AUDIT COMMITTEE MEETING

AGENDA

30 September 2025

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CITY OF GREATER GERALDTON

**AUDIT COMMITTEE MEETING
TO BE HELD ON TUESDAY 30 SEPTEMBER 2025 AT 3:30PM
IN THE GREENOUGH ROOM – CIVIC CENTRE**

A G E N D A

1   DECLARATION OF OPENING

2   ATTENDANCE

Present:
Mayor J Clune, Presiding Member
Deputy Mayor, Cr N Colliver, Deputy Presiding Member
Cr J Denton
Cr M Librizzi

Officers:
R McKim, Chief Executive Officer
P Radalj, Director Corporate Services
C Lee, Director Infrastructure Services
N Jane, Chief Financial Officer
L Maldea, Manager Corporate Compliance, Minute Secretary
K Smith, Manager Maintenance Operations
D Duff, Manager ERP Project
S Bishop, Manager ICT Services

By Invitation:

Apologies:

Leave of Absence:

3   CONFIRMATION OF PREVIOUS MINUTES
Recommendation: That the minutes of the City of Greater Geraldton Audit Committee meeting held on **20 May 2025** as attached be accepted as a true and correct record of proceedings.

4   ITEMS FOR AUDIT COMMITTEE REVIEW

AC166   PROGRESS REPORT ON AUDIT RECOMMENDATIONS – AUGUST 2025
AGENDA REFERENCE: **D-25-104011**
AUTHOR: **N Jane, Chief Financial Officer**
EXECUTIVE: **P Radalj, Director Corporate Services**
DATE OF REPORT: **3 September 2025**
FILE REFERENCE: **GO/11/0020-003**
ATTACHMENTS: **Yes x1 Confidential Progress Report on Audit Recommendations**

EXECUTIVE SUMMARY:

The purpose of this report is to provide the Audit Committee with an update on the progress of actions taken by management to implement audit recommendations.

EXECUTIVE RECOMMENDATION:

That the Audit Committee by Simple Majority pursuant to Section 7.1C of the *Local Government Act 1995* RESOLVES to:

1.   RECEIVE the Progress Report on Management Actions from Financial, Information System and internal audits.

PROPONENT:

The proponent is the City of Greater Geraldton (the City).

BACKGROUND:

When receiving audit reports, the Audit Committee requested progress updates on implementation of the proposed management actions. The progress reports provided, address audits completed up to August 2025. Items previously reported as completed have been removed and updates included on all remaining actions.

The report provides updates on actions from:
- 2024 Financial Management Systems Review
- 2024 Audit Regulation 17 Review
- 2020 Audit Regulation 17 Review
- 2024 Compliance Obligations Review
- 2024-25 IT General Controls Audit
- 2025 Asset Management and Disposal of Assets
- 2024 Fraud and Corruption Control Plan Review

A summary of action status for this report:
- Completed – 13
- In Progress - 44

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**CONNECTED, LIVEABLE, THRIVING, LEADING –
ISSUES AND OPPORTUNITIES:**

Connected:
There are no adverse impacts.

Liveable:
There are no adverse impacts.

Thriving:
There are no adverse impacts.

Leading:
Monitoring the actions resulting from audits assists the Audit Committee to fulfill its governance and oversight responsibilities. The report enables the Audit Committee to monitor the timeliness of agreed actions and understand the reasons for any delay.

Disclosure of Interest:
No Officer involved in the preparation of this report has a declarable interest in this matter.

RELEVANT PRECEDENTS:
A progress report on audit recommendations is provided to the committee regularly. The most recent was AC 162 – Progress Report on Audit Recommendations – April 2025 – 22 April 2025.

COMMUNITY/COUNCIL MEMBER CONSULTATION:
There has been no community/Council Member consultation.

LEGISLATIVE/POLICY IMPLICATIONS:
Local Government Act 1995, section 1.4 – auditor means Auditor General
Local Government Act 1995, section 6.4 – requirement to prepare an annual financial report
Local Government Act 1995, section 7.12AD – auditor to prepare report on financial audit
Local Government (Audit) Regulations 1996, regulation 16 – audit committee functions
Local Government (Audit) Regulations 1996, regulation 17 – review of systems and procedures in relation to risk management, internal control and legislative compliance, conducted every 3 financial years
Local Government (Financial Management) Regulations 1996, regulation 5 – review of systems and procedures, conducted every 3 financial years

FINANCIAL AND RESOURCE IMPLICATIONS:
The annual budget makes provision for conducting required audit activities.

INTEGRATED PLANNING LINKS:

Strategic Theme: Leading	A progressive City where informed decisions, strong advocacy and an enabling culture drives sustainable regional growth.
Goal 6	Ensure high quality governance activities enabling transparency and accountability.

REGIONAL OUTCOMES:
There are no impacts to regional outcomes.

RISK MANAGEMENT:
Part of the Audit Committee function is to mitigate risks to Council. Each audit report, both internal and external, assigns a risk rating to findings. These ratings are based on the audit team's assessment of risks and concerns with respect to the probability and/or consequences of adverse outcomes if action is not taken. Consideration is given to these potential adverse outcomes in the context of both quantitative impact (for example financial loss) and qualitative impact (for example inefficiency, non-compliance, poor service to the public or loss of public confidence). Management provides responses to each of the findings. Regular reporting on progress by management ensures that risks are appropriately mitigated.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:
No alternative options were considered by City Officers.

AC167	AUDIT COMMITTEE ANNUAL REPORT TO COUNCIL

AGENDA REFERENCE:	**D-25-103349**
AUTHOR:	**N Jane, Chief Financial Officer**
EXECUTIVE:	**P Radalj, Director Corporate Services**
DATE OF REPORT:	**3 September 2025**
FILE REFERENCE:	**GO/11/0020-003**
ATTACHMENTS:	**No**

EXECUTIVE SUMMARY:
The purpose of this report is to seek Audit Committee endorsement of the Annual Report of activities, for the period 1 July 2023 to 30 June 2024 and 1 July 2024 to 30 June 2025.

EXECUTIVE RECOMMENDATION:
That the Audit Committee by Simple Majority pursuant to Section 7.1C of the *Local Government Act 1995* RESOLVES to:

1. ENDORSE the summary of the Audit Committee activities for the period 1 July 2023 to 30 June 2025
2. SUBMIT the summary of Audit Committee activities for the period 1 July 2023 to 30 June 2025 to Council as the Audit Committee Annual Report of activities.

PROPONENT:
The proponent is the City of Greater Geraldton (the City).

BACKGROUND:
In accordance with the *Local Government Act 1995* section 7.1A(1):
"A local government is to establish an audit committee of 3 or more persons to exercise the powers and discharge the duties conferred on it."

The provisions of the City of Greater Geraldton Audit Committee Terms of Reference require reporting to Council:
5.2 The Committee shall report annually to the Council summarising its activities during the previous financial year.

Below is a summary of the activities of the Audit Committee for the period 1 July 2023 to 30 June 2025 for the purpose of providing the above-mentioned report to Council:

Audit Committee Meeting - 12 December 2023

Report Number	Title	Decision
AC132	Exit Interview OAG and RSM	1. RECEIVE the Office of Auditor General overview of the audit findings for the year ended 30 June 2023 (as outlined in the draft Audit Closing Report); and

		2. PROVIDE FEEDBACK to the Office of Auditor General on the findings and any other matter related to the audit
AC133	Review of the Audit Committee Terms of Reference	1. ENDORSE the Audit Committee Terms of Reference 2023
AC134	Audit Committee Annual Report to Council	1. ENDORSE the summary of the Audit Committee activities for the period 1 July 2022 to 30 June 2023; and 2. SUBMIT the summary of Audit Committee activities for the period 1 July 2022 to 30 June 2023 to Council as the Audit Committee Annual Report of activities.

Audit Committee Meeting – 23 January 2024

Report Number	Title	Decision
AC135	2022-23 Annual Financial Report	1. RECEIVE the Annual Financial Report for the financial year ended 30 June 2023; 2. RECEIVE the Audit Report for the financial year ended 30 June 2023; 3. NOTE that the Auditor has provided an unqualified audit opinion for the Annual Financial Report year ended 30 June 2023; 4. RECOMMEND to Council the adoption of the Audited Financial Report for the year ended 30 June 2023; and 5. NOTE the findings identified during the audit and REQUEST they be listed for review until completed.
AC136	Risk Management Update	1. NOTE the status of the City of Greater Geraldton's risk management profile; and 2. REQUIRE the CEO to report back to the Audit Committee on the ongoing status of the City's risk profile which is to include: (a) An updated management action plan to close out the LGIS/March report findings; (b) An update on the completed enterprise risks internal review program; and (c) A completed risk maturity assessment
AC137	2023-2024 Work Health & Safety Implementation Plan	1. RECEIVE the 2023-2024 Work Health & Safety Implementation Plan; and 2. REQUIRE an update on the status of the 2023-2024 Work Health & Safety Implementation Plan at the next Audit Committee.

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AC138	Application of Council Policy 4.28 Managing Unreasonable Customer Conduct	1. NOTE the information provided below in relation to Council Policy 4.28 Managing Unreasonable Customer Conduct; and 2. REQUIRE the CEO to report back annually to the Audit Committee at the first meeting held after the close of the relevant financial year.
AC139	Confidential – Cybersecurity Risk Reduction Activities	1. NOTE the risk reduction activities and their progress.
AC140	Progress Report on Audit Recommendations – January 2024	1. RECEIVE the Progress Reports on Management Actions from Financial Statement, Information System and internal audits.
AC141	Strategic Internal Audit Plan 2021-2025	1. ENDORSE the auditable areas for 2024 as: (a) Annual review of Strategic Internal Audit Plan; (b) Review of prior year recommendations – Internal Audit; (c) Review of prior year recommendations – External Audit (d) Fraud and Corruption Control Plan Audit (for 2023); (e) Financial Management Systems Review; (f) Audit Regulation Review (g) Management of Compliance Obligations Review; and 2. REQUEST an update on progress at the next Audit Committee meeting.
AC142	Compliance Audit Return 2023	1. REVIEW the results of the Compliance Audit Return 2023; and 2. REPORT to Council the results of the Audit Committee review of the Compliance Audit Return 2023, at the Ordinary Meeting of Council on 27 February 2024.
AC143	Fraud and Corruption Control Plan Audit 2022	1. RECEIVE the Fraud and Corruption Control Plan Audit 2022; 2. ENDORSE the actions taken or proposed to be taken by staff to resolve items identified in the report; and 3. REQUIRE progress updates on implementation of the proposed management actions at the next Audit Committee meeting.

Audit Committee Meeting – 23 April 2024

Report Number	Title	Decision
AC144	Audit Entrance Meeting with OAG and RSM	1. RECEIVE the Audit Planning Memorandum for the year ending 30 June 2024; and 2. PROVIDE FEEDBACK on the Audit Planning Memorandum.
AC145	Risk Management Update	1. NOTE the status of the City of Greater Geraldton's risk management profile; and 2. RECEIVE the completed Risk Maturity Assessment.
AC146	2023-2024 Work Health & Safety Implementation Plan Status Update	1. RECEIVE the 2023-2024 Work Health & Safety Implementation Plan Status Update; and 2. REQUIRE an update on the status of the 2023-2024 Work Health & Safety Implementation Plan at the next Audit Committee.
AC147	Progress Report on Audit Recommendations – April 2024	1. RECEIVE the Progress Reports on Management Actions from Financial Statement, Information System and internal audits.
AC148	Financial Management Systems Review 2024	1. RECEIVE the Financial Management Systems Review 2024; 2. ENDORSE actions taken or proposed to be taken by staff to resolve items identified in the report; and 3. REQUIRE progress updates on implementation of the proposed management actions at the next Audit Committee Meeting.
AC149	Audit Regulation 17 Review 2024	1. RECEIVE the Audit Regulation 17 Review 2024; 2. ENDORSE actions taken or proposed to be taken by staff to resolve items identified in the report; and 3. REQUIRE progress updates on implementation of the proposed management actions at the next Audit Committee Meeting.

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AC150	Strategic Internal Audit Plan 2021-2025 – Progress Report on Actions	1. RECEIVE the progress update on the Strategic Internal Audit Plan 2021-2025 actions for 2024; 2. RECEIVE the internal audit report on Management of Compliance Obligations review; and 3. REQUEST an update on progress at the next Audit Committee meeting.
AC151	Fraud and Corruption Control Plan Audit 2023	1. RECEIVE the Fraud and Corruption Control Plan Audit 2023; 2. ENDORSE the actions taken or proposed to be taken by staff to resolve items identified in the report; and 3. REQUIRE progress updates on implementation of the proposed management actions at the next Audit Committee meeting.

Audit Committee Meeting – 18 February 2025

Report Number	Title	Decision
AC152	Strategic Internal Audit Plan 2021-2025	1. ENDORSE the auditable areas for 2025 as: (a) Annual review of Strategic Internal Audit Plan (b) Review of prior year recommendations – Internal Audits (c) Review of prior year recommendations – External Audits (d) Fraud and Corruption Control Framework, Policy and Procedures Review (e) Asset Management including accounting processes (f) Disposal of Assts processes review; and 2. REQUEST an update on progress at the next Audit Committee meeting.
AC153	Progress Report on Audit Recommendations – January 2025	1. RECEIVE the Progress Reports on Management Actions from Financial, Information System, and internal audits.
AC154	Compliance Audit Return 2024	1. REVIEW the results of the Compliance Audit Return 2024, and 2. REPORT to Council the results of the Audit Committee review of the Compliance Audit Return 2024, at the Ordinary Meeting of Council on 25 February 2025.

AC155	2024 Cybersecurity Risk Reduction Activities	1. NOTE the risk reduction activities and their progress
AC156	2024 Geraldton Airport CASA Surveillance Audit Report	1. RECEIVE the Geraldton Airport 2024 CASA Surveillance Audit Report; 2. RECEIVE Airport Full Surveillance Safety Finding Response; and 3. RECEIVE CASA Safety Finding Acquittal Letter.
AC157	Application of Council Policy 4.28 Managing Unreasonable Customer Conduct	1. NOTE the information provided below in relation to Council Policy 4.28 Managing Unreasonable Customer Conduct; and 2. REQUIRE the CEO to report back annually to the Audit Committee at the first meeting held after the close of the relevant financial year.
AC158	Fraud and Corruption Control	1. RECEIVE the update on fraud and corruption control including proposed internal audit activities for 2025

Audit Committee Meeting – 26 March 2025

Report Number	Title	Decision
AC159	2023-24 Audit Exit Meeting with OAG and RSM	1. RECEIVE the Office of Auditor General overview of the audit findings for the year ended 30 June 2024 (as outlined in the draft Audit Closing Report); and 2. PROVIDE FEEDBACK to the Office of Auditor General on the findings and any other matter related to the audit

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Audit Committee Meeting – 22 April 2025

Report Number	Title	Decision
AC160	2023-24 Annual Financial Report	1. RECEIVE the Annual Financial Report for the financial year ended 30 June 2024; 2. RECEIVE the Audit Report for the financial year ended 30 June 2024; 3. NOTE that the Auditor has provided an unqualified audit opinion for the Annual Financial Report year ended 30 June 2024; 4. RECOMMEND to Council the adoption of the audited Financial Report for the year ended 30 June 2024; and 5. NOTE the findings identified during the audit and REQUEST they be listed for review until completed.
AC161	Audit Entrance Meeting with OAG and RSM	1. RECEIVE the Audit Planning Memorandum for the year ending 30 June 2025; and 2. PROVIDE FEEDBACK on the Audit Planning Memorandum.
AC162	Progress Report on Audit Recommendations – April 2025	1. RECEIVE the Progress Reports on Management actions from Financial, Information System, and internal audits.

Audit Committee Meeting – 20 May 2025

Report Number	Title	Decision
AC163	Internal Audit Report – Asset Management and Disposal of Assets 2025	1. RECEIVE the internal audit report on Asset Management and Disposal of Assets 2025; and 2. REQUEST an update on progress at the next Audit Committee meeting
AC164	Strategic Internal Audit Plan 2025-2030	1. ENDORSE the development and delivery of a Strategic Internal Audit Plan 2025-2030; 2. ENDORSE the scope of the plan to include: (a) Financial Management Systems Review (as required by Financial Management Regulation 5) (b) Review of systems and procedures (as required by Audit Regulation 17) (c) Follow up on previous internal, external and performance audit recommendations (d) Fraud and Corruption Control Plan Audit

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		(e) Project Management (f) Tender Management (g) Service Contract Management (h) Lease and Agreement Management (i) Vehicle and Fleet Management (j) PRIS Management (k) Risk Management (l) Review of internal audits conducted during 2021-2025.
AC165	Fraud and Corruption Control Plan Review 2025	1.RECEIVE the Fraud and Corruption Control Plan Review. 2. ENDORSE the actions taken or proposed to be taken by staff to resolve items identified in the report; and 3. REQUIRE progress updates on implementation of the proposed management actions at the next Audit Committee Meeting

**CONNECTED, LIVEABLE, THRIVING, LEADING –
ISSUES AND OPPORTUNITIES:**

Connected:
There are no adverse impacts.

Liveable:
There are no adverse impacts.

Thriving:
There are no adverse impacts.

Leading:
The Audit Committee supports the goals of financial sustainability, clear and accessible information about the City's decisions and high-quality governance activities that enable transparency and accountability.

Disclosure of Interest:
No Officer involved in the preparation of this report has a declarable interest in this matter.

RELEVANT PRECEDENTS:
The Audit Committee Annual Report of activities 2022-2023 was reviewed by the Audit Committee on 12 December 2023, report AC134, and the Council on 30 January 2024, Item No. CS088.

COMMUNITY/COUNCIL MEMBER CONSULTATION:
There has been no community or Committee Member consultation.

LEGISLATIVE/POLICY IMPLICATIONS:
Local Government Act 1995 section 7.1A
Local Government (Audit) Regulations regulation 16

FINANCIAL AND RESOURCE IMPLICATIONS:
There are no financial or resource implications.

INTEGRATED PLANNING LINKS:

Strategic Theme: Leading	A progressive City where informed decisions, strong advocacy and an enabling culture drives sustainable regional growth.
Goal 5	Provide the community with clear and accessible information about the City's programs, services and decisions.
Goal 6	Ensure high quality governance activities enabling transparency and accountability.

REGIONAL OUTCOMES:
There are no impacts to regional outcomes.

RISK MANAGEMENT:
The primary objective of the Audit Committee is to assist the Council in fulfilling their oversight responsibilities in relation to risk management, internal control, compliance with legislative provisions, and financial and performance reporting. The Annual Report of Audit Committee activities enable Council to review the annual activities of the Committee and corresponding recommendations and is a requirement under clause 5.2 of the Audit Committee Terms of Reference.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:
No alternative options were considered by City Officers.

AC168	EXTERNAL AUDIT – RSM CONTRACT EXTENSION
AGENDA REFERENCE:	**D-25-104008**
AUTHOR:	**N Jane, Chief Financial Officer**
EXECUTIVE:	**P Radalj, Director Corporate Services**
DATE OF REPORT:	**2 September 2025**
FILE REFERENCE:	**FM/3/0013**
ATTACHMENTS:	**No**

EXECUTIVE SUMMARY:
The purpose of this report is to advise the Audit Committee of an additional one year contract awarded to RSM.

EXECUTIVE RECOMMENDATION:
That the Audit Committee by Simple Majority pursuant to Section 7.1C of the *Local Government Act 1995* to:

1. ACKNOWLEDGE the advice from Office of the Auditor General that an additional one year contract has been awarded to RSM to undertake the 2026 financial audit.

PROPONENT:
The proponent is the Office of the Auditor General (OAG).

BACKGROUND:
The *Local Government Amendment (Auditing) Act 2017* made legislative changes that gave the Auditor General the mandate to audit Western Australian local governments. The Act allows the Auditor General to contract out some or all of the financial audits, but all audits remain the responsibility of the Auditor General.

In 2021, the OAG advised the appointment of RSM as the contract auditor who would undertake the audits for the period 2020-21 to 2022-23. In 2023, this was extended to include 2023-24 and 2024-25. The OAG have now advised that a further one-year contract extension has been provided to RSM to undertake the 2025-26 financial audit.

CONNECTED, LIVEABLE, THRIVING, LEADING –
ISSUES AND OPPORTUNITIES:

Connected:
There are no adverse impacts.

Liveable:
There are no adverse impacts.

Thriving:
There are no adverse impacts.

Leading:
The Audit Committee supports the goals of financial sustainability, clear and accessible information about the City's decisions and high-quality governance activities that enable transparency and accountability.

Disclosure of Interest:
No Officer involved in the preparation of this report has a declarable interest in this matter.

RELEVANT PRECEDENTS:
In AC102 Entrance Meeting – OAG & RSM – 31 May 2021, the Audit Committee were advised that RSM had been appointed as the contract auditor to undertake the audits for the period 2020-21 to 2022-23.
In AC132 Exit Interview OAG and RSM – 12 December 2023, the Audit Committee were advised that the contract was extended with RSM to include the 2023-24 and 2024-25 financial years.

COMMUNITY/COUNCIL MEMBER CONSULTATION:
There has been no community/Council Member consultation.

LEGISLATIVE/POLICY IMPLICATIONS:
Local Government Act 1995, section 1.4 Terms used:

   auditor *means —*

   (a) in relation to an audit, other than a performance audit —

      (i) in relation to a local government that has an audit contract that is in force — a person for the time being appointed under Part 7 Division 2 to be the auditor of the local government; and

      (ii) in relation to a local government that does not have an audit contract that is in force — the Auditor General;

      and

   (b) in relation to a performance audit — the Auditor General;

Local Government Act 1995, section 6.4 Financial report:

   (1) A local government is to prepare an annual financial report for the preceding financial year and such other financial reports as are prescribed.

   (2) The financial report is to —

      (a) be prepared and presented in the manner and form prescribed; and

      (b) contain the prescribed information.

   (3) By 30 September following each financial year or such extended time as the Minister allows, a local government is to submit to its auditor —

      (a) the accounts of the local government, balanced up to the last day of the preceding financial year; and

      (b) the annual financial report of the local government for the preceding financial year.

Local Government Act 1995, section 7.12AD Reporting on a financial audit:

   (1) The auditor must prepare and sign a report on a financial audit.

   (2)   The auditor must give the report to —

       (a) the mayor, president or chairperson of the local government; and

       (b) the CEO of the local government; and

       (c) the Minister.

Local Government (Audit) Regulations 1996, section 16:

  An audit committee has the following functions —

    (a) to guide and assist the local government in carrying out —

       (i) its functions under Part 6 of the Act; and

       (ii) its functions relating to other audits and other matters related to financial management;

    (b) to guide and assist the local government in carrying out the local government's functions in relation to audits conducted under Part 7 of the Act;

    *(c) to review a report given to it by the CEO under regulation 17(3) (the **CEO's report**) and is to —*

       (i) report to the council the results of that review; and

       (ii) give a copy of the CEO's report to the council;

    (d) to monitor and advise the CEO when the CEO is carrying out functions in relation to a review under —

       (i) regulation 17(1); and

       (ii) the Local Government (Financial Management) Regulations 1996 regulation 5(2)(c);

    (e) to support the auditor of the local government to conduct an audit and carry out the auditor's other duties under the Act in respect of the local government;

    (f) to oversee the implementation of any action that the local government —

       (i) is required to take by section 7.12A(3); and

       (ii) has stated it has taken or intends to take in a report prepared under   section 7.12A(4)(a); and

      (iii) has accepted should be taken following receipt of a report of a review conducted under regulation 17(1); and

      (iv) has accepted should be taken following receipt of a report of a review conducted under the Local Government (Financial Management) Regulations 1996 regulation 5(2)(c);

    (g) to perform any other function conferred on the audit committee by these regulations or another written law.

FINANCIAL AND RESOURCE IMPLICATIONS:
Provision is made in the annual budget to undertake the audit function.

INTEGRATED PLANNING LINKS:

Strategic Theme: Leading	A progressive City where informed decisions, strong advocacy and an enabling culture drives sustainable regional growth.
Goal 6	Ensure high quality governance activities enabling transparency and accountability.

REGIONAL OUTCOMES:

There are no impacts to regional outcomes.

RISK MANAGEMENT:

No risks associated with this item.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:

No alternative options were considered by City Officers.

AC169	CYBERSECURITY RISK REDUCTION ACTIVITIES
AGENDA REFERENCE:	**D-25-110812**
AUTHOR:	**S Bishop, Manager ICT Services**
EXECUTIVE:	**P Radalj, Director Corporate Services**
DATE OF REPORT:	**12 September 2025**
FILE REFERENCE:	**GO/11/0020-003**
ATTACHMENTS:	**No**

EXECUTIVE SUMMARY:
This report provides an overview of key cyber and information risk reduction activities performed in 2025, including both strategic initiatives and ongoing operational efforts.

These activities directly support the City's objectives to enhance resilience, protect critical assets, and ensure compliance as outlined in the Cybersecurity Strategy 2023-2027.

EXECUTIVE RECOMMENDATION:
That the Audit Committee by Simple Majority pursuant to Section 7.1C of the *Local Government Act 1995* RESOLVES to:

1. NOTE the risk reduction activities and their progress.

PROPONENT:
The proponent is the City of Greater Geraldton (the City).

BACKGROUND:
During 2022, Council endorsed Policy 4.6, Information Security Management System (ISMS). This policy outlines the City's framework and approach to information security. It ensures the confidentiality, integrity, and availability of assets and services.

The first step in developing the ISMS was to create a cybersecurity strategy. This strategy was endorsed by the Executive Management Team in July 2023.

A key feature of the strategy is its alignment with the Australian Signals Directorate (ASD) Information Security Manual (ISM). The City is also committed to achieving security maturity level 2 of the Essential Eight (E8) strategies. The Essential Eight (E8) are a set of baseline cybersecurity strategies recommended by the ASD to mitigate cyber threats. Achieving maturity level 2 indicates that key controls are implemented and regularly reviewed.

The following details highlight progress on strategic priorities contained within the strategy. These priorities are designed to support achievement of the security maturity target and overall uplift in the City's security posture.

Priority: Accountability and Awareness
Objective: Assign roles and responsibilities for the management of security risk and the ISMS.

- **Strategic Activity:** An operational security policy is in draft and will contain assignment of the roles and responsibilities for information security.

- **Operational Activity:** Security awareness training is delivered to all staff as part of a monthly program. Along with this training, the City runs simulated phishing campaigns to assess staff ability to recognise potential email threats. Performance is tracked using metrics such as click rates—indicating how often staff interact with suspicious messages—and reporting rates.

Priority: Information Security Management System (ISMS)
Objective: Develop, maintain, and improve ISMS artefacts and management of risk and security.

- **Strategic Activity:** An operational information security policy is currently in draft.

- **Strategic Activity:** Development and maintenance of operational standards continue. The following standards have progressed since the last update:
  - ISMS – Firewall Management Standard was published.
  - ISMS – Data Protection and Encryption Standard is now in development.

Priority: Protect confidential and sensitive information
Objective: Identify, assess, and classify confidential, sensitive, and private information.

- **Strategic Activity:** As part of Privacy and Responsible Information Sharing (PRIS) legislation requirements, a data discovery exercise was conducted to identify information systems used by the organisation. The Business Systems Register that was produced is now being used to audit platforms to ensure appropriate access controls are in place.

Priority: Identify, assess, and treat security risks
Objective: Establish risk-based controls and processes in the evaluation and analysis over information assets and services.

- **Strategic Activity:** In 2024, a project was initiated to improve the discovery and treatment of software vulnerabilities across the City's technology landscape. This included consolidating multiple, previously separate security tools into the Microsoft Security stack—a suite of integrated security solutions developed by Microsoft. Central to this

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effort was the deployment of a Vulnerability Management Solution, which automates the identification and risk scoring of cybersecurity vulnerabilities. Several processes have been updated or created because of the improved visibility provided by these systems.

- **Operational Activity:** Once identified and assessed, vulnerabilities are added to the City's Cybersecurity risk register. The City regularly monitors this risk register and applies mitigation or remediation as required.

- **Operational Activity:** In June 2025 formal Security Testing was completed. These exercises are designed to test the City's security controls in a simulated cybersecurity attack. This year's testing included external and internal penetration testing as well as Wi-Fi vulnerability scanning. The remediation of the findings from the exercise is ongoing.

Priority: Incident response and recovery capability
Objective: Strengthen incident response, business continuity and disaster recovery.

- **Strategic Activity:** The City's network and internet resilience is being upgraded as part of an ongoing network redesign project. This will elevate the City's ability to operate during disaster events and minimise networking disruptions across the organisation. This revised network topography will define a new ICT Business Continuity Plan.

- **Operational Activity:** The City conducts regular ICT activities to test its backup and recovery processes. A full data recovery exercise was conducted in March 2025.

  Quarterly backup testing is also performed for limited data sets. These were performed in February, May, and August 2025.

- **Operational Activity:** A Cybersecurity Incident Response Plan (CIRP) table-top exercise was conducted in May 2025. Learnings from this exercise are currently being incorporated into the CIRP.

Priority: Measure and Improve
Objective: Benchmark our security posture. Identify and prioritise areas for improvement and continually measure progress.

- **Strategic Activity:** In March 2025 the City began utilising a platform that provides for continual assessment of cybersecurity controls against the E8 model. As the City implements more controls, evidence is uploaded to the platform which assesses for effectiveness and outputs an Essential 8 Maturity score (from 0 to 3.0). The City aims to achieve a maturity level score of 2.0. It currently sits at 1.4 in September 2025 (up from the previous score of 1.18 in June).

CONNECTED, LIVEABLE, THRIVING, LEADING – ISSUES AND OPPORTUNITIES:

Connected:
There are no adverse impacts.

Liveable:
There are no adverse impacts.

Thriving:
There are no adverse impacts.

Leading:
The activities described in this report are aligned to strategic priorities within the City's Cybersecurity Strategy 2023-2027.

Disclosure of Interest:
No Officer involved in the preparation of this report has a declarable interest in this matter.

RELEVANT PRECEDENTS:
City officers have previously updated the Audit Committee on cybersecurity risk reduction activities in February 2025.

COMMUNITY/COUNCIL MEMBER CONSULTATION:
There has been no community/Council Member consultation.

LEGISLATIVE/POLICY IMPLICATIONS:
The incoming *Privacy and Responsible Information Sharing Act 2024* (PRIS Act) introduces a requirement that the City must notify the Information Commissioner and affected individuals in the event of serious data breaches as well as establishing and maintaining an information breach register.

FINANCIAL AND RESOURCE IMPLICATIONS:
Cybersecurity risk detection and treatment come with both financial and resourcing overheads. A case-by-case basis is used to determine value for money when utilising internal or outsourced resources.

INTEGRATED PLANNING LINKS:

Strategic Theme: Leading	A progressive City where informed decisions, strong advocacy and an enabling culture drives sustainable regional growth.
Goal 2	Efficiently and effectively deliver community services and projects, through optimal use of our resources.
Goal 3	Financial sustainability, actively seeking and leveraging external funding to deliver for the community.
Goal 5	Provide the community with clear and accessible information about the City's programs, services and decisions.
Goal 6	Ensure high quality governance activities enabling transparency and accountability.

REGIONAL OUTCOMES:

There are no impacts to regional outcomes.

RISK MANAGEMENT:

The activities described in this report are focused on identifying, assessing, and remediating or mitigating cybersecurity risks.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:

No alternative options were considered by City Officers.

AC170   APPLICATION OF COUNCIL POLICY 4.28 MANAGING UNREASONABLE CUSTOMER CONDUCT

AGENDA REFERENCE:	**D-25-111384**
AUTHOR:	**N Hope, Manager People Safety and Wellbeing**
EXECUTIVE:	**P Radalj, Director Corporate Services**
DATE OF REPORT:	**15 September 2025**
FILE REFERENCE:	**GO/11/0020-003**
ATTACHMENTS:	**No**

EXECUTIVE SUMMARY:

The purpose of this report is to update the Audit Committee on the application of Council Policy 4.28 Managing Unreasonable Customer Conduct, listing the number of customers to whom the policy has applied in the 2024/25 reporting year.

EXECUTIVE RECOMMENDATION:

That the Audit Committee by Simple Majority pursuant to Section 7.1C of the *Local Government Act 1995* RESOLVES to:

1. NOTE the information provided below in relation to Council Policy 4.28 Managing Unreasonable Customer Conduct.
2. REQUIRE the CEO to report back annually to the Audit Committee at the first meeting held after the close of the relevant financial.

PROPONENT:

The proponent is the City of Greater Geraldton (the City).

BACKGROUND:

The *City of Greater Geraldton Council Policy 4.28 Managing Unreasonable Customer Conduct* has a set of strategies to manage the risks to the City's resource management, staff health and productivity, posed by a growing prevalence of unreasonable conduct by a small number of high-demand customers.

The policy objectives are to provide the overarching principles and guidance as the basis for a fair, equitable and transparent mechanism for dealing with unreasonable conduct by customers that will achieve an effective balance between:

- Meeting the genuine needs of customers fairly and equitably;
- Providing a safe working environment for staff, volunteers and elected members;
- Providing a safe experience for customers of the City; and
- Ensuring that City resources are used efficiently, effectively and equitably, to manage the City's responsibilities to discharge its statutory functions and represent the interests of all persons in the District.

Council Policy 4.28 Managing Unreasonable Customer Conduct, reporting requirements list that annually, at the first Audit Committee meeting held after the close of the relevant financial year, the Chief Executive Officer (CEO) will report to the committee.

In the 2024/25 financial year, the City of Greater Geraldton reports the following:

The number of customers to whom this policy has been applied in 2024/25	*0*

While the City continues to encounter instances of unreasonable customer conduct, the need to apply Council Policy 4.28 Managing Unreasonable Customer Conduct has not increased. This is largely attributed to the presence of CCTV, security personnel and police attendance and intervention when required.

CONNECTED, LIVEABLE, THRIVING, LEADING –
ISSUES AND OPPORTUNITIES:

Connected:
The City continues to strengthen internal collaboration and external partnerships to ensure a consistent and coordinated approach to managing unreasonable customer conduct, fostering a safer and more respectful community environment.

Liveable:
A safe and healthy work environment contributes to the overall liveability of the City, reinforcing our commitment to the wellbeing of employees and the broader community.

Thriving:
By effectively managing unreasonable customer conduct, the City supports a productive and resilient workforce, enabling staff to focus on delivering high-quality services that contribute to community wellbeing and growth.

Leading:
The City demonstrates leadership through the responsible application of Council Policy 4.28 Managing Unreasonable Customer Conduct, setting clear expectations for respectful engagement and reinforcing its commitment to a values-driven and accountable public service.

Disclosure of Interest:
No Officer involved in the preparation of this report has a declarable interest in this matter.

RELEVANT PRECEDENTS:
Council review or amend Council Policies as and when required.

COMMUNITY/COUNCIL MEMBER CONSULTATION:
There has been no community/Council Member consultation in the 2024/25 financial year.

LEGISLATIVE/POLICY IMPLICATIONS:
Pursuant to section 2.7 of the *Local Government Act 1995* the role of Council includes determination of Council Policies:

2.7.   Role of council

(1) *The council governs the local government's affairs and, as the local government's governing body, is responsible for the performance of the local government's functions.*

(2) *The council's governing role includes the following —*

(a) *overseeing the allocation of the local government's finances and resources;*

(b) *determining the local government's policies;*

(c) *planning strategically for the future of the district;*

(d) *determining the services and facilities to be provided by the local government in the district;*

(e) *selecting the CEO and reviewing the CEO's performance;*

(f) *providing strategic direction to the CEO.*

FINANCIAL AND RESOURCE IMPLICATIONS:
There are currently no financial or resource implications. However, should an incident arise that requires the presence of security, either on a short or long-term basis this would result in additional costs to the City.

INTEGRATED PLANNING LINKS:

Strategic Theme: Leading	A progressive City where informed decisions, strong advocacy and an enabling culture drives sustainable regional growth.
Goal 2	Efficiently and effectively deliver community services and projects, through optimal use of our resources.
Goal 3	Financial sustainability, actively seeking and leveraging external funding to deliver for the community.
Goal 5	Provide the community with clear and accessible information about the City's programs, services and decisions.
Goal 6	Ensure high quality governance activities enabling transparency and accountability.

REGIONAL OUTCOMES:
There are no impacts to regional outcomes.

RISK MANAGEMENT:
Council Policy 4.28 Managing Unreasonable Customer Conduct and its associated processes is wholly associated with mitigating the risk to City employees and the users or attendees at City facilities.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:
No alternative options were considered by City Officers.

AC171 WORK HEALTH AND SAFETY IMPLEMENTATION PLAN STATUS UPDATE

AGENDA REFERENCE:	**D-25-111625**
AUTHOR:	**N Hope, Manager People, Safety and Wellbeing**
EXECUTIVE:	**P Radalj, Director Corporate Services**
DATE OF REPORT:	**16 September 2025**
FILE REFERENCE:	**RM/8/0030**
ATTACHMENTS:	**Yes x3**
	A. Work Health & Safety Implementation Plan - Status Update September 2025
	B. WHS Foundation Audit Report
	C. LGIS 3 Steps to Safety Assessment

EXECUTIVE SUMMARY:

The purpose of this report is to provide an update to the Audit Committee of the status of the City of Greater Geraldton 2024-2025 Work Health & Safety Implementation Plan.

EXECUTIVE RECOMMENDATION:

That the Audit Committee by Simple Majority pursuant to Section 7.1C of the Local Government Act 1995 RESOLVES to:

1. RECEIVE the 2024-25 Work Health & Safety Implementation Plan Status Update;
2. RECEIVE the WHS Foundation Audit Report; and
3. RECEIVE the LGIS 3 Steps to Safety Audit Report.

PROPONENT:

The proponent is the City of Greater Geraldton (the City).

BACKGROUND:

In January 2024, the City submitted the 2023–2024 Work Health and Safety (WHS) Implementation Plan to the Audit Committee. The Plan outlined the strategic direction for WHS, serving as a framework to guide and report on future safety actions and initiatives. This report provides a status update on the actions outlined in the Plan, as well as broader achievements and developments within the WHS function.

TEAM UPDATE:

Throughout 2024, the WHS Team operated under significant resource constraints, which impacted its ability to deliver at the scale aligned with the City's aspirations. Despite these challenges, the successful recruitment of a Senior Safety Specialist and two WHS Advisors, one of whom is permanently based at the Depot has significantly enhanced the team's capability and reach.

A structural change also saw the WHS Team transition to report under the newly established People, Safety and Wellbeing branch. This change has been

positively received across the organisation, improving visibility and alignment of safety initiatives with broader people and wellbeing strategies.

The newly formed team brings renewed energy, diverse perspectives, and a shared commitment to delivering meaningful safety outcomes. The team's initial focus was relationship-building as a means to build an engaged and stronger safety culture across the City.

WORK HEALTH AND SAFETY PLAN - Status Update September 2025
Progress continues to be made in implementing key actions outlined in the Work Health and Safety Implementation Plan, once again reflecting our ongoing commitment to fostering a safe and supportive workplace.

Over the past six months, the WHS Team and key stakeholders have successfully completed several audit actions items as well as the adhoc requirements under the plan. These actions have contributed to improved hazard reporting and incident rates and stronger engagement with safety protocols.

Overall, the plan is tracking well, with momentum building toward our next phase of continuous improvement. *See Attachment A - Work Health & Safety Plan - Status Update September 2025.*

AUDIT REPORTS:
Recommendations from previous audit reports have either been completed or are currently under review, with all applicable actions being implemented. A detailed spreadsheet outlining implementation progress is attached.

In line with the City's WHS audit commitments, two external audits were conducted:

- September 2024: Work Health and Safety Foundation Audit
- May 2025: LGIS "3 Steps to Safety" Assessment

Findings from both audits affirmed the City's strong commitment to WHS, highlighting the integration of safety into both organisational culture and daily operations. Notably, the City was awarded the LGIS Diligence in Safety Silver Certificate, achieving an impressive overall score of 79%.

LGIS Senior Consultant Katherine Kempin, commended the City's continued development since the 2022 audit, particularly in the area of volunteer management, a newly assessed category in the 2025 audit. While this section has traditionally reduced scores across the sector, the City maintained its performance, reflecting the strength of its volunteer safety practices.

2022

Overall Scores

Category	Member Score	Available Score	Section Achievement
Management Commitment	26	32	**81%**
Planning	22	36	**61%**
Consultation and Reporting	20	28	**71%**
Hazard Management	17	28	**61%**
Training and Supervision	15	28	**54%**
Overall Score	100	152	**66%**

2025

Overall Scores

Category	Member Score	Available Score	Section Achievement
Management Commitment	30	32	**94%**
Planning	24	36	**67%**
Consultation and Reporting	22	28	**79%**
Hazard Management	25	32	**78%**
Training and Supervision	24	28	**86%**
Volunteer Management	27	36	**75%**
Overall Score	152	192	**79%**

The above comparison highlights the City's progress, areas of focus, and the positive trajectory of our safety initiatives.

SAFETY MANAGEMENT SYSTEM PROGRESS:
The City's Work Health and Safety Management System is currently undergoing development through Phase Three of the IBIS implementation.

A key focus has been the Hazard and Incident Reporting system, which plays a critical role in capturing, escalating, investigating, and resolving WHS-related events. A comprehensive Desktop Analysis (DTA) was conducted to assess current reporting processes and identify opportunities for improvement. The review highlighted several limitations in the existing system, which relies on Nintex forms, manual workflows, and spreadsheets.

Engagement across WHS roles informed the analysis, ensuring that future solutions align with operational needs and user experience expectations. This

feedback was instrumental in shaping the evaluation of potential system solutions and ensuring that future improvements align with operational needs and user expectations.

CONNECTED, LIVEABLE, THRIVING, LEADING – ISSUES AND OPPORTUNITIES:

Connected:
The City continues to build strong internal and external relationships to support a collaborative approach to workplace safety, ensuring all staff feel supported and informed.

Liveable:
A safe and healthy work environment contributes to the overall liveability of the City, reinforcing our commitment to the wellbeing of employees and the broader community.

Thriving:
By fostering a proactive safety culture, the City empowers its workforce to thrive, enhancing productivity and resilience across all service areas.

Leading:
The City demonstrates leadership through its transparent and accountable WHS practices, setting a benchmark for safety excellence in local government.

Disclosure of Interest:
No Officer involved in the preparation of this report has a declarable interest in this matter.

RELEVANT PRECEDENTS:
The Audit Committee previously considered WHS as follows:
- AC091 Work Health & Safety Bill update
- AC108 Work Health & Safety Update
- AC116 Internal Audit Safety Management Systems Improvement Action Plan Update
- AC123 LGIS External Audit of Work Health & Safety Systems
- AC137 2023 - 2024 Work Health & Safety Implementation Plan

COMMUNITY/COUNCIL MEMBER CONSULTATION:
There has been no community/Council Member consultation.

LEGISLATIVE/POLICY IMPLICATIONS:
Work Health and Safety Act 2020
Work Health and Safety (General) Regulations 2022
Operational Policy 041 Workplace Health and Safety
City of Greater Geraldton Safety Management Plan
City of Greater Geraldton Safety Management System

FINANCIAL AND RESOURCE IMPLICATIONS:
The implementation and ongoing management of Work Health and Safety (WHS) obligations require the allocation of appropriate resources to ensure compliance. These operational requirements are incorporated into the City's

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workforce planning and annual budgeting processes to support sustained delivery and accountability.

INTEGRATED PLANNING LINKS:

Strategic Theme: Leading	A progressive City where informed decisions, strong advocacy and an enabling culture drives sustainable regional growth.
Goal 2	Efficiently and effectively deliver community services and projects, through optimal use of our resources.
Goal 3	Financial sustainability, actively seeking and leveraging external funding to deliver for the community.
Goal 5	Provide the community with clear and accessible information about the City's programs, services and decisions.
Goal 6	Ensure high quality governance activities enabling transparency and accountability.

REGIONAL OUTCOMES:
There are no impacts to regional outcomes.

RISK MANAGEMENT:
The implementation of a compliant Work Health and Safety (WHS) management system represents a critical control within the City's overarching risk management and compliance framework. It is fundamental to the effective identification, mitigation, and management of workplace health and safety risks inherent to local government operations.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:
No alternative options were considered by City Officers.

Work Health & Safety Implementation Plan - Status Update September 2025

Action #	WHSMS Link (Plan, Procedure etc.)	Critical Action Details	Supporting Actions	Accountability (The person accountable for ensuring Action completion)		Status Summary
1	LGIS Tier 3 WSP Audit Actions register & WHS Audit Action Plan	Complete all actions detailed in WHS Audit Action Plan (tab 3)	**1.1** Refer to listed actions completed in Tab 3 WHS Audit Action Plan.	EMT Manager People Safety and Wellbeing WHS Team		Completed in Q1 2023.
2	Operational Policy 041 Workplace Health & Safety HS-PLN- 039-Safety Management Plan Work Health & Safety Management System	Annual verification other City's implementation, maintenance, and review of the WHSMS across City operations.	**2.1** Operational Policy 041 Workplace Health & Safety Review to be completed second quarter each year. **Trim: D-21-002925** **2.2** City of Greater Geraldton HS-PLN- 039-Safety Management Plan to be completed second quarter each year. **Trim: D-20-085140** **2.3** Work Health & Safety Management System listed documents to be reviewed in accordance with document review schedule. **Trim: D-20-023529** **2.4** Annual audit of City WHS systems to be completed. **2.5** This shall be on a rolling basis e.g. 1yr internal audit, 2yr LGIS Audit.	Manager People Safety and Wellbeing WHS Team		**2.1** Policy review completed. **2.2** *Review Date 10/07/2025 – currently under review following LGIS Audit.* **2.3** Ongoing monthly review and update of WHS documents, average of 5-10 WHS document reviews/updated completed monthly. Working with IBIS on phase three and WHS Safety System configuration and implementation. **2.4** Confirmation Annual Audit completed with WHS Foundation. Recommendations actioned. **2.5 LGIS** 3 Steps to Safety Audit completed with 79% - Silver Award Recognition – Actions currently being undertaken.
3	Operational Policy 041 Workplace Health & Safety CGG WHS Risk Register HS-PRO-016 Workplace Risk Assessment procedure.	The implementation of a risk management approach to managing health and safety to make every effort, where reasonably practicable, to eliminate or control risks from hazards, including psychosocial hazards associated with the workplace and the work performed by workers.	**3.1** Annual review and implementation of Branch CGG WHS Risk Register **Trim: D-21-073234** **3.2** Annual confirmation workers inducted and trained as per Training Matrix requirements relating to Hazard and risk management via HS-PRO-016 Workplace Risk Assessment procedure. **Trim: D-22-023767 (Matrix)** **Trim: D-20-010672 (HS-PRO-016)**	EMT Managers Manager People Safety and Wellbeing WHS Team		**3.1** WHS risk register has been published for all workers to see on the SafetyHub. It is acknowledged the annual review has been deferred due to IBIS development or a safety management system. **3.2** WHS Training Matrix accessible for all Managers/Workers to access. IBIS (ERP) currently is being populated with the manual data and shall incorporate this matrix. Access is also being arranged for the WHS team to be able to see and manage this is IBIS.
4	Operational Policy 041 Workplace Health & Safety HS-PRO-034 Incident Management Procedure WHS - Due Diligence Manager Action CGG WHS Risk Register WHS inspections obligations	The establishment of measurable objectives and targets to facilitate continual improvement of health and safety in the workplace, with the aim of reducing work-related illness and injury.	The City shall ensure the following targets: **4.1** Completion of WHS inspections obligations. **4.2** Annually assurance that WHS risk issues are understood and required controls are implemented. **4.3** All WHS incidents are to be reported and investigated as per HS-PRO-034 Incident Management Procedure. **4.4** Managers & EMT are to implement the WHS - Due Diligence Manager Action Guide and to report on completion in annual Performance conversation (PC) **Trim: D-20-050136 (HS-PRO-034)** **Trim: D-22-040420 (Due Diligence)**	EMT Managers Manager People Safety and Wellbeing WHS Team	**4.1 Monthly Jan-Mar.** **4.4 Ad hoc per specific Officer PC**	**4.1** WHS inspections schedule established and reported to EMT. This covers 1. safety inspections, 2. safety work observations, 3. leadership walks, 4. safety interactions and 5. contractor spot checks. **4.2** See 3.1 e.g. assessment of risks above. WHS Risk management training program implemented and available to workers. Operational line managers have all completed this course. **4.3** Incidents are actioned as per procedure. currently training program underway to upskill line managers in incident management and investigation. A review of the incident reporting platform is currently underway with the configuration phase in IBIS. This is intended to streamline reporting and enable ease of access and tracking of incident and investigation actions. **4.4** Due Diligence guide incorporate into manager and EMT performance records. Worker level safety also has corporate accountabilities now covering key roles and responsibilities in safety in annual performance conversations.

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Work Health & Safety Implementation Plan - Status Update September 2025

Action #	WHSMS Link (Plan, Procedure etc.)	Critical Action Details	Supporting Actions	Accountability (The person accountable for ensuring Action completion)		Status Summary
5	Operational Policy 041 Workplace Health & Safety HS-PRO-031-Consultation and Communication Procedure WHS Training Matrix WHS Annual calendar of activities WHS inspections obligations	The provision of appropriate health and safety training, and the dissemination of health and safety information to all City workers and others in the workplace. & The communication of the WHS Policy and Plan throughout the City via public display, inductions, and training.	**5.1** Implementation of WHS Training Matrix requirements relating to WHS in City operations. **Trim: D-22-023767 (continuously updated)** **5.2** Implementation of WHS consultation and communication requirements as per HS-PRO-031-Consultation and Communication Procedure. **Trim: D-18-085268 (next review date 07 Feb 2028)** **5.3** Implementation of City WHS Annual calendar of activities (which includes but is not limited to the following actions) Status of schedule to be reported to EMT and committee monthly/quarterly. o Inspection Schedule implementation o Prestarts o WHS updates o WHS updates / Team Toolbox o Branch Toolbox / EMT WHS Reports o Safety Committee Meetings o Safety Month (both International Day and Australian specific Day) o Issue of updated WHS Policy and Plan to all workers. o WHS general survey to all workers) o Wellbeing calendar o Safety Star Award **Trim: D-23-053475 Annual calendar)** **Trim: D-20-009155 (Inspection schedule)**	EMT Managers Manager People Safety and Wellbeing WHS Team	**5.1-5.3 Scheduled**	**5.1** Training is an ongoing activity for all areas. People Safety and Wellbeing (Safety team) conduct new starter WHS inductions on all new starters on first day of employment. Further training on specialised training subjects as per the Training Matrix is rolled out throughout the year. Maintenance Operations have implemented a Plant & Equipment training program, this covers Competency to Operate (minor plant), and Verification of Competency (licensed plant/vehicles). Human Resources via the wellbeing calendar also roles out quarterly wellness program, including skin checks and flu shots. **5.2** The City has per HS-PRO-031 has ensured WHS plans, policies and procedures are available to all workers. An ongoing review is underway to enable ease of access to critical records for workers not accessing online copies (IBIS). However, hard copy distribution to team leaders, Safety Representatives and Safety Notice Boards are supported. **5.3** The WHS annual calendar of events is implemented. Scheduled toolbox and Safety Committee Meetings are completed and ongoing.
6	Operational Policy 041 Workplace Health & Safety HS-PRO-031-Consultation and Communication Procedure	Consulting with workers and others (as required) about decisions that may affect their health and safety.	**6.1** Monthly Manager or EMT Leadership Walk Question Set - Safety Culture **Trim: D-21-100416** **6.2** Implementation of WHS consultation and communication requirements as per HS-PRO-031-Consultation and Communication Procedure. **6.2.1** Implementation of Safety Committee quarterly meetings. **6.2.2** Distribution of Safety Committee meeting records to City workers. **6.2.3** Ensure newly implemented or changes to WHS issues are communicated to effected workers seeking their feedback as per HS-PRO-031.	EMT Managers Manager People Safety and Wellbeing WHS Team	**6.1 Monthly Jan-Mar.** **6.2 Monthly Quarterly**	**6.1** As per the WHS inspections schedule, Manager and EMT complete safety leadership walks are recorded. **6.2 (6.2.1 - 6.2.3)** The City conducts safety committee meetings quarterly and ensure minutes of the meetings and any actions or changes are communicated to all workers e.g. minutes emailed to all workers, and printed and posted to all Safety notice boards across the City.
7	Operational Policy 041 Workplace Health & Safety	The provision of adequate human and financial resources to ensure effective implementation of the WHSMS.	**7.1** Annual verification of budget completed by each Branch sufficient to address WHS resourcing requirements e.g. Worker training, plant and equipment or Personal Protective Equipment.	EMT Managers Manager People Safety and Wellbeing		**7.1** Annually as well as during budget review cycle.
8	Operational Policy 041 Workplace Health & Safety HS-PRO-031-Consultation and Communication Procedure City of Greater Geraldton HS-PLN-039-Safety Management Plan HS-PRO-037 Safety Accountabilities and Responsibilities Procedure Work Health & Safety Management System	The documentation and communication of health and safety responsibilities for all workers.	**8.1** All City Workers upon commencement or as per the WHS Training Matrix and HS-PRO-031-Consultation and Communication Procedure shall be inducted into the following: **8.1.1** Operational Policy 041 Workplace Health & Safety Review. **8.1.2** City of Greater Geraldton HS-PLN- 039-Safety Management Plan. **8.1.3** HS-PRO-037 Safety Accountabilities and Responsibilities Procedure. **8.1.4** Work Health & Safety Management System (WHSM). **Trim: D-20-060107 (HS-PRO-037)**	EMT Managers Manager People Safety and Wellbeing WHS Team		**8.1** All new workers upon commencement complete a day one WHS induction this covers off on the WHS policy, plan and their roles and responsibilities. This induction also covers how to access all of these resources via the Safety Hub. Critical safety documents e.g. WHS policy and Plan are also annual reviewed and issued to all workers via IBIS learning to ensure they are informed and acknowledge thy have read and understood these documents. Additionally, these are discussed at toolbox meetings for those without computer access. **8.1.1** Operational Policy Reviewed in May 2025 – next review in May 2026. **8.1.2** Safety Management Plan – reviewed in July 2024 – currently under review following LGIS Audit.

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WorkSafe Plan Assessment

Prepared for:

City of Greater Geraldton

Date and version:

20 Sep 2024

Rev 0

SAFER HEALTHIER WORK

PREFACE

Client name:	City of Greater Geraldton
Client address:	63 Cathedral Avenue Geraldton Western Australia 6530
Areas assessed:	Various – See appendix B.
Client contact:	Brodie Pearce - Manager Corporate Compliance & Safety
Report type:	WorkSafe Plan Assessment
Conducted by:	The Work Health & Safety Foundation (WHS Foundation) 128 Farrington Rd, North Lake WA 6163
Prepared by:	Tim Brown – Manager WHS Advisory BBs (Management) BSc (Chemistry), AdvDipWHS, MAIHS Certified Lead Auditor ISO 45001 (Exemplar Global) WorkSafe Plan Assessor ID 193-164-869-7716
Reviewed by:	Caitlin Purcell – WHS Principal Consultant BSc (Health and Safety), MAIHS Certified Lead Auditor ISO 45001 (Exemplar Global) WorkSafe Plan Assessor ID 109-162-847-3080
Assessment dates:	12 Aug 2024 – 15 Aug 2024
Report date and version:	20 Sep 2024 Rev 0

CONTENTS

1. EXECUTIVE SUMMARY

1.1. Overview

BACKGROUND

The City of Greater Geraldton engaged the Work Health and Safety Foundation (WHS Foundation) to undertake an assessment of its safety management systems (SMS) and processes against the requirements of the WorkSafe Plan assessment criteria.

OBJECTIVE

The City of Greater Geraldton (the City) seeks to understand and identify its current capability, maturity, and any gaps against the DEMIRS WorkSafe Plan and its existing SMS and performance.

1.2. Key Findings

The overall assessment average score across all elements is 66%, with all elements scoring well. The scores indicate consistency with commitment from management to ensure a safe workplace for all stakeholders.

The summary of scores for each of the five elements is as follows:

Element	Score %
Element 1 – Management Commitment	**77%**
Element 2 – Planning	**68%**
Element 3 – Consultation and Reporting	**71%**
Element 4 – Hazard Management	**53%**
Element 5 – Training and Supervision	**63%**
AVERAGE	**66%**

The key findings of the assessment are as follows:

- Overall, the City has shown a clear and active commitment to WHS by integrating safety considerations into the organisational culture and its daily operations. The City's proactive and engaged approach to WHS with workers serves as a strong foundation for ensuring the safety and well-being of its workforce.

- The myriad of layered risk assessment tools used, such as plant and equipment risk assessments, Safe Work Instructions (SWI), Safe Work Method Statements (SWMS), Job Hazard Analyses (JHA), and Take 5s, has introduced complexity. This has led to a breakdown in the effective transfer of previously identified key risks and controls into the infield task risk management documents that workers rely on daily.

- The SWMS template used by the City, includes both the initial (or inherent) risk scores and residual risk scores. The inclusion of both initial and residual risk scores, requires

workers to consider which type of controls (mitigating or preventative) will be effective in reducing either the likelihood or the consequences of the risk when re-assessing the risk score on the risk matrix. This activity might detract attention from assessing the effectiveness of the controls implemented. The primary focus should be on ensuring that residual risks are as low as reasonably practicable after controls are in

The auditor would like to thank all staff that participated in the review for their cooperation, openness, and willingness to assist during the review.

2. INTRODUCTION

2.1. Aims

The aims of the Assessment and report are as follows:

- Determine the level, extent, suitability, and effectiveness of the existing WHS management systems, practices, and processes for the business.
- Determine the extent to which the WHS management system meets the requirements of the WorkSafe Plan criteria.

2.2. Audit Scope and Activities

The scope of the Assessment covered the City of Greater Geraldton.

Activities conducted as part of the Assessment included the following:

- Site visits and inspections.
- Review of the existing WHS management systems, processes, and practices.
- Review of WHS documents and records.
- Interviews and discussions with management representatives and workers.
- Preparation of this report.

3.   OVERVIEW OF THE WORKSAFE PLAN

The WorkSafe Plan is a WHS management system assessment methodology developed and promoted by Western Australia's government safety regulatory authority, WorkSafe Western Australia (**WorkSafe**).

The WorkSafe Plan has been in use in WA since 1996 and was last updated in 2010.

The WorkSafe Plan is comprised of 38 indicators used to assess an organisation's management system performance on a scale from inadequate to good practice in 5 main areas of WHS management known as the 5 key elements as follows:

- Management Commitment
- Planning
- Consultation and Reporting
- Hazard Management
- Training and Supervision

3.1.   Rating Methodology

WHS Foundation utilise the WorkSafe Plan ratings system to support analysis of the City's current WHS capability and maturity.

- Scoring for the 38 indicators are rated from 0 to 10.
- A rating of 5 or below is considered "inadequate."
- A rating of 6 to 8 is "satisfactory" to "proficient."
- A rating of 9 or 10 is "exemplary."

The combined score from each indicator is averaged to provide an overall rating for each key element. The lowest scoring key element determines the overall level of performance in the WorkSafe Plan Assessment.

Indicator ratings and rating descriptions are shown in the following table.

Rating	Description
Exemplary	
10	Continuous improvement processes ensure sustained performance. Strong supporting documentation that is updated regularly. Consistent application of the requirements of the indicator over time.
9	Sustained performance where the requirements of the indicator apply. Strong supporting documentation. Some minor problems may occur from time to time.
Satisfactory to Proficient	

8	Requirements of the indicator implemented long enough to allow evaluation and review as part of continuous improvement. Maintaining better than minimum requirement. Strong supporting documentation.
7	Continuous improvement processes developing. Monitoring procedures in place. Documentation supports the requirements of the indicator.
6	Satisfies minimum requirements of the indicator. Basic documentation exists if specified in the indicator, but no supporting documentation if not specified. Systems in place to address compliance obligations.
Inadequate	
5	Basic requirements of the indicator are almost in place but not fully implemented.
4	Consistent implementation is well progressed. Early drafts of documents sporting the indicator are available.
4	Consistent implementation is well progressed. Early drafts of documents supporting the indicator are available.
3	Implementation is ad hoc.
2	Planning for implementation commenced. Evidence of management commitment.
1	Awareness and intention to implement.
0	No awareness or intention to implement.

4. ASSESSMENT FINDINGS

Based on the WorkSafe plan assessment, the following findings were made:

No.	WS Plan Indicator	Findings and Observations
F01	4.1	The myriad of layered risk assessment tools used, such as plant and equipment risk assessments, Safe Work Instructions (SWI), Safe Work Method Statements (SWMS), Job Hazard Analyses (JHA), and Take 5s, has introduced complexity. This has led to a breakdown in the effective transfer of previously identified key risks and controls into the infield task risk management documents that workers rely on daily. This was evident where the plant and equipment risk assessment and Safe Work Instructions (SWI) for the woodchipper use identified key hazards and required controls, but these have not been transferred to the infield risk management tools, such as the Job Hazard Analysis (JHA).
F02	4.1	The SWMS template used by the City, includes both the initial (or inherent) risk scores and residual risk scores. The inclusion of both initial and residual risk scores, requires workers to consider which type of controls (mitigating or preventative) will be effective in reducing either the likelihood or the consequences of the risk when re-assessing the risk score on the risk matrix. This activity might detract attention from assessing the effectiveness of the controls implemented. The primary focus should be on ensuring that residual risks are as low as reasonably practicable after controls are in place.
F03	4.2	On inspection of the mobile library van, it was found that the daily operator check list book was not being completed by drivers.
F04	4.2	On inspection of the Geraldton Aquarena, it was noted there was a couple of housekeeping items that the regular work area inspections have not addressed, such materials blocking fire extinguisher and paint tins left at the bottom of stairwell to plant room.
F05	4.4	The Job Hazard Analysis (JHA) for Tree Management did not adequately identify the job steps required for general tree management and the use of a woodchipper. As a result, key hazards related to operating the woodchipper were not identified, and corresponding controls were not included in the JHA.
F06	4.6	During the inspection of the Geraldton Aquarena with the Aquatic Facilities Duty Supervisor, it was observed that the buffer tank in the indoor pool plant room is uncovered, leaving the mechanical mixer exposed, which poses an entanglement risk. In contrast, the buffer tank in the outdoor pool plant room is enclosed with a lid.

F08	5.1	No evidence of a worker induction record was able to be retrieved for the Casual Gallery Attendant at the Geraldton Regional Art Gallery.
F09	5.2	On discussion with the Aboriginal Engagement Officer at the Queen Elizabeth Community Centre (QEII) it was indicated that de-escalation training was a requirement for the role. No evidence of de-escalation training record was able to be retrieved for the Aboriginal Engagement Officer at the Queen Elizabeth Community Centre (QEII).

5. RECOMMENDATIONS

Based on the findings of the assessment, the following recommendations are made:

No.	WS Plan Indicator	Recommendation
R01	4.1	**Review Risk Assessment Process** Review and streamline the current risk assessment processes to reduce complexity where feasible. This will minimise redundancy and create a simpler, more coherent risk framework for workers to follow.
R02	4.1	**Key Risk and Control Information Transfer:** Develop a standardised process for transferring critical risks and control measures from formal risk assessments (plant and equipment risk assessments), into infield risk management tools used by workers.
R03	4.2	**Reinforce the Importance of Daily Operator Checklists:** Reinforce to all drivers the importance of completing the daily operator checklist before operating the mobile library van. This includes ensuring that all required checks are conducted for vehicle safety, operational readiness, and hazard prevention.
R04	4.2	**Introduce Regular Compliance Monitoring:** Implement a monitoring system where area supervisors or management regularly review the completion of the daily checklists. This can be done through random audits or requiring drivers to submit their checklists at the end of the day.
R05	4.2	**Enhance Work Area Inspection:** Review and revise the current work area inspection checklist to include more detailed housekeeping checks, specifically addressing potential fire safety risks (e.g., blocked fire extinguishers) and the importance of clear access and egress that is clear of trip hazards and obstacles.
R06	4.2	**Conduct Staff Training on Housekeeping and Emergency Access:** Provide training or reminders to staff regarding the importance of maintaining clear access to fire extinguishers and emergency exits. Emphasize that any materials, such as paint tins or equipment, must be stored correctly to avoid hazards
R07	4.4	**Identify Key Hazards of Woodchipper Operation:** Ensure that infield risk management tools used by workers such as JHA identify the key hazards associated with woodchipper operation are properly identified.
R08	4.6	**Install Guarding to the Mechanical Mixer:** Install a secure cover or guard on the buffer tank in the indoor pool plant room to prevent direct access to the mechanical mixer. This will mitigate the risk of entanglement and ensure consistency with the safer setup observed for the

		outdoor pool buffer tank. The cover should comply with relevant safety standards for guarding moving machinery.
R09	4.6	**Review Maintenance and Operational Procedures:** Review the existing procedures for maintaining and operating the water buffering system. Ensure that staff are trained on the importance of keeping the tank covered and aware of the hazards posed by the mechanical mixer.
R10	5.1	**Conduct Induction Audits:** Confirm that internal audits check to ensure all new and existing workers, including casual staff, have completed necessary inductions, and records are up-to-date and accessible.
R11	5.1	**Retrain and Induct the Casual Gallery Attendant:** If the induction record cannot be retrieved, retrain the Casual Gallery Attendant to ensure they are fully aware of WHS policies, procedures, and gallery-specific risks. Document the induction and ensure proper record keeping.
R12	5.2	**Regular Training Verification Checks:** Schedule routine checks of training records, especially for roles that require specific skills like de-escalation, to ensure compliance with WHS requirements and organisational standards.

6.   Appendix A – Summary of Scores

This Appendix provides a summary of the WorkSafe Plan assessment scores:

Management Commitment									
1.1	**1.2**	**1.3**	**1.4**	**1.5**	**1.6**	**1.7**	**1.8**	**Total**	**Max**
9	8	8	8	8	7	7	7	62	**80**
								77%	

Planning										
2.1	**2.2**	**2.3**	**2.4**	**2.5**	**2.6**	**2.7**	**2.8**	**2.9**	**Total**	**Max**
7	6	6	7	9	7	7	6	6	61	**90**
									68%	

Consultation and Reporting								
3.1	**3.2**	**3.3**	**3.4**	**3.5**	**3.6**	**3.7**	**Total**	**Max**
8	8	7	8	7	7	5	50	**70**
							71%	

Hazard Management								
4.1	**4.2**	**4.3**	**4.4**	**4.5**	**4.6**	**4.7**	**Total**	**Max**
4	4	6	4	6	5	8	37	**70**
							53%	

Training and Supervision								
5.1	**5.2**	**5.3**	**5.4**	**5.5**	**5.6**	**5.7**	**Total**	**Max**
5	5	7	7	6	6	8	44	**70**
							63%	

7.   Appendix B – Areas Assessed

The following is a list of the areas that were reviewed and visited as part of the WorkSafe Plan Review:

No.	Workplace	Activities and Services Provided
01	Geraldton Civic Centre 63 Cathedral Ave, Geraldton WA 6530	Administrative and Local Government Functions Maintenance and Operations Coordination Customer Services
02	Geraldton Regional Art Gallery (GRAG) 24 Chapman Rd, Geraldton WA 6530	Exhibition Management Art Handling and Preservation Public Engagement and Education Visitor Services and Sales
03	Geraldton Regional Library 37 Marine Terrace, Geraldton WA 6530	Library Management and Operations Customer Service and Assistance Educational and Community Programs Mobile Library Service Public Computer and internet access
04	Geraldton Visitor Centre 24 Chapman Rd, Geraldton WA 6530	Customer Service and Visitor Assistance Booking and Reservation Services Retail and Merchandise Sales
05	Queen Elizabeth Community Centre (QEII) 88 Durlacher St, Geraldton WA 6530	Recreational and Fitness Activities Community Social Services and Programs Administrative and Support Services
06	Queens Park Theatre (QPT) 75 Cathedral Ave, Geraldton WA 6530	Event and Performance Management Customer Service and Ticketing Technical Theater Operations Hospitality and Guest Services
07	Geraldton Aquarena 1 Pass St, Wonthella WA 6530	Customer Service and Visitor Assistance Swimming Lessons and Fitness Programs Pool Facility Maintenance and Water Safety
08	Animal Management Facility (AMF) 5 Davies Road in Utakarra	Animal Care and Welfare Animal Shelter Services and Animal Control
09	Geraldton Depot	City Maintenance Coordination Maintenance of Plant and Equipment
10	Geraldton Airport	Airport Operations Passenger Services

	Geraldton-Mount Magnet Rd, Moonyoonooka WA 6532	
11	AMC Park Mitchell St, Spalding WA 6530	Public Open Space Play equipment and picnic areas
12	Baler Street Sunset Geraldton Gertrude Street Geraldton Elizabeth Street Geraldton	Various council maintenance works activities.

8. Appendix C – Personnel Interviewed

The following is a list of the personnel who were interviewed as part of the WorkSafe Plan Review.

No.	Name	Position/Role
01	███████████	Chief Executive Officer
02	███████████	Manager Corporate Compliance & Safety
03	█████████	Director of Infrastructure
04	█████████████	Senior Work Health & Safety Advisor
05	█████████████	Corporate Compliance and Safety Officer
06	███████████	Casual Gallery Attendant
07	█████████	Tree and Verge Maintenance Worker
08	███████████	Tree and Verge Maintenance Worker
09	██████████	Aboriginal Engagement Officer - QEII
10	████████████	Seniors Program Officer - QEII
11	██████████	Minor Works Project Supervisor
12	█████████	Director of Corporate Services
13	██████████	Coordinator Youth Development (HSR)
14	███████████████	Drainage Construction Worker
15	██████████	Drainage Construction Worker
16	█████████████	Leading Hand Horticulture Maintenance (HSR)
17	█████████	Casual Depot Supervisor
18	███████	Operations Safety Advisor
19	██████████	Administration Officer - Depot
20	████████████	Manager Geraldton Airport
21	█████████████	Coordinator Airport Operations (HSR)
22	█████████████	Aquatic Facilities Duty Supervisor (HSR)
23	██████████	Events Technical Arts Officer (HSR)
24	███████████	Project Supervisor (HSR)
25	█████████████	Acting Library Coordinator
26	███████████	Library Clerk - Outreach Officer
27	██████████	Leading Hand Horticulture
28	█████████	General Parks Hand
29	████████████	Infrastructure Administration Officer (HSR)
30	█████████████	Casual Visitor Information Officer
31	█████████	Senior Rates Officer

32	███████████	Customer Experience Officer
33	████████	Coordinator Ranger Services
34	████████	General Parks Hand

9. Appendix D – Documentation Reviewed

The following is a list of the key documents that were reviewed and/or discussed as part of the WorkSafe Plan Review:

No.	Document	Reference/Comment
1	City of Greater Geraldton Operational Policy	
2	City of Greater Geraldton Safety Management Plan	
3	City of Greater Geraldton WHS Risk Register	
4	Plant Risk Assessments (PRA)	
5	Safe Work Instructions (SWI)	
6	Health and Safety Committee (HSC) Meeting Minutes	
7	Job Hazard Analysis (JHA) Worksheet	Various JHA's reviewed
8	Daily Operator Checklists	Various Daily Operator Checklists reviewed
9	Woodchipper Daily Pre-Start	
10	Safe Work Method Statement (SWMS)	Various SMSS reviewed
11	Take 5s	Various Take 5s reviewed
12	Conditions of Entry	Queen Elizabeth Community Centre (QEII)
13	Pre-Start Meeting (Depot)	Depot
14	Daily Traffic Management Checklist	Depot
15	ICAM Reports	Geraldton Aquarena
16	Safe Work Observations (SWO)	Various SWOs
17	Monthly Leadership Safety Update	
18	Training Records	Various

10. Appendix E – Element Report

This Appendix provides a summary of the documentation and evidence reviewed as part of the WorkSafe Plan Assessment.

1	MANAGEMENT COMMITMENT			
	There is a commitment to achieving high standards of safety and health performance through effective safety management.			
Item	**WSP Indicator**	**Evidence**	**Recommendation**	**Rating**
1.1	There is a documented health and safety policy that is reviewed on a regular basis.	• The is a documented Work Health and Safety Policy • Policy includes a broad commitment to health and safety, compliance with WHS laws. • Policy is signed by the by the Director of Corporate Services • Last review / modified and adopted 06/06/2024	• Nil.	9
1.2	The safety and health policy is available to workers, suppliers, contractors, customers and visitors to the workplace.	• The WHS Policy is displayed on notice boards in areas of high visibility, such as lunchrooms. • Civic Centre – WHS Policy displayed on notice boards for workers and visitors. • Copy of the Work Health and Safety Policy can be found via hyperlinks from the cities safety management plan	• Nil.	9
1.3	The organisation identifies and monitors safety and health legislation codes of practice, guidance notes, agreements, and guidelines relevant to its operation.	• Part 4.1 of the cities SMP captures their process to identify, maintain and review their WHS Legal Compliance. • Workers at the City's Depot have access to WorkSafe WA guidance notes.	• Nil.	8
1.4	There is a process that makes all parties aware of and accountable for their safety and health responsibilities.	• Senior Management demonstrated good knowledge of the recent changes to WHS legislation and implication for the City as a PCBU and for Officers.	• Nil.	8

1	MANAGEMENT COMMITMENT			
	There is a commitment to achieving high standards of safety and health performance through effective safety management.			
Item	WSP Indicator	Evidence	Recommendation	Rating
		• Health and safety committee established for the city, and HSC minutes displayed on notice boards. • HSR training booked for elected representatives. • The City's SMP section 6 and 6.1 clearly outline the health and safety responsibilities for all work titles of CEO, Directors, managers, coordinators, supervisors, WHS advisors etc • Queen Elizabeth II Centre – Conditions of entry is displayed to inform visitors to the workplace regarding health and safety compliance plus behaviour expectation.		
1.5	The organisation coordinates safety management activities.	• The City's SMP part 6.1 captures the responsibility for the CEO's, Directors, and Managers to coordinate safety management activities • The City's SMP part 5.1 Compliance again captures safety management activities being undertaken • Regular WHS meetings are held with workers including daily meetings and toolbox meetings. • Regular pre-start and toolbox meetings are held for Depot workers, providing opportunity to coordinate safety management activities for the day. • When work is to be carried out in or adjacent to a road traffic management is planned, and traffic management activities are coordinated with Main Roads WA, and traffic management organisations.	• Nil.	8

1	MANAGEMENT COMMITMENT			
	There is a commitment to achieving high standards of safety and health performance through effective safety management.			
Item	WSP Indicator	Evidence	Recommendation	Rating

1.6	Financial and physical resources are provided for all aspects of safety management.	• Operational WHS management is primarily coordinated by the following roles:
		  ○ Manager Corporate Compliance & Safety
		  ○ Senior Work Health & Safety Advisor
		  ○ Corporate Compliance and Safety Officer
		  ○ Operations Safety Advisor
		• The City's SMP part 6.1 captures employment of WHS Advisors, HSC, HSE representatives
		• The City's depot facility stores additional PPE and safety equipment, to replace worn or disposable PPE used by workers.
		• The City's fleet maintenance facility provides adequate space available to workers to have space in which to undertake fleet maintenance tasks and allow separation between activates.
			• Nil.	7

1.7	All workers have sufficient time to complete safety and health related tasks.	• Discussions with Senior Management indicate a strong level of support for workers to take the time to ensure a job is done safely. This is supported by comments from Supervisors and front-line staff. • Discussions with workers and supervisors indicate that they believe safety is given priority and they feel they are supported to take the time needed to ensure a job is done in a safe manner. • The scheduling of work is communicated to workers at the pre-start.	• Nil.	7

	MANAGEMENT COMMITMENT			
1	*There is a commitment to achieving high standards of safety and health performance through effective safety management.*			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
		• HSRs are provided time to undertake accredited training courses and attend HSC meetings.		
1.8	Recommendations to improve safety and health management are acted upon.	• HSC Meeting minutes are displayed showing actions in progress to improve health and safety. • There is evidence of action implementation in response to previous WHS incidents, such as the Aquarena Chlorine leak. • The City has a Safety Management Plan describes the process for managing corrective actions.	• Nil.	7

	PLANNING			
2	*Planning is used to establish and maintain an integrated safety and health management system that is set up to continuously improve safety and health performance across all operational activities.*			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
2.1	The organisation's approach to safety and health management is planned and reviewed.	• The City has a Safety Management Plan in place for the organisation. • There is evidence of continued review of the City's safety policies and safety management plans. • A monthly WHS performance is primarily reported is prepared for the Senior Executives / Chief Executive Officer (CEO) for review.	• Nil.	7

2	**PLANNING** *Planning is used to establish and maintain an integrated safety and health management system that is set up to continuously improve safety and health performance across all operational activities.*			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
2.2	Specific safety and health objectives and measurable targets have been established for relevant functions and levels within the organisation.	• WHS performance is primarily reported to Senior Executives / Chief Executive Officer (CEO) via monthly reporting. • Key WHS performances is tracked and reported monthly.	• Nil.	6
2.3	Arrangements are in place for people with special needs.	• Workers with English as a second language interviewed, stated that they receive hands on training that accommodates their learning needs, such as buddy training.	• Nil.	6
2.4	Arrangements for visitors to the workplace are in place.	• The City's SMP part 7.4 describes the process for managing visitors. • A visitor / contractor sign in process was observed at the Civic Centre. • Queen Elizabeth II Centre – Conditions of entry is displayed to inform visitors to the workplace regarding health and safety compliance plus behaviour.	• Nil.	7

2	PLANNING			
	Planning is used to establish and maintain an integrated safety and health management system that is set up to continuously improve safety and health performance across all operational activities.			
Item	WSP Indicator	Evidence	Recommendation	Rating
2.5	Policies and procedures for engaging and managing contractors are in place.	• The City's SMP part 11 captures the general requirements for contractors being managed in the workplace. • The City has a request for quotation (RFQ) process for the engagement of contractors. • Contractor requirements have been developed and are issued to contractors as part of the engagement process. • Contractor / Supplier Evaluations are undertaken on new and existing suppliers.	• Nil.	9
2.6	Potential emergency situations have been identified and relevant emergency procedures are in place.	• The City's SMP part 13 capture the emergency procedures and response needed in the case of a workplace incident • Civic Centre – Fire evacuation diagram and emergency response wardens displayed. • Evacuation diagrams and instructions are displayed throughout the City's buildings visited. • Emergency exits are clearly marked and kept free of clutter and obstructions. • Trained first aiders and fire wardens are displayed on notice boards.	• Nil.	7

2	PLANNING			
	Planning is used to establish and maintain an integrated safety and health management system that is set up to continuously improve safety and health performance across all operational activities.			
Item	WSP Indicator	Evidence	Recommendation	Rating
2.7	The organisation's procedures, work instructions and work practices reflect current safety and health legislation, standards, codes of practice, guidance notes, agreements and guidelines.	• Work activities that involve high risk construction work are identified and a safe work method statement (SWMS) is prepared. E.g., SWMS for work that is carried out in or adjacent to a road. • Workers at the City's Depot, has access to WorkSafe WA guidance notes.	• Nil.	7
2.8	All workers have access to current legislation, standards, and codes of practice, guidance notes, agreements and guidelines that impact on their activities.	• Relevant codes of practices and information sheets are displayed on notice boards. • Workers can access relevant information through the City's intranet and internet.	• Nil.	6
2.9	The organisation and individuals satisfy legal requirements to undertake specific activities, perform work or operate equipment.	• Worker qualifications and licenses are tracked and managed in a central system managed by the City's human resources department.	• Nil.	6

3	CONSULTATION AND REPORTING			
	Mechanisms are in place for consultation and reporting on safety and health matters and are working effectively.			
Item	**WSP Indicator**	**Evidence**	**Recommendation**	**Rating**
3.1	There are agreed procedures for involvement and consultation with workers on safety and health issues.	• Consultation processes are included in the SMP. These include regular meetings (e.g. toolbox and pre-start) and describes opportunities for HSR input in the development, implementation and review of policies and procedures, as well as the management of hazards. • A Terms of Reference document is in place for the HSC.	• Nil.	8
3.2	Consultative arrangements are communicated to workers and are well understood.	• Regular pre-start and toolbox meetings are held for Depot workers, providing opportunity for workers to raise issues and be involved in the consultation process. • Take 5 and SWMS are completed or prepared in consultation with relevant workers who will be undertaking the tasks to ensure they have buy-in to the process and controls. • Civic Centre – Health and Safety Committee meeting minutes are displayed for workers on notice boards. • Civic Centre – Health and Safety Representative for the South Wing is displayed on notice boards for workers.	• Nil.	8
3.3	Workers or their representatives are involved in planning processes for the management of safety and health at the workplace.	• The City's SMP in part 7.6 captures pre-start minutes being recorded, which talks about day-to-day tasks and safety. • The City's SMP in part 7.1 references individual involvement by workers participating in pre-start meetings, Operational meetings, toolbox meetings, SWMS, JHA's and other safety meetings. • Workers involved in the development of task specific JHA and SWMS.	• Nil.	7

	CONSULTATION AND REPORTING			
3	*Mechanisms are in place for consultation and reporting on safety and health matters and are working effectively.*			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
3.4	Workers or their representatives are consulted regarding proposed changes to the work environment processes or procedures and purchasing decisions that could affect their health and safety.	- The City's SMP in part 7.1 describes the communication and consultation processes and requirements. - Discussions with workers indicates they are consulted in regard to proposed changes and purchasing decisions, EG, purchase of new battery operated weed sprayers for gardening workers. - Notice boards are used to communicate proposes changes or safety initiatives arising from the health and safety committee.	• Nil.	8
3.5	Workers or their representatives are consulted regarding management of hazards in the workplace.	- The City's SMP in part 7.1 describes the communication and consultation processes. - Workers at the City's Depots participate in daily pre-start meeting, to discuss the management of hazards and related to the work activities being performed that day.	• Nil.	7
3.6	There are arrangements in place for the acquisition, provision and exchange of safety and health information with external parties, including customers, suppliers, contractors and related public authorities.	- The City's SMP in part 11.1 describes the contractor management processes and requirements. - The city utilises a digital reporting system with the public call Snap Send Solve, where members of the public can report public safety concerns. - Contractor engagement processes are in place, which includes provision of safety requirements and review of the subsequently provided safety information.	• Nil.	7

	CONSULTATION AND REPORTING			
3	*Mechanisms are in place for consultation and reporting on safety and health matters and are working effectively.*			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
3.7	Consultative and reporting arrangements are regularly evaluated and modified where required.	• HSC Meeting minutes displayed on notice boards. • Arrangements of consultation and reporting are described in the City's SMP.	• Nil.	5

	HAZARD MANAGEMENT			
4	*An effective system is in place to identify hazards, assess and control risks associated with the organisation's activities, processes, products, or services.*			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
4.1	Requirements for reducing risks are understood by management and workers.	• The City's SMP includes sections on the planning, identification, assessment and control of hazards/risks and includes a risk management framework that is based on good practice. • The City's SMP includes the Hierarchy of Hazard Control is utilised when considering methods by which to eliminate or mitigate hazards. • The myriad of layered risk assessment tools used, such as plant and equipment risk assessments, Safe Work Instructions (SWI), Safe Work Method Statements (SWMS), Job Hazard Analyses (JHA), and Take 5s, has introduced complexity. This has led to a breakdown in the effective transfer of previously identified key risks and controls into the infield task risk management documents that workers rely on daily. This was evident where the plant and equipment risk assessment and Safe Work Instructions (SWI) for the	**Review Risk Assessment Process** Review and streamline the current risk assessment processes to reduce complexity where feasible. This will minimise redundancy and create a simpler, more coherent risk framework for workers to follow. **Key Risk and Control Information Transfer:** Develop a standardised process for transferring critical risks and control measures from formal risk assessments (plant and equipment risk assessments),	4

4	HAZARD MANAGEMENT			
	An effective system is in place to identify hazards, assess and control risks associated with the organisation's activities, processes, products, or services.			
Item	WSP Indicator	Evidence	Recommendation	Rating
		woodchipper use identified key hazards and required controls, but these have not been transferred to the infield risk management tools, such as the Job Hazard Analysis (JHA). • The SWMS template used by the City, includes both the initial (or inherent) risk scores and residual risk scores. The inclusion of both initial and residual risk scores, requires workers to consider which type of controls (mitigating or preventative) will be effective in reducing either the likelihood or the consequences of the risk when re-assessing the risk score on the risk matrix. This activity might detract attention from assessing the effectiveness of the controls implemented. The primary focus should be on ensuring that residual risks are as low as reasonably practicable after controls are in place.	into infield risk management tools used by workers.	

| 4.2 | Work environments are regularly inspected and hazards identified. | • The City's SMP includes sections describes the need for daily inspections in part 26.1.
• On inspection of the mobile library van, it was found that the daily operator check list book was not being completed by drivers.
• On inspection of the Geraldton Aquarena, it was noted there was a couple of housekeeping items, that the regular work area inspections have not addressed, such materials blocking fire extinguisher and paint tins left at the bottom of stairwell to plant room. | **Reinforce the Importance of Daily Operator Checklists:** Reinforce to all drivers the importance of completing the daily operator checklist before operating the mobile library van. This includes ensuring that all required checks are conducted for vehicle safety, operational readiness, and hazard prevention.
Introduce Regular Compliance Monitoring: Implement a monitoring system where area supervisors or management regularly review the completion of the daily checklists. This can be done through random audits or requiring drivers to submit their checklists at the end of the day.
Enhance Work Area Inspection: Review and revise the current work area inspection checklist to include more detailed housekeeping checks, specifically addressing potential fire safety risks (e.g., blocked fire extinguishers) and the importance of clear access and egress that is clear of trip hazards and obstacles. | 4 |

4	HAZARD MANAGEMENT			
	An effective system is in place to identify hazards, assess and control risks associated with the organisation's activities, processes, products, or services.			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
			Conduct Staff Training on Housekeeping and Emergency Access: Provide training or reminders to staff regarding the importance of maintaining clear access to fire extinguishers and emergency exits. Emphasize that any materials, such as paint tins or equipment, must be stored correctly to avoid hazards	
4.3	Work activities are analysed, and hazards identified.	• Prior to the commencement of work activities personal risk assessments such as a take fives are completed by workers to identify and analyses hazards prior to works commencing. • Depot Supervisors complete regular check-ins with workers to confirm job hazards are being managed.	• Nil.	6

4	HAZARD MANAGEMENT			
	An effective system is in place to identify hazards, assess and control risks associated with the organisation's activities, processes, products, or services.			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
4.4	Risk assessments are undertaken on identified hazards.	• The Job Hazard Analysis (JHA) for Tree Management did not adequately identify the job steps required for general tree management and the use of a woodchipper. As a result, key hazards related to operating the woodchipper were not identified, and corresponding controls were not included in the JHA. • High-risk work activities observed had Safe Work Method Statements (SWMS) in place. E.g. SWMS for work that is carried out in or adjacent to a road.	**Identify Key Hazards of Woodchipper Operation:** Ensure that infield risk management tools used by workers such as JHA identify the key hazards associated with woodchipper operation are properly identified. These hazards may include: • Entanglement or entrapment risks. • Flying debris. • Noise and vibration hazards. • Manual handling • Equipment malfunction or breakdown.	4
4.5	Hazards are prioritised and controlled using the hierarchy of controls and having regard to the identified level of risk.	• The City's SMP includes the Hierarchy of Hazard Control is utilised when considering methods by which to eliminate or mitigate hazards. • Discussions with managers, supervisors and workers indicates that use of the Hierarchy of Controls is well integrated in the way risk and hazards are discussed and managed. • PPE is provided to workers as a control for identified hazards.	• Nil.	6

4	HAZARD MANAGEMENT			
	An effective system is in place to identify hazards, assess and control risks associated with the organisation's activities, processes, products, or services.			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
4.6	The effectiveness of the hazard identification, risk control process is periodically reviewed and documented.	- During the inspection of the Geraldton Aquarena with the Aquatic Facilities Duty Supervisor, it was observed that the buffer tank in the indoor pool plant room is uncovered, leaving the mechanical mixer exposed, which poses an entanglement risk. In contrast, the buffer tank in the outdoor pool plant room is enclosed with a lid. - Safe work observations are conducted to review the management of hazards and risks during in the workplace.	**Install Guarding to the Mechanical Mixer:** Install a secure cover or guard on the buffer tank in the indoor pool plant room to prevent direct access to the mechanical mixer. This will mitigate the risk of entanglement and ensure consistency with the safer setup observed for the outdoor pool buffer tank. The cover should comply with relevant safety standards for guarding moving machinery. **Review Maintenance and Operational Procedures:** Review the existing procedures for maintaining and operating the water buffering system. Ensure that staff are trained on the importance of keeping the tank covered and aware of the hazards posed by the mechanical mixer.	5

4	HAZARD MANAGEMENT			
	An effective system is in place to identify hazards, assess and control risks associated with the organisation's activities, processes, products, or services.			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
4.7	Incidents, injuries and diseases are reported and investigated.	- Manager, supervisors, workers and contractors understand the reporting and incident investigation process and confirm that they contributed to investigations where they were able to provide relevant information - Serious incidents under undergo an ICAM investigation. E.g., Chlorine leak incident at the Geraldton Aquarena. - Incident Statistics for the month of July 2024 recorded a total of 39, which comprised of the following categories: 4 x Security Reports 24 x Report Only 3 x Near Miss Reports 4 x Vehicle / Property Reports 3 x Injury / Illness Reports 1 x Environment Reports - Serious incidents undergo an incident cause analysis method (ICAM) investigation. E.g., Chlorine leak incident at the Geraldton Aquarena on the 22/11/24	• Nil.	8

5	TRAINING AND SUPERVISION			
	Training and supervision is organised to reduce the risk of work related injury and disease and is evaluated to ensure its effectiveness.			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
5.1	An induction program is in place for all workers and contractors providing relevant WHS instruction and information.	- All new workers undertake a safety induction as part of the onboarding process with the City. - The City's SMP in part 7.3.1 describes a process where workers receive a general working for the City induction and various other inductions related. - The HR department maintain a Learner Management System to maintain records of training. - No evidence of a worker induction record was able to be retrieved for the Casual Gallery Attendant at the Geraldton Regional Art Gallery.	**Conduct Induction Audits:** Confirm that internal audits check to ensure all new and existing workers, including casual staff, have completed necessary inductions, and records are up-to-date and accessible. **Retrain and Induct the Casual Gallery Attendant:** If the induction record cannot be retrieved, retrain the Casual Gallery Attendant to ensure they are fully aware of WHS policies, procedures, and gallery-specific risks. Document the induction and ensure proper record keeping.	5

5	**TRAINING AND SUPERVISION**			
	Training and supervision is organised to reduce the risk of work related injury and disease and is evaluated to ensure its effectiveness.			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
5.2	All management and supervisory personnel have received training in health and safety management principles and practices appropriate to their role and responsibilities.	• The City's SMP in part 7.3 describes the requirement for WHS training to ensure that all workers engaged have the necessary required competencies and qualifications for the work activities being performed by the worker. • On discussion with the Aboriginal Engagement Officer at the Queen Elizabeth Community Centre (QEII) it was indicated that de-escalation training was a requirement for the role. No evidence of de-escalation training record was able to be retrieved for the Aboriginal Engagement Officer at the Queen Elizabeth Community Centre (QEII).	**Regular Training Verification Checks:** Schedule routine checks of training records, especially for roles that require specific skills like de-escalation, to ensure compliance with WHS requirements and organisational standards.	5
5.3	The organisation has identified the training needs of all workers.	• Sampled workers confirmed that training is delivered using various methods such as training courses and on the job training. • Sampled workers confirmed participation in regular training.	• Nil.	7
5.4	Tasks are allocated according to capability, level of training and supervision of workers.	• Job descriptions identify appropriate levels of skill and experience required. • Training Matrix in place to check workers competencies • supervisors conduct regular supervisor visits to work areas.	• Nil.	7

	TRAINING AND SUPERVISION			
5	*Training and supervision is organised to reduce the risk of work related injury and disease and is evaluated to ensure its effectiveness.*			
Item	*WSP Indicator*	*Evidence*	*Recommendation*	*Rating*
5.5	Training is delivered by people with appropriate knowledge, skills and experience.	• Accredited training organisations are procured to deliver training to the City's workers.	• Nil.	6
5.6	The training program is evaluated and reviewed.	• The monthly results and activity from the training program is tracked and reported in the monthly leadership safety update.	• Nil.	6
5.7	Supervision is undertaken by people with the appropriate safety and health knowledge, skills, and experience.	• The City's SMP in part 7.3 describes the requirement for WHS training to ensure that all workers engaged have the necessary required competencies and qualifications for the work activities being performed by the worker. • Supervisors conduct safe work observations on workers and contractors and records of observations are retained. • Evidence sighted for safe work observation performed for the task, Installing footings for standpipe controller at Moonyoonooka.	• Nil.	8

3 Steps to Safety

Step One – Assessment Report.

City of Greater-Geraldton

August 2025

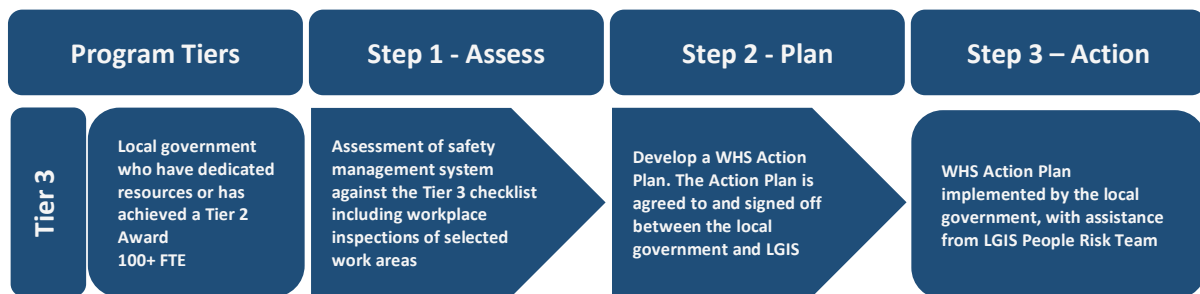# CONTENTS

INTRODUCTION

The 3 Steps to Safety program was established to recognise and meet the needs of local government with the aim of driving safety performance and minimising claim exposure. This report is the outcome of Step 1 of that program. The next steps are included at the end of this report.

Program Summary

Program Tiers	Step 1 - Assess	Step 2 - Plan	Step 3 – Action
Tier 3 Local government who have dedicated resources or has achieved a Tier 2 Award 100+ FTE	Assessment of safety management system against the Tier 3 checklist including workplace inspections of selected work areas	Develop a WHS Action Plan. The Action Plan is agreed to and signed off between the local government and LGIS	WHS Action Plan implemented by the local government, with assistance from LGIS People Risk Team

Verification Report

The purpose of this report is to provide the City of Greater-Geraldton with a summary of the assessment findings.

Verification Details

The verification activity was undertaken by Katheirne Kempin (Senior WHS Consultant). The City of Greater-Geraldton was represented by Natalie Hope (Manager, People, Safety & Wellbeing), Stephen Holmes (Senior Safety Specialist), April Bainbridge (WHS Advisor), Jack McDougall (WHS Advisor) and Paula Moran (WHS Advisor) for the duration of the verification activity. This report has been peer reviewed by Emma Horsefield (People Risk Manager) at LGIS.

The assessment was undertaken on 16 – 19, & 24 June 2025. The sites visited as part of the activity were Geraldton Depot, Aquarena, Geraldton Regional Library, Geraldton Visitor's Centre, Queen Elizabeth II (QEII), The Bowerbird (Tip Shop) and site visits with Parks and Gardens, and Urban Roads Crews.

Assessment Methodology

All evidence for this assessment was examined and verified on site through examination of documents, workplace inspections and interviews with representatives from the City of Greater-Geraldton. The assessment was undertaken based upon the LGIS scoring methodology below.

Finding	Score	Definition
Exemplary	4	The organisation has sustained performance requirements for the criteria. Strong supporting documentation and other applicable evidence is in place and is updated regularly. Consistent application for the criteria is in place over a considerable period, typically a minimum of 4 years. Some minor problems may occur from time to time
Satisfactory	3	The organisation satisfies the requirements of the criterion and has not gone significantly beyond it. Evaluation and review processes as part of continuous improvement is evident with strong supporting documentation
Insufficient	2	Documentation exists however there are gaps in the WHS Management System documentation, their implementation and/or the evidence that shows the criteria hasn't quite been met
Ad Hoc	1	The organisation has not met the criteria due to evidence being sporadic and ad hoc. Early drafts of documentation and/or processes are available
Unsatisfactory	0	The organisation cannot provide any evidence to support compliance with the criteria. No awareness or intention to implement

Limitations

This assessment was undertaken as part of the LGIS *3 Steps to Safety* program. It should not be relied upon for any assurance of legislative compliance. This assessment does not protect against enforcement action against the City of Greater-Geraldton by any regulatory authority.

Disclaimer

This verification report was produced in good faith by LGIS to assist local governments and reflects information that was considered accurate and reliable at the time of its publication. The employees of LGIS shall accept no liability or responsibility for any statutory enforcement or legal action against any local governments for reliance or use of the information contained herein.

Overall Scores

Category	Member Score	Available Score	Section Achievement
Management Commitment	30	32	**94%**
Planning	24	36	**67%**
Consultation and Reporting	22	28	**79%**
Hazard Management	25	32	**78%**
Training and Supervision	24	28	**86%**
Volunteer Management	27	36	**75%**
Overall Score	152	192	**79%**

ASSESSMENT FINDINGS

1.0 Management Commitment

Element 1.1	**There is a documented health and safety policy that is reviewed on a regular basis, which includes a commitment to prevent ill health or injuries and promote wellbeing at work.**

Findings: Exemplary

Observation:

- There is a Workplace Health and Safety Policy in place that demonstrates the organisations commitment to a high standard of health and safety, including psychosocial wellbeing.
- The WHS Policy clearly communicates the organisations understanding of legislative responsibility as well as health, safety and psychosocial wellness objectives for the organisation.
- The WHS Policy has been signed by the CEO to clearly demonstrate support and endorsement to all readers and endorsed by the Executive Leadership Team (ELT).
- The WHS Policy is annually reviewed by the WHS Committee, ELT and Executive Management Team where minutes are maintained. Previous versions are also maintained to show that regular reviews are conducted.

Element 1.2	**The health and safety policy is available to workers, suppliers, contractors, customers and visitors to the workplace.**

Findings: Exemplary

Observation:

- Worker, Contractor, and Volunteer WHS Induction includes the WHS Policy.
- Contractor Procedures, Guidelines and Contractor Management Pack refer to and includes the WHS Policy for third parties to adhere to when performing work tasks and activities on behalf of the organisation.
- The WHS Policy is displayed on staff notice boards, intranet and included within City safety management plans.
- Draft WHS Policy are circulated to WHS Committee, EMT, ELT and Governance for feedback and review. Feedback is collated by the WHS Team, and meetings minutes are maintained to demonstrate consultation practices.

Element 1.3	**The organisation identifies and monitors health and safety legislation, standards, codes of practice, guidance notes, agreements and guidelines relevant to its operations.**
Findings:	Exemplary
Observation:	• The WHS Team monitors health and safety legislation and industry standards in a variety of ways such as, but not limited to, WorkSafe WA newsletters, SAI Global, Safe Work Australia, LGIS (LGSAG) and other industry specific memberships. • Information changes monthly and WHS representatives regularly update the intranet and noticeboards to keep information current.

Element 1.4	**There is a process that makes all parties aware of and accountable for identifying, monitoring and managing their health and safety risks and responsibilities.**
Findings:	Exemplary
Observation:	• A Safety and Accountabilities and Responsibilities Procedure has been implemented. • Position descriptions and operational procedures at all levels of the organisation include clear roles and responsibilities for workplace health and safety, including psychosocial responsibilities. • All WHS Inductions communicate roles and responsibilities requirements for all workers, contractors, and volunteers. Senior leaders attend identified health and safety training as required. • Senior management regularly attends WHS Committee meetings to monitor the organisations performance. Monthly WHS reports are also provided to ELT to monitor WHS performance. These reports cover key issues, changes in legislation, hazard, near miss, incident and injury performance and investigation outcomes. • Discussions had with workers confirmed that they understood health, safety and psychosocial risks and responsibilities.

Element 1.5	**The organisation coordinates safety management activities.**
Findings:	Exemplary
Observation:	• The City has a dedicated WHS Team responsible for coordinating health and safety activities on behalf of the organisation. The team includes the Manager People and Wellbeing, Senior Safety Specialist, and 3 Work Health and Safety Advisors, as well as additional support from the Human Resources team. • The WHS Team all have position descriptions that include objects and targets, accountability and lines of reporting. • Performance plans are in place for all roles across the organisation and are regularly reviewed during the performance review process or more frequently where required.

Element 1.6	**Financial and physical resources are provided for all aspects of health and safety risk management.**
Findings:	Exemplary
Observation:	• The City provides a financial budget for health and safety that is reviewed at least annually or more often where required. • The budget includes, but not limited to, various health and safety projects, training inclusive of health and safety representatives, Australian Standards, speciality consultants, subscriptions, personal protective equipment (PPE) and the purchasing of hazard reducing plant and equipment. • Individual departments are assigned a health and safety budget appropriate to their identified needs. If any unplanned health and safety events occur, then resources are reviewed to accommodate effective controls.
Element 1.7	**All workers have sufficient time to complete health and safety related tasks.**
Findings:	Satisfactory
Observation:	• Discussions had with senior management, workers and health and safety representatives confirmed that they have sufficient time to perform health and safety related tasks. • Time is allocated for various meetings including, but not limited to, pre-start, toolbox and staff, WHS Committee, ELT, SLT as well as other health and safety specific projects. • Health and safety training is provided, and records are maintained within workers personal files as well as electronically within Human Resources. • Regular workplace inspections are conducted by health and safety representatives and members of the WHS Team. Senior leaders conduct Leadership Walks in various workplaces and locations, discussing health and safety as well as other workplace matters with workers directly.

Element 1.8	**Recommendations to improve health and safety risk management are acted upon.**

Findings: Satisfactory

Observation:
- Health and safety recommendations are identified through various processes such as, but not limited to, hazard and incident reporting, workplace inspections, SWMS, JHA, Take 5's, various risk assessments and activity observations.
- Recommendations for improvements are captured within the document/form reported on, and collated in Hazard and Incident Register, and WHS Reports to ELT.
- Currently the organisation relies on LGIS to conduct a 3 yearly assessment on the health and safety management system.
- Discussions had with workers conformed that actions are completed in a timely manner.

Recommendations:
- Establish a regular internal assessment process to review the health and safety management system at least annually, to gather insights for future planning and improvement.

2.0 Planning

Element 2.1	**The organisations approach to health and safety management is planned and reviewed in consultation with senior management at least annually.**

Findings: Insufficient

Observation:
- A Foundations Audit was done in 2024, and any action items are used for future planning. The WHS Committee tracks progress in quarterly meetings.
- Currently, the organisation does not have a formal health and safety management plan.

Recommendations:
- Develop a health and safety management plan that includes the organisations objectives and the broad strategies to be used to achieve these. The health and safety management plan should include who is responsible, resources required and timeframes to be achieved. Psychosocial objectives should also be included within this plan.
- Once developed, ensure a process is in place for the health and safety management plan to be regularly reviewed, at least annually, by ELT and the WHS Committee and this is documented.

Element 2.2	**Specific health and safety objectives and measurable targets have been established for relevant functions and levels within the organisation.**

Findings: Ad hoc

Observation:
- Measurable targets or performance indicators for relevant functions and levels have not yet been developed.

Recommendations:
- Set health and safety objectives and targets for the organisation and its business units to effectively manage performance of the health and safety management system, linking into Element 2.1.
- Develop a process to review health and safety objectives and targets annually, considering the organisations needs and strategic direction. This should be done in consultation with ELT, WHS Committee and health and safety representatives.

Element 2.3	**Arrangements are in place for people with special needs.**
Findings:	Satisfactory
Observation:	- The organisation has a Fitness to Work Policy in place that identifies both personal and non-work-related special needs. - New workers undertake a pre-employment medical to identify any special needs and controls implemented where possible. - Work tasks are regularly assessed for ergonomic effectiveness and training is provided to meet any workers special needs. - Workers have been provided with training on special needs. - Personal Emergency Evacuation Plan (PEEP) are in place for workers with special needs. - The Employee Assistance Program includes counselling and general pastoral care for workers and volunteers. - Individual Plans are created for workers with special needs. These plans outline the support approach within the workplace, assess the risks associated with current tasks, determine necessary supervision, and address any other relevant conditions.

Element 2.4	**Arrangements for visitors to the workplace are in place.**
Findings:	Satisfactory
Observation:	- Within Health and Safety Plan 7.4 Visitor Procedure has been implemented to ensure proper processes are followed for visitors in the workplace. Visitors are given an onsite induction to familiarise them with known and potential hazards. Visitors are required to sign in to visitor logs and, depending on the location, may be provided with visitor identification tags and supervised. Workers are aware of and follow the visitor management process. - Emergency diagrams and procedures are prominent within the workplace. - Where required PPE was available for visitors.

Element 2.5	**Policies and procedures for engaging and managing contractors are in place.**
Findings:	Satisfactory
Observation:	• The organisation has a Contractor Management Policy and Procedure in place that identifies the type of contractor management process to be implemented based on the level of risk.
	• Performance criteria have been developed and depending on the level of risk, activity observations are conducted to ensure contractors are performing in accordance with the organisations requirements and this is documented.
	• Insurance information, safety management plans, training, qualifications, completed inductions, competencies and other applicable documentation is obtained before a contractor is selected and works performed. Documentation is maintained by Procurement personnel.
	• The intranet page has a specific page for Contractor WHS Management that is accessible for all workers and includes internal processes. Contractors can access Tender and Quotations page online as well as the online Contractor Induction.
	• Contractors are included in health and safety meetings, reviews and investigations where required.
	• Accountability for the effective management of contractors identified within the Contractor Management Procedure, worker position description and contract criteria.

Element 2.6	**Potential emergency situations have been identified and relevant emergency procedures are in place.**
Findings:	Satisfactory
Observation:	• Emergency response plans and evacuation diagrams are in place for all building facilities, access and egress paths of travel had been kept clear and emergency equipment is available and regularly inspected. However, the emergency procedure has not been amended to accommodate the restricted access to the outdoor area at Aquarena.
	• First aid officers have been identified within the organisation and lists are displayed.
	• Training is regularly provided to all nominated emergency personnel.
	• Emergency evacuation drills occur at least annually. It was pleasing to see that various emergency situations applicable to the workplace are also regularly practiced and documented.
	• A process is in place for workers to access EAP where required, regardless of the trigger.
Recommendations:	• Update the emergency procedures to reflect restricted access to the outdoor pool area at Aquarena and ensure wardens are trained.

Element 2.7	**The organisation's procedures, work instructions and work practices reflect current health and safety legislation, standards, codes of practice, guidance materials, agreements and guidelines.**
Findings:	Satisfactory
Observation:	• Safe Work Method Statements (SWMS), Job Hazard Analysis (JHA), Safe Operating Procedures (SOP) and other health and safety related documentation include references to health and safety legislation, standards, codes of practice and other guidance materials. • Discussions had with workers confirmed that they understood the legislative requirements of their roles. They are also provided with appropriate instructions to safely carry out their work tasks.

Element 2.8	**All workers have access to current legislation, standards, codes of practice, guidance notes, agreements and guidelines that impact upon their activities.**
Findings:	Satisfactory
Observation:	• Workers at the City have access to the intranet, which provides links to a range of health and safety information. This range of information can include, but not limited to, current legislation, Australian Standards, WorkSafe WA, codes of practice, Employee Assistance Program (EAP), forms, checklists, and more. • Discussions with workers have confirmed that they are aware of the legislative requirements for their work tasks and know where to find additional information when needed.

Element 2.9	**The organisation and individuals satisfy legal requirements to undertake specific activities, perform work or operate equipment.**
Findings:	Satisfactory
Observation:	• Regular maintenance is performed on the plant and equipment. • Plant and equipment registrations have been obtained and displayed in accordance with WorkSafe WA and other government agency requirements. • Records are maintained of all workers qualifications including qualifications required by legislation both electronically and hard copy within personnel files. Supervisors and managers have ready access to this information.

3.0 Consultation and Reporting

Element 3.1	**There are agreed procedures for involvement and consultation with workers on health and safety issues.**

Findings: Exemplary

Observation:
- A Consultation and Communication Procedure is in place and identifies the communication methodologies engaged by the organisation to discuss health and safety.
- Various team meetings all have WHS as an agenda item to ensure there is a consistent platform place where WHS matters can be discussed.
- A WHS Committee is in place where improvements to consultation and communication processes are discussed.
- The WHS Induction materials includes the expectations for consultation and communication with workers, contractors, and volunteers.
- Discussions had with workers confirmed that they felt consulted with on all WHS matters.
- A Resolution of Safety Issues has been implemented.

Element 3.2	**Consultative arrangements are communicated to workers and are well understood.**

Findings: Satisfactory

Observation:
- Consultation arrangements are communicated within the WHS Inductions and regularly reinforced within various training.
- Health and safety information is communicated in various forms such as, but not limited to, the intranet, emails, toolbox talks, meeting minutes and noticeboards.
- Consultative methods are further reinforced by managers and supervisors who regularly conduct pre-start, toolbox and team meetings where attendance and participation are encouraged.
- Discussions had with workers confirmed that communication and consultation methods were enacted and understood.

Element 3.3	**Workers or their representatives are involved in planning processes for the management of health and safety risk at the workplace.**

Findings: Satisfactory

Observation:
- Although high level planning has not been developed yet, workers or their representatives are involved in control actions identified from work health and safety management system assessments through their role on the WHS Committee.
- Minutes were sighted to demonstrate consultation with workers within toolbox, staff and other focus group meetings.
- Discussions had with workers and their health and safety representatives confirmed that they are involved in the planning, development and implementation of safety processes and systems within their areas that is inclusive of physical and psychosocial risk management.

Recommendations:	•	Ensure the WHS Committee is part of the high-level planning for the work health and safety management system.

Element 3.4	**Workers or their representatives are consulted regarding proposed changes to the work environment, processes or procedures and purchasing decisions that could affect their health and safety.**

Findings: Satisfactory

Observation:
- Workers and their WHS representatives are consulted and involved in discussions regarding proposed changes to the work environment, procedures, processes, and purchasing decisions. Pre-purchase checklists have been developed as part of the procurement process.
- The consultation process is supported by the minutes of WHS Committee meetings, team meetings, and toolbox meetings.
- Workers are given the opportunity to consult with external specialists engaged by the organisation, who provide speciality information into issues and any recommendations for improvement.

Element 3.5	**Workers or their representatives are consulted regarding management of hazards in the workplace.**

Findings: Satisfactory

Observation:
- Discussions with workers and their representatives have confirmed that they are consulted regarding the management of hazards within their workplace.
- Meeting minutes from WHS Committee, toolbox and staff meetings confirm that workers or their representatives are consulted regarding hazards within the workplace.
- The induction process and training records reviewed confirm that workers, including managers and supervisors, have received training in hazard management principles, including psychosocial hazards.

Element 3.6	**There are arrangements in place for the acquisition, provision and exchange of health and safety information with external parties, including customers, suppliers, contractors and relevant public authorities.**

Findings: Satisfactory

Observation:
- The organisation uses multiple platforms, including the City website, Facebook, letter drops, and public notices to inform others about health and safety hazards or potential hazards in the community.
- Additionally, the organisation has a Customer Service Charter available on its website. This charter outlines the complaints process for external parties, including how to address health and safety concerns.
- The Tender, RFQ and Contractor Safety Manual clearly states the consultative expectations between the contractor and the organisation.

Element 3.7	**Consultative and reporting arrangements are regularly evaluated and modified where required.**
Findings:	Satisfactory
Observation:	• Feedback on the organisations consultative and reporting arrangements is gathered through Leadership Walks, toolbox and staff meetings, and one on one as any concerns are raised. These are presented to the WHS Committee and ELT for consideration and any further action.
	• Discussions with workers and their representatives have confirmed that they contribute to the evaluation of the consultation and reporting arrangements within the organisation.

4.0 Hazard Management

Element 4.1	**Requirements for reducing risks are understood by management and workers.**
Findings:	Satisfactory
Observation:	• A Hazard and Incident Management Procedure as well as a Risk Management Framework Procedure has been implemented.
	• Workers, contractors, and volunteers are required to take part in a WHS Inductions which includes risk management process and requirements as well as specific hazard management modules.
	• Managers and supervisors have undertaken WHS roles and responsibility training that includes WHS legislative requirements.
	• Discussions had with workers confirmed that they have been provided with information, instruction and resources to identify and reduce risks within their workplace.

Element 4.2	**Work environments are regularly inspected and hazards are identified.**
Findings:	Satisfactory
Observation:	• Various inspection checklists have been developed and implemented that include, but not limited to, workplace inspections, plant and equipment.
	• Senior leaders including Executives, managers, supervisors and leading hands regularly conduct scheduled workplace inspections across the organisation with health and safety representatives.
	• Inspections, reported hazards, incidents and injury data is regularly reviewed by the WHS Team, WHS Committee and ELT at least monthly or more often where required.
	• Any action items are recorded within the hazard register for control completion and trend analysis.
	• Discussions with workers confirmed that health and safety representatives, senior management or the WHS Team regularly identify hazards and conduct workplace inspections.
	• Contractor progress report checklist has been developed for regular performance monitoring.

Element 4.3	**Work activities are analysed and hazards identified.**
Findings:	Satisfactory
Observation:	• SWMS have been developed for work activities that include both high risk and all other work activities.
	• JHA/SOP's have been developed for tasks that are regularly performed.
	• Discussions with workers have confirmed that they are actively involved in the analysis of hazards. This involvement is further supported through various documentation such as, but not limited to, risk assessments, SWMS, Safety Data Sheet risk assessments, ergonomic assessments, workplace inspections, job observations and other targeted assessments.

Element 4.4	**Risk assessments are undertaken on identified hazards.**
Findings:	Satisfactory
Observation:	- Identified hazards are risk assessed as part of the risk management tools for such documentation as, but not limited to, hazard register, SWMS/JHA, Take 5's, hazard/incident reports, workplace inspections, and pre-start checks. - A formalised risk matrix is in place to define the likelihood and consequence level of the hazard, and any controls implemented. - Workers confirmed they are aware of the risk assessment process and the relevant tools to use as part of the risk assessment process. - Where necessary, external experts are engaged to address specific health and safety issues. - Proposed changes in the workplace include risk assessments, e.g. purchase of a pallet jack.
Element 4.5	**Hazards are prioritised and controlled using the hierarchy of controls and having regard to the identified level of risk.**
Findings:	Satisfactory
Observation:	- During the WHS Induction process, as well as through Hazard Management Toolbox Talks, training is provided to workers, contractors, and volunteers on the hierarchy of control methodology, risk management, and other health and safety practices. - The hierarchy of control is mentioned in various documents such as hazard registers, hazard, incident and investigation reporting procedures, Take 5's, workplace inspection checklists, and SWMS and JSA's. - Identified hazards are assigned priorities and budgets based on their level of risk. - Through discussions with workers, it was confirmed that they have a clear understanding of the hierarchy of control and recognize its significance in effectively managing workplace hazards.

Element 4.6	**The effectiveness of the hazard identification, risk assessment and risk control process is periodically reviewed and documented.**
Findings:	Satisfactory

Observation:

- The hazard register and WHS operational procedures are reviewed at least every 2 years, or more frequently in response to legislative updates, incidents, or other identified needs.
- Regular job observations are conducted to assess the effectiveness of control measures. These observations also document whether any additional changes are needed to further enhance safety and mitigate risks in the workplace.
- Control measures are regularly reviewed to identify if the control is effective. Records are maintained by the WHS Team with the hazard register.
- Specialists have been engaged to monitor health and safety issues, such as but not limited to, noise and silica assessments, and structural engineering assessments at the Civic Centre.
- Discussions with workers and their representatives have confirmed their participation in the evaluation and review of risk control measures through task observations. The WHS Team maintains records of these observations.

Element 4.7	**Incidents, injuries and diseases are reported and investigated.**
Findings:	Exemplary

Observation:

- An Incident Management Procedure has been implemented, which covers both physical and psychosocial incidents, injuries and diseases reporting and investigations. This procedure outlines the process to be followed and includes reporting requirements to WorkSafe WA.
- Physical and psychosocial incidents and investigations are recorded by either the WHS Team or Human Resources Team depending on the nature of the issue raised. Psychological issues are primarily handled by the Human Resources Team, reporting to the Manager People Safety and Wellbeing.
- All workers who are expected to participate in an investigation or are likely to be part of an investigation team have received incident investigation training. additionally, identified personnel have received ICAM training where necessary.
- Following an investigation, Safety Alerts are developed based on the hazard or incident. Additionally, an incident summary is included within monthly WHS Reports, providing a concise overview of the incidents that have occurred during that period.
- The WHS Committee and ELT regularly review investigation recommendations and analyse any trends identified in the captured data.

Element 4.8	**Is there a process in place for identifying and measuring worker fitness for work?**

Findings: Satisfactory

Observation:
- A Fitness to Work Policy and Procedure has been implemented, to address fitness to work, drug and alcohol, and fatigue management issues. This policy and procedure provide a clear process for managing these issues and includes specific actions to be taken if requirements are not met. Depending on the issue, additional plans, may be developed to support the worker in the workplace.
- The policy and procedure include non-work-related fitness to work issues and references the Disciplinary Policy for any workers who do not follow the process.
- Code of Conduct documentation has been implemented for workers, contractors, and volunteers which includes fitness to work expectations when representing the organisation.
- Pre-employment assessments include function and capacity assessments for identified workers.
- Discussions had with workers and their representatives confirmed that there are arrangements in place to assess fitness to work requirements.

5.0 Training and Supervision

Element 5.1	**An induction program is in place for all workers and contractors, providing relevant health and safety information and instruction.**

Findings: Exemplary

Observation:

- A comprehensive WHS Induction program is in place for all workers, contractors, and volunteers. The program includes both online and face to face components and provides relevant instruction and information about potential health and safety risks within the organisation and specific workplace areas.
- Health and safety training objectives are identified and included in the training materials.
- Regular task observations are conducted to assess whether training information has been effectively transferred into the workplace.

Element 5.2	**All management and supervisory personnel have received training in health and safety management principles and practices appropriate to their roles and responsibilities.**

Findings: Exemplary

Observation:

- Senior management and supervisory personnel have undertaken appropriate health, safety and psychosocial training. Reminders have been implemented for any gaps or refresher training to be undertaken.
- The consultation processes as well as the performance review process enables managers and supervisors to discuss any training needs. Training is an identified objective within each position description.

Element 5.3	**The organisation has identified the training needs of all workers.**

Findings: Satisfactory

Observation:

- Training Matrix has been created to track training completion, including expiration dates and is currently being used as a Training Needs Analysis (TNA). The organisation is currently in the process of changing database systems and is maintaining two processes whilst the IBIS System is being implemented.
- Position descriptions identify relevant training requirements for the role. The performance review process identifies any specific training requirements that the worker or the organisation could benefit from.
- Safe work method statements include a section on required training for the work task.
- Training is budgeted annually and reviewed as needed to ensure adequacy.
- Training records are maintained in the Human Resources department on personnel files. Managers, supervisors, coordinators and other relevant personnel have access to training information for the workers they are supervising.
- Discussions with workers and their representatives confirm that they are consulted on training needs and provided with relevant health and safety training.

Element 5.4	**Tasks are allocated according to capability, level of training and supervision of workers.**
Findings:	Exemplary
Observation:	• Position descriptions specify required skills and experience, with additional or refresher training provided as needed.
	• Workers and their representatives verified that the supervision and training received were suitable for their work activities.

Element 5.5	**Training is delivered by people with appropriate knowledge skills and experience.**
Findings:	Satisfactory
Observation:	• Information is obtained from trainers regarding their knowledge, skills and experience, and this is documented by the procurement team through the RFQ process. At other times, information is obtained by the training organiser.
	• Discussions with workers and their representatives have confirmed that training provided was of a good standard, and any concerns are promptly addressed.
	• Verification of Competency (VOC) and task observations are used to confirm if training has been effectively communicated.

Element 5.6	**The training program is evaluated and reviewed.**
Findings:	Satisfactory
Observation:	• Hazard and injury statistics are regularly monitored by the WHS Team, WHS Committee, and ELT for training improvements.
	• Training evaluation feedback is obtained, and reviews are completed by division leaders, training organiser and ELT at least annually as part of the performance review process.
	• Discussions had with workers and their representatives confirmed that health and safety training relevant to their role is evaluated.

Element 5.7	**Supervision is undertaken by people with appropriate health and safety knowledge, skills and experience.**
Findings:	Satisfactory
Observation:	• Management and supervisors have completed health, safety, and psychosocial training that are applicable to their roles and responsibilities.
	• Performance goals for health and safety have been established for executives, managers and supervisors that aligning with their respective roles and the Corporate Goals.
	• Discussions with workers and their representatives have verified that the supervision provided is suitable for the specific work activities being performed.

6.0 Volunteer Management

Element 6.1	**There are policies and procedures in place for managing volunteers.**
Findings:	Satisfactory
Observation:	• All organisational health and safety policies and procedures include volunteers within the definition of workers. Volunteers are afforded the same level of protection and consideration as paid workers when it comes to health and safety. • Volunteers are included within various plans and documentation, such as Local Emergency Management Arrangements, Local Law Bushfire Volunteer. • Various materials have been developed to support volunteers and workers who supervise them. Such materials include, but are not limited to, Volunteer Handbook, Promapp, and Welcome Onboard Booklet, where volunteers sign their understanding of the content. • Volunteers are provided with a both online and onsite WHS Induction where records are maintained by the 'Volunteer Coordinator' (person identified as managing volunteers both bushfire and other). Volunteers are provided refresher inductions every 12 months. • Discussions had confirmed that managers and supervisors of volunteers understand the volunteer management process.
Element 6.2	**Records of volunteer management are retained.**
Findings:	Satisfactory
Observation:	• Volunteers are required to attend pre-starts, briefing sessions, and other relevant meetings related to the volunteering tasks. Attendance records and meeting minutes are maintained to ensure volunteers receive important information and updates relevant to their volunteering activities. • Volunteer records are currently retained by the 'Volunteer Coordinator'. • Volunteers are monitored through task observations and other developed checklists to ensure standards are being maintained.
Element 6.3	**Volunteers are provided work instructions that reflect current legislation, standards and codes of practice.**
Findings:	Satisfactory
Observation:	• Volunteers are provided with relevant organisational health and safety documentation, such as Bushfire Operating Procedures (BOP), SOP's, checklists, and other necessary material specific to the work activity they are performing. • BOPs are created as a main guide/booklet to support DFES SOPs for managing risk relating to bushfire activities.

Element 6.4	**Where required, volunteers meet legislative requirements for the tasks they are undertaking.**
Findings:	Satisfactory
Observation:	• Activities that have been assessed for legislative requirements, licences or qualification are recorded by the 'Volunteer Coordinator'. Volunteers primarily perform activities that have been assessed as being as a low as is reasonably practical risk. Where the activity is considered high risk, a competent City worker will perform the activity. • Volunteer information such as driver's licences, police clearances and where applicable, working with children's clearances are all obtained before the volunteer is engaged to perform activities. This information is recorded by 'Volunteer Coordinator' within Involve Management System database. Bushfire volunteers must provide current legislative information before they can 'turn out' to a fire ground. • Any plant and equipment used by volunteers is licenced and maintained by the organisation and in accordance with any legislative requirements.

Element 6.5	**The organisation conducts ongoing training and verification of competency for volunteers.**
Findings:	Satisfactory
Observation:	• The Emergency Training Officer is RTO accredited and trains all bushfire volunteers in accordance with DFES requirements. Bushfire volunteers undertake minimum standard of training before they progress and this is maintained within the Involve database. • Task Observations are conducted to verify the competency of volunteers and records are maintained within the Involve database. •

Element 6.6	**Equipment (including PPE) suitable for the work being conducted is provided to volunteers and volunteers are trained in its use.**
Findings:	Satisfactory
Observation:	• The City supplies all PPE for volunteers, including bushfire volunteers. The Involve database tracks PPE distribution, sizes, issue and expiry dates, and training on its use and maintenance. • Volunteers receive instructions on how to use and maintain PPE as part of their induction and task observation process. • The City provides, maintains, and keeps records of plant, equipment, and first aid supplies.

Element 6.7	**There are arrangements in place for the consultation and communication with volunteers.**
Findings:	Choose an item.
Observation:	• Volunteers are included in the Consultation and Communication Procedure. They are actively involved in the process of consultation and communication within the organisation where identified.
	• The WHS Induction includes information about consultation arrangements, and this information is also communicated through staff notice boards, face to face, emails, text messaging, and phone calls.
	• Volunteers take part in consultation and communication within pre-starts, briefing sessions and local meetings before tasks/activities commence.
	• Volunteers complete hazard and incident reports with their 'Volunteer Coordinator'. These reports are then discussed at various meetings, including the WHS Committee, and ELT meetings. Any hazards or incidents involving volunteers are properly addressed and appropriate actions are taken to mitigate risks and improve safety.
	• 'Volunteer Coordinators' are currently not members of the WHS Committee.
Recommendations:	• Consider including workers who manage volunteers on the WHS Committee to ensure volunteer tasks are regularly considered in health and safety decisions.

Element 6.8	**Where appropriate, volunteers are involved in the planning and risk assessment of tasks they are involved in.**
Findings:	Satisfactory
Observation:	• Records of pre-starts, briefings and other meetings discuss health and safety where feedback from volunteers is obtained.
	• Volunteers are involved in the planning and risk assessment of activities in consultation with their 'Volunteer Coordinator', where any issues can be resolved.
	• Bushfire volunteers participate in dynamic risk assessments while on the job. During training exercises, Bushfire volunteers are actively involved in the risk assessment and planning aspects for tasks. However, when it is an active fire ground, they are instructed by the Bushfire Control Officer (BFCO).

Element 6.9	**There is a process for identifying and managing fatigue in volunteers.**
Findings:	Satisfactory
Observation:	• Volunteers are covered by the organisation's code of conduct and fitness to work policies, which include fatigue management. A Fatigue BOP has been made for bushfire volunteers.
	• Bushfire volunteers receive the City and DFES Fatigue Management Policies and Guidelines, which include a fatigue checklist. Before the bushfire season, volunteers are reminded/refreshed on the importance of fatigue management.
	• The BART system tracks bushfire volunteers' work hours, allowing them to clock in and out to monitor fatigue. The Captain is responsible for making sure volunteers take regular breaks and have time away.

ISSUES IDENTIFIED DURING THE ASSESSMENT NOT RECORDED ELSEWHERE

Depot

- Kitchen facilities within workshop – food and beverage appliances located within the workshop where plant and equipment are serviced.

  - Recommendation – remove food and beverage appliances from the workshop and instruct workers to prepare all food and beverages within the designated depot crib room in accordance with *Work Health and Safety Regulations 41* and the *Code of Practice – Managing the work environment and facilities*. Because of the workshop's unhygienic environment, workers are more at risk from poor hygiene. Workers should be trained in proper food handling and hygiene practices to prevent ingestion of harmful chemicals or other substances.

- Workshop Lathe - a guard is not in place around the chuck which has the potential to cause harm to a person.

  - Recommendation –

    - Install a guard around the chuck on the lathe to prevent any part of a person or a person's clothing coming into contact with the hazardous machine.

    - Conduct a risk assessment on the lathe to identify any other hazardous areas and prevent contact between a hazardous machine part and any part of a person or a person's clothing in accordance with WorkSafe *Code of Practice – Safeguarding of machinery and plant*.

- Workshop mezzanine floor guarding – railing on the mezzanine floor has large gaps where items can fall from height.

  - Recommendation – install safety netting or screens along the railing to prevent items from falling. Consider asking the sign shop to create a custom barrier suitable for the workshop.

- Hazardous substances compatibility and labelling – in various locations around the depot incompatible hazardous substances are being stored to close together, i.e. flammable substances DG 2 & 3 are being stored together in a fire rated cabinet. Containers used for decanting chemicals are not correctly labelled.

  - Recommendation –

    - Review all hazardous substances storage requirements and ensure recommended safe distances are identified and adhered to. Train workers in appropriate storage technics.

    - Identify substances and correctly label the container in accordance with *Work Health and Safety Regulations 335, GHS 7.*

Aquarena

- Emergency egress – emergency exit doors include deadbolts that do not allow for one hand access to open or account for persons with an impairment or height challenges in an emergency. The perimeter gate behind the water/balance tank is only accessible by a key and is reliant on the lifeguards carrying the key and being available for the gate to be opened. Barriers are in place to prevent persons from entering the outdoor pool area, restricting access to in the event of an emergency.

  - Recommendation –

    - Review and risk assess the emergency egress abilities of the Aquarena facility to ensure persons can effectively evacuate the premises in an emergency. Review the emergency egress doors to ensure they can allow for one handle egress for persons with various impairments in an emergency.

    - Train workers and wardens in different emergency situations that also consider seasonal restrictions within the Aquarena.

- Pump room corrosion – excessive corrosion of pipes, couplings and pumps was observed within the pump room on plant infrastructure. Multiple leaks were observed and salt debris evident throughout the pump room.

  - Recommendation – assess the structural integrity of the pump room infrastructure to ensure it is operating within manufacturer's guidelines. Consider increasing the frequency of maintenance to remove the corrosive debris and prevent further deterioration of infrastructure.

The Bowerbird (Tip Shop)

- Housekeeping on shop floor – a large volume of items are on display for sale at the Bowerbird. Some items do not look fit for sale.

  - Recommendation – review and reduce the volume of sale items to ensure the area isn't cluttered and items are fit for sale.

NEXT STEPS

Step 2 of the *3 Steps to Safety* program involves the City of Greater-Geraldton developing a WHS Action Plan to address any outcomes assessed as *insufficient, ad hoc* and *unsatisfactory*.

Once the WHS Action Plan is developed, it should be provided to the Assessor to ensure that the actions proposed will address the criteria and drive continuous improvement.

LGIS, through the WHS Team, is available to provide ongoing assistance during the development of the WHS Action Plan, and thereafter to assist the City of Greater-Geraldton to continuously improve their WHS performance.

ACKNOWLEDGEMENTS

LGIS would like to thank the City of Greater-Geraldton for their hospitality during the assessment. This appreciation is extended to all personnel who were involved in the activity who made themselves available or prepared and presented documents.

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AC172   RISK MANAGEMENT UPDATE

AGENDA REFERENCE:	**D-25-114350**
AUTHOR:	**P Radalj, Director Corporate Services**
EXECUTIVE:	**P Radalj, Director Corporate Services**
DATE OF REPORT:	**19 September 2025**
FILE REFERENCE:	**GO/11/0020-003**
ATTACHMENTS:	**YES**
	A. Risk Management Framework V5

EXECUTIVE SUMMARY:

The purpose of this report is to provide an update to the Audit Committee on the City's risk management review.

EXECUTIVE RECOMMENDATION:

That the Audit Committee by Simple Majority pursuant to Section 7.1C of the *Local Government Act 1995* RESOLVES to:

1. NOTE the status of the risk management review currently being undertaken.

PROPONENT:

The proponent is the City of Greater Geraldton (the City).

BACKGROUND:

Definitions Risk categories:

Strategic Risks – Associated with achieving the City's long-term objectives. Strategic risks generally relate to external events beyond the City's control to influence, for example legislation changes, loss of government funding and climate change etc. Strategic risks are identified and managed at EMT level.

Enterprise Risks – Operational, day to day activities, functions, infrastructure and services. Enterprise risks generally affect the whole of City operations and are within the City's ability to influence and control. Enterprise risks are identified and managed at EMT and Manager level.

Departmental Risks - Operational, day to day activities, functions, infrastructure and services. Departmental risks are identified and managed at Manager level.

Project Risks – Captures risks associated with potential impacts to operational activities and those associated with the delivery of the project itself. Project risks may include a mix of strategic (risks outside City control) and operational risks. Project Risks are identified and managed by the Project Leadership team and the appointed Project Manager.

A full review of the City's Risk Management Framework is currently being undertaken and will include the following:

- Review of all categories of risk as defined above and including a three (3) step process of risk identification, analysis and evaluation.
- Reconfiguration of risk management software for more effective monitoring, control and reporting.
- Review of risk related policies.

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- Review and updated version of the Risk Management Framework.

Project Plan to deliver all components of the review will be as follows:
- EMT/Governance review of Strategic & Enterprise Risks to be completed by end of September.
- Directorate and branches review of Departmental Risks to be completed by end of November.
- Software system reconfigured and operational (including control and reporting features) by end of December.
- Related policies reviewed and updated where required by end of January.
- New version of Risk Management Framework in draft and ready for review by ARIC by February 2026.

CONNECTED, LIVEABLE, THRIVING, LEADING – ISSUES AND OPPORTUNITIES:

Connected:
There are no adverse impacts.

Liveable:
There are no adverse impacts.

Thriving:
There are no adverse impacts.

Leading:
Review of the Risk Management Framework ensures that Council remains current, compliant and effective in the management of City activities.

Disclosure of Interest:
No Officer involved in the preparation of this report has a declarable interest in this matter.

RELEVANT PRECEDENTS:
- AC084 – Risk Management Profile – 2 December 2019
- AC120 – Risk Management Profile – 19 April 2022
- AC124 – Risk Management Update - 13 December 2022
- AC136 – Risk Management Update - 23 January 2024

COMMUNITY/COUNCIL MEMBER CONSULTATION:
There has been no community/Council Member consultation.

LEGISLATIVE/POLICY IMPLICATIONS:
This item has compliance and policy implications as follows:
- *Local Government (Audit) Regulations 1996, Regulation 17*
- City of Greater Geraldton Risk Management Framework
- Council Policy CP4.7 Risk Management
- Council Policy CP4.24 Risk Appetite and Tolerance

FINANCIAL AND RESOURCE IMPLICATIONS:

The review will be managed by the Governance Team with whole of organisation input and resourcing.

INTEGRATED PLANNING LINKS:

Strategic Theme: Leading	A progressive City where informed decisions, strong advocacy and an enabling culture drives sustainable regional growth.
Goal 5	Provide the community with clear and accessible information about the City's programs, services and decisions.
Goal 6	Ensure high quality governance activities enabling transparency and accountability.

REGIONAL OUTCOMES:

There are no impacts to regional outcomes.

RISK MANAGEMENT:

Regular corporate risk management reviews are essential because they keep the risk management framework current, effective, and aligned with an evolving business environment, allowing organizations to identify and address emerging risks, ensure compliance, and improve controls to safeguard operations and future success.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:

No alternative options were considered by City Officers.

2022 – 2024

Risk Management Framework

Table of Contents

Introduction

This document provides an overview of the City of Greater Geraldton's (the 'City') Risk Management Framework (the 'Framework').

The City's Framework is a set of components that provide the <u>foundations</u> and <u>organisational arrangements</u> for designing, implementing, monitoring, reviewing and continually improving risk management throughout the City.

➢ The foundations are documented within the City's Risk Management Policy which articulates the outcome based objectives and management commitment to managing all risks responsibly across all areas of the City's operations.

➢ The organisational arrangements are:

o Culture – Risk culture is the impact of organisational culture on risk management. It is not therefore separate to organisational culture but reflects the influence of organisational culture on how risks are managed.

o Risk Management Improvement Strategy – This sets out the plan and actions to enhance the effectiveness of the framework over the next 12 months. It includes the technical aspects of framework development and education activities to improve staff awareness.

o Risk Appetite & Tolerance Policy – This sets out the amount and type of risk that the City is prepared to pursue, retain or take in order to meet objectives.

o Operational Model – Detailed in this document, it describes relationships and accountabilities, including the relevant assessment criteria, reporting structure and framework review process.

o Risk Management Procedures – The procedures, roles, responsibilities, timings, tools and templates to adequately perform risk management activities in accordance with the Policy.
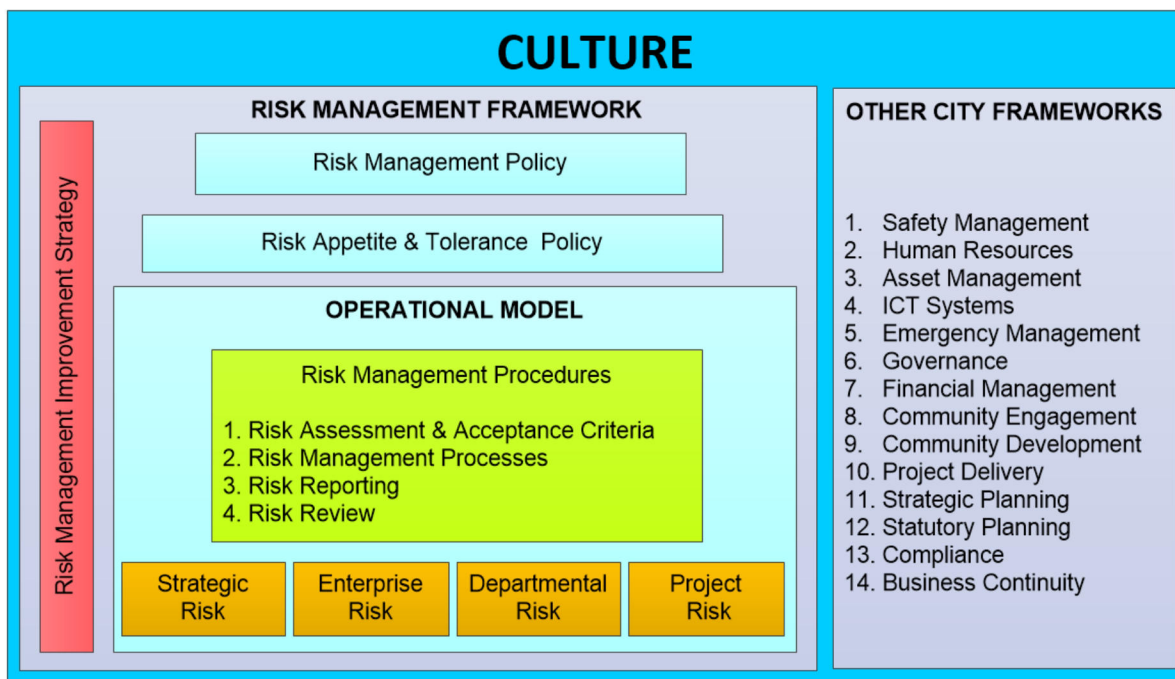

Figure 1: Diagram representing the City's Risk Management Framework and interaction with other frameworks

This Framework aims to balance a documented, structured and systematic process with the current size and complexity of the City along with existing time, resource and workload pressures.

1. Risk Culture

Risk culture is the way the City's employees identify, understand, discuss and act on the risks confronted or taken.

There are both formal and informal elements that influence risk culture:

➢ Formal – Governance structures provide important frameworks through which appropriate behaviours can be encouraged and supported and poor behaviours can be identified and acted upon.

➢ Informal – Expectations and behavioural practices through demonstrated actions against the City's STARS values.

Council and the City's Executive Management Team (EMT) have a key role in promoting risk management as a vital business principle and in allocating sufficient resources for risk management activities. All employees, contractors, and volunteers also have a part to play in identifying risks and actively managing risks within their sphere and scope of work.

Risk management is a vital business management practice which is not an optional tack on. To ensure the process is managed, it must always be demonstrated through the integrated planning and reporting process and mandated in all operational functions and services.

The City's leaders will support and encourage a positive risk culture by:

➢ Empowering management and employees to manage risks effectively.

➢ Acknowledging, rewarding and promoting good risk management.

➢ Having processes that promote learning from errors, rather than punishing.

➢ Encouraging discussion and analysis of unexpected results, both positive and negative.

2. Risk Management Policy

The City is committed morally and financially to the concept and resourcing of risk management. The policy states the outcome based objectives and commitments to managing risks and contains the following components:

➢ Rationale for managing risks

➢ Linkage between the City's objectives and other related policies

➢ Accountabilities and responsibilities for managing risks

➢ Conflicts of interests

➢ Commitment to resourcing the risk management functions

➢ Performance measures

➢ Continual review and improvement of the policy

3. Risk Appetite & Tolerance Policy

The City's Risk Appetite & Tolerance Policy provides guidance to drive the City's approach to risk, ensuring alignment and consistency across all areas.

Guidance is provided through qualitative statements in specific areas of strategic, operational and project activities. All employees must make themselves aware of the City's risk appetite and tolerance in their areas of responsibilities so that they become familiar with the risks that can be pursued, accepted or avoided.

4. Risk Management Improvement Strategy

All effective frameworks have a requirement to continually improve; the Risk Management Framework is no different. The City strives for best practice in the management of risks and will document and manage the improvement strategy on an ongoing basis. There will be a minimum of two components to the strategy; technical development and employee awareness; both improving the maturity of risk management throughout the City.

5. Operational Model

The City has adopted a "Three Lines of Defence" model for the management of risk. This model ensures roles; responsibilities and accountabilities for decision making are structured to demonstrate effective governance and assurance. By operating within the framework and risk appetite and tolerance, the Council, Audit Committee, Executive Management and the Community will have assurance that risks are managed effectively to support the delivery of the Community Strategic, Corporate Business and Operational Plans.

5.1 Three Lines of Defence

5.1.1 First Line of Defence

All operational areas of the City are considered '1st Line'. They are responsible for ensuring that risks (within their scope of operations) are identified, assessed, managed, monitored and reported. Ultimately, they bear ownership and responsibility for losses or opportunities from the realisation of risk. Associated responsibilities include;

➢ Establishing and implementing appropriate processes and controls for the management of risk (in line with the framework).

➢ Undertaking adequate analysis (data capture) to support the risk informed decision.

➢ Prepare risk acceptance proposals where necessary, based on level of residual risk.

➢ Retain primary accountability for the ongoing management of their risk and control environment.

5.1.2 Second Line of Defence

The Manager of Corporate Services acts as the primary '2nd Line'. This position owns and manages the Framework. They draft and implement the Framework components and provide the necessary tools and training to support the 1st line process.

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

➢ Providing independent oversight of risk matters as required.

➢ Monitoring and reporting on emerging risks.

➢ Co-ordinating the City's risk reporting for the Executive Management Team, Risk Management Committee, Audit Committee and Council.

5.1.3 Third Line of Defence

Internal & External Audit are the third line of defence, providing independent assurance to the Council, Audit Committee and City Management on the effectiveness of business operations and oversight frameworks (1st & 2nd Line).

➢ **Internal Audit** – Appointed by the CEO to report on the adequacy and effectiveness of internal control processes and procedures. The scope of will be determined by the CEO with input from the Audit Committee.

➢ **External Audit** – Appointed by the Council on the recommendation of the Audit Committee to report independently to the Mayor and CEO on the annual financial statements, and the review of the effectiveness of operational controls required by Local Government Audit Regulation 17.
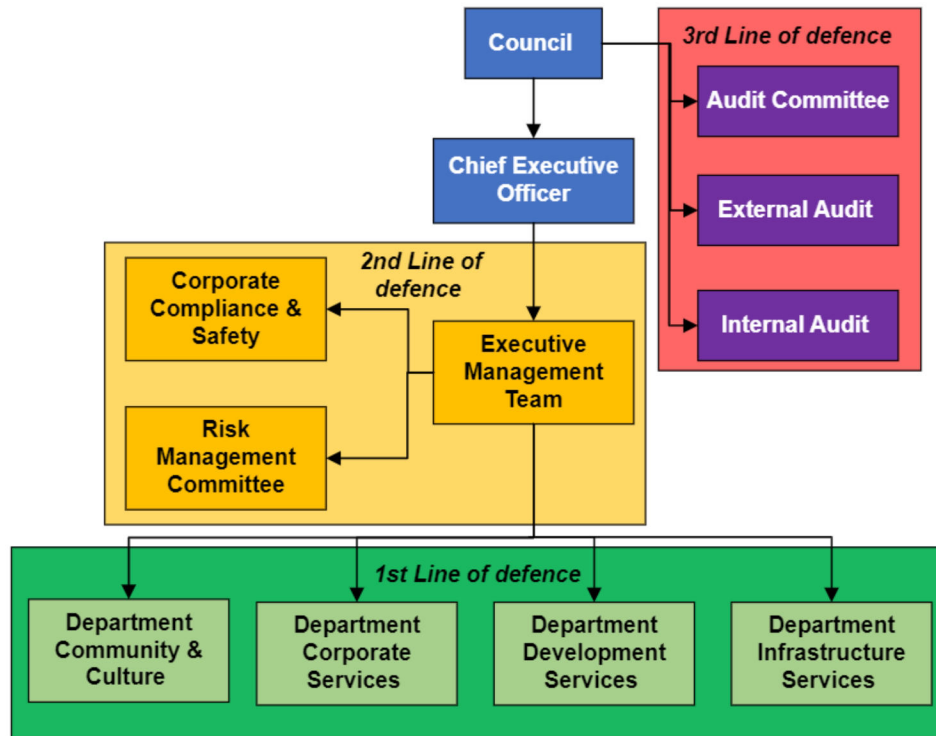
5.2 Review

This Framework is to be reviewed on a biennial basis in line with the Local Government Audit Regulations (regulation 17 – CEO to review certain systems and procedures). Specific requirements within the framework that require review are detailed in the Department of Local Governments Guideline number 9, Appendix 3. Local Government Components within the Framework will be subject to continual review / improvement as driven by the City's operational requirements as follows:

1. Policy – biennial

2. Strategic management model (Community Strategic Plan) – biennial

3. Operational Model (Corporate Business Plan, Budget, Capital & Renewal Program) – annually

4. Risk Appetite & Tolerance Policy – biennial or when material changes occur that warrant a review.

5. Risk Management Process – annually or when material changes to operations occur or when process improvements are identified and approved.

6. Risk Reporting Process – annually or when material changes to operations occur or when process improvements are identified and approved.

5.3 Operating Relationships & Accountabilities

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

Figure 2: Diagram depicting the current operating structure for risk management within the City

5.4 Roles & Responsibilities

5.4.1 Council

➤ Adopt and review the City's Risk Management Framework, Risk Policy and Risk Appetite & Tolerance Policy.

➤ Establish and maintain an Audit Committee in terms of the Local Government Act.

➤ Ensure responsible and effective decision making through the delegated authority framework.

➤ Appoint / Engage External Auditors to report on financial statements annually.

➤ Be satisfied that risks are identified, managed & controlled appropriately to achieve Council's Strategic Objectives.

➤ Provide adequate budgetary provision for the financing of risk management including approved risk mitigation activities.

5.4.2 Audit Committee

➤ Monitor and review the appropriateness and effectiveness of the Risk Management Framework and improvement strategies.

➤ Monitor changes to City's risk profile and highlight material changes to Council.

➤ Support Council to drive effective corporate governance.

5.4.3 Chief Executive Officer (CEO)

➢ Own, promote and drive the effective implementation of the Risk Management Framework for all functions across City operations.

➢ Provide the Audit Committee and Council with regular reports on the risks being managed by the City.

➢ Review the appropriateness and effectiveness of the Risk Management Framework and provide a written report to the Audit Committee (at least biennially).

➢ Drive consistent embedding of a risk management culture by encouraging openness and honesty in the reporting and escalation of risks.

➢ Ensuring resources are appropriately allocated throughout the organisation to meet the City's risk management requirements.

➢ Ensure risk is considered in the decision making process.

➢ Liaise with Council in relation to risk acceptance requirements.

5.4.4 Executive Management Team (EMT)

➢ Support the CEO in promoting and driving the effective implementation of the Risk Management Framework for all functions across City operations.

➢ Act as the overarching 'Risk Committee' for the City:

➢ Drive appropriate activities through the Risk Management Committee (RMC).

➢ Monitor and review the regular risk reports and Framework implementation activities from the RMC.

➢ Ensure risk is considered in the decision making process.

➢ Ensure the appropriate delegation, risk appetite and tolerance and the broader risk acceptance criteria are implemented.

➢ Identify, manage and / or escalate strategic risks as appropriate.

5.4.5 Risk Management Committee (EMT with supporting officers as required)

➢ Facilitate the Risk Management Improvement Strategy.

➢ Champion risk management within individual Branches and Directorates.

➢ Support the Risk Management Reporting Process.

5.4.6 Directors

➢ Promote and drive the effective implementation of the Risk Management Framework for all Branches within their Directorates.

➢ Drive consistent embedding of a risk management culture by encouraging openness and honesty in the reporting and escalation of risks within their Directorate.

➢ Encourage cross – Directorate interactions in the management of the City's risks.

➢ Ensure resources are appropriately allocated throughout individual Directorates to manage operational (and where necessary strategic, enterprise and project) risks in line with the City's risk appetite.

➢ Ensure branches are regularly applying the Risk Management Process to record and manage specific risks.

5.4.7 Manager, Corporate Compliance & Safety

➢ Manage the Risk Management Framework and drive the 'Line 2' function of the Operational Model.

➢ Facilitate the support of other Branches in the management of 'Line 2' functions, examples include but are not limited to:

  o ICT – Disaster recovery management, systems and data access, use and employee profile management.

  o HR – Management of employee / contractors risk awareness training, safety and security practices and the support of performance management programs.

  o Treasury & Finance – Oversight of the delegations framework in respect of procurement activities.

➢ Ensure the 'risk' resources within Corporate Services are adequate to meet the requirements of the City's Risk Management Framework (Skills, knowledge and allocation)

➢ Provide support to all Branches within the City in the application of the Risk management Framework.

➢ Own, drive and promote the risk management framework delivery program for the City.

➢ Own, drive and promote the Business Continuity Management (BCM) program for the City.

➢ Escalate issues to EMT or the CEO where risks are not being effectively managed i.e. overdue, non-compliant or high and extreme emergent risk issues.

5.4.8 Managers

➢ Promote and drive the effective implementation of the Risk Management Framework for all areas under their control.

➢ Support the Risk Management Process by ensuring risks are identified, recorded and managed.

➢ Incorporate 'risk management' into team activities / meetings by openly discussing the following:

  o New or emerging risks.

  o Review existing risks.

  o Control adequacy.

  o Outstanding issues and actions.

➢ Drive consistent embedding of a risk management culture by encouraging openness and honesty in the reporting and escalation of risks within their departments.

➢ Ensure resources are appropriately allocated throughout Departments to manage operational (and where necessary strategic, enterprise and project) risks in line with the City's risk appetite and tolerance.

➢ Ensure risk treatment and action plans are current and ensure all Promapp sign offs include adequate evidence of compliance.

➢ Ensure appropriate education and awareness initiatives are provided to all employees.

5.4.9 Project Managers

➢ Ensure risk management is applied to all projects in accordance with the Project Delivery Framework.

➢ Identify, record, report and manage risks throughout the lifecycle of the project.

➢ For projects classified as Major Projects ensure that all risks, treatments and actions are recorded through Promapp to assist in the risk reporting and governance frameworks.

➢ In conjunction with Corporate Services undertake risk assessments related to 3rd party liability risk and implement prioritised mitigation strategies.

➢ Ensure that when Contractor insurance is required for a project that the insurance is maintained for the life of the project.

➢ Undertake risk management plans for all proposed projects in consultation with the relevant stakeholders.

➢ Ensure design and construction includes agreed features to minimise future risk.

➢ Ensure risk treatment and action plans are current and ensure all Promapp sign offs include adequate evidence of compliance.

5.4.10 Employees & Contractors

➢ Report to management on risks that exist within their area, without fear of recrimination.

➢ Adopt the City's principles of risk management and comply with all policies, procedures and practices relating to risk management.

➢ Perform duties in a manner that is within an acceptable level of risk to their health and safety, and that of other employees and the community.

➢ Comply with quality assurance procedures where applicable.

➢ Make risk control and prevention a priority when undertaking tasks.

➢ Report any hazard or incidents as detected to their Manager or the City Responsible Officer (for contractors).

➢ Ensure risk treatment and action plans are current and ensure all Promapp sign offs include adequate evidence of compliance.

5.4.11 Promapp Risk Manager

➢ Administer the Promapp Risk Module

➢ Report risk matters to Manager Corporate Compliance & Safety

➢ Monitor and report on all risk and associated treatment status in Promapp

➢ Undertake quality assurance audits of all risk and treatments to ensure alignment to City Risk Management Framework.

6. Strategic Management Model

Risk management activities are a key part of all business processes. In particular, there is a strong relationship between the risk management process and the cycle of corporate and operational planning activities, as seen in figure 3 below. As the vision, strategy and business objectives are established for each City service unit, so too should related risks be identified and assessed.

When strategic and corporate plans and budgets are prepared; City service units should identify and assess risks to their objectives, leading to a ranking of risks, and finally, to the establishment of appropriate risk treatments and controls. However, it is important to remember that risk management is not a once a year process, risk management is embedded in everyday business management and planning.
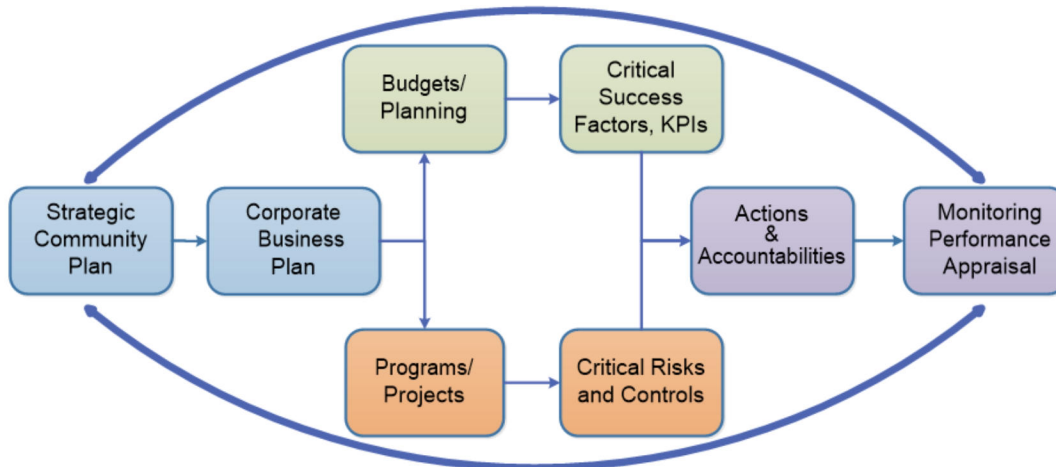
Figure 3 – City's strategic management processes which involves risk management at each step

To embed risk management as an integral part of the City's operations it is necessary to:

➢ ensure risk management processes are included in, and seen as integral to, the City's corporate business planning, budgeting and reporting processes;

➢ ensure risk management is integrated with other governance practices such as audit, legal and regulatory compliance, disaster management and business continuity;

➢ incorporate risk management into continuous improvement programs;

➢ tie risk management objectives to each relevant project, activity or work groups;

➢ include the outcome of risk management activities in reporting of programs, reviews and evaluation processes; and

➢ Incorporate risk management into performance appraisals of employees.

7. Risk Management Process

The City uses the Promapp Risk Module to store, document and report on the City's Risks and treatments.

The risk management process is standardised across all areas of the City. The following diagram outlines the process with the following commentary providing broad descriptions of each step. Specific expanded guidance are provided in the Risk Management Procedures document.
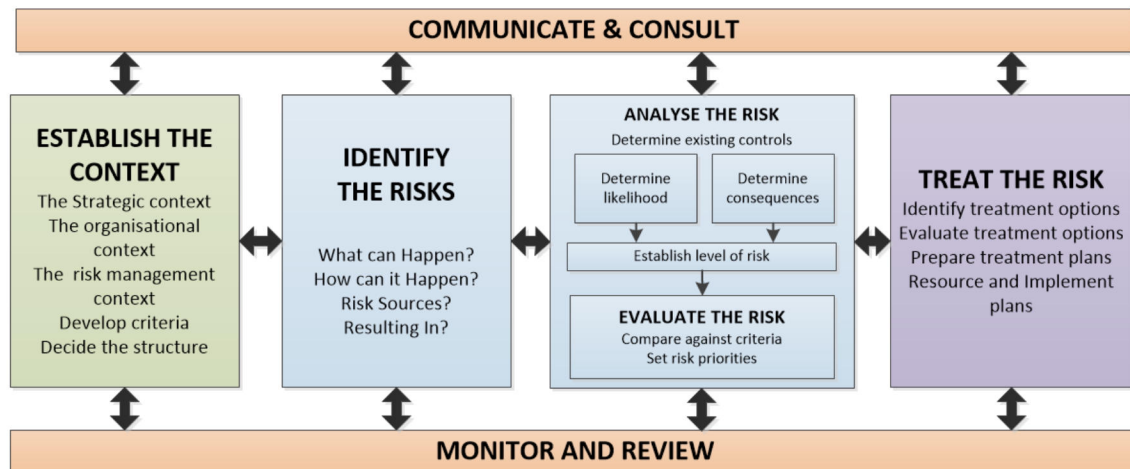

Figure 4: Diagram representing the Risk Management Process as per AS/NZS 31000:2018 Risk Management – Guidelines

7.1 Establishing the Context

This defines the context of both internal and external parameters to be considered when managing risk. In this regard the City utilises a qualitative assessment, combining consequence and likelihood to determine risk levels from which high level management approaches are to be implemented.

The risk context is then categorised into four (4) main groups:

1. **Strategic Risks** – Associated with achieving the City's long-term objectives. Strategic risks generally relate to external events beyond the City's control to influence, for example legislation changes, loss of government funding and climate change etc. Strategic risks are identified and managed at EMT level.

2. **Enterprise Risks** – Operational, day to day activities, functions, infrastructure and services. Enterprise risks generally affect the whole of City operations and are within the City's ability to influence and control. Enterprise risks are identified and managed at EMT and Manager level.

3. **Departmental Risks** - Operational, day to day activities, functions, infrastructure and services. Departmental risks are identified and managed at Manager level.

4. **Project Risks** – Captures risks associated with potential impacts to operational activities and those associated with the delivery of the project itself. Project risks may include a mix of strategic (risks outside City control) and operational risks. Project Risks are identified and managed by the Project Leadership team and the appointed Project Manager.
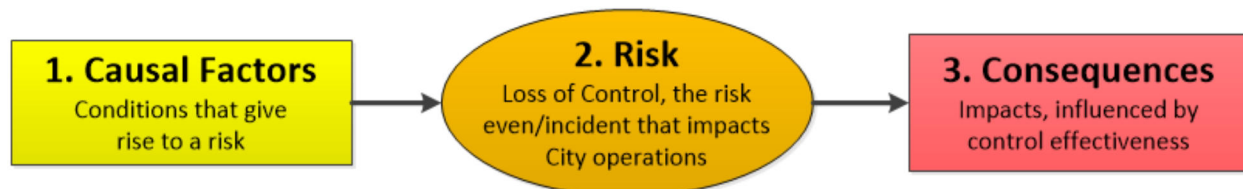
7.2 Risk Assessment

Risk assessment is three (3) step process of:

1. Risk Identification
2. Risk Analysis
3. Risk Evaluation

7.2.1 Risk Identification

This is the process for establishing, recognising and describing risks to the City. An event sequence is shown below:

It also includes the identification of the existing controls that are currently in place, mitigating the inherent risk from materialising.

7.2.2 Risk Analysis

This is the process of assessing the:

1. **Control effectiveness** – applying the City's Control Rating Guide to the design and operating effectiveness of each control individually and jointly in mitigating the risk.

2. **Residual Risk** – after considering the controls overall effectiveness, determining the likely worst consequence and the likelihood applicable to that consequence using the City's Risk Consequence and Likelihood tables. Then applying those ratings to the City's Risk Matrix to determine the level of residual risk.

3. **Inherent Risk** – The same process as residual risk, however removing the effectiveness of controls from the equation. This step will highlight the mitigating value of existing controls.

7.2.3 Risk Evaluation

This step compares the level of residual risk to the City's Risk Acceptance Criteria Table. It provides high level guidance on the approach to managing and / or escalating the risk.

7.3 Risk Treatment

There are generally two requirements following the evaluation of risks.

1. In all cases, regardless of the residual risk rating; controls that are rated '*Partially Effective* or *Not Effective*' must have a treatment plan (action) to improve the control effectiveness to at least '*Moderately Effective*'.

2. If the residual risk rating is high or extreme, treatment plans must be implemented.

7.4 Communication and Consultation

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

7.5 Monitoring and Review

It is essential to monitor and review the management of risks as changing circumstances may result in risks increasing or decreasing in significance. It also ensures that new risks are identified as appropriate.

7.6 Risk Reporting

All strategic, enterprise, operational and major project risks are maintained with 'Promapp'. This allows the centralised reporting function to meet the City's requirement to monitor and review risks by all levels of management, Audit Committee and Council.

Formal reporting is currently provided as follows:

➢ Monthly Risk Report to EMT

➢ Risk Report to Audit Committee whenever meeting held

➢ Risk Maturity Report at least annually

➢ Annual Risk Report to Council

➢ Biennial comprehensive Risk Report to Audit Committee

➢ Risk Escalation Reports

Workplace Information

➢ Council Policy - 4.24 Risk Appetite & Tolerance

➢ Council Policy - 4.7 Risk Management

➢ Risk Management Procedures

➢ Risk Management Improvement Strategy

Directorate	Officer	Review Cycle	Next Due
Corporate Services	Manager Corporate Compliance & Safety	Biennial	2024

Version	Decision Reference	Synopsis
5.	CS003 20/12/2022	Scheduled Review

CONSEQUENCE TABLE

DESCRIPTOR	WORK HEALTH & SAFETY	FINANCIAL IMPACT	SERVICE INTERRUPTION	REPUTATION	ENVIRONMENT	LEGAL & COMPLIANCE
INSIGNIFICANT	Negligible injuries. Full recovery < 3 days	Organisation Less than $10,000 Dept. /Project 0-2% remaining Budget	No material service interruption, backlog cleared in 2 – 4 hours	Unsubstantiated, low impact, low profile or 'no news' item *Example gossip, Facebook item seen by limited persons*	Contained, reversible impact managed by on site response *Example pick up bag of rubbish*	*Compliance* – No noticeable regulatory or statutory impact *Legal* - Threat of litigation requiring small compensation. *Contract* - No effect on contract performance.
MINOR	First aid injuries. Full recovery < 3 weeks	Organisation $10,000 –$100,000 Dept. /Project 2-5% remaining Budget	Short term temporary interruption Backlog cleared < 1 – 7 days	Substantiated, low impact, low news item *Example Local Paper, Everything Geraldton, Facebook item seen by local community*	Contained, reversible impact managed by internal response *Example pick up trailer of rubbish*	*Compliance* - Some temporary non compliances *Legal* - Single Minor litigation. *Contract* - Results in meeting between two parties in which contractor expresses concern.
MODERATE	Medically treated injuries. Full recovery < 3 months	Organisation $100,000 - $1M Dept. /Project 5-14% remaining Budget	Medium term temporary interruption Backlog cleared by additional resources within < 2 – 4 weeks	Demonstrated public outrage, unsubstantiated public embarrassment, moderate impact, moderate news profile *Example Statewide Paper, TV News story, Moderate Facebook item taken up by people outside City*	Contained, reversible impact managed by external agencies *Example Contractor removal of asbestos sheets*	*Compliance* - Short term noncompliance but with significant regulatory requirements imposed *Legal* - Single Moderate litigation or Numerous Minor Litigations. *Contract* - Receive verbal advice that, if breaches continue, a default notice may be issued
MAJOR	Lost time or Severe injury Possible Partial /Full recovery 4 – 12 months	Organisation $1M - $9M Dept. /Project 15 - 20 % remaining Budget	Prolonged interruption of services, additional resources required; performance affected Issue resolved within < 4 – 12 weeks	Sustained and high-level public outrage, substantiated public embarrassment, high impact, high news profile, third party actions *Example Australia wide Paper, TV News stories, Current Affair etc. Significant Facebook item taken up by large numbers of people outside City*	Uncontained, reversible impact managed by a coordinated response from external agencies *Example truck or train spill of diesel and oil on road reserve/ park*	*Compliance* - Noncompliance results in termination of services or imposed penalties *Legal* - Single Major litigation or numerous Moderate Litigations. *Contract* - Receive written notice from the contractor threatening termination if not rectified.
CATASTROPHIC	Fatality, permanent disability	Organisation Greater than - $10M Dept. /Project Greater than 20% remaining Budget	Indeterminate prolonged interruption of services that impacts on public safety and core services **non-performance or termination of service**	Substantiated, public embarrassment, very high multiple impacts, high widespread multiple news profile, third party actions, Likely to lead to the dismissal of Council/ Councillors or Executive Staff. *Example World Wide News, TV News stories, Current Affair, 60 Minutes, Widespread Facebook item taken up by vast numbers of people outside City*	Uncontained, irreversible impact *Example Ship runs aground and spills oil along City coastline, ground water supply exhausted or rendered unusable*	*Compliance* – Noncompliance results in litigation, criminal charges or significant damages or penalties *Legal* - Numerous Major Litigations. *Contract* –Termination of Contract for default.

LIKELIHOOD TABLE

DESCRIPTOR	DETAILED DESCRIPTION	OPERATIONAL FREQUENCY
ALMOST CERTAIN	The event is expected to occur in most circumstances	More than once per year *or* incident is clearly imminent
LIKELY	The event will probably occur in most circumstances	At least year once peryear
POSSIBLE	The event should occur at some time	At least once in 3 years
UNLIKELY	The event could occur at some time	At least once in 10 years
RARE	The event may only occur in exceptional circumstances	Less than once in 15 years

RISK MATRIX

Consequence / Likelihood	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC
ALMOST CERTAIN	LOW	LOW	MODERATE	EXTREME	EXTREME
LIKELY	LOW	LOW	MODERATE	HIGH	EXTREME
POSSIBLE	LOW	LOW	MODERATE	HIGH	HIGH
UNLIKELY	LOW	LOW	LOW	MODERATE	HIGH
RARE	LOW	LOW	LOW	MODERATE	HIGH

RISK ACCEPTANCE CRITERIA

RISK RANK	DESCRIPTION	CRITERIA	RESPONSIBILITY
LOW	ACCEPTABLE	**No immediate concern** Risk acceptable with adequate controls, managed by routine procedures and subject to annual monitoring	Operational Manager/s
MODERATE	MONITOR	**Periodic Monitoring** Risk acceptable with adequate controls, managed by specific procedures and subject to semi-annual monitoring	Operational Manager/s
HIGH	URGENT ATTENTION REQUIRED	**Regular / Frequent Monitoring** Risk acceptable with effective controls, managed by senior management / executive and subject to monthly monitoring	All Directors *SAFETY / HEALTH* *SERVICE INTERRUPTION* Director CCS *FINANCIAL, REPUTATIONAL, ENVIRONMENTAL & LEGAL / COMPLIANCE*
EXTREME	UNACCEPTABLE	**Actively Manage** Risk only acceptable with effective controls and all treatment plans to be explored and implemented where possible, managed by highest level of authority and subject to continuous monitoring	CEO / Council

AC173   IBIS ERP PROJECT UPDATE

AGENDA REFERENCE:	**D-25-111583**
AUTHOR:	**D Duff, Manager ERP Project**
EXECUTIVE:	**P Radalj, Director Corporate Services**
DATE OF REPORT:	**16 September 2025**
FILE REFERENCE:	**GP/11/0020-003**
ATTACHMENTS:	**No**

EXECUTIVE SUMMARY:

The purpose of this report is to provide the Audit Committee with a progress update on the IBIS ERP Project.

EXECUTIVE RECOMMENDATION:

That the Audit Committee by Simple Majority pursuant to Section 7.1C of the *Local Government Act 1995* RESOLVES to:

1. NOTE the progress, successes, and challenges of the IBIS ERP Project.

PROPONENT:

The proponent is the City of Greater Geraldton (the City).

BACKGROUND:

IBIS ERP Project, the City's project to replace the SynergySoft ERP, began in April 2022. Originally programmed to be implemented across two (2) releases, the programme was updated in May 2023 to span four (4) phases. This change resulted in a more linear approach to implementation alongside an expected increase to project duration. However, it also provided a logical grouping of functional modules to be implemented with potential to improve projected internal resourcing requirements and reduce the chances of change fatigue.

The four phases, functional groups, and modules are identified as follows.

Phase 1 – Functional Groups – Financials, Human Resources & Payroll, and Supply Chain Management:

- General Ledger (completed)
- Taxation (completed)
- Asset Accounting (completed)
- Banking (completed)
- Accounts Payable (completed)
- Organisation Management (completed)
- Payroll (completed)
- Workforce Management (completed)
- Safety (deferred to phase 3)
- Purchasing (completed)
- Enterprise Content Management – connected content (in progress)

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Phase 2 – Financials, Supply Chain Management, Enterprise Asset Management, and Strategic Asset Management:

- Purchase Card Management (deferred to phase 4)
- Travel & Expenses (deferred to Phase 4)
- eInvoicing (deferred to Phase 4)
- Intelligent Invoice Processing (completed)
- Enterprise Budgeting (completed)
- PPLGS (deferred to Phase 3)
- Inventory (completed)
- Contracts (completed)
- Reviews (completed)
- Sourcing (deferred indefinitely)
- Talent and Succession (completed)
- Recruitment (completed)
- Training (completed)
- Asset Management (in progress)
- Project management (in progress)
- Works Management (in progress)
- Spatial GIS (in progress)
- Strategic Asset Management Core (deferred to Phase 4)

Phase 3 – Enterprise Content Management, Revenue and Compliance:

- Document Management – Hard Copy (in progress)
- Records Management – Retention and Disposal (completed)
- Property Management (in progress)
- Names Management (in progress)
- Enterprise Cash Receipting (in progress)
- Debtors (in progress)
- Billing (in progress)
- Waste (planned)
- Developer Applications (planned)
- Permits and Licenses (planned)
- Bonds and Guarantees (planned)
- Enforcements (planned)
- Certificates (planned)
- Leases and Licences (planned)
- Cemeteries (planned)
- Policy Management (planned)
- Infringements (planned)
- Animal Management (planned)
- Request Management including Digital Experience Platform (in progress)

Phase 4 – Enterprise Content Management, Strategic Asset Management:

- ECM Front End Document Management (planned)
- Strategic Asset Management - Advanced (planned)

In summary, the implementation consists of seven (7) functional groups and fifty (50) modules of which eighteen (18) are completed, twelve (12) are in progress/on-going, and twenty (20) are planned to begin.

Completed modules are primarily related to Finance, Supply Chain Management, and Human Resources & Payroll. With the latter performing functions entirely from the new ERP as all those modules have been implemented. In addition, the project team managed the migration of Intramaps (GIS) to TechnologyOne GIS Spatial Cloud.

Modules in progress and where effort is at present primarily focused are Enterprise Asset Management (including project management), Request Management/DXP, and Property and Rating revenue modules. The latter also includes legacy ERP data cleansing and synchronisation to the replacement ERP.

DXP will be the digital platform for customer service providing an interconnected system with a centralised location for name records, content, and more.

The 'planned' portion of modules relate mostly to Property and Rating compliance modules, functions delivered by the Development Services Directorate.

A constant challenge to the project to date and moving forward relates to project resourcing. This includes consultant resourcing from the ERP provider TechnologyOne and availability of internal subject matter experts (SME). The internal resourcing constraint stems from challenges with back-filling SME positions. The City finds it difficult at times to fill certain full-time positions, highlighting that short term temporary positions have and will be more difficult to fill. To supplement TechnologyOne resourcing constraints a pool of external providers proficient with the TechnologyOne product and that have an awareness of local government functions and processes have been engaged.

Feedback from project team members and subject matter experts engaged with consultants from the external pool has been positive and would be their preference for implementation consultancy. External consultants provide for a consistent touch point during implementation and have shown to have advanced knowledge on the TechnologyOne product, often being ex-employees of the company. Therefore, being investigated is the viability, for the remainder of the project to utilise external consultants for actual configuration activities where subject matter expert availability is constrained and to supplement TechnologyOne resourcing to ensure the project remains within budget, timeframes, and scope.

The IBIS ERP project, initially slated to run for three (3) years is at present projected to conclude in its entirety during 2027 with a reduction in levels of activity as it progresses toward this target.

CONNECTED, LIVEABLE, THRIVING, LEADING – ISSUES AND OPPORTUNITIES:

Connected:
A modern ERP system enhances connectivity by integrating data across departments, enabling timely and coordinated responses that make public spaces safer, services more inclusive, and residents more engaged.

Liveable:
A modern ERP promotes a more liveable City through improved service delivery and an expansion of online services.

Thriving:
There are no adverse impacts.

Leading:
An ERP makes Council operations more transparent, accountable, and data-driven, ensuring decisions reflect community priorities and resources are used wisely.

Disclosure of Interest:
No Officer involved in the preparation of this report has a declarable interest in this matter.

RELEVANT PRECEDENTS:
There are no relevant precedents. This is the first IBIS ERP project update provided to the Audit Committee.

COMMUNITY/COUNCIL MEMBER CONSULTATION:
Council awarded RFT 2122 03 ERP Software Replacement to TechnologyOne at its meeting 29 March 2022 (Item No. CCS682).

LEGISLATIVE/POLICY IMPLICATIONS:
There are no legislative or policy implications.

FINANCIAL AND RESOURCE IMPLICATIONS:
$2.5million has been allocated in the 2025-26 Annual Budget for IBIS project implementation which includes both internal and external resourcing costs.

INTEGRATED PLANNING LINKS:

Strategic Theme: Leading	A progressive City where informed decisions, strong advocacy and an enabling culture drives sustainable regional growth.
Goal 2	Efficiently and effectively deliver community services and projects, through optimal use of our resources.
Goal 3	Financial sustainability, actively seeking and leveraging external funding to deliver for the community.
Goal 5	Provide the community with clear and accessible information about the City's programs, services and decisions.
Goal 6	Ensure high quality governance activities enabling transparency and accountability.

REGIONAL OUTCOMES:

There are no impacts to regional outcomes.

RISK MANAGEMENT:

The current ERP application, Synergysoft, is a decades old system that has not kept pace with technology or customer expectations. Replacing the ERP with a modern, cloud based, and customer accessible product ensures the Council keeps pace with those expectations whilst improving its operations.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:

No alternative options were considered by City Officers. This report is provided to the Audit Committee as an update only.

5   GENERAL BUSINESS LATE ITEM

6   MEETING CLOSURE