure & Operations

RP16 - Ineffective HR Management / Employment Practices **Jan-18**

This Risk Theme is defined as:
 Failure to effectively manage and lead human resources (full/part time, casuals, temporary and volunteers). This includes not having an effective Human Resources Framework in addition to not having appropriately qualified or experienced people in the right roles or not having sufficient staff numbers to achieve objectives. Other areas in this risk theme to consider are:

- Breaching employee regulations (excluding H&S).
- Discrimination, Harassment & Bullying in the workplace.
- Poor employee wellbeing (causing stress)
- Key person dependencies without effective succession planning in place.
- Induction issues.
- Terminations (including any tribunal issues).
- Industrial activity.

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

Potential causes include:

<ul style="list-style-type: none"> • Leadership Failures • Available Staff / Volunteers • Single Person Dependencies • Poor Internal Communications / Relationships 	<ul style="list-style-type: none"> • Ineffective Performance Management Programs or Procedures. • Ineffective Training Programs or Procedures. • Limited Employment Market Availability • Inadequate Induction Practices.
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Key Controls	Type	Owner	Date	Rating
HR Policy and Procedures	Preventative	Manager People & Performance	14/09/2017	Adequate
Performance Development Plans and Training Register	Detective	Manager People & Performance	14/09/2017	Adequate
Workforce Plan	Preventative	Manager People & Performance	14/09/2017	Inadequate
Staff Inductions (Code of Conduct Component)	Preventative	Manager People & Performance	14/09/2017	Adequate
Staff Surveys	Detective	Manager People & Performance	14/09/2017	Adequate
Recruitment Process	Preventative	Manager People & Performance	14/09/2017	Excellent
Corporate Training Plan	Preventative	Manager People & Performance	14/09/2017	Adequate
Training Budget	Preventative	Manager People & Performance	14/09/2017	Adequate
Implement people and culture program	Preventative	Manager People & Performance	12/02/2018	Adequate
Litchfield Council Enterprise agreement	Preventative	Manager People & Performance	7/02/2022	Adequate
Regular Staff Meetings	Preventative	Manager People & Performance	14/09/2017	Adequate

Overall Control Ratings:	Adequate
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Risk Ratings	Rating
Consequence:	Major
Likelihood:	Unlikely

Overall Risk Ratings:	Moderate
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Key Indicators	Tolerance	Date	Overall Result
Staff turnover rate	<20%		
Organisational development initiatives	3		
Professional development training for each staff member	<1		

Comments
 As rated by Workshop Attendees - 14/9/2017 - Consequence rating referred to service interruption, people and financial impacts

Current Issues / Actions / Treatments	Due Date	Responsibility
Develop Corporate Training Program	Oct-18	Manager People & Performance



RMAC REPORT

Agenda Item Number:	8.04
Report Title:	Driveway Asset Management Plan
Author:	Rebecca Taylor, Policy and Governance Program Leader
Recommending Officer:	Stephen Hoyne, Chief Executive Officer
Meeting Date:	31/05/2023
Attachments:	Nil

Executive Summary

This report presents to RMAC information on Council's Driveway Asset Management Plan.

Recommendation

THAT RMAC receive and note this report.

Background

At the February RMAC meeting, the committee resolved to;

THAT the Risk Management and Audit Committee:

- 1. note the updated risk register at Attachment A;*
- 2. note the completed actions in the risk dashboard of the risk register, which will be removed from the action list;*
- 3. receive a report about the need for Driveways Asset Management Plan; and*
- 4. recommend a budget allocation in 2023/24 for an externally facilitated review of the current Risk Register.*

Council's current Roads Asset Management Plan was adopted by Council in October 2019 and only covers roads. It was determined at a PACMan (Procurement, Assets and Capital Works Committee) meeting in February 2021, that there should be an overall 'transport' asset management plan that included the following;

- Roads
- Driveways
- Drainages
- Shared Paths
- Roadside furniture
- Kerb and gutter
- Carparks

The purpose of capturing information about driveways is to;

- Provide a strategy for actions that need to be taken to deal with historical developments where driveways were not constructed to current standards
- Provide forward planning to maintain and upgrade driveways in alignment with NTG Standards and as requested by residents
- Provides support to the Council Driveway policy
- Enables Finance to budget accordingly alongside other Infrastructure and Asset management plans.

However, due to difficulties in recruiting to the position, Council has not had an Asset Management Officer / Engineer since January 2022. There has been no progress in Asset Management Plans to date.

Links with Strategic Plan

Performance - An Effective and Efficient Organisation

Legislative and Policy Implications

Council is required to manage assets in accordance with Council's INF01 Asset Management and the *Local Government Act 2019*.

Risks

Governance and Financial

There is a governance and financial risk to Council if assets are not managed appropriately.

Financial Implications

None identified.

Community Engagement

Not applicable.



RMAC REPORT

Agenda Item Number:	8.05
Report Title:	Meeting Schedule and Workplan
Author:	Rebecca Taylor, Policy & Governance Program Leader
Recommending Officer:	Maxie Smith, Director Corporate and Community
Meeting Date:	31/05/2023
Attachments:	Nil

Executive Summary

This report presents the approved RMAC meeting schedule and workplan for 2023.

Recommendation

THAT RMAC endorse the amended meeting schedule and workplan for 2023.

Background

AT the February RMAC meeting, the committee made the following resolution;

THAT the Risk Management and Audit Committee endorse the meeting schedule and workplan for 2023 with the inclusion in the May 2023 agenda of the report from the Local Government Compliance Review.

Below is the current meeting schedule and workplan for 2023.

22 February 2023 10.00 am	<ul style="list-style-type: none"> • Review Council response to auditor's management letter • Review progress on internal audit action plans • Review risk register
31 May 2023 10.00 am	<ul style="list-style-type: none"> • Review progress on internal audit action plans • Review annual external audit plan • Review 3 year internal audit plan • Review risk register • Review GOV04 Whistleblowing policy • Local Government Compliance Review
30 Aug 2023 10.00 am	<ul style="list-style-type: none"> • Review progress on internal audit action plans • Receive interim audit letter • Review risk register

<p>25 October 2023 10.00 am</p> <p>This meeting date is subject to change due to timing of delivery of audit and annual report.</p>	<ul style="list-style-type: none"> • Review 2022/2023 financial statements • Review Council response to auditor's interim management letter • Review 2022/2023 Annual Report compared with the Municipal Plan • Meet with external auditors
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Due to a change in circumstance for a committee member, the following table proposes a new meeting schedule and workplan for 2023. Noting that the main change is moving the remainder meeting dates for the year, from Wednesday and slight amendments to the workplan items.

<p>22 February 2023 10.00 am</p>	<ul style="list-style-type: none"> • Review Council response to auditor's management letter • Review progress on internal audit action plans • Review risk register
<p>31 May 2023 10.00 am</p>	<ul style="list-style-type: none"> • Review progress on internal audit action plans • Receive interim audit report and management responses • Review risk register • Local Government Compliance Review
<p>Last Monday/Thursday of August 2023 10.00 am</p>	<ul style="list-style-type: none"> • Review progress on internal audit action plans • Review risk register • Review Fraud Protection Plan
<p>Last Monday/Thursday of August 2023 10.00 am</p> <p><i>This meeting date is subject to change due to timing of delivery of audit and annual report.</i></p>	<ul style="list-style-type: none"> • Review 2022/2023 financial statements • Review auditor's draft management letter • Review 2022/2023 Annual Report compared with the Municipal Plan • Meet with external auditors

Links with Strategic Plan

Performance - An Effective and Efficient Organisation

Legislative and Policy Implications

In accordance with the FIN09 Risk Management and Audit Committee policy.

Risks

Nil identified.

Financial Implications

Not applicable.

Community Engagement

Not applicable.

9. Other Business

10. Confidential Items

Pursuant to Section 93 of the Local Government Act and Regulation 51 of Local Government (General) Regulations the meeting be closed to the public to consider the following confidential item:

10.01 Local Government Compliance Review 2022 – Final Outcome Report

Regulation 51(1) for Section 293(1) of the Act, the following information is prescribed as confidential:

(a) information about the employment of a particular individual as a member of the staff or possible member of the staff of the council that could, if publicly disclosed, cause prejudice to the individual.

10.02 Interim Audit Report and Management Responses

Regulation 51(1) for Section 293(1) of the Act, the following information is prescribed as confidential:

(e) subject to subregulation (3) – information provided to the council on condition that it be kept confidential and would, if publicly disclosed, be likely to be contrary to the public interest;

11 Close of Meeting