



AUDIT, RISK AND IMPROVEMENT COMMITTEE MEETING

AGENDA

24 February 2026

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CITY OF GREATER GERALDTON**AUDIT, RISK AND IMPROVEMENT COMMITTEE MEETING
TO BE HELD ON TUESDAY 24 FEBRUARY 2026 AT 3.00PM
CHAMBERS – CATHEDRAL AVENUE****A G E N D A****1 DECLARATION OF OPENING****2 ATTENDANCE**Present:

Michael Librizzi, Presiding Member
Mayor Jerry Clune
Deputy Mayor Colliver
Cr Milnes
Cr Van Styn

Officers:

Ross McKim, Chief Executive Officer
Paul Radalj, Director Corporate Services
Chris Lee, Director Infrastructure Services
Tony Free, Director Development Services
Nita Jane, Chief Financial Officer
Larisa Maldea, Manager Corporate Compliance
Temba Machukera, Financial Accountant
Michael Jones, Coordinator Governance & Risk, Minute Secretary

By Invitation:

Amit Kabra, Director, RSM Australia Pty Ltd
Jaques Coetzer, Senior Manager, RSM Australia Pty Ltd
Mark Ambrose, Senior Director, Office of the Auditor General
Maria Cavallo, Director, AMD Chartered Accountants
Chelsea Gardiner, Director, AMD Chartered Accountants

Apologies:Leave of Absence:**3 CONFIRMATION OF PREVIOUS MINUTES**

Recommendation: That the minutes of the City of Greater Geraldton Audit, Risk and Improvement Committee (ARIC) meeting held on **2 December 2025** as attached be accepted as a true and correct record of proceedings.

4 ITEMS FOR AUDIT, RISK AND IMPROVEMENT COMMITTEE REVIEW

AC177 AUDIT ENTRANCE MEETING WITH OAG AND RSM

AGENDA REFERENCE:	D-26-014788
AUTHOR:	N Jane, Chief Financial Officer
EXECUTIVE:	P Radalj, Director Corporate Services
DATE OF REPORT:	06 February 2026
FILE REFERENCE:	GO/11/0020
ATTACHMENTS:	Yes (x1) Confidential Confidential – Annual Audit Strategy 2025-26

EXECUTIVE SUMMARY:

The purpose of this report is to enable an Audit Entrance Meeting to be conducted for the 2025-26 financial audit. It also provides an opportunity for the Office of the Auditor General (OAG) and contract auditor RSM Australia, to discuss the Audit Planning Memorandum, and an occasion to raise any concerns associated with the audit process.

EXECUTIVE RECOMMENDATION:

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

1. RECEIVE the Audit Planning Memorandum for the year ending 30 June 2026; and
2. PROVIDE FEEDBACK on the Audit Planning Memorandum.

PROPONENT:

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

BACKGROUND:

The Auditor General is responsible for the auditing of local governments within Western Australia (*Local Government (Audit) Regulations 1996*). The Auditor General engaged RSM to conduct the financial audit for the City on their behalf, for the three years to 30 June 2023. The contract has been extended to include the 2023-24, 2024-25 and 2025-26 financial years.

The interim audit visit for the 2025-26 year is scheduled for May 2026, and prior to this, an Entrance meeting will be held to discuss the Audit Planning Memorandum (attached). This document provides detail of the proposed approach by RSM Australia in undertaking the 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:

Holding an Entrance Meeting provides opportunity for the Audit, Risk and Improvement Committee to undertake its functions including to discuss with the auditors their planning for the annual audit.

Disclosure of Interest:

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

RELEVANT PRECEDENTS:

Each year an audit entrance and exit meeting is held with the Auditor General, the contract auditor and the Audit, Risk and Improvement Committee. The previous entrance meeting was held on 22 April 2025 - AC161.

COMMUNITY/COUNCIL MEMBER CONSULTATION:

There has been no community/Council Member consultation.

LEGISLATIVE/POLICY IMPLICATIONS:

Local Government (Audit) Regulations 1996, section 16:

An audit, risk and improvement committee has the following functions —

- (a) to receive and review reports on, and recommend to the council actions to be taken in relation to —*
 - (i) audits under Part 7 of the Act; and*
 - (ii) compliance audits; and*
 - (iii) reviews under regulation 17;*
- (b) to otherwise receive and review reports on the appropriateness and effectiveness of, and recommend to the council improvements to, the local government's systems and procedures in relation to —*
 - (i) financial management; and*
 - (ii) legislative compliance; and*
 - (iii) risk management;*
- (c) to receive and review reports on, and recommend to the council improvements to, the implementation of any actions that the local government —*
 - (i) is required to take under 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 otherwise decided to take in response to a report or recommendation referred to in paragraph (a) or (b); and*
 - (iv) has stated it has done or proposes to do in written advice prepared under section 8.6(1)(a) or 8.23(4)(a);*
- (d) any other function conferred on the audit, risk and improvement committee under 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 Leading	Theme:	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 6		Ensure high quality governance activities enabling transparency and accountability.

REGIONAL OUTCOMES:

There are no impacts to regional outcomes.

RISK MANAGEMENT:

A part of the Audit, Risk and Improvement Committee function is to mitigate risks to Council facilitating the following:

- The credibility and objectivity of internal and external financial reporting
- Effective management of financial and other risks and the protection of Council assets
- Compliance with laws and regulations as well as use of best practice guidelines relative to audit, risk management, internal control and legislative compliance
- The coordination of the internal audit function with the external audit; and the provision of an effective means of communication between the external auditor, internal auditor, the CEO and Council.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:

No alternative options were considered.

AC178	STRATEGIC INTERNAL AUDIT PLAN 2025-2030
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AGENDA REFERENCE:	D-26-015171
AUTHOR:	N, Jane, Chief Financial Officer
EXECUTIVE:	P Radalj, Director Corporate Services
DATE OF REPORT:	6 February 2026
FILE REFERENCE:	GO/11/0020
ATTACHMENTS:	Yes (x3) Confidential
	A. Confidential – Strategic Internal Audit Plan 2025 - 2030
	B. Confidential – Local Government Internal Audit Modules
	C. Confidential – Audit Committee Priorities

EXECUTIVE SUMMARY:

The purpose of this report is to seek Audit, Risk and Improvement Committee endorsement of the draft Strategic Internal Audit Plan for 2025 – 2030.

The key purpose of the plan is to ensure the implementation and establishment of adequate control systems, appropriate risk management and governance procedures to meet the City's objectives and statutory requirements.

EXECUTIVE RECOMMENDATION:

That the Audit, Risk and Improvement Committee by Simple Majority pursuant to Section 7.1CA of the *Local Government Act 1995* RESOLVES to:

1. ENDORSE the Strategic Internal Audit Plan 2025– 2030 as presented;
2. NOTE the appointment of AMD Chartered Accountants and Advisors as the appointed Internal Auditor; and
3. REQUEST an update on progress at the next Audit, Risk and Improvement Committee meeting.

PROPONENT:

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

BACKGROUND:

Internal audit provides independent, objective assurance over an organisation's risk management, internal control, governance and the processes in place for ensuring effectiveness, efficiency and economy.

Strategic Internal Audit Plan 2021 – 2025 was endorsed by the Audit Committee on 28 September 2021 to ensure the City met the statutory requirements to conduct regular reviews as required by *Local Government (Financial Management) Regulation 5* and *Local Government (Audit) Regulation 17*.

In May 2025, the Audit Committee endorsed the development of a new Strategic Internal Audit Plan 2025 – 2030. A Request For Quote (RFQ) was issued to WALGA Preferred Supplier Panel PSP004-002 Compliance and Audit Services 7 November 2025 and closed 28 November 2025.

Four responses were received and evaluated on relevant experience, key personnel skills and experience, respondent's resources, demonstrated

understanding and price. The successful respondent was AMD Chartered Accountants and Advisers.

A draft Strategic Internal Audit Plan 2025 – 2030 has been prepared and is presented in the attachment.

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, Risk and Improvement Committee plays a key role in assisting a local government to fulfil its governance and oversight responsibilities in relation to risk management, internal controls, and legislative compliance.

The Strategic Internal Audit Plan outlines the required and proposed actions over the period of the plan.

Disclosure of Interest:

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

RELEVANT PRECEDENTS:

The Audit Committee endorsed the proposed scope of the Strategic Internal Audit Plan 2025 - 2030 at the meeting on 20 May 2025 (AC164) and endorsed the previous Strategic Internal Audit Plan 2021 - 2025 at the meeting on 28 September 2021 (AC105).

COMMUNITY/COUNCIL MEMBER CONSULTATION:

There has been no community/Council Member consultation.

LEGISLATIVE/POLICY IMPLICATIONS:

Local Government (Audit) Regulations 1996, regulation 16:

An audit, risk and improvement committee has the following functions —

- (a) to receive and review reports on, and recommend to the council actions to be taken in relation to —*
 - (i) audits under Part 7 of the Act; and*
 - (ii) compliance audits; and*
 - (iii) reviews under regulation 17;*
- (b) to otherwise receive and review reports on the appropriateness and effectiveness of, and recommend to the council improvements to, the local government's systems and procedures in relation to —*
 - (i) financial management; and*
 - (ii) legislative compliance; and*
 - (iii) risk management;*

-
- (c) *to receive and review reports on, and recommend to the council improvements to, the implementation of any actions that the local government —*
- (i) *is required to take under 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 otherwise decided to take in response to a report or recommendation referred to in paragraph (a) or (b); and*
 - (iv) *has stated it has done or proposes to do in written advice prepared under section 8.6(1)(a) or 8.23(4)(a);*
- (d) *any other function conferred on the audit, risk and improvement committee under these regulations or another written law.*

Local Government (Audit) Regulations 1996, regulation 17:

- (1) *The CEO must review the appropriateness and effectiveness of the local government's systems and procedures in relation to the following matters —*
- (a) *financial management;*
 - (b) *legislative compliance;*
 - (c) *risk management.*
- (2) *Under subregulation (1), the CEO may review any or all of the matters referred to in subregulation (1)(a) to (c) at any time but must review each of those matters not less than once in every 4 financial years.*
- (3) *The CEO must report to the audit, risk and improvement committee the results of each review carried out under subregulation (1).*

Local Government (Financial Management) Regulations 1996, regulation 5:

- (1) *Efficient systems and procedures are to be established by the CEO of a local government —*
- (a) *for the proper collection of all money owing to the local government; and*
 - (b) *for the safe custody and security of all money collected or held by the local government; and*
 - (c) *for the proper maintenance and security of the financial records of the local government (whether maintained in written form or by electronic or other means or process); and*
 - (d) *to ensure proper accounting for municipal or trust —*
 - (i) *revenue received or receivable; and*
 - (ii) *expenses paid or payable; and*
 - (iii) *assets and liabilities;**and*
 - (e) *to ensure proper authorisation for the incurring of liabilities and the making of payments; and*
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- (f) *for the maintenance of payroll, stock control and costing records; and*
- (g) *to assist in the preparation of budgets, budget reviews, accounts and reports required by the Act or these regulations.*
- (2) *The CEO is to —*
- (a) *ensure that the resources of the local government are effectively and efficiently managed; and*
- (b) *assist the council to undertake reviews of fees and charges regularly (and not less than once in every financial year).*

FINANCIAL AND RESOURCE IMPLICATIONS:

Provision is made in the budget to undertake reviews as required.

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 6	Ensure high quality governance activities enabling transparency and accountability.

REGIONAL OUTCOMES:

There are no impacts to regional outcomes.

RISK MANAGEMENT:

Preparation and implementation of a Strategic Internal Audit Plan assist with ensuring we meet the requirements of *Local Government (Audit) Regulation 17* and *Local Government (Financial Management) Regulation 5*.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:

No alternative options were considered by City Officers.

AC179	PROGRESS REPORT ON AUDIT RECOMMENDATIONS – FEBRUARY 2026
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AGENDA REFERENCE:	D-26-019383
AUTHOR:	N Jane, Chief Financial Officer
EXECUTIVE:	P Radalj, Director Corporate Services
DATE OF REPORT:	5 February 2026
FILE REFERENCE:	GO/11/0020
ATTACHMENTS:	Yes (x1) Confidential Confidential - Progress Report on Audit Recommendations – February 2026

EXECUTIVE SUMMARY:

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

EXECUTIVE RECOMMENDATION:

That the Audit, Risk and Improvement Committee by Simple Majority pursuant to Section 7.1CA of the *Local Government Act 1995* RESOLVES to:

1. RECEIVE the Progress Report on Audit Recommendation for February 2026.

PROPONENT:

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

BACKGROUND:

When receiving audit reports, the Audit, Risk and Improvement Committee requested progress updates on implementation of the proposed management actions. The progress reports provided, address audits completed up to December 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 Fraud and Corruption Control Plan Review
- 2024-25 IT General Controls Audit
- 2025 Asset Management and Disposal of Assets

**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, Risk and Improvement Committee to fulfill its governance and oversight responsibilities. The report enables the Audit, Risk and Improvement 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 AC166 – Progress Report on Audit Recommendations – August 2025, received on 30 September 2025.

COMMUNITY/COUNCIL MEMBER CONSULTATION:

There has been no community/Council Member consultation.

LEGISLATIVE/POLICY IMPLICATIONS:

Local Government (Audit) Regulations 1996, regulation 16 outlines the functions of the audit, risk and improvement committee including its role to receive and review reports on and recommend to the council actions to be taken in relation to audits, compliance audits, reviews under regulation 17 systems and procedures in relation to financial management, legislative compliance and risk management.

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 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:

Part of the Audit, Risk and Improvement 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.

AC180 WORK HEALTH & SAFETY (WHS) IMPLEMENTATION PLAN

AGENDA REFERENCE:	D-26-016224
AUTHOR:	N Hope, Manager People, Safety and Wellbeing
EXECUTIVE:	P Radalj, Director Corporate Services
DATE OF REPORT:	30 January 2026
FILE REFERENCE:	GO/11/0020
ATTACHMENTS:	Yes x 4
	A. Work Health & Safety Implementation Plan and Inspection Schedule
	B. City Safety Strategy 2025 – 2029
	C. HS-PLN-039 Safety Management Plan
	D. 2025 City of Greater Geraldton -Tier 3 Action Plan

EXECUTIVE SUMMARY:

The purpose of this report is to provide an update to the Audit, Risk and Improvement Committee of the status of the City of Greater Geraldton's, Work Health & Safety (WHS) Implementation Plan.

EXECUTIVE RECOMMENDATION:

That the Audit, Risk and Improvement Committee by Simple Majority pursuant to Section 7.1CA of the *Local Government Act 1995* RESOLVES to:

1. RECEIVE the Work Health & Safety Implementation Plan and Inspection Schedule;
2. RECEIVE the City Safety Strategy 2025 - 2029; and
3. RECEIVE the HS-PLN-039 Safety Management Plan.

PROPONENT:

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

BACKGROUND:

In June 2025, the City underwent a Work Health and Safety (WHS) audit conducted by Local Government Insurance Services (LGIS). The audit findings highlighted the need to streamline key WHS documentation to improve clarity and ensure consistent application across the organisation, thereby enabling all workers to clearly understand and effectively uphold their safety responsibilities.

The Safety Team, in consultation with key operational areas, undertook a comprehensive review and revision of the City Safety Strategy 2025–2029, the WHS Implementation Plan and Inspection Schedule, and HS-PLN-039 Safety Management Plan. This work was deliberately focused on strengthening legislative compliance, reinforcing the City's safety commitments, and ensuring consistent and effective application across the organisation.

The revised documents place a strong emphasis on work health and safety compliance by enhancing clarity, usability, and organisational alignment, while clearly defining the City's statutory obligations and safety expectations under

relevant WHS legislation. The documentation was circulated to the Safety Committee and Executive Management Team for review and feedback and was subsequently formally endorsed by the Safety Committee for implementation on 18 December 2025.

Following endorsement, the documents were published and implemented without delay and are now embedded across the organisation. They provide a strengthened, consistent, and compliant framework for safety management, supporting the City's ongoing commitment to proactive risk management and the protection of worker health and safety.

2025 - CITY OF GREATER GERALDTON TIER 3 ACTION PLAN STATUS - FINDINGS AND RECOMMENDATIONS:

Item 1 - The organisations approach to health and safety management is planned and reviewed in consultation with senior management at least annually.

Annual WHS system reviews have been in place for many years. Audit Finding 2.1 recommended updating the Safety Management Plan to include measurable safety objectives. This work was completed, and the new Safety Management Plan was implemented following endorsement on 18 December 2025.

Items 2 & 3 - Specific health and safety objectives and measurable targets have been established for relevant functions and levels within the organisation.

The new Safety Management Plan, Safety Strategy and WHS Implementation Plan were under development as of the 4 September 2025 and were submitted to the City Safety Committee for approval on 18 December 2025. All three were endorsed the same day and published live for use across the organisation and contain objectives and measurable targets.

Item 4 - Update the emergency procedures to reflect restricted access to the outdoor pool area at Aquarena.

The City's WHS team did not agree that this audit item is valid. The doors at the Aquarena meet the required building and Australian Standards, and current evacuation procedures and training already meet safety requirements.

The auditor did not provide evidence to show why further action was needed.

Item 5 - Workers or their representatives are involved in planning processes for the management of health and safety at the workplace.

All High level Safety Documentation is reviewed by and endorsed by the Safety Committee prior to implementation, including documents like the Safety Management Plan, Safety Strategy and the Implementation plan. The Safety Committee is made up of Executive, Managers, WHS Advisors and Safety Representatives.

Item 6 - There are arrangements in place for the consultation and communication with volunteers.

Over recent years, the City has prioritised strengthening its onboarding and volunteer management practices, including the development of clear position descriptions and the implementation of a volunteer management system. As part of this audit, the City was commended for being highly advanced in this area when compared with other local governments.

Volunteer management is overseen through two distinct areas across the volunteer lifecycle, including onboarding, training, and ensuring safety compliance. The Human Resources team manages general volunteers, while the Emergency Management team oversees bushfire volunteers. This approach ensures volunteer activities are appropriately considered within WHS planning and that effective consultation and communication mechanisms are in place.

GENERAL TEAM UPDATE:

Since April 2025, the newly established Safety Team has been operating at full capacity, comprising a Senior Safety Specialist and three Safety Advisors, including a dedicated resource for the City's Works Depot.

The team brings renewed capability, diverse expertise and a strong commitment to improving safety performance across the City. Initial efforts focused on building strong relationships across the organisation to establish trust, enhance engagement and foster a positive safety culture.

Overall, the Safety Team is contributing to a measurable improvement in City's safety maturity, reinforcing the City's commitment to safe, compliant and sustainable service delivery for employees, contractors and the community.

Additionally, the WHS Team has taken a proactive approach to ensuring the workforce is appropriately skilled and competent to safely perform their roles. In response to legislative updates and identified risk areas, positions requiring specific training, licences, certifications have been identified, with targeted training delivered accordingly.

This approach ensures that work activities are undertaken by suitably trained and authorised personnel, supports legislative compliance, and strengthens risk control at the operational level. Training delivered to address identified capability gaps has included:

- **Working at Heights** – Identified gap addressed for depot workers across multiple teams
- **Dogging, Rigging and Crane Operations** – Identified gap addressed for depot workers across multiple teams
- **Confined Spaces** – Identified gap addressed for depot workers within Reticulation and Drainage teams
- **WHS Roles and Responsibilities** – Identified gap addressed through delivery to 20 core leaders

- **Drug and Alcohol Testing** – Identified gap addressed through delivery to Safety, Depot and Project teams
- **Psychosocial Hazard Awareness** – Delivered to Leadership and Management cohorts

Collectively, this targeted training program strengthens frontline capability, improves hazard awareness and control, and reinforces the City's commitment to providing a safe, compliant and sustainable workplace.

Workplace injury management is still overseen by the Coordinator Human Resources and the City is proactive in managing both work and non work relating injuries and illness.

The City's loss time injury frequency rate for 2025-26 year to date, is currently 12.71 LTIFR.

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

Connected:

Improved clarity and usability of WHS documents supports stronger shared understanding and collaboration between teams.

Liveable:

Proactive WHS planning, including volunteer safety oversight, supports safe community participation and service delivery.

Thriving:

Strong safety ownership contributes to workforce confidence, retention, and organisational performance.

Leading:

A fully resourced and highly visible Safety Team positions the City as a leader in local government safety practice. As well as embedding measurable safety objectives strengthens governance, transparency, and continuous improvement.

Disclosure of Interest:

No Officer involved in the preparation of this report has a declarable interest in this matter. (or provide details of impartiality interest)

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 Regulations (General) 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 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 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 Audit, Risk and Improvement Committee is part of the three lines of defence which work together to manage risks and ensure that controls are implemented and effective.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:

No alternative options were considered.

Office of the CEO

Action Item	Expectation	2026																Responsible for Action						
		Q1			Responsible person	Comment if not complete	Q2			Responsible person	Comment if not complete	Q3			Responsible person	Comment if not complete	Q4			Responsible person	Comment if not complete			
		Jan	Feb	Mar			Apr	May	Jun			Jul	Aug	Sep			Oct		Nov			Dec		
Complete outstanding Audit Actions for directorate	Ensure any outstanding Audit action items have been closed out																							CEO/Safety Team
Complete Leadership walks	Two walks per quarter with HSR			<input type="checkbox"/>	Airport - January																			CEO
Tool Box presence	One per quarter across CGG			<input checked="" type="checkbox"/>																				CEO

Infrastructure Services

Action Item	Expectation	2026																Responsible for Action						
		Q1			Responsible person	Comment if not complete	Q2			Responsible person	Comment if not complete	Q3			Responsible person	Comment if not complete	Q4			Responsible person	Comment if not complete			
		Jan	Feb	Mar			Apr	May	Jun			Jul	Aug	Sep			Oct		Nov			Dec		
Complete outstanding audit actions for directorate	Ensure any outstanding audit action items have been closed out																							Director Infrastructure Services/Safety Team
Conduct annual review and provide feedback on branch CGG WHS Risk Register	Each Manager to review their branch section of the CGG WHS Risk Register & provide feedback to Safety			<input type="checkbox"/>																				Managers
Complete Leadership walks	Two walks per quarter			<input type="checkbox"/>																				Director Infrastructure Services
Review training matrix and identify required training	Once per year			<input type="checkbox"/>																				Coordinators
Inspection of Depot Workshop	One inspection per quarter		<input checked="" type="checkbox"/>																					Coordinator Fleet
Inspection of Community Nursery	One inspection per quarter			<input type="checkbox"/>																				Manager Climate, Environment & Waste / Coordinator Environment and sustainability
Inspection of Mullewa Depot	One inspection per quarter			<input type="checkbox"/>																				Infrastructure Coordinator Mullewa
Inspection of Bowerbird	One inspection per quarter			<input type="checkbox"/>																				Coordinator Waste Recovery and Engagement
Inspection of Projects Site	One inspection every two months			<input type="checkbox"/>																				Project Managers and Supervisors
Inspection of Meru Waste Site	One inspection every two months			<input checked="" type="checkbox"/>																				Waste Operations Supervisor
Inspection of Depot Sheds	Supervisors to inspect there designated work area			<input type="checkbox"/>																				Supervisor - Rural Roads Supervisor - Urban Roads Supervisor - Infrastructure Supervisor - Trees & Horticulture Supervisor - Reticulation & Mowing Depot Supervisor
Safe Work Observations	One per team monthly		<input type="checkbox"/>	<input type="checkbox"/>	Infrastructure Coordinator Mullewa	Missed Jan																		Coordinator Parks Coordinator - Roads & Drainage Infrastructure Coordinator Mullewa Coordinator - Fleet Services Coordinator - Technical Services
Safe Work Observations	One per month per Supervisor		<input type="checkbox"/>	<input type="checkbox"/>	Supervisor - Rural Roads Supervisor - Urban Roads Supervisor - Trees & Horticulture Supervisor - Reticulation & Mowing Senior Mechanic Supervisor Mullewa Town	Missed Jan Missed Jan																		Supervisor - Rural Roads Supervisor - Urban Roads Supervisor - Infrastructure Supervisor - Trees & Horticulture Supervisor - Reticulation & Mowing Depot Supervisor Coordinator Parks Coordinator - Roads & Drainage Infrastructure Coordinator Mullewa Coordinator - Fleet Services Coordinator - Technical Services

Development Services

Action Item	Expectation	2026																Responsible for Action						
		Q1			Responsible person	Comment if not complete	Q2			Responsible person	Comment if not complete	Q3			Responsible person	Comment if not complete	Q4			Responsible person	Comment if not complete			
		Jan	Feb	Mar			Apr	May	Jun			Jul	Aug	Sep			Oct		Nov			Dec		
Complete outstanding audit actions for directorate	Ensure any outstanding audit action items have been closed out																							Director Development Services/Safety Team
Conduct annual review and provide feedback on branch CGG WHS Risk Register	Each Manager to review their branch section of the CGG WHS Risk Register & provide feedback to Safety			<input type="checkbox"/>																				Managers
Complete Leadership walks	Two walks per quarter			<input type="checkbox"/>																				Director Development Services
Review training matrix and identify required training	Once per year			<input type="checkbox"/>																				Coordinators
Inspection of Animal Management Facility	One inspection per quarter			<input type="checkbox"/>	Coordinator Ranger services	not completed																		Coordinator Ranger Services
Inspect of Civic Centre Northwing	One inspection per quarter			<input type="checkbox"/>																				Directors discession
Inspection of Building Maintenance Shed	One inspection per quarter			<input type="checkbox"/>																				Place Coordinator
Safe Work Observations	One per month		<input type="checkbox"/>	<input type="checkbox"/>	Place Coordinator	Position vacant																		Place Coordinator
Inspection of Emergency Management Facility	Two per year			<input type="checkbox"/>																				Coordinator Emergency Management

Community and Culture

Action Item	Expectation	2026																Responsible for Action						
		Q1			Responsible person	Comment if not complete	Q2			Responsible person	Comment if not complete	Q3			Responsible person	Comment if not complete	Q4			Responsible person	Comment if not complete			
		Jan	Feb	Mar			Apr	May	Jun			Jul	Aug	Sep			Oct		Nov			Dec		
Complete outstanding audit actions for directorate	Ensure any outstanding audit action items have been closed out																							Director Community & Culture/Safety Team
Conduct annual review and provide feedback on branch CGG WHS Risk Register	Each Manager to review their branch section of the CGG WHS Risk Register & provide feedback to Safety			<input type="checkbox"/>																				Managers
Complete Leadership walks	Two walks per quarter			<input type="checkbox"/>																				Director Community & Culture
Review training matrix and identify required training	Once per year			<input type="checkbox"/>																				Coordinators
Inspection of GRAG	One inspection per quarter			<input type="checkbox"/>																				Coordinator Gallery & Public Art
Inspection of Library	One inspection per quarter			<input type="checkbox"/>																				Coordinator Library Services / Coordinator Heritage Services
Inspection of Geraldton Youth Centre	One inspection per quarter			<input type="checkbox"/>																				Coordinator Youth Development
Inspection of QPT	One inspection per quarter			<input type="checkbox"/>																				Coordinator Events & Venues
Inspection of QE2	One inspection per quarter			<input type="checkbox"/>																				Coordinator Community Development
Inspection of Mullewa District Office	One inspection per quarter			<input type="checkbox"/>																				Manager Mullewa District Office
Inspection of Mullewa Youth Centre	One inspection per quarter			<input type="checkbox"/>																				Coordinator Youth Development
Inspection of Aquarena	One inspection per quarter			<input type="checkbox"/>																				Manager Sports and Leisure / Aquatic Operations Coordinator
Inspection of Mullewa Caravan Park	Two inspections per year			<input type="checkbox"/>																				Manager Mullewa District Office
Inspection of Mullewa Recreation Centre	Two inspections per year			<input type="checkbox"/>																				Manager Mullewa District Office
Inspection of GMC	Two inspections per year			<input type="checkbox"/>																				Coordinator Events & Venues
Inspection of Mullewa Swimming Pool (Doc Docherty Pool)	Three inspections during operational season, start, middle and end of season			<input type="checkbox"/>	Manager Sports and Leisure / Aquatic Operations Coordinator	Jan inspection completed																		Manager Sports and Leisure / Aquatic Operations Coordinator
Safe Work Observations	One per month		<input checked="" type="checkbox"/>	<input type="checkbox"/>																				City Precinct Facilitator

Corporate Services

2026															
Q1			Q2			Q3			Q4						

Action Item	Expectation	2026			Responsible person	Comment if not complete	2026			Responsible person	Comment if not complete	2026			Responsible person	Comment if not complete	2026			Responsible person	Comment if not complete	Responsible for Action
		Jan	Feb	Mar			Apr	May	Jun			Jul	Aug	Sep			Oct	Nov	Dec			
Complete outstanding audit actions for directorate	Ensure any outstanding audit action items have been closed out																					Director Corporate Services/Safety Team
Conduct periodic review and provide feedback on branch CGG WHS Risk Register	Each Manager to review their branch section of the CGG WHS Risk Register & provide feedback to Safety		<input type="checkbox"/>																			Managers
Complete Leadership walks	Two walks per quarter		<input type="checkbox"/>																			Director Corporate Services
Review training matrix and identify required training	Once per year		<input type="checkbox"/>																			Coordinators
Inspection of Airport	One inspection per quarter	<input type="checkbox"/>																				Coordinator Airport Operations
Inspection of Civic Centre South Wing	One inspection per quarter		<input type="checkbox"/>																			Directors discussion
SWO/Inspection/Spot Check/Audit	One - four per month per month			<input type="checkbox"/>																		WHS Team

Health and Safety Representatives

Action Item	Expectation	Q1			Responsible person	Comment if not complete	Q2			Responsible person	Comment if not complete	Q3			Responsible person	Comment if not complete	Q4			Responsible person	Comment if not complete	Responsible for Action
		Jan	Feb	Mar			Apr	May	Jun			Jul	Aug	Sep			Oct	Nov	Dec			
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Ray Thomas
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Charles Strahan
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Taylor Fleming
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Peter Foreman
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Stacey Heelan
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Lorelle Anderson
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Todd Kingdon
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Tenielle Hawke
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Catherine Hazell
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Ben Clow
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Toni Harrison
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Gabbrielle Bishop
HSR Consultation Walk	One per quarter.		<input type="checkbox"/>																			Chris McKay

CGG - WHS Foundation Audit Recommendations

No	WS Plan Indicator	Findings	Evidence	Recommendations	Status	Responsible Officer	Comments
1	1.8	Satisfactory (3)	Recommendations to improve health and safety risk management are acted upon.	Develop an internal auditing process for the WHSMS and ensure actions are acted upon	Completed	Stephen Holmes	Annual reviews of system have been in place for many years. Findings 2.1 have suggested a restructure of the existing SMP to include measurable objectives. 1.8 is effectively closed and new Safety Management Plan under development for 2.1 04/09/2025
2	2.1	Insufficient (2)	The organisations approach to health and safety management is planned and reviewed in consultation with senior management at least annually.	Create a Work Health and Safety Management Plan that demonstrates, how the organisation is going to ensure the health and safety management system is resourced and monitored for effectiveness It is recommended that the WHS Management Plan includes, but not limited to: •Measurable organisational health and safety objectives and targets •Management commitment •Planning •Consultation and reporting •Hazard management •Training and supervision •Volunteer management The WHS Management Plan should also include clear actions to be taken, person responsible for the action, and timeframe for completion Develop a schedule for the WHS Management Plan to be reviewed at least annually by ELT or more frequently as required The WHS Management Plan should be developed in consultation with WSH Committee, ELT, health and safety representatives and any other key personnel	Completed	Stephen Holmes - Senior Safety Advisor	New Safety Management Plan, Safety Strategy and implementation plan Under development - 04/09/2025 Submission sitting with the Safety Committee for approval 18/12/2025. Endorsed by Safety Committee 18/12/2025 - Documents live and implemented
3	2.2	Adhoc (1)	Specific health and safety objectives and measurable targets have been established for relevant functions and levels within the organisation.	Develop health and safety measurable objectives specific to the department function and levels within the organisation that align with the organisation's overall objectives and targets. Objectives and targets should include both lead and lag indicators.	Completed	Stephen Holmes - Senior Safety Advisor	New Safety Management Plan, Safety Strategy and implementation plan Under development - 04/09/2025 Submission sitting with the Safety Committee for approval 18/12/2025. Endorsed by Safety Committee 18/12/2025 - Documents live and implemented
4	2.6	Satisfactory (3)	Potential emergency situations have been identified and relevant emergency procedures are in place.	Update the emergency procedures to reflect restricted access to the outdoor pool area at Aquarena for the change in seasons. Train wardens in the updated procedure.	Completed	Stephen Holmes - Senior Safety Advisor	The City does not agree that this audit item is valid. The doors at the Aquarena meet the required building and Australian Standards, and current evacuation procedures and training already meet safety requirements. The auditor did not provide evidence to show why further action was needed.
5	3.3	Satisfactory (3)	Workers or their representatives are involved in planning processes for the management of health and safety at the workplace.	Include WHS Committee members in the high-level planning for the work health and safety management system.	Completed	Stephen Holmes - Senior Safety Advisor	On Safety Committee Agenda for Sept 2025 - 04/09/2025 Safety Committee voted to invite new members and as of the 25/09/2025 they now involved in consultation and feedback processes.
6	6.7	Satisfactory (3)	There are arrangements in place for the consultation and communication with volunteers.	Include workers who manage volunteers on the WHS Committee to ensure volunteer tasks are regularly considered in health and safety decisions.	Completed	Stephen Holmes - Senior Safety Advisor	Completed, Committee voted to include Eva Main and Aaron Halliday as Volunteer representation 25/09/2025 at the Safety Committee Meeting.

Corporate Business Plan 2025 – 2029 Alignment

In accordance with the City's **Corporate Business Plan 2025–2029**, the City has identified priority safety objectives, projects, and programs to strengthen the Work Health and Safety Management System (WHSMS) and support safe, sustainable service delivery.

The Safety Strategy aligns with the Four Strategic Themes:

- **Connected** – Building a culture where everyone feels safe and included.
- **Liveable** – Embedding safe work practices into the management of community infrastructure and services.
- **Thriving** – Supporting a capable, competent, and resilient workforce that enables sustainable growth.
- **Leading** – Strengthening governance, accountability, and continuous improvement in safety management.

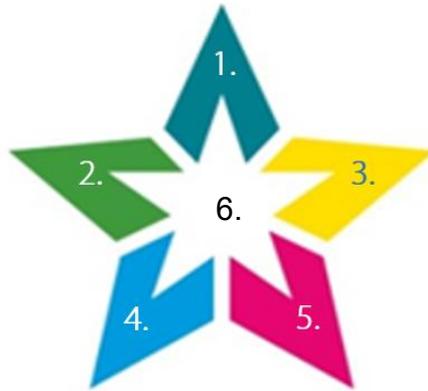
The following tables outline the **Strategic focus areas, key results, and critical actions** for 2025–2029.



Safety Strategy Key Objectives

This document sets out the City Safety Strategy 2025–2029 (the Strategy), a five-year plan that supports the Corporate Business Plan 2025–2029. It provides the framework for implementing actions that will strengthen safety across all City operations.

The Strategy identifies Six Key Safety Objectives that will guide the ongoing development of the City’s safety culture and ensure safety remains a core part of how we deliver services.



Objective Theme	Detailed Safety Objective
1. LEADERSHIP & CULTURE	Demonstrate visible commitment to safety and embed a positive safety culture across all levels of the organisation.
2. RISK MANAGEMENT	Apply a risk-based approach to identify, assess and control hazards, prioritising the elimination or reduction of high-risk activities.
3. CAPABILITY & COMPETENCE	Ensure all workers and contractors are trained, competent and supported to perform tasks safely.
4. SYSTEM & ASSURANCE	Maintain clear, simple and effective safety systems that meet legislative requirements and support continuous improvement.
5. INCIDENT REPORTING & LEARNING	To build a strong reporting culture and use incident and hazard information to prevent recurrence and improve safety.
6. ENGAGEMENT & CONSULATATION	Strengthen consultation, communication and collaboration to build shared ownership of safety.



1. LEADERSHIP & CULTURE

Objective: Demonstrate visible commitment to safety and embed a positive safety culture across all levels of the organisation.

Key Results Area:

- Visible and accountable leadership on safety.
- Integration of safety into decision-making.
- Recognition of positive safety behaviours and achievements.

Critical Actions	Accountability	Duration
1. Conduct quarterly Safety Leadership walks	EMT	Ongoing
2. Provide regular Safety briefings and updates to all staff	Safety Team / EMT	Quarterly
3. Promote and expand the Safety Recognition Program to acknowledge positive behaviours	People, Safety & Wellbeing	Ongoing
4. Encourage Leaders to model safe behaviours and embed safety messages in team discussions	Managers / Supervisors	Ongoing
5. Ensure safety is invited as a discussion point in management meetings	Managers	Ongoing



2. PLANNING

Objective: To apply a risk-based approach to identify, assess and control hazards, prioritising the elimination or reduction of high-risk activities.

Key Results Area:

- Systematic identification and control of hazards.
- Elimination and engineering controls prioritised.
- Effective monitoring of high-risk work activities.

Critical Actions	Accountability	Duration
1. Review and update the City’s risk assessment tools (eg JHAs, SWIs, SWMS) to ensure they are clear, consistent, and practical	Safety Team	Annual
2. Implement elimination and engineering controls for high-risk tasks (eg reducing reliance on ladders, or substituting manual lifting with mechanical aids such as Trolleys and hoists)	Safety Team / Managers / Coordinators	Ongoing
3. Review and strengthen Hazardous Chemical Management practices across all City operations, ensuring compliance with WHS Regulations 2022 and relevant Codes of Practice	Managers / Coordinators / Safety Team	Annual
4. Monitor and report on incidents, hazard and corrective action trends to identify and address recurring risks	Safety Team	Monthly
5. Ensure High Risk permits (eg Hot Work, Confined Space, HRWL) are maintained and consistently applied across all work areas	Managers / Coordinators / Supervisors	Ongoing



3. CAPABILITY & COMPETENCE

Objective: To ensure all workers and contractors are trained, competent and supported to perform tasks safely.

Key Results Area:

- Workers and Contractors have the skills and knowledge to perform tasks safely.
- Competency systems are consistent, practical, and aligned with WHS requirements.
- Training records are accurate and accessible.
- Ongoing learning and development support a safe and resilient workforce.

Critical Actions	Accountability	Duration
1. Review and deliver mandatory WHS Training modules annually to ensure compliance and relevance	Safety Team	Ongoing
2. Implement internal Competency to Operate (CTO) assessments for low-risk tools and equipment	Safety Team / Supervisors / Coordinators	Ongoing
3. Ensure High Risk plant and HRWL activities are supported by appropriate external assessment and verification	Safety Team / Supervisors / Coordinators	Ongoing
4. Provide ongoing refresher training for critical risks (eg working at heights, confined space, traffic management)	Managers / Supervisors	Ongoing
5. Deliver targeted training and resources to Supervisors to strengthen understanding of their duties under the WHS Act 2020 (WA)	Safety Team	Ongoing



4. SYSTEMS AND ASSURANCE

Objective: To maintain clear, simple and effective safety systems that meet legislative requirements and support continuous improvement.

Key Results Area:

- WHS documentation is current, consistent and accessible.
- Regular audits and reviews confirm the effectiveness of safety systems.
- Safety performance is monitored and reported across the organisation.

Critical Actions	Accountability	Duration
1. Safety documentation is maintained and reviewed annually in line with HS-PRO-041 Document Control Procedure	Safety Team	Ongoing
2. Conduct regular workplace inspections across all service areas	Managers / Coordinators / Supervisors	Ongoing
3. Participate in scheduled LGIS external audits and implement resulting action items	Safety Team / Managers / HSR's / Coordinators	As scheduled
4. Monitor and report on incidents, hazards and corrective action close-outs	Safety Team	Ongoing
5. Ensure records of training, incidents, inspections and audits are accurate and accessible for compliance and reporting	Safety Team / Managers / Coordinators / Supervisors / Human Resources	Ongoing



5. INCIDENT REPORTING & LEARNING

Objective: To strengthen the culture of reporting and learning from incidents, hazards, and near misses to prevent recurrence and improve safety outcomes across the organisation.

Key Results Area:

- Timely and accurate reporting of incidents, hazards, and near misses.
- Consistent investigation and follow-up of incidents.
- Sharing of lessons learned to improve practices and prevent recurrence.
- Supervisors actively leading and encouraging a positive reporting culture.

Critical Actions	Accountability	Duration
1. Reinforce clear expectations for reporting all hazards, near misses and incidents	Safety Team / Supervisors	Ongoing
2. Provide supervisors with training and tools to conduct effective incident investigations	Safety Team	As identified
3. Establish a simple process for communicating lessons learned from incidents across all departments	Safety Team	Ongoing
4. Monitor and review incident reports to identify trends and improvement opportunities	Safety Team	Quarterly/HSC
5. Recognise teams or individuals who proactively report hazards and contribute to safety improvements	Managers	Ongoing



6. ENGAGEMENT & CONSULTATION

Objective: To strengthen consultation, communication, and collaboration so that all workers, contractors, volunteers and stakeholders are actively engaged in creating a safe and healthy workplace.

Key Results Area:

- Effective two-way communication on safety matters.
- Active participation of Supervisors, Workers and Health & Safety Representatives (HSRs).
- Collaboration with Contractors and partners on safety expectations.
- Continuous improvement through feedback and consultation outcomes.

Critical Actions	Accountability	Duration
1. Make safety a standing agenda item at team meetings	Managers / Coordinators / Supervisors	Ongoing
2. Facilitate regular consultation between Supervisors, HSRs and Workers to address safety concerns	Managers / Coordinators / Supervisors / Human Resources	Quarterly
3. Provide clear and accessible channels (digital and on-site) for workers and contractors to report hazards and suggestions	Managers / Coordinators / Supervisors / ICT	Ongoing
4. Share outcomes of incident investigations and key learnings across the organisation to improve practices	Managers / Coordinators / Supervisors / Safety Team	Quarterly
5. Encourage Supervisors to lead by example, promoting open discussions on health and safety during daily operations	Director / Managers / Coordinator	Ongoing



Supporting Documents

The City Safety Strategy 2025–2029 is supported by several key documents:

- Safety Management Plan (HS-PLN-039)
- Incident and Hazard Reports
- The Implementation Plan & Inspection Schedule
- WHS Act 2020
- Work Health and Safety (General) Regulations 2022

These documents guide how the City manages safety, tracks progress, and makes sure improvements are followed through.

Safety Strategy Review

The City is committed to keeping this strategy active and effective. It will be reviewed each year to check what's working, what needs improvement, and how well safety goals are being achieved.

The review will look at things like:

- Safety data such as incident and hazard reports, inspections, and audit results
- Progress against the Implementation Plan and Inspection Schedule
- Trends or recurring issues that show where we can improve
- Feedback from employees and the Health and Safety Committee
- Changes to legislation

The Health and Safety Committee will carry out the annual review, record progress, and recommend updates where needed. The results and any planned improvements will be shared with staff and relevant stakeholders.



Safety Management Plan

HS-PLN-039

Subject:	Safety Management Plan		
TRIM #:	D-20-085140	Version #:	1.0 18/12/2025
Review date:	18/12/2030	Status:	Live
Document Owner:	Manager People, Safety and Wellbeing		

Documents affected by changes to this document.	
Document Name	TRIM #
Safety Management System Document Control Register	D-20-023529

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Safety Management Plan

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1. Purpose and Objective

The Purpose of this document is to outline the structure of the City of Greater Geraldton’s WHS Management System (WHSMS) It provides clarity for all City workers, on roles and responsibilities within the system and supports the implementation of the commitments made in the workplace.

2. Definitions

Term	Definition
City	City of Greater Geraldton.
Executive Management Team (EMT)	The City’s Senior Leadership group is responsible for strategic decision-making, resource allocation, and reviewing WHS performance.
Hazard	A source or situation with potential to cause harm.
Risk	The likelihood and consequence of an event that may negatively affect safety.
Health and Safety Representatives (HSRs)	Workers elected to represent the health and safety interests of their work group.
Incident	Any occurrence that has resulted in, or could have resulted in (near miss), harm to people, property, the environment, or reputation.
Job Hazard Analysis (JHA)	A tool used to examine a task, identify hazards and implement controls.
Safe Work Method Statement (SWMS)	A document outlining how to manage health and safety risks associated with high-risk work.
Work Health and Safety Management Systems (WHSMS)	The City’s framework of policies, procedures, and tools used to manage health and safety.
Employee	Any person directly employed by the City of Greater Geraldton to carry our work on behalf of the city.
Worker	Any person carrying out work for the City, including employees, contractors, subcontractors, labour hire, volunteers, apprentices, and trainees.
Safety Management Plan (SMP)	This document
Risk Assessment	The Process of identifying hazards and determining the control measures needed to eliminate or minimize risk. This can be completed though a JHA, SWMS or SWI.

3. Scope

This Safety Management Plan (SMP) applies to all work activities undertaken by the City of Greater Geraldton, across all business units, facilities, and worksites.

The scope covers:

- All City employees, contractors, subcontractors, labour hire, volunteers, apprentices, and trainees.
- All City-controlled worksites, offices, community facilities, depots, and public spaces where City activities are carried out.

A detailed overview of City services is available in the Corporate Business Plan and Strategic Community Plan published on the City’s website.

4. Legislative requirements

The City's WHSMS is underpinned by key Legislation, Regulations, and Codes of Practice that establish legal duties for PCBUs, Officers, Workers, Contractors, and others at the workplace. This section outlines the primary Legislative and Regulatory requirements that guide the City's Health and Safety obligations.

Applicable Legislation includes, but is not limited to:

- **Work Health and Safety Act 2020**
Defines duties for PCBUs, Officers, Workers, and Others, including consultation and enforcement provisions.
- **Workplace Health and Safety Regulations (General) 2022**
Specifies requirements for managing hazards, plant, substances, and work practices.
- **Supporting Guidance Materials**
Including approved Codes of Practice, WorkSafe WA and Safe Work Australia guidance, and relevant Standards.
- **Workers' Compensation and Injury Management Act 2023 (WA)**
Outlines entitlements and processes for workplace injury, rehabilitation, and return to work.
- **Workers' Compensation and Injury Management Regulations 2023 (WA)**
Details prescribed requirements under the Act.
- **Code of Practice (Injury Management) 2005**
Provides practical guidance for injury management systems.

5. WHSMS Requirements and Strategy

The City of Greater Geraldton's Work Health and Safety Management system (WHSMS) provides the framework for managing Health and Safety across all City Operations.

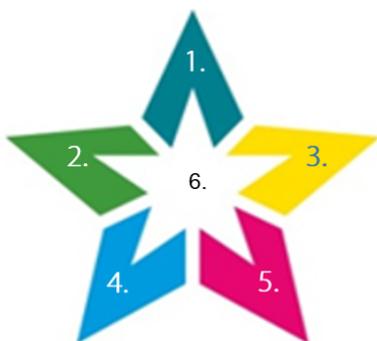
The WHSMS is designed to:

- Eliminate or minimise hazards and risks as far as reasonably practicable
- Provide a clear and traceable system to demonstrate compliance with Legislation
- Support a positive safety culture and
- Drive continuous improvement

The WHSMS includes the following Key elements, which are detailed in Section 6 of this plan:

- Management Commitment
- Planning
- Communication and Reporting
- Hazard Management
- Training and Supervision and
- Continuous Improvement

5.1.WHS Schematic



Objective Theme	Detailed Safety Objective
1. MANAGEMENT COMMITMENT	To achieve the highest recognition LGIS offer (Platinum Award) for the management of safety across the City.
2. PLANNING	To establish a WHS Management system that effectively ensures compliance with safety legislation.
3. COMMUNICATION & REPORTING	To ensure all City stakeholders have a clear understanding of safety management at the City.
4. HAZARD MANAGEMENT	To ensure the effectiveness of safety management practices throughout the City.
5. TRAINING & SUPERVISION	To promote a workplace where all workers are trained and adequately supervised
6. CONTINUOUS IMPROVEMENT	To foster a Safety culture in which staff are always looking at ways to improve.

6. WHSMS Elements

The City's Work Health and Safety Management System (WHSMS) is built on key elements that work together to manage risks, meet Legislative obligations, and promote a strong safety culture. The following subsections outline these elements and describe how they are applied across the organisation.

6.1. Management Commitment

The City is committed to providing a safe and healthy workplace for all Workers, Contractors, Volunteers, Visitors, and the Community.

This will be achieved by:

- Reducing the risk of injury, illness, and damage across all operations.
- Setting clear WHS objectives and targets and striving for continuous improvement.
- Implementing best practice WHS principles.
- Ensuring compliance with all relevant Legislation, Codes of Practice, and Standards.
- Consulting and engaging with workers and stakeholders on WHS matters.
- Supporting injured workers through structured and timely return to work processes.
- Allocating sufficient resources to support the WHSMS.

This commitment is demonstrated through the City Safety Strategy and supported by the WHSMS.

The WHSMS is reviewed at least every two years by the Executive Management Team, following consultation with the Health and Safety Committee.

The WHS Policy and WHSMS are accessible via the City's Intranet (Safety Hub), the City's website, and as hard copies displayed in workplaces.

6.2. WHSMS Implementation

The effectiveness of the City's Work Health and Safety Management System relies on how it is put into practice. Implementation involves providing the necessary resources, assigning clear responsibilities, and ensuring that safe systems of work are consistently applied across all departments and worksites.

6.2.1. Resourcing

The City maintains a dedicated WHS Team, reporting to the Manager People, Safety and Wellbeing, the team consists of a Senior Safety Specialist and three WHS Advisors who:

- Provide strategic and technical advice on Work, Health and Safety practices.
- Develop, coordinate, and review the WHSMS.
- Support leaders and workers in implementing safe systems of work.

Resourcing for the WHSMS is determined through the City's Annual Business Plan and budgeting process. Each department is responsible for allocating operational funds to meet WHS requirements.

Where additional resources are required, such as budget, personnel, time, equipment or external services, a business case is submitted to ensure the WHSMS can continue to be effectively implemented.

6.2.2. Responsibility and Accountability

Leadership is a key driver of a positive safety culture. While Managers and Leaders have specific responsibilities, every worker shares responsibility for health and safety.

Role	Responsibilities
CEO	<ul style="list-style-type: none"> • Exercise due diligence to ensure the City meets its legal obligations under the WHS Act 2020. • Demonstrate visible leadership and commitment to Health and Safety. • Provide the resources necessary to implement and maintain the Safety Management Plan (SMP) and Work Health and Safety Management System (WHSMS). • Promote cooperation and consultation between Management, Workers, and Health and Safety Representatives. • Ensure Contractors, Volunteers, and Visitors are not exposed to hazards as far as reasonably practicable. • Participate in Significant Incident Debriefs and Safety Inspections to demonstrate commitment.
Directors and Managers	<ul style="list-style-type: none"> • Exercise due diligence to ensure compliance with WHS Legislation, Policies, and Procedures. • Ensure systems are in place for Hazard identification, Risk management, Incident reporting, and Contractor management. • Review WHS Policies, Plans, and Management systems regularly for effectiveness. • Allocate appropriate financial and physical resources to support health, safety, and wellbeing. • Define, document, and communicate accountabilities and responsibilities across all levels, including contractors. • Review audit reports, incident investigations, and safety performance data, and ensure corrective actions are completed. • Lead by example by actively participating in inspections, consultation processes, and safety initiatives.
Coordinators and Supervisors	<ul style="list-style-type: none"> • Direct and supervise workers to ensure tasks are planned and completed safely. • Ensure compliance with all City Procedures (e.g. Checklists, Permits, Approvals). • Conduct pre-start meetings to review planned work and discuss WHS issues. • Report hazards, incidents, and near misses promptly through City reporting systems. • Develop or ensure availability of Risk assessments such as JHAs and SWMS for high-risk activities, in consultation with workers. • Allocate tasks based on worker qualifications, skills, and competence. • Conduct regular workplace inspections and take corrective action when hazards or breaches are identified. • Consult and cooperate with Health and Safety Representatives and Workers on changes affecting health and safety.
Human Resources (HR)	<ul style="list-style-type: none"> • Coordinate Injury Management and return to work programs in line with Operational Policy 022 – Injury and Illness Management and HS-PRO-017 Fitness for Work Procedure. • Support Employees and Supervisors by facilitating tailored return to work plans, including consultation with treating practitioners. • Maintain confidentiality of medical and personal information in accordance with City Procedures and Legislation. • Ensure appropriate record-keeping for all injury management and rehabilitation processes.
Health and Safety Committee	<ul style="list-style-type: none"> • Operate in accordance with Section 77 of the WHS Act 2020. • Provide a forum for consultation on WHS matters. • Review incidents, inspections, audits, and trends, and recommend improvements. • Contribute to the development and review of WHS Policies and Procedures. • Communicate outcomes to Workers and monitor follow-up actions.

Workers	<ul style="list-style-type: none"> • Take reasonable care for their own health and safety and that of others. • Follow WHS instructions, procedures, training, and policies. • Wear PPE issued by the city. • Use Equipment as per instructions. • Report hazards, incidents, and near misses promptly. • Participate in safety activities such as pre-starts, toolbox talks, inspections, and JHA/SWMS development. • Suggest improvements and contribute to a positive safety culture.
Work Health and Safety Team	<ul style="list-style-type: none"> • Provide strategic and technical advice on WHS matters. • Facilitate inductions, training, and promote hazard reporting. • Monitor compliance with the WHSMS and intervene to stop unsafe work if required. • Audit SWMS, JHAs, and other WHS documents to ensure they are in place, understood, and effective. • Lead or assist in incident investigations, maintain WHS Registers, and report on performance.
Health and Safety Representatives	<ul style="list-style-type: none"> • Represent workers in WHS matters under Section 68 of the WHS Act 2020. • Raise WHS concerns that have been brought to their attention. • Accompany inspectors during site visits and assist with investigations. • Participate in WHS Committees and consult on changes affecting their work group. • Where trained, issue Provisional Improvement Notices (PINs) or direct unsafe work to cease.

6.2.3. WHS Service Delivery Model.

The City's WHS Team provides advisory and support services to all departments through a balanced service delivery model:

- **Onsite support (50%)** – Providing guidance, education, observations, and engagement with Workers and Leaders.
- **Compliance activities (50%)** – Conducting audits, inspections, and reviews of WHS documentation, and monitoring Legislative updates.

This model ensures the WHS Team remains both accessible to the workforce and effective in maintaining compliance.



6.2.4. Recognition and Reward

The City recognises that positive reinforcement is essential to building a strong safety culture. The WHS Reward and Recognition Program is designed to:

- Engage with workers to work safely.
- Encourage the sharing of ideas to improve safety and wellbeing.
- Promote a culture where workers feel confident to speak up about unsafe situations or practices.

6.3.Planning

Effective planning ensures the City identifies legal obligations, sets clear objectives, and develops practical systems to manage health and safety risks. This section outlines the processes that guide how the WHSMS is planned, documented, and continually aligned with operational needs.

6.3.1. Legal Compliance

The City is committed to complying with all relevant Workplace Health and Safety Legislation at both State and Commonwealth level.

The WHS Team monitors changes to Legislation, Regulations, and guidance materials and updates the WHSMS accordingly. Workers have access to current WHS Legislation and guidance via the Safety Hub on the intranet, and hard copy.

6.3.2. Objectives and Targets

Objectives and targets are established to measure the performance of the WHSMS and focus attention on priority areas. They are set every five years in line with the WHSMS review and are implemented across all departments.

Each objective and target include a clear purpose, accountability, timeframe, and method of measurement.

The Following have been set as the City's Objectives and targets:

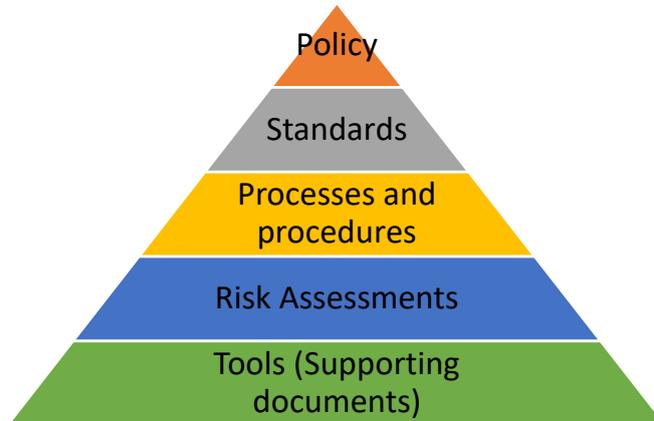
#	Objective	Target	Purpose	Measure
1.	Improve Safety Leadership	All Executives complete 8 leadership walks per year.	Demonstrate visible WHS leadership and reinforce management commitment	Implementation Plan and Inspection Schedule Monitored by WHS and reported to the Health and Safety Committee
2.	Improve Safety Leadership	All HSRs to conduct one HSR walk a quarter and accompany Executives on leadership walk if requested for support and guidance.	Increase worker engagement and operational WHS leadership	Inspection spreadsheet maintained by WHS and reported quarterly to the Health and Safety Committee
3.	Improve Safety Performance	Increase hazard and near miss reporting by at least 5% compared to previous year.	Lead indicators prevent incidents and demonstrate a proactive safety culture	Review of incident and hazard register.
4.	Improve Safety Performance	85% of incidents and hazard reports closed within a month.	Timely response to manage risk effectively.	Review of incident and hazard register
5.	Improve Safety Performance	Reduce LTIFR and LTISR (Lost Time Injury Frequency and Severity Rates)	Focus on lowering the number and impact of serious injuries	End-of-month WHS Report
6.	Improve Safety Training	100% of new workers complete WHS induction training within 4 weeks of commencement	Ensure new workers understand the WHSMS and safety requirements	IBIS training records

6.3.3. Documentation

The City’s WHSMS is supported by a structured document hierarchy to ensure consistency and accessibility.

The hierarchy includes:

- Policy
- Standards
- Processes and procedures
- Risk assessments
- Tools (supporting documentation)



6.3.4. Policies

Policies are statements of commitment that set the direction for Health and Safety across the City. They are developed and endorsed by the CEO or Executive Management Team and confirm the City’s obligation to comply with WHS Legislation and continually improve performance. All WHS-related policies are published on the City’s website and intranet (Safety Hub), with hard copies displayed in workplaces where appropriate.

6.3.5. Standards

Standards are external publications that establish recognised specifications and safe practices. They provide guidance to ensure that plant, equipment, systems, and processes are safe, reliable, and consistent. The City applies relevant standards, including Australian Standards, International Standards, Codes of Practice, Specifications, and Guidelines, as required by Legislation or industry best practice.

6.3.6. Processes and Procedures

Processes and procedures describe how specific tasks, activities, or systems are to be carried out. They provide step-by-step guidance to ensure work is performed safely, consistently, and in line with City requirements. All WHS procedures and Corporate processes are formally approved through the City’s document approval process, published on the intranet (Safety Hub), and reviewed at least every five years in consultation with relevant stakeholders.

6.3.7. Risk Assessments

Risk assessments and supporting safe work documents (such as Safe Work Instructions, Take 5s, JHAs, and SWMS) are used by workers to ensure tasks are carried out safely. Tasks and activities are broken into steps to identify potential hazards, assess associated risks, and outline the required control measures. These documents also reference relevant Legislation, Standards, or Codes of Practice, and identify any mandatory training or competencies needed to perform the work safely.

6.3.8. Tools (Supporting Documentation)

Supporting documentation is provided to help workers apply the WHSMS in daily operations. These tools include forms, templates, registers, checklists, and databases. All current tools and supporting resources are available to workers via the Safety Hub on the intranet and workplace safety noticeboards.

6.3.9. Document and Data Control

All WHS documents are managed through the City's Electronic Document Management System and are reviewed in accordance with the WHS Document Control Register. Documents are created, approved, reviewed, and superseded in line with Operational Policy - 053 - Document Management protocols - Version 7

Sensitive information, including medical or personal records, is stored securely in accordance with confidentiality requirements.

6.3.10. Record Management

WHS records are maintained in line with Operational Policy 053 Document Management. This ensures records are accurate, secure, and available for audit, compliance, and continuous improvement purposes.

6.3.11. Emergency Preparedness and Response

Each City Facility has a Site-specific Emergency Response Plan (ERP) developed in accordance with AS 3745–2010 and the City's approved template. ERPs are stored in the electronic document management system, with hard copies available at each facility. ERPs include:

- Location and type of emergency response equipment
- Designated muster points
- Procedures for evacuation, rescue, first aid, and damage control
- Contact details for emergency services
- Names and contact details of the warden hierarchy

Each Facility's Emergency Control Organisation (warden hierarchy) receives training at least biannually, and evacuation drills are conducted annually, either as practical exercises or desktop scenarios.

6.3.12. WHS incident and Hazard Response

Workers must take immediate action to make the site safe following an incident or hazard. Once the area is safe, they must notify their supervisor and submit an incident or hazard report through the Safety Hub.

6.3.13. Employee Wellbeing and Injury Management

The City promotes and supports a holistic approach to wellness which allows employees to realise their potential both professionally and personally, thereby resulting in improved employee productivity and engagement. The annual program supports a healthy body, mind, and lifestyle and includes (but are not limited to), education and upskilling opportunities, health screenings, access to the Employee Assistance Program, accredited Mental Health First Aid officers, financial wellbeing plans, and flexible working arrangements.

Furthermore, the City is committed to assisting both work related and non-work related injured workers to return to work as soon as medically appropriate. The Injury Management process recognises that success relies on the active participation and cooperation of the injured worker.

Injury Management within the Western Australian Workers Compensation System is a comprehensive approach with the ultimate goal being to facilitate the return-to-work process. The City uses the LGIS Workcare Injury Management System in conjunction with the following policy and process:

- Operational Policy 043 – Fitness for Work
- Operational Policy 022 – Injury and Illness Management
- HS-PRO-017 – Fitness for Work Procedure
- Promapp – Lodge Workers' Compensation Claim

- Promapp – Develop a Return to Work Program associated with a Workers' Compensation Claim
- Promapp – Implement and Manage Graduated Return to Work Plan
- Promapp – Engage a Workplace Rehabilitation Provider associated with a Workers' Compensation Claim
- Promapp – Manage Workers Compensation Claim

Injury Management of non-work related injuries involves understanding employer obligations, supporting employee recovery and ensuring a safe return to work. Whenever possible, suitable duties will be arranged internally having regard for the injured worker's medical restrictions. The following policy and processes detail Injury Management of non-work related injuries:

- Operational Policy 043 – Fitness for Work
- Operational Policy 022 – Injury and Illness Management
- HS-PRO-017 – Fitness for Work Procedure
- Promapp – Manage Non-work related Injury or Illness

6.3.14. Visitor Management

All visitors to City sites must sign in on arrival and comply with site safety requirements. Visitors must:

- Be accompanied by an inducted person at all times
- Wear PPE where required
- Follow directions from City staff

Visitors are not permitted to perform work or use machinery. Those who do not comply with safety requirements may be asked to leave the site.

6.3.15. Contractor Management

The City requires all Contractors engaged for services, supply, construction, development, manufacturing, or maintenance to complete the prequalification process, which includes assessment of legislative compliance and insurance. Contractor Management is undertaken in accordance with HS-PRO-029 Contractor Management Procedure.

Contractors must:

- Demonstrate compliance with WHS Legislation and City Standards
- Provide contract-specific WHS Management documents before commencing work
- Complete required City inductions (general and/or project-specific)
- Ensure adequate supervision and provide evidence of worker competency
- Follow all City procedures and instructions relating to hazards, standards, and safe systems of work

The City monitors contractor WHS performance through documentation reviews and site inspections.

6.4. Consultation and Reporting

The City promotes open, two-way communication to ensure workers, contractors, and stakeholders can raise safety concerns, contribute ideas, and participate in decision-making. Effective consultation and reporting support transparency, collaboration, and continuous improvement.

6.4.1. Consultation Methods

The City ensures workers and stakeholders are provided with opportunities to participate in WHS Consultation and reporting. Consultation is undertaken through a variety of methods, including:

- City wide emails
- Toolbox and Team meetings
- Intranet announcements
- Quarterly Work, Health and Safety Committee Meetings
- Consultation through elected Health and Safety Representatives (HSRs)
- Worker participation in developing WHS documents such as SWMS, JHAs, and Plant Risk Assessments
- Employee wellbeing surveys
- Training feedback and review

6.4.2. Elected Health and Safety Representatives

The City facilitates the nomination and election of Health and Safety Representatives (HSRs) in accordance with the WHS Act 2020. HSRs provide a formal avenue for workers to raise WHS issues and participate in consultation processes. Their detailed functions and responsibilities are outlined in Section 6.2.2 of this plan.

6.4.3. Resolution of WHS Issues

The City follows a structured process to ensure WHS issues are resolved in a timely and effective manner:

1. Workers report hazards or safety issues to their supervisor as soon as practicable.
2. If not resolved, the issue is addressed with the worker's Health and Safety Representative (HSR), Supervisor, and Manager.
3. If still unresolved, the matter is escalated to the Manager People, Safety and Wellbeing, in consultation with the relevant Manager and Director.
4. Where further resolution is required, the process outlined in HS-PRO-031 Communication and Consultation Procedure is followed.

All issues are recorded in the WHS Actions Register, with corrective and preventative actions assigned, monitored, and closed out.

6.5. Hazard Management

The City actively identifies, assesses, and controls hazards to reduce risks to health and safety as far as reasonably practicable. This section outlines the processes used to manage risks and implement corrective actions across all work areas.

6.5.1. WHS Risk Management

The City manages Workplace Health and Safety risks in line with its Risk Management Framework. The framework includes the City's Risk Matrix and guidance on conducting Risk Assessments and defines risk classification and tolerance levels.

All Risk Management activities are guided by the Hierarchy of Controls, with priority given to eliminating hazards where practicable. Where elimination is not possible, risks are minimised through substitution, engineering, administrative controls, and the use of personal protective equipment.

6.5.2. Inspections and Corrective Actions

The City conducts regular workplace inspections at all levels of the organisation. Leaders undertake scheduled safety walks, while workers and Health and Safety Representatives (HSRs) complete workplace inspections and HSR consultation walks focusing on hazard identification.

Preventative and corrective actions arising from inspections, incidents, or reported hazards are recorded in the WHS Actions Register, with responsibility assigned to the relevant business area. Progress is monitored until actions are completed.

6.5.3. Incident/Hazard Reporting and Investigation

All incidents and hazards must be reported through the City's electronic reporting system, which automatically notifies the worker's line supervisor and Safety Team. The Safety Team reviews new reports daily.

Investigations are undertaken in accordance with HS-PRO-034 Incident Management Procedure and are proportionate to the potential severity of the incident. Health and Safety Representatives (HSRs) may be involved in the investigation process. Corrective and preventative actions are documented in the WHS Actions Register and monitored until closed out.

6.6. Training and Supervision

Competent and informed workers are essential to maintaining a safe workplace. This section outlines the City's approach to providing training, inductions, and supervision to ensure all workers can perform their tasks safely and in compliance with WHS requirements.

6.6.1. WHS Induction and Training

All workers must complete a general WHS induction when commencing employment, as well as a site-specific induction delivered by their line supervisor.

Leaders are required to complete Supervisor Training, delivered by the WHS Team or an external party. The WHS Team also provides ongoing awareness by attending toolbox and team meetings to present on relevant WHS topics across the organisation.

6.6.2. Training needs

The City provides structured training to ensure workers have the skills and knowledge required for their roles. Training may be delivered internally or through external providers, in accordance with Operational Policy 008 – Learning and Development.

Training needs are identified through Legislative or Code of Practice changes, employee performance reviews, and gap analyses. Managers and Supervisors receive additional WHS training to ensure they can effectively manage safety outcomes and support their teams.

6.7. Measurement, Review and Improvement

Continuous improvement is achieved through monitoring, review, and evaluation of WHS performance. This section explains how the City measures safety outcomes and utilises findings from audits, reports, and data analysis to strengthen the WHSMS.

6.7.1. WHS Metrics

Data is collected and reviewed by the Executive Management Team and the Safety Committee. This includes:

- Incidents reported (monthly and year to date)
- Hazards reported (monthly and year to date)
- Open and ongoing corrective actions
- Medically treated and lost time injuries (with year on year comparison)
- Types of incidents reported
- Completion rates of corrective actions within required timeframes

6.7.2. External Audits

The WHSMS is audited by third-party providers (such as LGIS) at regular intervals to verify compliance and identify improvement opportunities. Outcomes are communicated to the City, and corrective actions are assigned as required.

6.7.3. Internal Audits

Internal audits are conducted in line with HS-PRO-036 Safety Auditing Procedure and the WHS Inspection Schedule available on the Safety Hub. These audits assess compliance with the WHSMS, supporting documents, and risk registers, and cover both City and Contractor activities.

Document Control

Approval	Date	Position	Name
Edited By:	18/12/2025	Work Health and Safety Advisor	Jack McDougall
Document Owner:	18/12/2025	Manager People Safety & Wellbeing	Natalie Hope
Approved By:	18/12/2025	Various	Safety Committee

Revision #	Date	Section(s) Changed	Brief Description of Change
1.0	18/12/2025	All	New document – previous document retired.



3 Steps to Safety

Step Two – WHS Action Plan

City of Greater-Geraldton

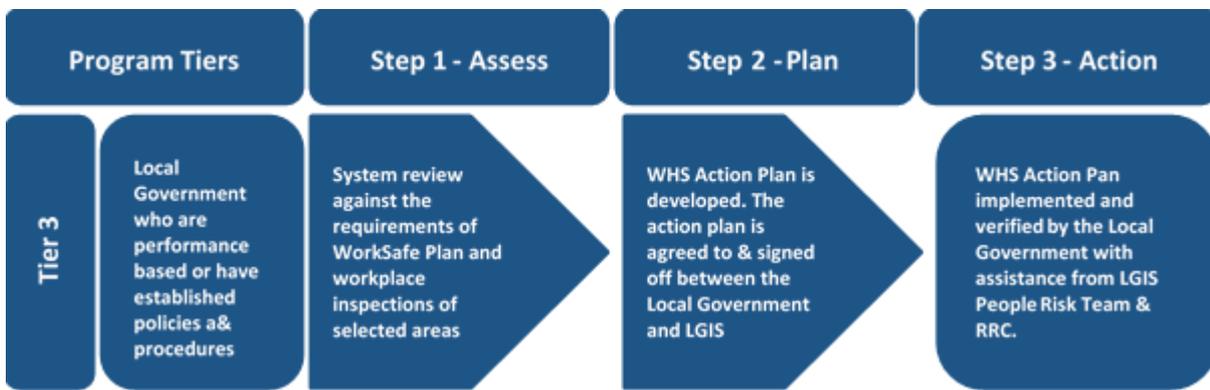
August 2025

WHS ACTION PLAN

Purpose: This WHS Action Plan has been developed in response to Step 1 of the 3 Steps to Safety program that was undertaken in June 2025 and outlines the actions to be taken by the City of Greater-Geraldton to address areas for improvement. This WHS Action Plan should be read in conjunction with the Verification Report.

Background: The 3 Steps to Safety program was developed to recognise the diversity in WA local government. Encompassing 3 Steps to assess, plan and act, the program uses progressive safety practices to drive safety performance. This WHS Action Plan fulfils Step 2 of the program. Step 3 is the implementation of this WHS Action Plan.

Tier 3 Program Summary



Review: This WHS Action Plan should be reviewed at the Senior Management Group meetings to ensure actions are closed out.

Responsibility: Ross McKim, Chief Executive Officer

Scoring methodology: The following scoring methodology was used in the assessment.

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



WHS ACTION PLAN

Section One- Management Commitment

Action Item N°.	Element N°. (from checklist)	Finding (Score)	Requirements (taken from criteria)	Action to be taken	Responsibility (determined by LG)	Due Date (determined by LG)
1	1.8	Satisfactory (3)	<i>Recommendations to improve health and safety risk management are acted upon</i>	Develop an internal auditing process for the WHSMS and ensure actions are acted upon		

WHS ACTION PLAN

Section Two – Planning

Action Item N°.	Element N°. (from checklist)	Finding (Score)	Requirements (taken from criteria)	Action to be taken	Responsibility (determined by LG)	Due Date (determined by LG)
2	2.1	Insufficient (2)	<i>The organisations approach to health and safety management is planned and reviewed in consultation with senior management at least annually</i>	<p>Create a Work Health and Safety Management Plan that demonstrates, how the organisation is going to ensure the health and safety management system is resourced and monitored for effectiveness</p> <p>It is recommended that the WHS Management Plan includes, but not limited to:</p> <ul style="list-style-type: none"> • Measurable organisational health and safety objectives and targets • Management commitment • Planning • Consultation and reporting • Hazard management • Training and supervision • Volunteer management <p>The WHS Management Plan should also include clear actions to be taken, person responsible for the action, and timeframe for completion</p> <p>Develop a schedule for the WHS Management Plan to be reviewed at least annually by ELT or more frequently as required</p> <p>The WHS Management Plan should be developed in consultation with WSH Committee, ELT, health and safety representatives and any other key personnel</p>		

WHS ACTION PLAN

Section Two – Planning Continued

Action Item N°.	Element N°. (from checklist)	Finding (Score)	Requirements (taken from criteria)	Action to be taken	Responsibility (determined by LG)	Due Date (determined by LG)
3	2.2	Ad Hoc (1)	<i>Specific health and safety objectives and measurable targets have been established for relevant functions and levels within the organisation</i>	<p>Develop health and safety measurable objectives specific to the department function and levels within the organisation that align with the organisation's overall objectives and targets</p> <p>Objectives and targets should include both lead and lag indicators</p>		
4	2.6	Satisfactory (3)	<i>Potential emergency situations have been identified and relevant emergency procedures are in place</i>	<p>Update the emergency procedures to reflect restricted access to the outdoor pool area at Aquarena for the change in seasons</p> <p>Train wardens in the updated procedure</p>		

WHS ACTION PLAN

Section Three - Consultation & Reporting

Action Item N°.	Element N°. (from checklist)	Finding (Score)	Requirements (taken from criteria)	Action to be taken	Responsibility (determined by LG)	Due Date (determined by LG)
5	3.3	Satisfactory (3)	<i>Workers or their representatives are involved in planning processes for the management of health and safety at the workplace</i>	Include WHS Committee members in the high-level planning for the work health and safety management system		



WHS ACTION PLAN

Section Six – Volunteer Management

Action Item N°.	Element N°. (from checklist)	Finding (Score)	Requirements (taken from criteria)	Action to be taken	Responsibility (determined by LG)	Due Date (determined by LG)
6	6.7	Satisfactory (3)	<i>There are arrangements in place for the consultation and communication with volunteers</i>	Include workers who manage volunteers on the WHS Committee to ensure volunteer tasks are regularly considered in health and safety decisions		

PROPRIETARY NATURE OF WHS ACTION PLAN

This WHS Action Plan is prepared for the sole and exclusive use of the part or organisation to which it is addressed. Therefore, this document is considered proprietary to LGIS and may not be made available to anyone other than the addressee or person (s) within the addressee's organisation who are designated to evaluate or implement the WHS Action Plan. LGIS WHS Action Plan may be made available to other persons or organisations only with written permission of LGIS.

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AC181 RISK MANAGEMENT UPDATE

AGENDA REFERENCE:	D-26-017355
AUTHOR:	L Maldea, Manager Corporate Compliance
EXECUTIVE:	P Radalj, Director Corporate Services
DATE OF REPORT:	12 February 2026
FILE REFERENCE:	GO/11/0020-003
ATTACHMENTS:	Yes (x6) x2 Confidential
	A. Risk Management Framework
	B. Draft Council Policy 4.7 Risk Management (v5)
	C. Council Policy 4.7 Risk Management – Comparison Table
	D. Council Policy 4.25 Business Continuity Management (v3)
	E. Confidential - Strategic Risk Register
	F. Confidential - Major Projects Risk Register

EXECUTIVE SUMMARY:

The purpose of this report is to provide an update to the Audit, Risk and Improvement Committee on the City's risk management review and seek endorsement of a new Risk Management Framework and related policies.

EXECUTIVE RECOMMENDATION:

That the Audit, Risk and Improvement Committee by Simple Majority pursuant to Section 7.1CA of the *Local Government Act 1995* RESOLVES to:

1. NOTE the status of the risk management review currently being undertaken;
2. ENDORSE the draft risk management suite of documents for Council approval at the next Ordinary Meeting of Council:
 - a. Risk Management Framework;
 - b. Council Policy 4.7 Risk Management Policy;
 - c. Council Policy 4.25 Business Continuity Management; and
3. ACKNOWLEDGE the City's Strategic Risk Register and Major Projects Risk Register and request an update at the next Audit, Risk and Improvement Committee meeting.

PROPONENT:

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

BACKGROUND:

A full review of the City's Risk Management Framework and related documentation has been undertaken which included:

- Review of all categories of risk, as defined in the City's previous Risk Management Framework and includes a three (3) step process of risk identification, analysis and evaluation.
- Review and updated version of the Risk Management Framework.

- Simplification and streamlining of the risk matrixes used to identify, analyse and evaluate inherent and residual risk.
- Reconfiguration of risk management software for more effective monitoring, control and reporting.
- Review of Risk Management Policy and Risk Appetite and Tolerance Policy now condensed into one Risk Management Policy.
- Review of Business Continuity Management Policy.

Governance has undertaken a review of the entire suite of risk management documentation, previously identified risks and calculations, and previous risk management software. The new version of the Risk Management Framework aligns Strategic Risks and Major Project Risks to the achievement of the objectives identified in the Strategic Community Plan, whilst Departmental Risks are aligned with the achievement of objectives identified in the Corporate Business Plan.

Alongside the Executive Management Team, Governance has identified 12 key Strategic Risks and 8 Major Project Risks which may interfere with the City's ability to achieve its long-term objectives as identified in the Strategic Community Plan. Financial sustainability and viability have been identified as the key link and common denominator between all risks. If the City does not have the financial resources in place to meet the identified actions, the residual risk will likely increase leading to a knock-on effect on the City's achievement of objectives.

The Strategic Risk Register and Major Projects Risk Register are intended to be reviewed each quarter and as necessary to provide an update to ARIC on the City's risk management.

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:

- AC172 – Risk Management Update – 30 September 2025

COMMUNITY/COUNCIL MEMBER CONSULTATION:

There has been no community/Council Member consultation. Council Members will be offered consultation opportunity as part of the normal Council Policy revision process.

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 4.7 Risk Management
- Council Policy 4.24 Risk Appetite and Tolerance
- Council Policy 4.25 Business Continuity Management

FINANCIAL AND RESOURCE IMPLICATIONS:

The review has been 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 organisations to identify and address merging 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.



City of
Greater Geraldton
a vibrant future



Risk Management Framework

2026 - 2028



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1 Introduction

The City of Greater Geraldton's (the City's) vision in the 2025-2035 Strategic Community Plan is Growing Greater Geraldton together. Our purpose is to create a strong, healthy and secure community through collaboration, partnership and good leadership. To fulfill our vision and purpose, we need to ensure that a systematic and structured approach to risk management is undertaken to effectively deal with the uncertainties in our mission.

Our Corporate Business Plan 2025 – 2029 outlines key areas of focus identified by our community:

1. Advocacy
2. Financial sustainability
3. Population growth
4. Climate and waste
5. Protecting the natural environment and greening suburbs
6. Housing
7. Community safety
8. Health services

This Risk Management Framework (the Framework) supports the City's Risk Management Policy (the Policy). This Framework sets out the City's processes and procedures for understanding, documenting, managing, and continuously improving risk management. The Policy outlines the City's commitment, appetite, tolerance, and approach to managing risks. This Framework supports and provides guidance to put the Policy into practice through integration of risk management in City activities and culture.

Effective risk management is essential to the City's operations and delivery of services to the community. Risk management requires sound corporate governance and integration of good risk management practice within processes, planning, reporting and performance measurement.

To ensure effective risk management is built into the City's culture, it must be built into everyday tasks and duties undertaken by staff. Risk management must be demonstrated in strategic planning and mandated in all operational functions and services.

The City's Risk Management Framework sits alongside a variety of other City frameworks, such as:

- Safety Management
- Human Resources
- Asset Management
- ICT Systems
- Emergency Management
- Compliance
- Financial Management
- Community Engagement
- Community Development
- Project Delivery
- Strategic Planning
- Statutory Planning
- Business Continuity

Effective leadership of risk management means that all staff understand the Framework and Policy and embed associated obligations in all operational activities.

The City has adopted the principles in the AS ISO Standard 31000:2018 Risk Management Guidelines (the Standard) with tailoring that suits City practice.

The Standard makes the following key statements:

- **General (5.1)** – the effectiveness of risk management will depend on its integration into the governance of the organisation, including decision-making. This requires support from stakeholders, particularly top management.
- **Leadership and commitment (5.2)** – top management and oversight bodies, where applicable, should ensure that risk management is integrated into all organisational activities and should demonstrate leadership and commitment by:
 - Customising and implementing all components of the framework
 - Issuing a statement or policy that establishes a risk management approach
 - Ensuring that the necessary resources are allocated to managing risk
 - Assigning authority, responsibility, and accountability at appropriate levels within the organisation.

The City implements these elements of leadership and commitment through:

- Submitting a Risk Management Framework and Risk Management Policy to the Audit, Risk and Improvement Committee and Council for endorsement to ensure it continually meets the needs of the organisation.
- Developing and maintaining a Business Continuity Management Policy which outlines the responsibilities of EMT and Managers with respect to Business Continuity Plans.
- Council endorsement of the operating budget includes internal audit and a business unit service of governance and risk mitigation advice, including employee resources.
- Assigns authority and responsibility for risk management through the development, endorsement, and implementation of the Framework.

2 Key Principles

Risk management needs to create and protect value. It must contribute to the achievement of objectives, improving performance, operations efficiency, increasing value for money, and promoting good governance. It is:

- **Integrated into organisational processes:** it is not a stand-alone activity and is a part of the City's planning and delivery processes.
- **Structured and comprehensive:** the approach to risk management must deliver consistent, comparable and reliable results which can be monitored and managed through standard templates and reporting mechanisms.
- **Customised:** customisation of each risk ensures that the optimum amount of risk management work is undertaken to support risk-based decision making.
- **Inclusive:** risks are discussed regularly and accepted as a necessary part of conducting business or actively managed to prevent or reduce the severity of disruptions or impacts to objectives. This includes timely escalation and involvement of relevant stakeholders.
- **Dynamic:** risk management should continually respond to change. As events occur, the context and knowledge change, monitoring and review of risks take place, new risks are

identified and some may disappear. A system to deal with this in a proactive, iterative and responsible manner is essential.

- **Based on best available information:** resourcing of risk management is essential to ensure risks are based on experience, stakeholder feedback, observation, forward planning and expert judgment.
- **Continually improved:** risk management ensures the City continually makes informed choices, prioritises actions and plans strategically. Incidents and lessons learned inform strategies which are employed to continually inform the Framework and risk management practices.
- **Continually taking human and cultural factors into account:** the City recognises that differing capabilities, perceptions, and intentions of external stakeholders and staff can facilitate or hinder the achievement of objectives.

3 Governance

3.1 Three Lines of Defence

The City's Framework adopts a **Three Lines of Defence** operational model. This structured approach to risk management captures roles, responsibilities and accountabilities.

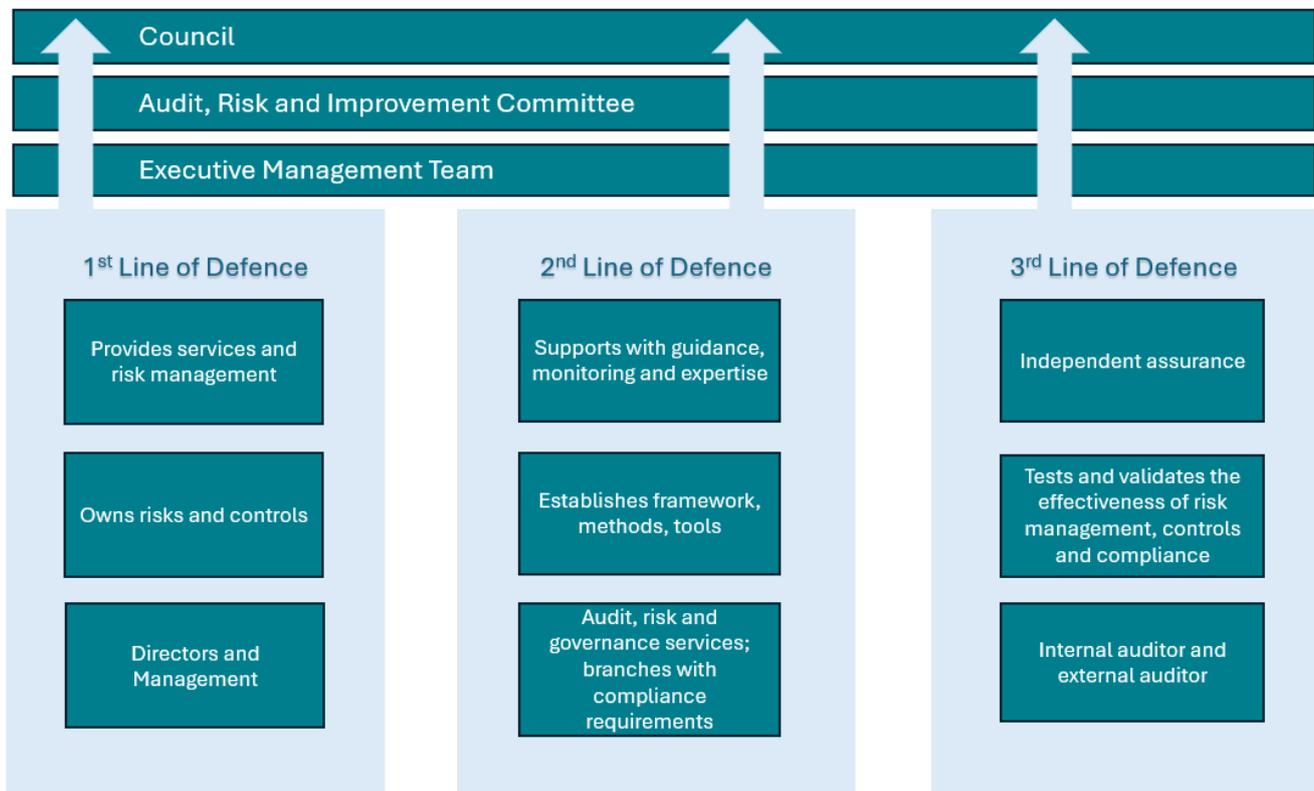
All lines of defence are responsible to provide assurance to the Chief Executive Officer (CEO), Executive Management Team (EMT) and Council (via the Audit, Risk and Improvement Committee (ARIC)) that risk is being managed at the highest level possible with available resources.

First Line of Defence: all operational areas are considered 1st line. It relates to those who are responsible for identifying and managing risk as part of their accountability in achieving objectives. They require the knowledge, skills, information, and authority to apply policies and procedures for risk control. An understanding of organisational objectives, the environment in which it operates, and the risks it faces is essential.

Second line of defence: Manager Corporate Compliance is responsible for providing the policies, frameworks, tools and support to enable risk and compliance to be managed in the first line. Support can also be obtained from other 1st line of defence teams which require compliance and contribute to risk control, for example, in the areas of finance, fraud and corruption, information technology and cybersecurity.

Third line of defence: is provided by internal audit and external audit and is independent of the first and second lines of defence. It ensures that the first two lines are operating effectively and advise improvements. Internal audits report to ARIC, providing evaluation through a risk-based approach, on the effectiveness of governance, risk management, and internal controls to the CEO, EMT, and Council. It also provides assurance of risk control in the achievement of objectives. The City's external auditors are the Office of the Auditor General (OAG) as appointed by legislation. The OAG are responsible for auditing all local governments in Western Australia.

Figure: Three Lines of Defence



3.2 Roles and Responsibilities

3.2.1 Council

Council is responsible for:

- Endorsing the Risk Management Policy and Risk Management Framework.
- Reviewing the appropriateness of risk tolerance.
- Receiving reports from the Audit, Risk and Improvement Committee in relation to risk management, internal control and legislative compliance as required by the Local Government (Audit) Regulations 1996.

3.2.2 Audit, Risk and Improvement Committee

ARIC is responsible for:

- Guiding and assisting the City in carrying out its functions:
 - under part 6: Financial Management, of the Local Government Act 1995.
 - in relation to audits conducted under Part 7 – Audit, of the Local Government Act 1995.
 - relating to other audits and other matters related to financial management.
- Reviewing the CEO's report into the appropriateness and effectiveness of the City's systems and procedures in relation to risk management, internal control and legislative compliance and report to the Council the results of that review.
- Considering the adequacy and effectiveness of internal controls by reviewing reports from the internal auditor, the administration, the OAG, consultants and other external oversight agencies as appropriate.
- Reviewing the Strategic and Major Project risks to the City and the plans to minimise or respond to those risks.

3.2.3 CEO

The CEO is responsible for:

- Leading and promoting a risk aware culture and taking appropriate action as required.
- Ensuring the identification and management of Strategic and Major Project risks.

- Ensuring establishment of a risk management process that is implemented and maintained in accordance with the Policy.
- Reporting outcomes of reviews undertaken at least once every four financial years to Council via the Audit, Risk and Improvement Committee on the appropriateness and effectiveness of the City's systems and procedures in relation to financial management, legislative compliance and risk management, presented to it by the CEO under regulation 17 of the Local Government (Audit) Regulations 1996.
- Presenting administrative reports to ARIC in relation to risk management, internal control and legislative compliance.

3.2.4 CEO and Directors (EMT)

EMT is responsible for:

- Promoting a positive risk culture.
- Ensuring inclusion of appropriate risk management in all planning activities.
- Managing the strategic and major project risk portfolio including raising new risks as they arise and ensuring mitigation strategies are appropriate and effective.
- Providing appropriate direction for reported risk (reporting frequency and accuracy) and associated control activities (effectiveness adequacy).

3.2.5 Directors and Managers

Directors and Managers are responsible for:

- Identifying, analysing and accepting risk on behalf of the City within the scope of services specified in their branch obligations.
- Providing leadership through a solid understanding of the City's Framework and Policy.
- Ensuring all planning activities use the City's risk documentation consistently and effectively.
- Monitoring use and effectiveness of risk management within their areas of responsibility including appropriateness of documentation and outcomes.
- Supporting attendance to risk-based training.

- Reviewing, updating and reporting risk for the Directorate unit specific plans alongside projects as required.
- Ensuring risks are reported and actioned appropriately.
- Maintaining and reviewing Business Continuity Management and Business Continuity Plans for their branches.

3.2.6 Manager Corporate Compliance

The Manager Corporate Compliance is responsible for:

- Reviewing the City's Framework and Policy, alongside feedback received from internal and external sources.
- Empowering management of risk through provision of guidance, tools and appropriate training.
- Undertaking risk maturity assessments to highlight areas of improvement.
- Managing strategic risk reporting to EMT
- Monitoring escalation of high and extreme risks for reporting to the EMT and Council (through the ARIC).
- Owning and promoting the Business Continuity Management Policy for the City.

3.2.7 Coordinator Governance and Risk

The Coordinator Governance and Risk is responsible for:

- Providing guidance on application of risk management processes.
- Administering the City's electronic risk management system for documenting risk.
- Providing advice on the quality of risk items documented.
- Developing and delivering risk training programs as part of the City's Induction Program and on request.
- Facilitating risk discussions as required.
- Providing input to the review of the City's risk management documentation and associated systems and processes.
- Coordinating risk reporting to the Manager Corporate Compliance.

3.2.8 Internal Auditor

The internal auditor is responsible for:

- Developing a risk-based internal audit program in conjunction with the CEO and Director Corporate Services.
- Completing internal audit reports detailing observations and making recommendations where appropriate, for risk mitigation and system improvements.
- Providing audit reports to the ARIC.

3.2.9 All Staff

All staff are responsible for:

- Attending risk training programs.
- Completing assigned risk actions.
- Reporting to management on risks that exist within their area.
- Performing duties safely and reporting hazards or incidents
- Making risk control and prevention a priority when undertaking tasks.
- Ensuring risk treatments and action plans are current and ensure all risk sign offs include evidence of compliance.

3.2.10 Project Managers

Project Managers are responsible for:

- Ensuring risk management for all projects is in accordance with the Project Delivery Framework in consultation with relevant stakeholders.
- Identifying, recording, and managing risks throughout the lifecycle of the project.
- Ensuring relevant risks are reported and escalated as necessary with the relevant stakeholders.
- Ensuring that reputational risks are managed in conjunction with Corporate Services.

4 Risk Management Process

Those with responsibility to accept risk on the City's behalf need to ensure that risks are managed in accordance with the responsibilities detailed in this Framework. They are responsible for ensuring the following steps are undertaken:

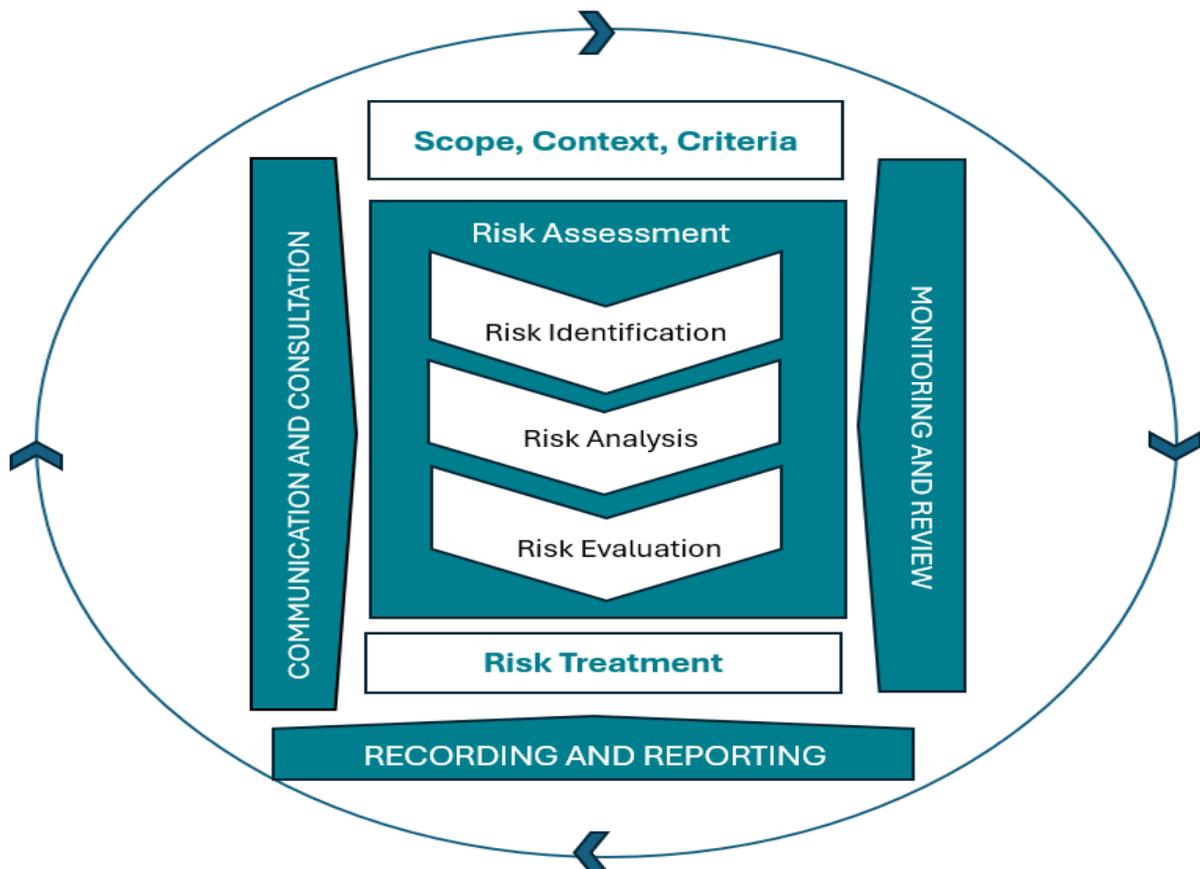
- Risks are identified and documented as required.
- Risks are to be reviewed at least quarterly for extreme and high risks, and at least six monthly for low and medium risk.
- Escalations are managed as early as possible and significant issues reported to the EMT or relevant Director.
- Taking action to update risk information following publication of Risk Reports.

Support is available from Governance & Risk to assist teams in all aspects of risk management.

All planning activity is required to use the Risk Management Process and to document the outcomes and ongoing management using tools and templates that reference the organisational criteria, scope and context defined within this document.

The Risk Rating Matrix and Risk Assessment Process have been organised in sequential steps to reflect the risk assessment portion of the Risk Management Process.

Figure: Risk Management Process AS/NZS 31000:2018 Risk Management – Guidelines



5 Risk Management Process Steps

5.1 Organisational Criteria

The City sets criteria for risk management through the risk matrix. This includes a profile of risk classifications (key business areas of interest), risk levels, guidance on how to manage risks, risk appetite and associated required reporting.

The City's risk appetite is the willingness to take low and medium inherent risk without variation to existing control activities. High and extreme risks require deeper assessment of control performance and residual risk ratings to be provided for closer monitoring and improvement where possible or assurance of the highest levels of control performance at the current time.

All risk assessments must be documented using systems or tools that use the criteria referred to in the Risk Rating Matrix and Risk Assessment Process.

5.2 Risk Assessment

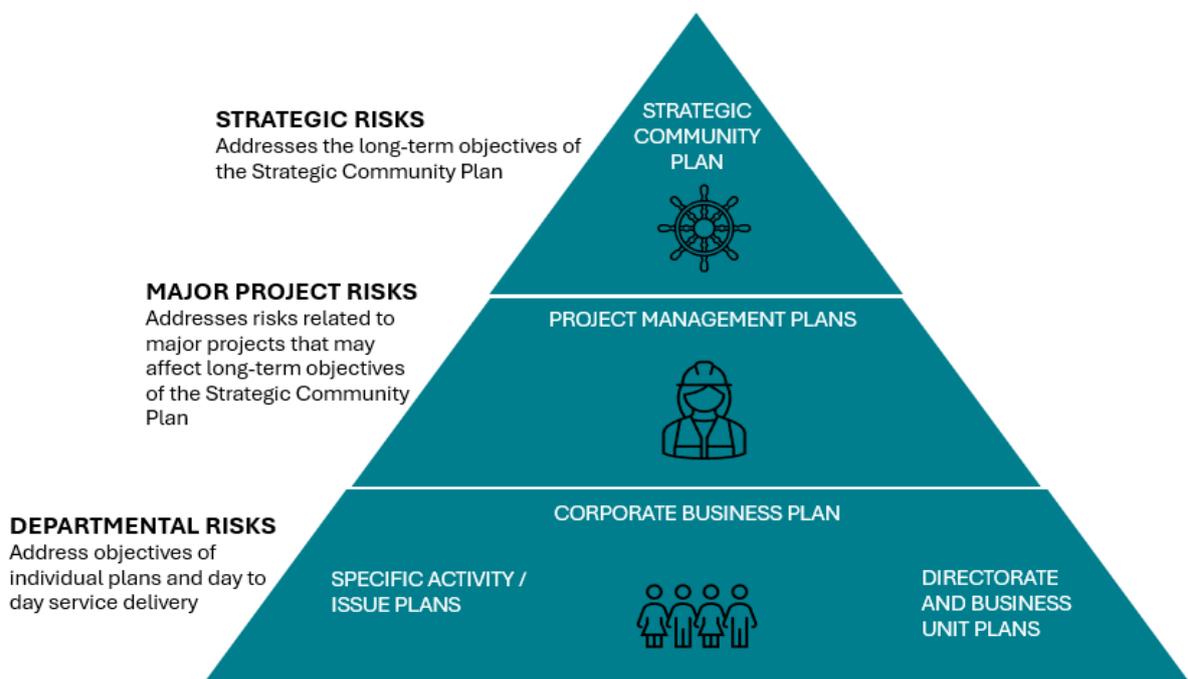
The City has identified three primary categories of risk that provide the scope and context of the risk assessment process.

The City uses the Promapp Nintex module to store, document, and report on the City's risks and treatments. All staff are responsible for ensuring that risks, treatments and signoffs are reported and current in Promapp.

Strategic Risk

Risks of an internal or external nature that affect the City's achievement of long-term objectives defined by the Strategic Community Plan and/or may have the ability to affect the whole of the City's operations.

This category is managed by EMT who are responsible for coordinating risk controls and their effectiveness and must be assigned to a Director for sign off.



Major Project Risks

A Major Project is a project that, due to its financial value, complexity, strategic importance, or potential impact on the community, environment, or organisational operations, requires enhanced governance, formal risk assessment, and elevated oversight beyond standard project management processes.

Major Project Risks are risks of an internal or external nature associated with the delivery of major projects which may affect achievement of long-term objectives defined by the Strategic Community Plan.

The degree of risk management effort and level of information captured is commensurate with the size, complexity, and inherent profile of the project. Major project risks are managed by the Project Sponsor with risk ownership and control coordinated by the Project Manager for the term of the project.

Departmental Risks

Risks of an internal or external nature that align to the delivery of operational activities defined within the Corporate Business Plan that delivers the vision outlined in the Strategic Community Plan.

Directors are named as Risk Managers to oversee risks of this nature at portfolio level to manage escalations. Managers are named as Risk Owners (except where employees have authority to accept risk directly to their role responsibility) to manage individual risks assigned to them by way of coordinating management of controls.

Managers are responsible for coordinating risk control and managing escalations in the absence of the Director.

Risk Identification, Analysis and Evaluation

Sources of risk (internal/external), areas of impact (classifications/profiles), causes, and potential consequences are identified to establish a list of risks that can enhance, prevent, degrade, accelerate or delay the achievement of objectives. Comprehensive identification is crucial – a risk not identified is not included in any analysis.

Methods of identification can vary and should include subject matter experts. A common approach for identification is brainstorming, which provides an array of results that can be further circulated to key stakeholders for input.

Basic questions that guide (not define) risk identification include:

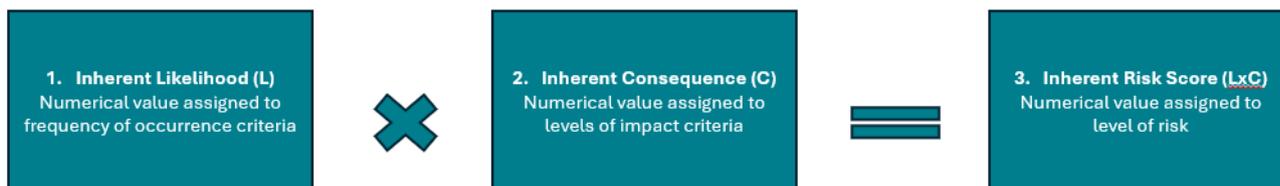
- What can go wrong that will get in the way of objectives or goals? (risk event title)
- What will make it go wrong? (potential causes)
- What is the result if it does go wrong? (consequences)

Refer to **Attachment 1 (Step 1)** for Risk Rating Matrix and Risk Assessment Process.

How to provide a detailed risk description



How to rate inherent risk



Inherent risk is the risk level without considering controls and is determined using the values for consequence and likelihood in the Risk Rating Matrix and Risk Assessment Process (step 1 and step 2).

This is the worst foreseeable consequence (a judgment applied by subject matter experts) should controls with the possibility of failure all do so at the same time, however unlikely that may be.

Assigning a likelihood and consequence allows the associated values to be multiplied to give a risk score that aligns to a risk level.

Refer to Attachment 1 (Step 2) for Risk Rating Matrix and Risk Assessment Process.

How to rate residual risk

Control effectiveness is the review of control performance, both individually and collectively.

A control is an activity that positively influences risks it is assigned to. Control effectiveness levels need reporting for high and extreme residual risk. If a control has any chance of failing, meaning it doesn't consistently operate at the highest standard, then it cannot be counted as "fully effective" in the overall risk rating. Controls that do not meet this standard will be assessed for improvement. This might mean redesigning it, strengthening it, or replacing it.

Individual control effectiveness reflects how well a control achieves its intended purpose. It considers two things together:

- Design effectiveness – whether the control is well-designed to address the risk, and
- Operational effectiveness – whether it works reliably in practice.

It is an assessment by subject matter experts. It is not enough to say that a control exists or use the fact that it achieved milestones to indicate its success. There needs to be an assessment of how well it performed. Key performance indicators are useful to establish this.

Refer to Attachment 1 (Step 3) for Risk Rating Matrix and Risk Assessment Process.

Overall control effectiveness uses the percentage of controls that perform at the highest level to establish a rating. This provides an overall guide to the current risk management status when rating residual risk.

Refer to Attachment 1 (Step 4) for Risk Rating Matrix and Risk Assessment Process.

Operational sign off should only be undertaken by the person assigned to implement and monitor operational effectiveness. It is only this person that can understand if a control is operating as designed and is producing the desired result. Control sign off is reflective of operational functionality, not risk responsibility.

Evidence of effectiveness levels can be requested by Risk Managers or Risk Owners, EMT or Governance & Risk team.

Refer to Attachment 1 (Step 3 and 4) for Risk Rating Matrix and Risk Assessment Process.

Well-designed controls include response triggers to indicate where failures may exist when a process is:

- not performed the required number of times to be considered complete
- not conducted as documented without errors or components missed, regardless of the overall outcome

- completed outside of required timeframes for either statutory or internal service level compliance
- exposed to opportunities for misconduct or fraud/theft.

Operationally effective controls are those that can be identified – through evidence and/or discussion with individuals/groups that operate the control process – as meeting the points below:

- in place, in operation
- providing the same outcome at each operation
- having been inspected (observed or through evidence provided from operation)
- mitigate cause and/or likelihood factors of risks they are assigned to

It is difficult to have a single control that meets all the design and operational effectiveness elements. Risk Managers should ensure that collectively these are covered for risks they are responsible for.

Risk Treatments are plans to implement change in the risk and/or control environment, that is to reduce causes and/or likelihood of a risk event occurring. These should be balanced with the cost and efforts of implementation against the benefits derived.

Treatment plans are required where residual risk remains as high or extreme or where it has been requested by the Risk Manager or Risk Owner, to improve or replace existing controls.

Subject matter expert judgment should always be used to determine where further action is required.

5.3 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.

5.4 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.

Additional monitoring and review are undertaken as part of the Internal Audit Plan and control audits that are implemented by Corporate Services.

Refer to **Attachment 1 (Step 6)** for Risk Rating Matrix and Risk Assessment Process.

5.5 Risk reporting

All risks are maintained within 'Promapp'. This allows the centralised reporting function to meet the City's requirement to monitor and review risks by all levels of management, the Audit, Risk and Improvement Committee, and Council.

Formal reporting is provided as follows:

- Quarterly reporting to EMT or as required (those risks with a residual rating of high, extreme or medium)
- Quarterly Risk Report of Strategic and Major Project risks to the Audit, Risk and Improvement Committee
- Annual Risk Report to Council
- Risk Escalation Reports

Refer to **Attachment 1 (Step 6)** for Risk Rating Matrix and Risk Assessment Process.

To ensure reporting is relevant, Risk Owners are responsible for ensuring:

- New/emerging risks for all risk categories are identified, continually managed and escalated as required to the Director or EMT
- Operational risk portfolios are up to date and reflective of services delivered, objectives and current risk environment.
- Project risks are managed and reported appropriately.
- Controls and their effectiveness are monitored and updated, escalating any significant issues to the Director or EMT.

- Escalations (overdue, non-compliant, reportable risk, risk reviews) are managed in a timely manner.
- Timely response to risk notifications from the City's electronic risk management system and from Governance & Risk.

Directors are responsible for ensuring (both in their role as Director and EMT member):

- Identification and management of a relevant strategic risk portfolio and associated control activity as part of the EMT role.
- Provision of direction on reporting frequency and agreement to the highest control effectiveness possible for risks that do not meet the risk appetite.
- Managing escalations for any category of risk appropriately.
- Formal risk reviews are conducted within required timeframes or at the time of significant change to the risk environment (restructure, risk ownership changes, external environment change).
- Responding to risk notifications from the City's electronic risk management system and from Governance & Risk.

6 Risk Matrix

Step 1: Profile your risk consequences against each classification. Note: not all criteria for each consequence may apply, choose what best fits the situation being assessed.

CONSEQUENCE	Health, Safety & Wellbeing	Financial Loss	Service Delivery	Reputation	Environment	Legal and Compliance
INSIGNIFICANT (1) Little or no effect on objectives	Temporary situation, resolved in easy to manage timeframe, acceptable increase in incidents, absence & liability claims. 3 days – 3 weeks	Less than \$10,000 Dept./Project 0-2% remaining budget.	Temporary delays, easily cleared backlog/customer requests increase. 1-7 days	Minor news/media impact, normal levels of complaints, easily resolved issue, minimal impact to staff turnover.	Contained reversible damage using existing resources.	Easily resolvable breach, most objectives will be met, internal systems identify potential fraud or corruption incidents.
MINOR (2) Effects are noticeable but not critical to objectives	Not permanent, formally registered incident, manageable recovery timeframe, increase in incidents, absence & liability claims manageable. 1 month – 3 months	Organisation less than \$250,000 Dept./Project 2-5% remaining budget	Some key deliverables delayed, some program delay/cancellation, manageable disruption daily, customer request increase and missed targets/non-conformances manageable. 2-4 weeks	Substantiated issue, public embarrassment, manageable news/media profile, possible internal investigation, manageable impact to staff turnover.	Clean-up required, additional resources may be required, external agency involvement.	Breach requiring internal investigation and/or unplanned audit, use of reactive risk controls/damage control, overall compliance may drop, some objectives will not be met.
MODERATE (3) Serious impact to the course of action or objectives	Extensive impairment/injury, medical intervention/hospitalisation, partial/full recovery, increase in incidents, absence & liability claims higher than projected/requires resources to manage. 4 months - 12 months	Organisation \$250,000 - \$1M Dept./Project 15-20% remaining budget	Routine activity cancellation, daily monitoring by senior staff, prolonged interruption, requires additional resources, customer request increase and missed targets/non-conformances need active management. 4 – 12 weeks	Day to day disruption, local news/media profile, effort and expense required, internal and/or external investigation, staff turnover increase requiring additional resources to manage.	Uncontained, major but recoverable contamination, coordinated response from external agencies, significant resources required.	Breach requiring external investigation, rectification or termination may be required, audit plan delayed, risks require treatment, low compliance, objectives rarely met, opportunity for fraud or corruption not managed, ineffective process not picked up.
MAJOR (4) Extensive and critical impact to the course of action or objectives	Loss of life, permanent/injury impairment, ongoing situation, external investigation, extended resources required to manage, unmanageable liability claims, fraud or corruption impacts including imprisonment, personal fines, employment termination/s or losses, liability claims.	Organisation – > \$1m Dept./Project greater than 20% remaining budget	Cancellations, activities terminated, immediate intervention required, significant service changes required, fraud or corruption-based delay including poor process management.	Widespread multiple news/media profile, significant damage requiring external investigation and intervention, including fraud or corruption. Staff turnover not manageable without service impacts including turnover related to fraud or corruption incidents.	Uncontained, extensive contamination, potentially irreversible. External intervention and considerable resources required to manage, any environmental impacts related to fraud or corruption incidents.	Breach requiring external investigation and action, audit plan will not be completed significant loss, risks impact increases, unable to meet required compliance or objectives, fraud or corruption incidents committed that are internally or externally reported, wide-spread fraud or corruption incidents.

Step 2: Determine the likelihood and multiply it against the consequence for each classification from step 1. This provides a risk profile. The highest risk value is the risk rating.

CONSEQUENCE	LIKELIHOOD DESCRIPTORS		
	UNLIKELY (1) Risk is unlikely to occur	POSSIBLE (2) Risk could occur, but not certain	LIKELY (3) Risk is likely to occur
INSIGNIFICANT (1) Little or no effect on objectives	LOW (1)	LOW (2)	MEDIUM (3)
MINOR (2) Effects are noticeable but not critical to objectives	LOW (2)	MEDIUM (4)	HIGH (6)
MODERATE (3) Serious impact to the course of action or objectives	MEDIUM (3)	HIGH (6)	HIGH (9)
MAJOR (4) Extensive and critical impact to the course of action or objectives	MEDIUM (4)	HIGH (8)	EXTREME (12)

Step 3: Identify controls (activities managing consequences or likelihood) for each risk and establish individual performance. Evidence may be asked for.

INDIVIDUAL CONTROL EFFECTIVENESS (apply to each control)	Individual control criteria/guidance
Control operates mostly as intended, MEETS its own objectives (Only controls at this level apply in step 4)	Control is mostly well designed (meets most of the response triggers that indicate when things go wrong, such as not performed the required number of times, if forgotten or lost, if completed within required timeframes (statutory or internal), if performed as designed regardless of the outcome and can protect against misconduct/fraud both internal and external). It is operationally effective i.e. it is in place, is a repeatable process that provides the same outcome, has been inspected (observed or through evidence), works to mitigate risk (it is managing cause/s and/or likelihood factors).
Control operates well but DOES NOT ALWAYS meet its own objectives	Control design and operational effectiveness is sometimes satisfactory but can be improved, works to mitigate elements of risk.
Control does not always operate well, often NEEDS IMPROVEMENT to meet its own objectives	Control design and operational effectiveness is not that good, should be improved, works to mitigate a few elements of risk.
Control rarely operates well or is not fully implemented, DOES NOT MEET its own objectives	Design and/or operational effectiveness is not allowing control to mitigate significant elements of risk. If this cannot be changed, consider treatment plans to improve overall effectiveness and/or replace poorly performing controls.
Control not measured for effectiveness OR treatment has not yet been implemented	Measure design and effectiveness of control as soon as possible to ensure this control contributes to overall effectiveness levels. Treatments that are being implemented should assess effectiveness as soon as any results can be determined, even if they will improve over time.

Step 4: Allocate an overall control effectiveness rating by assessing the % of controls performing at the highest level from step 3

OVERALL CONTROL EFFECTIVENESS RATING	% of controls that operate mostly as intended, MEETS its own objectives
STRONG	>75% to 100%
ADEQUATE	>50% to 75%
DEVELOPING	>25% to 50%
INADEQUATE	0% to 25%

Step 5: Rate the residual risk by repeating step 2 and 3 for the classification with the highest risk level considering step 3 and step 4

Step 6: Monitor, review and report – reviews changes in context, likelihood, consequence, effectiveness, residual risk and overall risk environment

INHERENT RISK LEVELS	Guidance to manage	Reporting	Review	Responsibility
LOW (1-2)	MONITOR WITH DAY-TO-DAY OPERATIONS by Risk Owners; adequate and/or partially effective controls acceptable; consider if all controls are required.	No formal reporting required, included in Monthly Risk Report published internally for risk responsible officers to review.	At least annually or when change occurs	Operational Managers
MEDIUM (3-5)				
HIGH (6-9)	MONITORING REQUIRED by EMT to ensure highest control effectiveness possible is being applied and reasonable efforts to investigate treatment plans are undertaken.	Governance & Risk to provide Quarterly Risk Report to EMT and Audit, Risk and Improvement Committee for review.	Quarterly unless otherwise directed, or when change occurs	Directors, EMT and CEO
EXTREME (10-12)				CEO and Council

City of Greater Geraldton Council Policy

4.7 RISK MANAGEMENT

STRATEGIC THEME

Leading

OBJECTIVES

The purpose of this Policy is to state the City of Greater Geraldton's (the City's) commitment to managing risk to its ongoing operations and to ensure the City understands and manages risk within acceptable risk appetite and tolerance levels.

POLICY STATEMENT

This Policy applies to all City of Greater Geraldton operations. It provides guidance on the City's willingness to assume or be exposed to a level of risk to achieve its objectives. It is linked to the City of Greater Geraldton Corporate Business Plan 2025–2029 and the City of Greater Geraldton Community Strategic Plan 2025-2035 and informs the business planning process.

POLICY DETAILS

1. Risk Management Approach
 - 1.1. The City recognises that risk is inherent in all its operations and that effective management of risk is necessary to protect its people, assets, liabilities and community against potential losses and negative consequences.
 - 1.2. The City will maintain the City of Greater Geraldton Risk Management Framework consistent with the guidelines and principles of risk management as set out in the Australian Risk Management Standard AS/NZS ISO31000.
 - 1.3. The City will utilise the City of Greater Geraldton Risk Management Framework which details the process that the City will follow when undertaking risk management within the organisation.
 - 1.4. The City will communicate with the community about the City's approach to managing risk.
 - 1.5. The City will integrate risk management into its corporate culture and its everyday business operations at the strategic, project, operational, and emergency risk levels.
2. Establishing Risk Appetite and Tolerance
 - 2.1. Risk is an inherent part of any organisation's business operations. The exposure to and tolerance of risk differs across the City's operations. The City recognises that its level of risk appetite and risk tolerance must be set at a level that encourages entrepreneurship and innovative organisational development. However, the City is also committed to building a sound foundation of quality control systems and a culture that identifies and manages risk associated with the level of risk appetite and tolerances set by the Council.
 - 2.2. The City has defined its risk appetite through the development and endorsement of the City's risk assessment and acceptance criteria. The criteria are included within the risk management framework and procedures and are subject to ongoing review in conjunction with this Policy.

3. Risk Appetite Criteria

- 3.1. As a public authority the City has a natural and in some cases statutory predisposition to a conservative appetite for risk. In particular the City has little or no appetite for risk which will:
- 3.1.1. Have a significant negative impact on the City's long-term financial sustainability.
 - 3.1.2. Result in major breaches of legislative requirements and/or significant successful litigation against the City.
 - 3.1.3. Compromise the safety and welfare of staff, contractors and/or members of the community.
 - 3.1.4. Cause significant and irreparable damage to the environment.
 - 3.1.5. Result in major disruption to the delivery of key City services.
 - 3.1.6. Result in widespread and sustained damage to the City's reputation.
 - 3.1.7. Significantly impact on the City's ability to recruit and retain staff.
- 3.2. The City provides a large and diverse range of services to a growing population. To provide these services, the City must accept some level of risk.
- The City therefore has some appetite for risks that need to be taken to:
- 3.2.1. Improve efficiency, reduce costs and/or generate additional sources of income.
 - 3.2.2. Maintain and where necessary improve levels of service to the community.
- The level of risk that is acceptable will be assessed and determined on a case-by-case basis.

4. Risk Tolerance Criteria

- 4.1. Risk tolerance represents the practical application of the City's risk appetite and is typically aligned to categories of risk such as strategy, financial, service or reputation.
- 4.2. Risk tolerance is the boundaries or level of risk outside of which the City is not prepared to venture in the pursuit of its long-term strategic objectives.
- 4.3. The City's risk management framework defines the required process that must be followed in establishing the levels of acceptable risks and the levels of authority associated with the risk.

5. Consideration of Complex Risk Exposures

- 5.1. Where the City is considering undertaking a new function, project or investment that has risk consequences or rewards with far-reaching impacts on the community or City operations, a comprehensive risk assessment must be undertaken in accordance with the Risk Management Framework.
- 5.2. In the case of specific high-risk functions, the City must establish specific risk management guidelines that detail the acceptable level of risk.

KEY TERM DEFINITIONS

Risk Appetite The amount and type of risk that the City is willing to pursue or retain.

Risk Tolerance Is defined, as the level of risk the City is willing to accept after risk treatment to achieve its specific objectives.

Risk Management is the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating risk.

ROLES AND RESPONSIBILITIES

The CEO is responsible for the implementation of this Policy.

The City of Greater Geraldton Risk Management Framework outlines in detail all roles and responsibilities associated with managing risk within the City.

WORKPLACE INFORMATION

City of Greater Geraldton Risk Management Framework

Department of Local Government & Communities Risk Management Resources

AS/NZS 31000:2018 Risk Management – Guidelines

POLICY ADMINISTRATION

Directorate		Officer	Review Cycle	Next Due
Corporate Services		Manager Corporate Compliance	Biennial	2028
Version	Decision Reference	Synopsis		
5	Click or tap here to enter text.	Policy review		

COUNCIL POLICY COMPARISON TABLE

COUNCIL POLICY 4.7 RISK MANAGEMENT AND 4.24 RISK APPETITE & TOLERANCE

The purpose of this revision is to amalgamate the two policies into one – 4.7 Risk Management

CURRENT POLICY CONTENT	PROPOSED CONTENT	CHANGE NOTES	COUNCIL COMMENTS
<p>STRATEGIC THEME</p> <p>Leading</p>	<p>STRATEGIC THEME</p> <p>Leading</p>	<p>No changes</p>	<p>Click or tap here to enter text.</p>
<p>OBJECTIVES</p> <p>CP 4.7 The purpose of this Policy is to state the City of Greater Geraldton’s (the City’s) commitment to managing risk to its ongoing operations.</p> <p>CP 4.24 To ensure the City understands and manages risk within acceptable risk appetite and tolerance levels.</p>	<p>OBJECTIVE</p> <p>The purpose of this Policy is to state the City of Greater Geraldton’s (the City’s) commitment to managing risk to its ongoing operations and to ensure the City understands and manages risk within acceptable risk appetite and tolerance levels.</p>	<p>No changes to content.</p>	<p>Click or tap here to enter text.</p>
<p>POLICY STATEMENT</p> <p>CP 4.7 This Policy applies to all City of Greater Geraldton operations.</p> <p>CP 4.24 The City’s risk appetite & tolerance policy provides guidance on the City’s willingness to assume or be exposed to a level of risk in order to achieve its objectives. It is linked to the City of Greater Geraldton Corporate Business Plan 2025 – 2029 and the City of Greater Geraldton Community Strategic Plan 2025 – 2035 and informs the business planning process.</p>	<p>POLICY STATEMENT</p> <p>This Policy applies to all City operations. It provides guidance on the City’s willingness to assume or be exposed to a level of risk to achieve its objectives. It is linked to the City of Greater Geraldton Corporate Business Plan 2025-2029 and the City of Greater Geraldton Community Strategic Plan 2025-2035 and informs the business planning process.</p>	<p>Edited wording.</p>	<p>Click or tap here to enter text.</p>
<p>POLICY DETAILS</p> <p>4.7</p> <ol style="list-style-type: none"> The City recognises that risk is inherent in all of its operations and that effective management of risk is necessary to protect its people, assets, liabilities and community against potential losses and negative consequences. The City will maintain the City of Greater Geraldton Risk Management Framework consistent with the guidelines and principles of risk management as set out in the Australian Risk Management Standard AS/NZS ISO31000. The City will utilise the City of Greater Geraldton Risk Management Framework which details the process that the City will follow when undertaking risk management within the organisation. The City will communicate with the Community about the City’s approach to managing risk. The City will integrate risk management into its corporate culture and its everyday business operations at the strategic, project, operational and emergency risk levels. The City will develop and implement a Strategic and Operational Risk Management Plans to ensure the ongoing management of City risk exposures. <p>4.24</p>	<p>POLICY DETAILS</p> <p>1. Risk Management Approach</p> <ol style="list-style-type: none"> The City recognises that risk is inherent in all its operations and that effective management of risk is necessary to protect its people, assets, liabilities and community against potential losses and negative consequences. The City will maintain the Risk Management Framework consistent with the guidelines and principles of risk management as set out in the Australian Risk Management Standard AS/NZS ISO31000. The City will utilise the City of Greater Geraldton Risk Management Framework which details the process that the City will follow when undertaking risk management within the organisation. The City will communicate with the community about the City’s approach to managing risk. The City will integrate risk management into its corporate culture and its everyday business operations at the strategic, project, operational, and emergency risk levels. 	<p>Point 6 has been removed. Risk management is informed by the Risk Management Framework endorsed by Council. No further plans are proposed to be developed.</p> <p>5.2 Financial investment removed as an example.</p> <p>Small wording and formatting changes throughout.</p>	

<p>1. Establishing Risk Appetite and Tolerance</p> <p>1.1. Risk is an inherent part of any organisation’s business operations. The exposure to and tolerance to risk differs across the City’s operations. The City recognises that its level of risk appetite and risk tolerance must be set at a level that encourages entrepreneurship and innovative organisational development. However, the City is also committed to building a sound foundation of quality control systems and a culture that identifies and manages risk associated with the level of risk appetite and tolerances set by the Council.</p> <p>1.2. The City has defined its risk appetite through the development and endorsement of the City’s risk assessment and acceptance criteria. The criteria are included within the risk management framework and procedures and are subject to ongoing review in conjunction with this policy.</p> <p>2. Risk Appetite Criteria</p> <p>2.1. As a public authority the City has a natural and in some cases statutory predisposition to a conservative appetite for risk. In particular the City has little or no appetite for risk which will:</p> <p>2.1.1. Have a significant negative impact on the Council’s long-term financial sustainability.</p> <p>2.1.2. Result in major breaches of legislative requirements and/or significant successful litigation against the City.</p> <p>2.1.3. Compromise the safety and welfare of staff, contractors and/or members of the community.</p> <p>2.1.4. Cause significant and irreparable damage to the environment.</p> <p>2.1.5. Result in major disruption to the delivery of key City services.</p> <p>2.1.6. Result in widespread and sustained damage to the City’s reputation.</p> <p>2.1.7. Significantly impact on the City’s ability to recruit and retain staff.</p> <p>The City provides a large and diverse range of services to a rapidly growing population. In order to provide these services the City must accept some level of risk.</p> <p>The City therefore has some appetite for risks that need to be taken in order to;</p> <p>2.1.8. Improve efficiency, reduce costs and/or generate additional sources of income.</p> <p>2.1.9. Maintain and where necessary improve levels of service to the community.</p> <p>The level of risk that is acceptable will be assessed and determined on a case-by-case basis.</p> <p>3. Risk Tolerance Criteria</p> <p>3.1. Risk tolerance represents the practical application of the City’s risk appetite and is typically aligned to categories of risk such as strategy, financial, service or reputation.</p> <p>3.2. Risk tolerance is the boundaries or level of risk outside of which the City is not prepared to venture in the pursuit of its long term strategic objectives.</p> <p>3.3. The City’s risk management framework defines the required process that must be followed in establishing the levels of acceptable risks and the levels of authority associated with the risk.</p> <p>4. Consideration of Complex Risk Exposures</p> <p>4.1. Where the City is considering undertaking a new function, project or investment that has risk consequences or rewards with far-reaching impacts on the community or City operations, a</p>	<p>2. Establishing Risk Appetite and Tolerance</p> <p>2.1. Risk is an inherent part of any organisation’s business operations. The exposure to and tolerance of risk differs across the City’s operations. The City recognises that its level of risk appetite and risk tolerance must be set at a level that encourages entrepreneurship and innovative organisational development. However, the City is also committed to building a sound foundation of quality control systems and a culture that identifies and manages risk associated with the level of risk appetite and tolerances set by the Council.</p> <p>2.2. The City has defined its risk appetite through the development and endorsement of the City’s risk assessment and acceptance criteria. The criteria are included within the risk management framework and procedures and are subject to ongoing review in conjunction with this policy.</p> <p>3. Risk Appetite Criteria</p> <p>3.1. As a public authority the City has a natural and in some cases statutory predisposition to a conservative appetite for risk. In particular the City has little or no appetite for risk which will:</p> <p>3.1.1. Have a significant negative impact on the City’s long-term financial sustainability.</p> <p>3.1.2. Result in major breaches of legislative requirements and/or significant successful litigation against the City.</p> <p>3.1.3. Compromise the safety and welfare of staff, contractors and/or members of the community.</p> <p>3.1.4. Cause significant and irreparable damage to the environment.</p> <p>3.1.5. Result in major disruption to the delivery of key City services.</p> <p>3.1.6. Result in widespread and sustained damage to the City’s reputation.</p> <p>3.1.7. Significantly impact on the City’s ability to recruit and retain staff.</p> <p>3.2. The City provides a large and diverse range of services to a growing population. To provide these services, the City must accept some level of risk.</p> <p>The City therefore has some appetite for risks that need to be taken to:</p> <p>3.2.1. Improve efficiency, reduce costs and/or generate additional sources of income.</p> <p>3.2.2. Maintain and where necessary improve levels of service to the community.</p> <p>The level of risk that is acceptable will be assessed and determined on a case-by-case basis.</p> <p>4. Risk Tolerance Criteria</p>		<p>Removed ‘rapidly’. Minor grammar change.</p>
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<p>comprehensive risk assessment must be undertaken in accordance with the Risk Management Framework.</p> <p>4.2. In the case of specific high risk functions (such as financial investment), the City must establish specific risk management guidelines that details the acceptable level of risk.</p>	<p>4.1. Risk tolerance represents the practical application of the City's risk appetite and is typically aligned to categories of risk such as strategy, financial, service or reputation.</p> <p>4.2. Risk tolerance is the boundaries or level of risk outside of which the City is not prepared to venture in the pursuit of its long-term strategic objectives.</p> <p>4.3. The City's risk management framework defines the required process that must be followed in establishing the levels of acceptable risks and the levels of authority associated with the risk.</p> <p>5. Consideration of Complex Risk Exposures</p> <p>5.1. Where the City is considering undertaking a new function, project or investment that has risk consequences or rewards with far-reaching impacts on the community or City operations, a comprehensive risk assessment must be undertaken in accordance with the Risk Management Framework.</p> <p>5.2. In the case of specific high-risk functions, the City must establish specific risk management guidelines that detail the acceptable level of risk.</p>		
<p>KEY TERM DEFINITIONS</p> <p>Risk Management is the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying, and analysing, evaluating, treating, monitoring and communicating risk.</p> <p>Risk Appetite The amount and type of risk that the City of Greater Geraldton is willing to pursue or retain.</p> <p>Risk Tolerance Is defined, as the level of risk the City of Greater Geraldton is willing to accept after risk treatment in order toto achieve its specific objectives.</p>	<p>KEY TERM DEFINITIONS</p> <p>Risk Management is the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying, analysing, evaluation, treating, monitoring, and communicating risk.</p> <p>Risk Appetite is the amount and type of risk that the City is wiling to pursue or retain</p> <p>Risk Tolerance is defined, as the level of risk the City is willing to accept after risk treatment to achieve its objectives.</p>	<p>Minor changes to definitions.</p>	<p>Click or tap here to enter text.</p>
<p>ROLES AND RESPONSIBILITIES</p> <p>The CEO is responsible for the implementation of this Policy.</p> <p>The City of Greater Geraldton Risk Management Framework outlines in detail all roles and responsibilities associated with managing risk within the City.</p>	<p>ROLES AND RESPONSIBILITIES</p> <p>The CEO is responsible for the implementation of this Policy.</p> <p>The City of Greater Geraldton Risk Management Framework outlines in detail all roles and responsibilities associated with managing risk within the City.</p>	<p>No change.</p>	<p>Click or tap here to enter text.</p>
<p>WORKPLACE INFORMATION</p> <p>City of Greater Geraldton Risk Management Framework</p> <p>Department of Local Government & Communities Risk Management Resources</p> <p>AS/NZS 31000:2018 Risk Management – Guidelines</p>	<p>WORKPLACE INFORMATION</p> <p>City of Greater Geraldton Risk Management Framework</p> <p>Department of Local Government & Communities Risk Management Resources</p> <p>AS/NZS 31000:2018 Risk Management – Guidelines</p>	<p>No change.</p>	<p>Click or tap here to enter text.</p>

POLICY ADMINISTRATION

Directorate		Officer	Review Cycle	Next Due
Choose an item.		E.g. Manager Corporate Services	Biennial	2022
Version	Decision Reference	Synopsis		
1.	CCSXXX 24/01/2022	Choose an item.		

POLICY ADMINISTRATION

Directorate		Officer	Review Cycle	Next Due
Corporate Services		Manager Corporate Compliance	Biennial	2028
Version	Decision Reference	Synopsis		
5.	CSXXX 24/02/2026	Policy Review		

City of Greater Geraldton Council Policy

4.25 BUSINESS CONTINUITY MANAGEMENT

STRATEGIC THEME

Leading

OBJECTIVES

The Business Continuity Management Policy has been developed in conjunction with the City's Risk Management Framework to assist the City prepare for major disruptive events to its operations.

POLICY STATEMENT

The policy defines the City's approach to business continuity management and the principles by which business continuity plans will be developed and maintained.

POLICY DETAILS

1. Business Continuity Planning

The objective of business continuity management is to minimise the impact of a disruptive event on critical operations and the delivery of services to the community by ensuring that the organisation develops an effective Business Continuity Framework and that relevant Business Continuity Plans are in place. Examples of disruptive events include: natural disasters; fire or flood damage to the City facilities; IT business systems failure; and telecommunications failure.

A key aim of the City's Business Continuity Management Framework is to:

- 1.1. Increase organisational resilience by undertaking specific actions to strengthen the City's adaptive capability for managing sudden and significant change;
- 1.2. Continue to deliver critical business functions and services in a disruptive event or disaster;
- 1.3. Effect recovery with as little down time and negative impact as possible; and
- 1.4. Recognise and act on improvement opportunities inherent in an improved understanding of the City's core business processes and objectives.

The City's Business Continuity Framework is made up of the following:

- 1.5. Business Continuity Management Policy - defines the City's approach to business continuity management and the principles by which business continuity plans will be developed and maintained within the organisation.
- 1.6. Business Continuity Plan - provides the required detail for the coordination and management of the organisation during a significant disruptive event, the process for relevant business continuity plan activation and deactivation, and detail regarding BCP training and exercise requirements to ensure preparedness for disruptive events.

- 1.7. Departmental Business Continuity Sub-Plans - considers the impact of disruptive events on critical operations and documents procedures to allow continuity of services in the event of significant disruption.

2. Approach to Business Continuity Management

Business Continuity Management at the City will align to the AS/NZS 5050 (Int):2020 Managing disruption-related risk Standard, which was developed to assist organisations maintain continuity of their operations through effective management of disruption-related risk. This will equip the organisation with the capacity to:

- 2.1. Stabilise any disruptive effects as soon as possible;
- 2.2. Safeguard the City's assets, including people, property and financial resources;
- 2.3. Continue and/or quickly resume those operations that are most critical to the City's objectives to ensure the delivery of essential services to the community;
- 2.4. Expedite a return to normal operations and recovery; and
- 2.5. Capitalise on any opportunities created by an event.

KEY TERM DEFINITION

N/A

ROLES AND RESPONSIBILITIES

The Executive Management Team are responsible for overseeing Business Continuity Management across the organisation.

The Corporate Compliance department is responsible for the coordination of business continuity management including the oversight of appropriate documentation, training, coordinating testing and monitoring of the Business Continuity Management Framework.

Managers are the Departmental Business Continuity Sub-Plans owners whom have responsibility for undertaking business impact analysis and ensuring that all critical functions under their responsibility have Business Continuity Plans established, maintained and reviewed. The Corporate Compliance and Safety team will assist with this process.

Each critical function within a Department will have an appointed Business Continuity Plan owner who has the responsibility for actioning continuity arrangements when a critical function is interrupted. The owner must also ensure that relevant employees are aware of and trained in the actioning of the plan.

WORKPLACE INFORMATION

CP 4.7 Risk Management

City of Greater Geraldton Risk Management Framework

City Business Continuity Plan

AS/NZS 31000:2018 Risk Management – Guidelines

AS/NZS 5050 (Int):2020 Managing disruption-related risk

POLICY ADMINISTRATION

Directorate		Officer	Review Cycle	Next Due
Corporate Services		Manager Corporate Compliance	Biennial	2024
Version	Decision Reference	Synopsis		
3	CS003 20/12/2022	Administration Review 9 July 2025 – Update SCP Theme and name of department responsible.		

AC182	2026 ARIC TERMS OF REFERENCE
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AGENDA REFERENCE:	D-26-014340
AUTHOR:	L Maldea, Manager Corporate Compliance
EXECUTIVE:	P Radalj, Director Corporate Services
DATE OF REPORT:	5 February 2026
FILE REFERENCE:	GO/11/0020
ATTACHMENTS:	Yes (x1) Audit, Risk and Improvement Committee Terms of Reference 2026

EXECUTIVE SUMMARY:

The purpose of this report is to seek the Audit, Risk and Improvement Committee's endorsement of the updated Audit, Risk and Improvement Committee Terms of Reference 2026. The Terms of Reference have been revised to reflect the legislative changes introduced as part of the Local Government Reforms coming into effect on 1 January 2026.

EXECUTIVE RECOMMENDATION:

That the Audit, Risk and Improvement Committee by Simple Majority pursuant to Section 7.1CA of the *Local Government Act 1995* RESOLVES to:

1. APPROVE the updated Audit, Risk and Improvement Committee Terms of Reference 2026.

PROPONENT:

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

BACKGROUND:

Section 5.8 of the *Local Government Act 1995* (Act) allows Council to establish, by Absolute Majority, committees of three or more persons to assist Council. A local government may delegate powers and duties to a committee under section 5.16 of the Act.

Section 7.1A of the Act was recently amended to:

- (1) A local government **must** establish a committee of its council under section 5.8 to be called the audit, risk and improvement committee.
- (2) The following provisions apply in respect of the membership of the audit, risk and improvement committee —
 - (a) an employee of the local government is not to be a member;
 - (b) no member is to be nominated by, or is to be appointed to represent, any employee of the local government;
 - (c) section 5.10(1)(b) does not apply.
- (3) The presiding member of the audit, risk and improvement committee cannot be a council member of the local government or of any other local government.

-
- (4) *Any deputy presiding member of the audit, risk and improvement committee cannot be a council member of the local government or of any other local government.*

Council met these requirements at the November Ordinary Meeting of Council (Item No. CS258) including the appointment of an Independent Presiding Member (Michael Librizzi) and Independent Deputy of the Presiding Member (Michael Cole).

Committee members are appointed in accordance with the Act and membership continues until a person no longer holds the office by virtue of which the person became a member, the person resigns from membership, the committee is disbanded or at the next ordinary election, whichever is first.

The *Local Government Amendment Act 2024* was assented to on 6 December 2024, delivering the second tranche of local government reforms. Changes to the Act include reforms that allow for greater transparency and clarity on how Council Committees operate. This includes changing audit committees to have an improved focus as 'Audit, Risk and Improvement Committees' that are independently chaired, with increased oversight in risk management and improvement.

It was noted in the Council Item (Item No. CS258) that:
Whilst the TOR for the ARIC have been revised; it may be necessary for the City to further review them to align with the amended Audit Regulations once made.

Further changes to the *Local Government Act 1995* and *Local Government (Audit) Regulations 1996* came into effect from 1 January 2026. Given these new and revised regulations, it is necessary for the City to further review the ARIC Terms of Reference, attached, so that they align.

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, Risk and Improvement Committee plays a key role in assisting a local government to fulfil its governance and oversight responsibilities in relation to financial reporting, internal control structure, risk management systems, legislative compliance, ethical accountability and the internal and external audit functions. Clear and comprehensive terms of reference, setting out the committee's roles and responsibilities, are therefore essential.

Disclosure of Interest:

No officer involved in the preparation of this report has a declarable interest in this matter.

RELEVANT PRECEDENTS:

The Audit, Risk and Improvement Committee was established through Council Item CS258 – Re-Establish City of Greater Geraldton Audit Committee, endorsed by Council on 25 November 2025. At the same meeting, Council also endorsed the ARIC Terms of Reference 2025 and appointed the Committee Members. In accordance with the *Local Government Act 1995*, members of the ARIC, including Independent Members, are appointed on a two-year cycle following each Local Government Election, with their term expiring at the subsequent Local Government Election.

COMMUNITY/COUNCIL MEMBER CONSULTATION:

Independent Members were provided with the proposed changes to the Terms of Reference on 30 January 2026 with suggested changes incorporated.

LEGISLATIVE/POLICY IMPLICATIONS:

Although the *Local Government Act 1995* does not explicitly require committees to adopt Terms of Reference, the Department of Local Government's Operational Guideline No. 9 emphasises that audit committees should have clear and comprehensive Terms of Reference to effectively fulfil their governance and oversight responsibilities.

FINANCIAL AND RESOURCE IMPLICATIONS:

Committees established by Council all require the allocation of Officer resources, for secretariat support, meeting coordination and in relation to the business of a Committee as provided in its terms of reference.

The City will make payments to independent members in accordance with the Act, Regulations and Council Policy 4.12 Independent Committee Member Fees and Reimbursements.

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 6	Ensure high quality governance activities enabling transparency and accountability.

REGIONAL OUTCOMES:

There are no impacts to regional outcomes.

RISK MANAGEMENT:

The City is required, under section 7.1A of the *Local Government Act 1995*, to establish an Audit, Risk and Improvement Committee.

ALTERNATIVE OPTIONS CONSIDERED BY CITY OFFICERS:

No alternative options were considered by City Officers.

Greater Geraldton

Audit, Risk and Improvement Committee

Terms of Reference

2026

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1 Establishment and Objectives of the Audit, Risk and Improvement Committee

1.1 Establishment

- a. The Audit, Risk and Improvement Committee (ARIC) is a formally established committee in accordance with section 7.1A of the *Local Government Act 1995* (the Act). ARIC is formed and its members are appointed by absolute majority decision and are responsible to the Council.
- b. The ARIC will operate in accordance with all relevant provisions of the Act, the *Local Government (Administration) Regulations 1996* and the *Local Government (Audit) Regulations 1996*.

1.2 Objectives

- a. The ARIC's key objectives are to assist Council in overseeing financial and performance reporting; internal control systems; risk management frameworks; compliance with laws, regulations, and ethical standards; internal and external audit functions, and improvements. It is not responsible for management of these functions.
- b. The ARIC accepts responsibility for the annual external audit and liaises with the Office of the Auditor General (OAG) so that Council can be satisfied with the performance of the City in managing its financial affairs.

2 Powers of ARIC

2.1 Nature of Authority

- a. Advisory: The ARIC is a formally appointed advisory committee of Council. It does not have executive powers, management functions, or delegated financial authority. The ARIC cannot involve itself in the City's operational management, processes or procedures.
- b. No Delegated Authority: The ARIC cannot implement actions or make decisions on behalf of Council or the CEO. It may note reports and recommend actions for Council consideration.

2.2 Scope of Influence

- a. Reporting: The ARIC provides guidance, advice, and recommendations to Council on matters within its Terms of Reference to support informed decision-making.
- b. Oversight support: It assists Council in fulfilling its legislative functions that have not been delegated to the CEO, particularly in areas such as audit, risk, compliance, and governance.

2.3 Permitted Actions

- a. Information Access: May request information from officials or external parties, subject to legal constraints.
- b. Engagement with Auditors: Can meet with internal and external auditors and review audit plans and outcomes.
- c. Professional Advice: May request the CEO to obtain legal or professional advice, subject to Council approval.
- d. Meeting Participation: Can request attendance of elected members at ARIC meetings.
- e. Administrative Support: Receives administrative support from the Manager Corporate Compliance but remains independent from the administration.

3 Membership

The ARIC comprises of five (5) members, namely: one independent member to be appointed as Presiding Member; and four Council Members which, in accordance with good practice, should include the Mayor and Deputy Mayor. A Deputy of the Presiding Member will also be appointed and would only attend a meeting in lieu of absence and unavailability of the Presiding Member. Therefore, the maximum number of members attending a meeting would be (5) five.

3.1 Council Members

Council Members are appointed to the ARIC by Council by absolute majority in accordance with section 5.10 and 7.1A of the Act.

3.2 Independent members

A Presiding Member and Deputy of the Presiding Member must be appointed to the ARIC. The appointments are independent persons and are not a Council Member of the City or of any other local government, nor an employee of the City.

Independent members must be appointed by absolute majority of Council.

Independent members should demonstrate expertise in any or all of the following:

- a. Internal and external audit;
- b. Risk management;
- c. Financial management and reporting;
- d. Governance and legislative compliance;
- e. Information and Systems Technology;
- f. Audit Committee practices, and
- g. Understanding the complexities of the City within a regional context.

3.2.1 Presiding Member and Deputy of the Presiding Member

The Presiding Member and Deputy of the Presiding Member are responsible for providing leadership and facilitating the ARIC's objectives. The Presiding Member and Deputy of the Presiding Member ensure appropriate conduct is observed and promote full participation and open debate for effective recommendations to be made to Council.

3.3 Role of Members

Members of the ARIC are expected to uphold the highest standards of integrity, professionalism, and accountability in the discharge of their duties. Their responsibilities include:

- a. Understanding the legal and regulatory obligations of the Council and its function.
- b. Understanding the governance arrangements that support the achievement of the City's strategic objectives.
- c. Awareness of contemporary issues affecting the local government sector.
- d. Acting honestly, objectively, and in good faith.
- e. Exercising due care, diligence, and skill in all ARIC activities.
- f. Adhering to the City's Code of Conduct and maintaining high ethical standards.
- g. Demonstrating behaviours that reflect the desired culture of the local government.
- h. Avoiding any activity that may compromise the integrity or impartiality of ARIC.

- i. Refraining from publicly commenting on ARIC matters unless authorised by Council.
- j. Actively participating in meetings and deliberations.
- k. Using information provided to the Committee solely for its intended purpose.
- l. Completing the Audit Committee member induction (Annexure 1).

3.4 Role of CEO and City employees

The CEO and City employees are not members of the Committee; therefore, they do not have voting rights.

The CEO or a nominee of the CEO is to be available to attend meetings to provide advice and guidance to the ARIC.

The CEO, Director Corporate Services, Chief Financial Officer and Manager Corporate Compliance are to receive a standing invite to all ARIC meetings. Other directors and/or employees dependent on subject matter may be invited to attend.

3.5 Tenure

All ARIC member appointments are for a term of up to two years, in accordance with Section 5.11 of the *Local Government Act 1995*. Terms conclude on the day of the Ordinary Council elections, after which members are eligible for reappointment.

Council may terminate a member's appointment before the end of their term if:

- a. The Presiding Member determines the member is not contributing positively.
- b. The member breaches the City's Code of Conduct or commits a serious contravention of the Act.
- c. The member's conduct, actions, or comments bring the City into disrepute.

3.6 Code of Conduct – Conflict of Interest and Confidentiality

All Committee members are subject to the same rules concerning confidentiality, public statements and conflict of interest as member of Council pursuant to *Council Policy 4.2 Code of Conduct for Council Members, Committee Members and Candidates*.

Other persons appointed to Council committees are to be provided with a Welcome Pack, attaching the relevant Policies, Meeting Procedures and Regulations to be followed when attending Council committee meetings.

Other persons will be required to agree to the terms of appointment to the committee as a member at their first meeting.

The Presiding Member is to refer to the relevant Policies, Meeting Procedures and Regulations when chairing a meeting.

Members must disclose any actual, potential or perceived conflicts of interest in accordance with the Act and clause 22 of the *Council Policy 4.2 Code of Conduct for Council Members, Committee Members and Candidates*. Conflicts of interest and related actions are to be recorded in the minutes, and to be read out at the beginning of the meeting and referenced again immediately before any matter to which the disclosure relates is discussed.

3.7 Entitlement, Allowance and Expenses

The Presiding Member and Deputy of the Presiding Member will be entitled to the maximum meeting attendance fee for a Band 1 local government as determined by the Salaries and Allowances Tribunal in accordance with Council Policy 4.12.

ARIC members may be provided with training, to be determined by Council, as appropriate. Reimbursement of approved expenses will be paid in accordance with the City's policies and subject to prior approval and budget.

4 Meetings

4.1 Frequency

The ARIC shall meet up to four times annually. Additional meetings shall be convened at the discretion of the Presiding Member.

4.2 Quorum

As prescribed in section 5.19 of the Act, the quorum shall be at least 50% of the number of members, whether vacant or not, of the ARIC.

The office held by the Council Member must be disregarded for the purpose of determining the quorum for the meeting at that time if the meeting is held during a period for which the Council Member is entitled to parental leave under section 2.25(5B).

4.3 Attendance

Meeting attendances and absences are to be recorded and monitored. Where regular non-attendance is noted, the Presiding Member may raise this with the ARIC member.

The CEO may invite staff, auditors and other relevant persons to attend meetings as observers and to provide pertinent information, as necessary.

Request to attend a committee meeting by electronic means is to be approved by the Mayor – Regulation 14C of the *Local Government (Administration) Regulations 1996*.

- a. Regulation 14C(3) provides that a member may attend up to 50% of meetings by electronic means in a 12-month period.

4.4 Conducting Meetings

The *City of Greater Geraldton Meeting Procedures Local Law 2011* as amended, is to be used by the Presiding Member as a tool for the conduct of the meeting.

Motions are to be moved and seconded, as per Parts 9.1 and 9.2 of Meeting Procedures Local Law 2011, before any debate can commence.

Pursuant to section 5.23 of the Local Government Act, ARIC meetings are open to members of the public. Despite this, if confidential items are to be dealt with at the meeting, the committee must close the meeting to members of the public to the extent necessary to ensure that the matter is dealt with confidentially. Matters to be dealt with confidentially are prescribed under section 5.23.

For the avoidance of doubt, there is no question time for members of the public to be allocated at ARIC meetings.

4.5 Voting

Voting is in accordance with Section 5.21 of the Act. Section 7.1C states that decisions made by an ARIC, including to make a recommendation to Council, are to be made by simple majority.

If the votes of members present at an ARIC meeting are equally divided, the person presiding is to cast a second vote.

4.6 Agenda and Minutes

Support staff are to ensure an agenda is distributed at least 72 hours prior to the meeting (not including the day of the meeting), along with reports and other attachments or information to be addressed at the ARIC meeting.

Per regulation 14 of the *Local Government (Administration) Regulations 1996*, agendas and attachments are to be available for public inspection and published on the City's website from the time they were made available to members of the ARIC.

Minutes are to be prepared and referred to the Presiding Member for approval before being distributed to ARIC members.

Per regulation 13 of the *Local Government (Administration) Regulations 1996*, unconfirmed minutes must be published within seven (7) days of the meeting on the City's website.

Minutes are to be formally accepted at the next ARIC meeting, per section 5.22 of the Act, with a copy signed by the Presiding Member provided to Information Management for recordkeeping.

5 Reporting

5.1 Reports and Recommendations

There are two types of reports presented to the ARIC:

- a. Reports for information purposes and noting; and
- b. Reports requiring approval. These reports are presented to Council for final endorsement upon the ARIC's recommendation.

All recommendations of the ARIC are to be considered at the next available Ordinary Council Meeting.

5.2 Annual reporting

The ARIC shall provide an annual report to Council summarising its activities during the previous financial year. This includes a self-assessment of its performance and confirmation that all functions outlined in these terms of reference have been satisfactorily addressed.

6 Functions of the Audit, Risk and Improvement Committee

Regulation 16 of the *Local Government (Audit) Regulations 1996* defines the functions of an audit, risk and improvement committee.

An audit, risk and improvement committee has the following functions —

- (a) to receive and review reports on, and recommend to the council actions to be taken in relation to-
 - (i) audits under Part 7 of the Act; and
 - (ii) compliance audits; and
 - (iii) reviews under regulation 17;

- (b) to otherwise receive and review reports on the appropriateness and effectiveness of, and recommend to the council improvements to, the local government's systems and procedures in relation to-
 - (i) financial management; and
 - (ii) legislative compliance; and
 - (iii) risk management;

- (c) to receive and review reports on, and recommend to the council improvements to, the implementation of any actions that the local government-
 - (i) is required to take under 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 otherwise decided to take in response to a report or recommendation referred to in paragraph (a) or (b); and
 - (iv) has stated it has done or proposes to do in written advice prepared under section 8.6(1)(a) or 8.23(4)(a);

- (d) any other function conferred on the audit, risk and improvement committee under these regulations or another written law.

6.1 Financial Reporting, Management and External Audit

The ARIC is to guide and assist the Local Government in carrying out its functions under Part 7 of the Act, and its functions relating to audits and other matters related to financial management;

- a. Meet with the auditor at least once a year on behalf of Council, in accordance with s.7.12A(2) of the Act, and provide a report to Council;
- b. Liaise with the CEO to ensure that the local government does everything in its power to –
 - i. assist the auditor of the local government to conduct an audit and carry out the auditors' other duties in respect of the local government; and
 - ii. ensure that audits are conducted successfully and expeditiously;
- c. Oversee the implementation of any action that the local government:
 - i. is required to take by section 7.12A(3) of the Act; and
 - ii. has stated it has taken or intends to take in a report prepared under section 7.12A(4) of the Act; and
 - iii. has accepted should be taken, following receipt of a report of a review conducted under *Local Government (Audit) Regulations 1996*, regulation 17(1); and
- d. Review the level of resources allocated to internal audit and the scope of its authority;
- e. Review reports of internal audits, monitor the implementation of recommendations made by the audit and review the extent to which council and management reacts to matters raised;
- f. Review the local government's draft annual financial report, focusing on –
 - i. accounting policies and practices;
 - ii. changes to accounting policies and practices;
 - iii. the process used in making significant accounting estimates;

- iv. significant adjustments to the financial report (if any) arising from the audit process;
 - v. compliance with Australian Accounting Standards and other reporting requirements; and
 - vi. significant variances from prior years;
- g. Consider and recommend adoption of the annual financial report to council. Review any significant changes that may arise after any such recommendation but before the annual financial report is signed;

6.2 Internal Audit

Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of all processes.

The ARIC is responsible for guiding and overseeing the activities, resources and structure of the internal audit function. The ARIC's responsibilities include, but are not limited to:

- a. Assessing the internal audit plan to ensure that it covers material business risks that may threaten the achievement of strategic objectives.
- b. Reviewing and recommending the approval of the internal audit plan and work program.
- c. Reviewing the quality, timeliness and effectiveness of internal audit reports.
- d. Overseeing the resources and independence of internal audit function.
- e. Considering the implications of internal audit findings on the business, its risks and controls.
- f. Facilitating coordination between internal audit and other assurance functions.
- g. Monitoring management's implementation of internal audit recommendations.
- h. Monitoring the progress of the internal audit plan and work program.
- i. Ensuring internal audit processes are transparent, accountable and effective.

The internal auditor should report functionally to the ARIC and administratively to the CEO. It should be remembered that pursuant to section 5.41 of the Act, the CEO is responsible for the day-to-day management of local government's activities including the direction of staff and implicitly the internal audit function.

6.3 Risk Management

The ARIC provides oversight and assurance on the effectiveness of the City's risk management practices. Its key responsibilities include:

- a. Overseeing the development, implementation, and periodic review of a comprehensive Risk Management Framework.
- b. Ensuring alignment with Council's endorsed risk appetite and escalation protocols.
- c. Recommending risk appetite statements and risk tolerance levels to Council.
- d. Reviewing strategic and operational risk profiles, including emerging risks.
- e. Assessing major risks related to projects, programs, and activities.
- f. Identifying specific risks for detailed review and ensure regular updates to the Risk Register.
- g. Ensuring controls are in place and operating effectively to mitigate risks to acceptable levels.
- h. Reviewing business continuity planning and insurance arrangements, including annual insurance reviews.
- i. Monitoring the effectiveness of risk mitigation strategies and compliance with legislation and policies.
- j. Receiving and reviewing annual risk management reports.

- k. Considering relevant audit findings and better practice publications.
- l. Providing advice and recommendations to Council and the CEO on risk-related matters.

6.4 Business Continuity

The ARIC is responsible for ensuring the City has a robust and effective Business Continuity Framework. Its key functions include:

- a. Assessing whether sound business continuity and disaster recovery plans are in place.
- b. Ensuring these plans are periodically updated and tested for effectiveness.
- c. Overseeing the regular review of the Business Continuity Framework to maintain resilience in operations.

6.5 Internal Control

The ARIC ensures the City maintains a strong and effective internal control environment. Its responsibilities include:

- a. Monitoring the adequacy and effectiveness of internal control systems to mitigate key business risks.
- b. Reviewing management's approach to internal controls, including relevant policies, procedures, and delegations.
- c. Ensuring periodic internal reviews of major operational areas and annual compliance assessments.
- d. Overseeing controls related to privacy, cyber security, fraud detection, and ethical conduct.
- e. Seeking assurance from auditors and management on the completeness and reliability of financial and operational information provided to Council.

6.6 Fraud and Corruption Prevention

The ARIC oversees the City's fraud and corruption prevention measures by:

- a. Participating in identifying and assessing risks related to fraud and corruption.
- b. Reviewing the effectiveness of fraud control systems and processes.
- c. Ensuring mechanisms are in place to detect, investigate, and respond to fraud-related information.
- d. Assessing management's commitment to ethical conduct and probity.
- e. Monitoring policies and procedures that support integrity and transparency in operations.

6.7 Compliance and Integrity

The ARIC supports the City's commitment to compliance and integrity by:

- a. Reviewing the adequacy and effectiveness of policies, procedures, and internal controls to ensure compliance with legislation and standards.
- b. Monitoring ethical conduct, probity, and the culture of integrity within the organisation.
- c. Assessing whether systems are in place to detect and respond to non-compliance, fraud, and misconduct.
- d. Providing assurance that the City operates transparently and in accordance with its legal and ethical obligations.
- e. Reviewing Compliance Audit Return annually to ensure the City meets its obligations under the Local Government Act and associated regulations.

Examples of compliance checks:

- a. Annual review of policy compliance.
- b. Monitoring adherence to legislative requirements.
- c. Ensuring privacy and cyber security controls are in place and effective.
- d. Verifying compliance with financial reporting standards and accounting policies.
- e. Reviewing workplace health and safety (WHS) obligations and practices.

6.8 Corporate Reporting

The ARIC shall:

- a. Review the accuracy, completeness, and appropriateness of financial and operational reports presented to Council.
- b. Ensure corporate reporting complies with the Local Government Act 1995, relevant regulations, accounting standards, and Council policies.
- c. Collaborate with internal and external auditors, including the Office of the Auditor General (OAG) and contracted auditors to obtain assurance on the reliability and integrity of reporting processes.
- d. Oversee the review and recommendation of the Annual Financial Report and Auditor's Report to Council, including consideration of audit findings and management responses.
- e. Monitor the effectiveness of systems and controls supporting financial and corporate reporting.
- f. Report findings and make recommendations to Council to support transparency, accountability, and informed decision-making.

This aligns with the City's strategic objectives by promoting good governance through transparent and accountable reporting.

6.9 Continuous Improvement

The ARIC's role in continuous improvement shall include:

- a. Monitoring and advising on opportunities to improve the City's governance, risk management, internal control, and operational performance.
- b. Reviewing audit findings, management responses, and progress on implementation to support continuous improvement.
- c. Recommending enhancements to systems, processes, and practices that strengthen efficiency, transparency, and service delivery.
- d. Promoting a culture of learning, accountability, and innovation across the organisation.
- e. Reporting improvement opportunities and progress to Council to support strategic decision-making and organisational development.

Monitoring metrics may include percentage of audit recommendations implemented within target timeframes; number of processes initiated and completed; staff training and development participation rates; and performance against strategic and operational KPIs.

6.10 Other Responsibilities

- a. Review asset management practices, including accounting and disposal processes, to ensure compliance and efficiency.
- b. Oversee audits related to information systems and cybersecurity risks, particularly in response to findings from the Office of the Auditor General.

- c. Monitor the implementation of new systems (e.g. ERP systems) and associated governance controls.
- d. Support ethical leadership and informed decision-making aligned with strategic outcomes.
- e. Promote ethical governance by reviewing conduct, decision-making processes, and adherence to codes of conduct.
- f. Assess alignment of audit and risk activities with the City's Strategic Community Plan and Corporate Business Plan.
- g. Review non-financial performance audits, including service delivery, community engagement, and strategic outcomes.

7 Annexure 1 – ARIC Member Induction Checklist

No.	Activity	Completed
A	Authority, composition and meetings	
1	Read and understand the ARIC Terms of Reference.	
2	Read the Committee minutes for the last year.	
B	External reporting	
1	Read the prior year financial report.	
2	Read and understand the City's legislative compliance requirements, as reported in the Compliance Audit Return (CAR).	
C	External Audit	
1	Meet with the external auditor's audit team at the entrance meeting.	
2	Read and understand the external auditor's findings and recommendations, and management's response for the last year, including any OAG performance audits.	
D	Internal Audits	
1	Review the City's internal audit plan.	
2	Read and understand the City's Audit Action list.	
E	System of internal control and risk management	
1	Read and understand the City's risk management framework, including the risk management policy and risk appetite and tolerance statements.	
F	Compliance and Ethics	
1	Read and understand the processes for managing complaints and public interest disclosures.	
G	Fraud	
1	Read and understand the City's Fraud and Corruption Control Plan and Policy.	

2	Review the most recent audit under the Fraud and Corruption Control Plan .	
H	Related Party Transactions	
1	Read and understand the Related Party Transaction Policy.	
I	Governance Framework	
1	Read and understand the organisational structure.	
2	Read and understand the City's delegation register.	
3	Read and understand the City's Councillor Induction Manual.	

Further information may be found in the Induction Manual for Council Members or by contacting the Office of the CEO.

AC183	IBIS ERP PROJECT UPDATE
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AGENDA REFERENCE:	D-26-016266
AUTHOR:	D Duff, Manager ERP Project
EXECUTIVE:	P Radalj, Director Corporate Services
DATE OF REPORT:	1 February 2026
FILE REFERENCE:	GO/11/0020
ATTACHMENTS:	Yes (x1) IBIS ERP Project Scope Implementation Status

EXECUTIVE SUMMARY:

The purpose of this report is to provide the Audit, Risk and Improvement Committee with a progress update on the IBIS ERP Project

EXECUTIVE RECOMMENDATION:

That the Audit, Risk and Improvement Committee by Simple Majority pursuant to Section 7.1CA of the *Local Government Act 1995* RESOLVES to:

1. NOTE the progress and near term objectives of the IBIS ERP Project.

PROPONENT:

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

BACKGROUND:

Officers previously reported project progress at the Audit Committee meeting 30 September 2025. Reported within that update were challenges with resourcing and in particular the resourcing for configuration and implementation of the Compliance modules. As planned, the project sought tender submissions from suitably qualified suppliers to perform the configuration of these modules. The tender process was successful, and the contract was awarded to the preferred tenderer at the Ordinary Meeting of Council held on 27 January 2026.

This tender has been awarded to the supplier who is at present engaged (via separate tender process) to perform data migration activities. This a great outcome as not only are they proficient with WA LG legislation, utilising the same contractor avoids the complexity risk of managing separate suppliers working within the same space.

A minor, yet exciting, milestone achieved this quarter was in the enterprise asset management space. With asset data migration completed during 2025 focus had been redirected to configuration of the Works Management space, with the Fleet operations portion of works management going live in January 2026. Configuration has now begun on the more complex finance integration aspects of fleet works management (payroll, enterprise budgeting).

Project objectives for the next 3 months are:

- Go-live with Hazard and Incident (safety) reporting.
- Continue data preparation and begin configuration of Compliance modules (Policy, Permits & License, Infringement, Enforcements)

- Complete the finance integration aspects of Fleet Works Management
- Continue data migration and configuration of Revenue modules (Property, Names, Billing, Debtors, Cash Receipting)
- Continue with configuration of Request Management and DxP LG

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:

An IBIS ERP Project update was provided to the Audit Committee at a previous meeting held on 30 September 2025 (AC173).

COMMUNITY/COUNCIL MEMBER CONSULTATION:

Council awarded RFT 2122 03 ERP Software Replacement to TechnologyOne at its meeting held on 29 March 2022 (Item No. CCS682).

LEGISLATIVE/POLICY IMPLICATIONS:

There are no legislative or policy implications.

FINANCIAL AND RESOURCE IMPLICATIONS:

Implementation spend to date, including commitments, is \$2.46 million versus a \$2.92 million current budget for this financial year. Included in the commitments is the recent \$744,520 valued contract awarded by Council to Setonix Digital to deliver implementation and configuration services for Compliance Modules.

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.

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, Risk and Improvement Committee as an update only.



PROJECT SCOPE | IMPLEMENTATION STATUS

IMPLEMENTED FUNCTIONS

- Employee Self-Service
- Organisation Management
- Chart of Accounts
- Accounts Payable
- Purchasing
- Performance
- Training
- Depot Inventory
- Recruitment
- HR Transitions
- Asset Data Migration
- Transaction Import Processing
- Enterprise Budgeting
- Contract Management

IN PROGRESS FUNCTIONS

- Fleet Works Management
- Incidents & Hazards
- Property & Rating Data Sync
- Debtor Management
- Enterprise Cash Receipting
- Request Management & DXP
- Policy Management
- Operations Works Management
- Compliance Data Sync
- Permits & Licenses
- Animal Management
- Enforcements
- Infringements
- Project Management

REMAINING FUNCTIONS

- Developer Applications
- Leases & Licenses
- Cemetaries
- Waste
- Certificates
- Funds, Trusts Reserves
- Bonds & Guarantees
- Property & Rating Billing
- Strategic Asset Management
- Grants
- Strategic Reporting (PPLGS)
- Expenditure Management
- Enterprise Content Management

AC184	CONFIDENTIAL - 2026 CYBERSECURITY RISK REDUCTION ACTIVITIES
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AGENDA REFERENCE:	D-26-019728
AUTHOR:	S Bishop, Manager ICT Services
EXECUTIVE:	P Radalj, Director Corporate Services
DATE OF REPORT:	6 February 2026
FILE REFERENCE:	GO/11/0020-003
ATTACHMENTS:	Yes (x1) Confidential
	A. Confidential – Cybersecurity Benchmarking Report

This Item has been provided to the Audit, Risk and Improvement Committee under separate cover.

Note: This report to the Audit, Risk and Improvement Committee has been listed as confidential, to ensure that the information is dealt with at the meeting on a confidential basis per section 5.23(4) of the Local Government Act 1995. The report and information fall within the scope of provision 5.23(4)(e) - information the making public of which would be likely to endanger the security (including cyber-security) of any of the local government's property or operations.

AC185	CONFIDENTIAL - GERALDTON AIRPORT – EXTENSION TO PERIOD FOR TESTING OF AERODROME EMERGENCY PLAN
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AGENDA REFERENCE:	D-26-016259
AUTHOR:	A Freers, Manager Geraldton Airport
EXECUTIVE:	P Radalj, Director Corporate Services
DATE OF REPORT:	2 February 2026
FILE REFERENCE:	GO/11/0020-003
ATTACHMENTS:	Yes (x2) Confidential
	A. Confidential – AEP Extension Approval
	B. Confidential – Risk Assessment Deferral

This Item has been provided to the Audit, Risk and Improvement Committee under separate cover.

Note: This report to the Audit, Risk and Improvement Committee has been listed as confidential, to ensure that the information is dealt with at the meeting on a confidential basis per section 5.23(4) of the Local Government Act 1995. The report and information fall within the scope of provision 5.23(4)(e) - information the making public of which would be likely to endanger the security (including cyber-security) of any of the local government's property or operations.

5 GENERAL BUSINESS LATE ITEM

6 MEETING CLOSURE