



The Council of the City of Cockburn

Audit Risk and Compliance Committee
Agenda Paper

Tuesday, 21 May 2024

Agenda

**Audit Risk and Compliance Committee Meeting
6pm, Tuesday, 21 May 2024**

	Page
1. Declaration Of Meeting	3
2. Appointment of Presiding Member (when required)	3
3. Disclaimer	3
4. Acknowledgement of receipt of Written Declarations of Financial Interests and Conflict of Interest (by Presiding Member)	4
5. Apologies and Leave of Absence	4
6. Public Question Time	4
7. Confirmation of Minutes.....	4
7.1 Minutes of the Audit Risk and Compliance Meeting - 19/3/2024	4
8. Deputations	4
9. Business Left Over from Previous Meeting (if adjourned)	4
10. Declaration by Members who have Not Given Due Consideration to Matters Contained in the Business Paper Presented before the Meeting	4
11. Reports - CEO (and Delegates).....	5
11.1 Compliance and Legal.....	5
11.1.1 Quarterly Risk Register.....	5
11.1.2 Family Day Care Services - Review.....	20
11.2 Office of the CEO	27
11.2.1 High Risk Safety Audit Program – Henderson Waste Recovery Park	27
12. Motions of Which Previous Notice Has Been Given.....	68
13. Notices Of Motion Given At The Meeting For Consideration At Next Meeting.....	68
14. New Business of an Urgent Nature Introduced by Members or Officers	68
15. Matters to be Noted for Investigation, Without Debate	68
16. Confidential Business	68
16.1 Internal Review of Procurement Services - Malabar BMX Contract C100950, RFT03/2023	68
17. Closure of Meeting	68

Audit Risk and Compliance Committee

Tuesday, 21 May 2024 at 6PM

Agenda

Committee Membership

Cr P Corke (Presiding Member)

Mayor L Howlett

Deputy Mayor C Stone

Cr K Allen

Cr C Reeve-Fowkes

Cr M Separovich

Independent Member W Gately

Independent Member A Kandie

1. Declaration Of Meeting

“Kaya, Wanju Wadjuk Budjar” which means “Hello, Welcome to Wadjuk Land”.

The Presiding Member will acknowledge the Wadjup Peoples of the Nyungar Nation who are the traditional custodians of the land on which the meeting will be held, and pay respect to their Elders both past and present, and extend that respect to First Nations Peoples present.

2. Appointment of Presiding Member (when required)

N/A

3. Disclaimer

Members of the public, who attend Council Meetings, should not act immediately on anything they hear at the Meetings, without first seeking clarification of Council's position.

Persons are advised to wait for written advice from the Council prior to taking action on any matter that they may have before Council.

4. Acknowledgement of receipt of Written Declarations of Financial Interests and Conflict of Interest (by Presiding Member)

5. Apologies and Leave of Absence

Mr D Arndt, Director Planning and Sustainability – Apology

6. Public Question Time

7. Confirmation of Minutes

7.1 Minutes of the Audit Risk and Compliance Meeting - 19/3/2024

Recommendation

That Committee confirms the Minutes of the Audit Risk and Compliance Meeting held on Tuesday, 19 March 2024 as a true and accurate record.

8. Deputations

9. Business Left Over from Previous Meeting (if adjourned)

Nil

10. Declaration by Members who have Not Given Due Consideration to Matters Contained in the Business Paper Presented before the Meeting

11 Reports - CEO (and Delegates)

11.1 Compliance and Legal

11.1.1 Quarterly Risk Register Update

Executive	Chief Executive Officer
Author	Risk Advisor
Attachments	<ol style="list-style-type: none"> 1. City of Cockburn Enterprise Risk Management - Risk Assessment and Acceptance Criteria ↓ 2. Status of Strategic Risks ↓ 3. Status of Operational Risks Rated Substantial and Higher ↓

RECOMMENDATION

The Committee recommends Council:

- (1) RECEIVES the Quarterly Strategic and Operational Risk Report.

Background

This report provides an update to the Audit, Risk and Compliance Committee (ARC) on the City of Cockburn (the City) Risk Register, for the period December 2023 to May 2024.

A previous report was considered by the ARC on 07 December 2023.

The City's risk register is recorded in RMSS, the City's cloud-based online Enterprise Risk Management (ERM) solution, the licence for which was extended on 23 February 2024 for the period 01 July 2024 to 30 June 2025.

This report links to the Corporate Business Plan 2023-24:

Outcome 5	Community, Lifestyle and Security
Objective 5.1	Best practice governance, partnerships and value for money
Strategy 5.1.1	Ensure good governance through transparent and countable planning, processes, reporting, policy and decision-making
Item 5.1.1F	Deliver risk maturity improvement program delivery

Submission

N/A

Report

Risk Register

The risk level cited in this report to the ARC is the Residual Risk, which is the risk remaining after management has taken action to alter its severity by implementing risk treatment measures.

Table 1 below summarises the changes to the City's risk register during the Period, which increased 3.8%, from 230 to 239.

Table 1: Changes to the City's risk register: December 2023 – May 2024

Residual Risk Level	December 2023	May 2024	Change
Low	101	109	+8
Moderate	120	120	0
Substantial	6	9	+3
High	1	1	0
Extreme	2	0	-2
Total	230	239	+9

The City's ERM policy and framework are aligned with the requirements of the Australian Standard AS ISO 31000: 2018 *Risk management-Guidelines* (AS ISO 3100). One of the pillars of AS ISO 31000 is improvement. The City's risk register is a dynamic environment and is subject to continual review to ensure that the risk information gathered reflects the credibility of the risk. Continual review has resulted in a change in rating of these risks:

- RMSS Risk ID 8 *Community infrastructure damage from climate change impacts* – previously rated Extreme, now rated Substantial
- RMSS Risk ID 9 *Public health decline from climate change* - previously rated Extreme, now rated Substantial
- RMSS Risk ID 15 *Landfill capping* – previously rated Moderate, now rated Substantial.

Organisational risks assessments have identified 9 additional risks which have been registered in RMSS.

The City's risk register currently contains 10 risks rated Substantial and higher, including one (1) risk rated High - all are operational risks.

The City's highest rank risk is ranked High and is climate change related. The elevated ranking of climate related risks is replicated across Australian local governments, with Disaster, Catastrophic Events and Climate Change and Adaptation ranked in the top 10 risks [JLT Public Sector Risk Report, JLT Risk Solutions Pty Ltd].

Attachment 1 to this report is the current City of Cockburn Enterprise Risk Management - risk assessment and acceptance criteria.

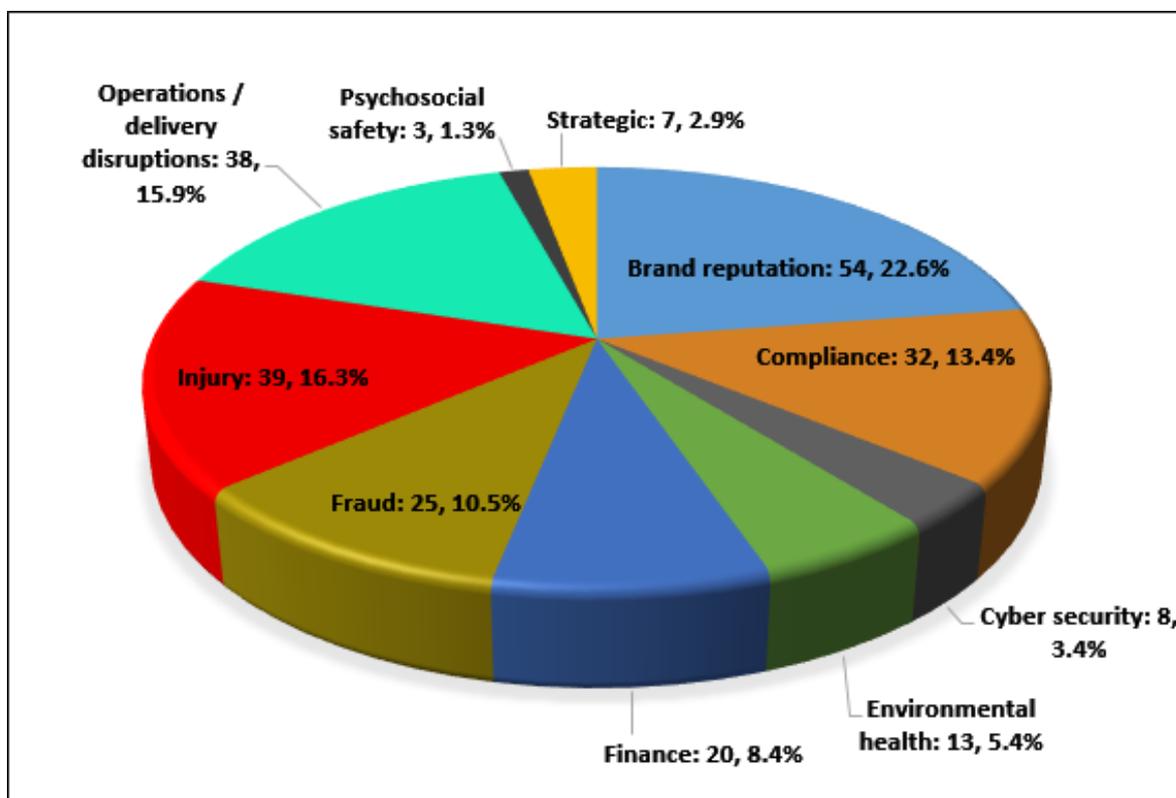
The Risk Assessment Matrix is used for risk analysis and evaluation, comprehending the nature of the risk, and determining the level of risk exposure (likelihood and consequence). It was used for re-evaluating the above risks.

There has been no adjustment to the risk assessment and acceptance criteria since the last report to the ARC.

Risk Register Categories

Figure 1 below illustrates the composition of the open risks in the City's risk register during the Period.

Figure 1: Total open risks, by category: May 2024



The City's risk register comprises:

- Seven (7) Strategic Risks, whose owners are members of Executive Leadership Team
- 222 Operational Risks, whose owners are Heads of Business / Service Units.

Risk Register Heat Map

Figure 2 below illustrates the City’s risk register superimposed on a heat map.

		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Consequence	Insignificant 1	Low 1 6 Risks	Low 2	Low 3 1 Risk	Low 4	Moderate 5
	Minor 2	Low 2 9 Risks	Low 4 68 Risks	Moderate 6 9 Risks	Moderate 8 2 Risks	Substantial 10 2 Risks
	Major 3	Low 3 18 Risks	Moderate 6 65 Risks	Moderate 9 29 Risks	Substantial 12 1 Risk	High 15
	Critical 4	Low 4 7 Risks	Moderate 8 15 Risks	Substantial 12 3 Risks	High 16	Extreme 20
	Catastrophic 5	Moderate 5	Substantial 10 3 Risks	High 15 1 Risk	Extreme 20	Extreme 25

The following attachments summarise updates to the above risks.

Attachment 2 to this report detail the City’s Strategic Risks as of 01 May 2024.

Strategic risks reflect the internal and external forces capable of threatening the City’s ability to achieve its strategic objectives or affect its long-term positioning and performance.

This attachment outlines each strategic risk and provides progress and notes on the management of each risk.

There are currently 7 identified strategic risks, all ranked Moderate Risks, and there has been no change in this number the last report to the ARC.

Attachment 3 to this report details the City’s Substantial and Higher Risks as of 01 May 2024.

This attachment outlines each risk rated Substantial and higher and provides progress and notes on the management of each risk.

The City’s risk register currently contains 10 risks rated Substantial and higher, including one (1) risk rated High - all are operational risks

Strategic Plans/Policy ImplicationsListening and Leading

A community focused, sustainable, accountable, and progressive organisation.

- Best practice Governance, partnerships and value for money.
- Employer of choice focusing on equity, innovation and technology.

Budget/Financial Implications

N/A

Legal Implications

Local Government (Audit) Regulations 1996 r17 CEO to review certain systems and procedures.

Community Consultation

N/A

Risk Management Implications

Risk management oversight and review is a function of the ARC.

The ARC is required to review the City's Strategic and Operational Risk as part of the City's risk management practices.

The ARCs oversight of the risk register review report supports continuous improvement of risk management processes.

Failure to adopt this report will result in a Substantial risk to the City in its inability to support an integrated and effective approach to risk management and continually improve its risk management processes.

Advice to Proponent(s)/Submitters

N/A.

Implications of Section 3.18(3) *Local Government Act 1995*

Nil

City of Cockburn Enterprise Risk Management - risk assessment and acceptance criteria

Risk Assessment Matrix																	
Consequence / Severity	Risk Category											Likelihood / Probability					
	Brand Reputation	Compliance	Cyber Security	Environmental Health	Finance	Fraud	Injury	Operations / Delivery Disruptions	Project			Psychosocial safety	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost certain 5
									Quality	Cost	Time		Theoretically such an event is possible but not expected to occur during an operation / asset life / project.	Possible that such an event may occur once during operation / asset life / project.	Such an event may occur more than twice during an operation / asset life / project.	Such events may occur frequently during an operation / asset life / project.	Such events are expected to occur routinely during an operation / asset life / project.
Insignificant 1	Low impact. Low profile. No complaint.	Minor breach of policy / process requiring some response with little impact on other criteria.	Scanning or reconnaissance. Negligible effect on organisation.	An insignificant environmental event that can be immediately corrected under the control of the City.	< \$50,000 or < 5% of OP. Little or no impact on asset.	Single opportunistic dishonest activity or asset misappropriation. Internal or external.	Minor first aid.	Little impact. Business as usual. < 5% variation against KPI.	Majority of milestones and objectives being achieved with minor variation to scope and/or quality reported. Minor impact absorbed through project.	< 5% of Project Budget or < \$50,000 whichever is lower.	< 5% of Project Timeline or < 30 days, whichever is lower.	Activation of HR, WHS or Mental Health First Aider process.	Low 1	Low 2	Low 3	Low 4	Moderate 5
Minor 2	Low impact. Low profile. Low media attention. Possible complaint.	Compliance breach of policy / process requiring additional work or minimal damage control.	Low-level malicious attack; targeted reconnaissance, phishing, non-sensitive data loss. Causes spurious real time systems slowing for organisation.	A minor environmental event that can be corrected through system improvements within the City.	\$50k ≤ to < \$250k or 5% ≤ to < 10% of OP. Minor loss or damage.	Theft of confidential or personal information, or intellectual property. Repetitive dishonest activity or asset misappropriation. Internal or external.	Medical treatment. No Lost Time Injury (LTI).	Minor impact. Easily dealt with. Still business as usual. 5 ≤ to < 10% variation against KPI.	Minor impact on milestones and objectives being achieved with minor variation to scope and/or quality reported. Disruptive impact on project deliverables expected.	5% ≤ to < 10% of Project Budget or \$50k ≤ to < \$250k, whichever is lower.	5% ≤ to < 10% of Project Timeline or 30 ≤ to < 60 days, whichever is lower.	Unplanned absence of < 2 weeks.	Low 2	Low 4	Moderate 6	Moderate 8	Substantial 10
Major 3	Moderate impact. Moderate media attention. Public complaint.	Compliance breach requiring investigation, mediation or restitution and breach of legislation or regulations.	Malware, beaconing or other active network intrusion; temporary system / service disruption. Loss of confidentiality, integrity, or availability causes limited effect on organisation.	A moderate environmental event that can be remediated but requires multiple stakeholder input.	\$250k ≤ and < \$1m or 10% ≤ to < 25% of OP. Major damage to asset.	Falsifying financial or procurement records to obtain an improper or financial benefit. Internal or external.	Medical treatment with LTI and / or work restriction > 2 weeks.	Some objectives affected. Can continue business as usual, with minor controls executed. 10 ≤ to < 25% variation against KPI.	Major impact on milestones and objectives being achieved with minor variation to scope and/or quality reported. Serious impact on project deliverables expected.	10% ≤ to < 25% of Project Budget or \$250k ≤ to < \$1m, whichever is lower.	10% ≤ to < 25% of Project Timeline or 60 ≤ to < 90 days, whichever is lower.	Unplanned absence of > 2 weeks, or Workers' Compensation case.	Low 3	Moderate 6	Moderate 9	Substantial 12	High 15
Critical 4	Damage to reputation. Public embarrassment. High media attention. Several public complaints. Third party legal action.	Compliance breach involving external investigation or third party actions resulting in reputation damage to the City and breach of legislation or regulations.	Exfiltration or deletion / damage of key sensitive data or intellectual property. Loss of confidentiality, integrity, or availability causes some adverse effect on organisation.	A significant environmental event where rehabilitation involves multiple stakeholders and various levels of the community and government.	\$1m ≤ and < \$5m or 25% ≤ to < 50% of OP. Significant loss of asset.	Persistent planned or systematic dishonest activity or asset misappropriation. Internal or external.	Partial disablement or severe injury, or reportable to WorkSafe.	Some major objectives cannot be achieved. Business can still deliver, but not to expected level. 25 ≤ to < 50% variation against KPI.	Major impact on milestones and objectives being achieved with significant variation to scope and/or quality reported. Critical impact on project deliverables expected.	25% ≤ to < 50% of Project Budget or \$1m ≤ to < \$5m, whichever is lower.	25% ≤ to < 50% of Project Timeline or 90 ≤ to < 120 days, whichever is lower.	Extended leave from chronic unmanaged work related issues.	Low 4	Moderate 8	Substantial 12	High 16	Extreme 20
Catastrophic 5	Irreversible damage to reputation. Very high level of public embarrassment. Very high media attention. Many public complaints.	Compliance breach involving regulatory investigation and / or third party actions resulting in tangible loss or significant reputation damage to the organisation and breach of legislation or regulations.	Sustained disruption of essential systems and associated services. Loss of confidentiality, integrity or availability causes serious adverse effect on organisation.	A severe environmental event requiring multiple stakeholders, all levels of the community and government to remediate.	≥ \$5 million or ≥ 50% of OP. Complete loss of asset.	Irretrievable losses of significant assets or resources through dishonesty, deception or corrupt use of powers causing significant damage to the financial position of the organisation.	Death or permanent disablement.	Most objectives cannot be achieved. Business cannot operate. ≥ 50% variation against KPI.	Catastrophic impact on milestones resulting in the failure to achieve one or more objectives of the project.	≥ 50% of Project Budget or ≥ \$5 million, whichever is lower.	≥ 50% of Project Timeline or ≥ 120 days, whichever is lower.	Self-harm. Death. Employee resignation leading to loss of experience and expertise to the organisation.	Moderate 5	Substantial 10	High 15	Extreme 20	Extreme 25

Risk Acceptance Criteria			
Risk Level	Criteria	Treatment	Responsibility
Low	Risk acceptable with adequate controls, managed by routine procedures. Subject to annual monitoring or continuous review throughout project lifecycle.	Management through routine operations/project. Risk Registers to be updated.	Head Business Unit / Service Unit / Project Manager
Moderate	Risk acceptable with adequate controls, managed by specific procedures. Subject to semi-annual monitoring or continuous review throughout project lifecycle.	Communication and awareness of increasing risk provided to Head Business Unit / Service Unit, Risk Registers to be updated.	Head Business Unit / Service Unit / Project Manager
Substantial	Accepted with detailed review and assessment. Action Plan prepared and continuous review.	Assess impact of competing Business Unit / Service Unit Projects. Potential redirect of Business Unit / Service Unit resources. Risk registers to be updated.	Division Chief / Executive / Steering Committee
High	Risk acceptable with effective controls, managed by Senior Leadership Team Member. Subject to quarterly monitoring or continuous review throughout project lifecycle.	Escalate to CEO, report prepared for Audit & Strategic Finance Committee. Quarterly monitoring and review required. Risk Registers to be updated.	Division Chief / Executive / Steering Committee / Project Sponsor
Extreme	Risk only acceptable with effective controls and all treatment plans to be explored and implemented where possible, managed by highest level of authority and subject to continuous monitoring.	Escalate to CEO, report prepared for Audit & Strategic Finance Committee. Monthly monitoring and review required. Risk Registers to be updated.	CEO / Council / Project Sponsor

Existing Control Ratings		
Rating	Foreseeable	Description
Effective	Doing more than what is reasonable under the circumstances.	<ol style="list-style-type: none"> Existing controls exceed current legislated, regulatory and compliance requirements, and surpass relevant and current standards, codes of practice, guidelines and industry benchmarks expected of this organisation; Subject to continuous monitoring and regular testing; and Any control improvements that can be implemented have minimal impact on operations.
Adequate	Doing what is reasonable under the circumstances.	<ol style="list-style-type: none"> Existing controls are in accordance with current legislated, regulatory and compliance requirements, and are aligned with relevant and current standards, codes of practice, guidelines and industry benchmarks expected of this organisation; Subject to continuous monitoring and regular testing; and Control improvements may be implemented.
Inadequate	Not doing some or all things reasonable under the circumstances.	<ol style="list-style-type: none"> Existing controls do not provide confidence that they meet current legislated, regulatory and compliance requirements, and may not be aligned with relevant and current standards, codes of practice, guidelines and industry benchmarks expected of this organisation; Controls not operating as intended and have not been reviewed and tested; and Existing controls need to be improved.

WHS / Injury / Wellbeing Hierarchy of Control		
Effectiveness	Control methodology	Impact on unwanted event (hazard), and examples
 100% Effective	Elimination	Remove the hazard, or unwanted event, completely or discontinue the process or practice. <i>For example, if the electric cable from a stage microphone is a trip hazard, use a wireless microphone instead.</i>
	Substitution	Replace a hazardous or vulnerable system, material, practice or process with one that presents a lower risk. <i>For example, if an outdoors event is conducted during a summer day, use of market umbrellas could be substituted by providing marquees or shade sails.</i>
	Isolation	Use lockable barriers to restrict unauthorised access and separate people from hazard, practice or process. <i>For example, install guards on machines where there is a risk of a person being trapped in a machine.</i>
	Engineering	Change the physical characteristics of the practice or process through engineering redesign. <i>For example, provide ramps if patrons in wheelchairs will be attending an event.</i>
	Administrative	Establish appropriate policies, practices, procedures, guidelines and operating instructions to control exposures to unwanted events. <i>For example, if an event requires serving of alcohol, ensure that bar employees have been trained in 'Responsible Service of Alcohol'.</i>
≤ 20% Effective	Personal Protective Equipment	Provide appropriate safety equipment. <i>For example, traffic controllers need to be provided with long sleeves, long trousers, wide brimmed sunhats and high visibility safety vests.</i>

Attachment 2: Status of Strategic risks

RMSS Risk ID	Risk name	Risk description	Consequence	Likelihood	Residual risk	Risk owner
1	Business continuity and crisis management	Failure to provide business continuity of the City's core services in the event of a major crisis / emergency.	Major 3	Possible 3	Moderate 9	Manager Legal and Compliance
<p>Progress and Notes</p> <ol style="list-style-type: none"> The draft document <i>City of Cockburn Business Continuity Response Plan</i> [ECM Doc Set ID 11538591] is currently being reviewed by the Legal and Compliance Service Unit. Once this document is approved by the Executive Leadership Team, a business continuity exercise is proposed to test the plan. The exercised is planned to be a cyber related issue during the second half of the 2023-2024. 						
2	Strategic direction	Lack of clear and aligned strategic vision, direction and implementation.	Critical 4	Unlikely 2	Moderate 8	A/Director Corporate and System Services
<p>Progress and Notes</p> <ol style="list-style-type: none"> The State Government's Integrated Planning and Reporting Framework is in place. The Corporate Business Plan content aligns with the framework and quarterly tracking and reporting are undertaken. The Strategic Community Plan content is in place and measures are tracked annually. A detailed audit of informing strategies has been completed and will inform the development of a strategic framework which will be developed as part of the upcoming SCP major review. An Elected Member and Executive Leadership Team strategy day is scheduled for September 2024 as a starting point for the upcoming corporate planning process. 						

RMSS Risk ID	Risk name	Risk description	Consequence	Likelihood	Residual risk	Risk owner
3	Project management planning	Failure to consistently plan for capital works projects	Critical 4	Unlikely 2	Moderate 8	A/Director Community and Place
Progress and Notes <ol style="list-style-type: none"> Existing controls are appropriate. Introduction of the Investment Prioritisation and Optimisation Process (year 2 24/25) is strengthening the City's approach to Infrastructure Investment. Ensuring that ideas are thoroughly planned, documented, assessed and approved by relevant Business, Asset and Portfolio Managers prior to submission into the various draft Capital programs. 						
4	Stakeholder relationships	Failure to develop and maintain strategic partnerships and relationships with government agencies and other key stakeholders.	Major 3	Possible 3	Moderate 9	A/Director Community and Place
Progress and Notes <ol style="list-style-type: none"> Regular meetings with Local MPs and relevant ministers continue to occur. Maintaining contact details and records of interactions with Stakeholders through Advoc8. New CEO has been meeting with key stakeholders, identified by the City officers, to introduce himself and understand their concerns. Rapid interception of local political issues by Advocacy team to mitigate misinformation and build trust in stakeholder relationships. 						
5	Built and natural environment	Failure to maintain the City's built and natural environment and resources in a sustainable manner.	Major 3	Possible 3	Moderate 9	Director Planning and Sustainability
Progress and Notes <p>There are a range of asset management plans, strategies and actions that ensure adequate resources are allocated to City of Cockburn buildings and infrastructure to ensure these are managed in a sustainable manner.</p> <ol style="list-style-type: none"> Fringing reef has been installed, rock revetments are being assessed, yearly coastal monitoring continues, sand bypassing and backpacking occurs as required; 						

RMSS Risk ID	Risk name	Risk description	Consequence	Likelihood	Residual risk	Risk owner
<p>2. Asset management team organise the CoC Marina and Coastal Asset Management Plan 2020 - 2024. A maintenance inspection was conducted by M P Rogers & Associates, and the 'City of Cockburn Marina and Coastal Assets Report' was provided in July 2022. This helped decision-making for projects in the next financial year;</p> <p>3. A number of the actions from the Recommended Implementation Plan of the 'Coogee Beach Foreshore Management Plan 2020' have been completed - including sand bypassing, benefit distribution analysis, Coogee Beach Jetty upgrade, swimming enclosure lease renewed, disabled accessway completed, Surf Lifesaving Club tower been installed;</p> <p>4. Identified actions from the 'City of Cockburn Climate Change Strategy 2020-2030' and Natural Area Management Strategy continue to be implemented. Regular inspections, maintenance and repairs continue to be undertaken on City facilities.</p>						
6	Technology use and change	Failure to identify, manage and capitalise on the effective and efficient use of changing technology.	Critical 4	Unlikely 2	Moderate 8	A/Director Corporate and System Services
<p>Progress and Notes</p> <p>1. The City is continuing the move the City's ERP to the cloud, and is still on track to be completed by the end of 2024;</p> <p>2. The City continues to improve its cyber security posture, with a focus specifically on ASD E8;</p> <p>3. The City's Executive Leadership Team has endorsed IT to proceed with the planned project to refresh staff IT requirements. An RFQ has been released which is expected to close by 15 May 2024.</p>						
7	Financial sustainability	Erosion of Council's financial sustainability.	Critical 4	Unlikely 2	Moderate 8	A/Director Corporate and System Services
<p>Progress and Notes</p> <p>1. The Long Term Financial Plan is being updated to reflect current economic factors and updated strategic planning outcome. It is waiting for the FY25 budget to be adopted for it to be inputted into the LTFP.</p>						

Attachment 3: Status of Operational risks rated \geq Substantial

RMSS Risk ID	Risk name	Risk description	Consequence	Likelihood	Residual risk	Risk owner
9	Public health decline from climate change [Environmental Health risk]	Reduced public safety, health and wellbeing caused by climate change impacts (changes to rainfall and increased bushfires, temperatures, and extreme weather events).	Catastrophic 5	Possible 3	High 15	Head of Development and Compliance [ELT Member Director Planning and Sustainability]
Progress and Notes						
<ol style="list-style-type: none"> 1. Mapping of vulnerable residents and areas is not feasible, however protocols to contact customers vulnerable to heat stress and other climate emergencies has been incorporated into the Bushfire Risk Management Plan and Local Emergency Risk Management Plan; 2. Review of existing warning systems, identify potential gaps and opportunities for improvement is ongoing; 3. The update of the Local Public Health Plan is underway and ongoing implementation of those action items from the 2013-2018 Local Public Health Plan is ongoing; 4. Engagement with partners and other government agencies in relation to emergency and recovery climate change responses is ongoing. 						
8	Community infrastructure damage from climate change impacts [Environmental Health risk]	Reduced public safety, health and wellbeing caused by climate change impacts (changes to rainfall and increased bushfires, temperatures and extreme weather events).	Critical 4	Possible 3	Substantial 12	Head of Sustainability and Environment [ELT Member Director Planning and Sustainability]
Progress and Notes						
<ol style="list-style-type: none"> 1. The City has developed a Climate Change Strategy 2020-30 which identifies actions to mitigate and adapt to changes associated with climate change. The actions address a range of factors including reduced public safety, health and wellbeing caused by climate change impacts (changes to rainfall and increased bushfires, temperatures and extreme weather events); 2. The progress against the actions contained with the Climate Change Strategy are a Corporate KPI and reported on each quarter. 						

RMSS Risk ID	Risk name	Risk description	Consequence	Likelihood	Residual risk	Risk owner
10	Biodiversity loss from climate change impacts [Compliance risk]	Damage to or loss of biodiversity and natural habitat, caused by climate change impacts (decreased rainfall and increased bushfires, temperatures, and extreme weather events).	Critical 4	Possible 3	Substantial 12	Head of Sustainability and Environment [ELT Member Director Planning and Sustainability]
<p>Progress and Notes</p> <ol style="list-style-type: none"> Natural Area Management Plan (NAMS) has been developed with a number of actions that address biodiversity loss due to the impacts of climate change. All bushland and wetland reserves within the City are managed according to the NAMS; Revegetation and habitat creation is undertaken to increase and enhance flora and fauna. fauna refuges, bird, bat and possum boxes and fauna over and under passes have been installed in numerous reserves. Flora and fauna surveys are undertaken in all reserves on a 5 year rotation bases. Information contained in these surveys is used to address perceived threats and risk; Bushfire risk assessments are undertaken and measures implemented to reduce fire risk. Watering stations are installed in some reserves to provide a water source for fauna; Landowner biodiversity grants and training is offered to private landowners to assist promote bushland conservation. 						
11	Coastal impacts from sea level rise [Environmental Health risk]	Legal liability and damage to or loss of natural environment, infrastructure, and coastal land, caused by sea level rise.	Major 3	Likely 4	Substantial 12	Head of Sustainability and Environment [ELT Member Director Planning and Sustainability]
<p>Progress and Notes</p> <ol style="list-style-type: none"> Tender recently advertised and consultant appointed to prepare updated Coastal Hazard Risk Management Adaptation Plan. The plan will be updated using latest climate change data. It will identify areas at risk and adaptation measures to address risk to property and infrastructure; Coogee Beach Foreshore Management Plan identifies actions to adapt and address risk along Coogee Beach. Sand nourishment works are undertaken as required at CY 						

RMSS Risk ID	Risk name	Risk description	Consequence	Likelihood	Residual risk	Risk owner
<p>O'Connor Beach and Coogee. Geotech sandbags installed as well as Engineered Fringing Reef at C. Y. O'Connor. Stage 2 of reef to be installed in October 2024</p> <p>3. Coastal Adaptation Grants supplement coastal erosion prevention measures.</p>						
12	Community support [Financial risk]	Failure to obtain community support for strategic planning functions.	Critical 4	Possible 3	Substantial 12	Head of Planning [ELT Member Director Planning and Sustainability]
<p>Progress and Notes</p> <p>1. Most strategic planning projects have advertising processes (controlled by State Government) rather than specific community engagement. Planners can only undertake community engagement for specific and occasional projects. These are carried out in line with an approved community engagement plan (approved by the City's engagement team);</p> <p>2. It is not realistic to expect complete support for all strategic planning functions, however, the City having recently reviewed its local planning strategy has the benefit of recent community input into high level strategic land use planning guidance for the City of Cockburn;</p> <p>3. The subsequent steps of implementing the updated strategy will include planning at the local area or 'place' level where community aspirations will be better articulated at the scale which is often of greater community interest. Knowing those aspirations at a City and local area level helps to realise those visions in practice - but also builds understanding of what City strategic planning functions are (and their limitations).</p>						
15	Landfill capping [Financial risk]	Failure to fund the capping of existing exposed landfill cells.	Catastrophic 5	Unlikely 2	Substantial 10	Head of Property and Assets [ELT Member Director Infrastructure Services]
<p>Progress and Notes</p> <p>1. Budget \$15.729m (\$15.813m - \$84k spent in 23-24 on design and documentation) in 24-25 FY to ensure the southern landfill is capped prior to May 2025 to cover the Southern Landfill capping costs, which includes the Financial Model allocation \$14.024m and an additional \$1.79m to cover the additional CPI construction costs, the cost of soil supply and a 5% contingency;</p>						

RMSS Risk ID	Risk name	Risk description	Consequence	Likelihood	Residual risk	Risk owner
<p>2. Cell 7 and the entire Southern Landfill is planned to be capped between October 2024 and March 2025;</p> <p>3. Cells 4 and 5 are still to be capped, once the available airspace is consumed in the next 2-7 years.</p>						
16	<p>Reduced water availability from decreased rainfall</p> <p>[Compliance risk]</p>	<p>Decreased liveability, reduced water availability, loss of urban vegetation and biodiversity caused by climate change impacts (decreased rainfall).</p>	Minor 2	Almost certain 5	Substantial 10	<p>Head of Sustainability and Environment</p> <p>[ELT Member Director Planning and Sustainability]</p>
<p>Progress and Notes</p> <p>1. Action within the Urban Forest Plan are being implemented.;</p> <p>2. Waterwise Action Plan actions implemented to minimise water use;</p> <p>3. Waterwise Gold accreditation retained in 2024;</p> <p>4. Water Sensitive Urban Design initiatives supported through development approvals;</p> <p>5. Water audits undertaken annually on selected Council facilities;</p> <p>6. Watering contractors engaged and made aware of need to minimise water use while maximising plant survival;</p> <p>7. Options investigated to maintain wetland water levels;</p> <p>8. Hydrozoning undertaken in Parks to reduce water consumption.</p>						
17	<p>Urban forest decline from climate change</p> <p>[Compliance risk]</p>	<p>Urban forest decline caused by climate change impacts (increased temperatures and decreased rainfall).</p>	Minor 2	Almost certain 5	Substantial 10	<p>Head of Sustainability and Environment</p> <p>[ELT Member Director Planning and Sustainability]</p>
<p>Progress and Notes</p> <p>1. Action within the Urban Forest Plan being undertaken;</p>						

RMSS Risk ID	Risk name	Risk description	Consequence	Likelihood	Residual risk	Risk owner
<p>2. Waterwise Action Plan actions implemented;</p> <p>3. Waterwise Gold accreditation retained in 2024;</p> <p>4. Revegetation of 2.5 hectares annually;</p> <p>5. Tree protection measures being considered;</p> <p>6. Promotion of urban forest;</p> <p>7. Bushfire risk assessments undertaken and action to mitigate fires implemented;</p> <p>8. Urban Forest Officers employed.</p>						
288	Child safe organisation [Injury risk]	Failure by the City of Cockburn to resource for, and anticipate legislative requirements, to comply with the National Principles for Child Safe Organisations	Catastrophic 5	Unlikely 2	Substantial 10	Head of Library and Cultural Services [ELT Member A/Director Community and Place]
<p>Progress and Notes</p> <p>1. Workshop held to capture active policy, procedures to address the national principles and sector meetings continued to be attended and draft policy in development.</p> <p>2. Next meeting scheduled for early June.</p> <p>3. No further update due to no dedicated resource.</p>						
289	Workplace psychosocial hazards [Psychosocial Safety risk]	Inability to provide for workers a safe work place free from exposure to bullying and harassment	Catastrophic 5	Unlikely 2	Substantial 10	Head of People, Culture and Safety
<p>Progress and Notes</p> <p>1. The City of Cockburn Bullying and Harassment Administration Policy was adopted on 14 February 2023. Training has been undertaken by all members of SLT;</p>						

RMSS Risk ID	Risk name	Risk description	Consequence	Likelihood	Residual risk	Risk owner
<ol style="list-style-type: none"> 2. The City of Cockburn Code of Conduct – The Cockburn Way is now available as a CiAnywhere online induction; 3. The City’s Work Health and Safety Policy reiterates the expectation that psychological hazards are mitigated and managed; 4. The City has undertaken a gap analysis of mitigation against psychological workplace hazards with the current management framework being deemed fit for purpose; 5. The City has finalised the process of implementing the new WHS Induction for all Employees and People Leaders. 						

11.1.2 Family Day Care Services - Review

Executive	A/Director Corporate and System Services
Author	Strategic Business Analyst
Attachments	1. Family Day Care Service Current Operational Risks ↓

RECOMMENDATION

The Committee recommends Council:

- (1) ENDORSES the Family Day Care Service Review findings.

Background

On the 12 of March 2024, Council considered the legal implications of the contractor model of the Family Day Care Service and endorsed the continuation of the service.

Subsequently, on 9 April 2024 Council resolved to:

- (1) *ENDORSE the City's adoption of the Service Review Methodology for review of its services; and*
- (2) *APPROVE the three-year timeline to implement the Service Review Program for the City, promoting a cycle of continuous improvement in service delivery and review.*

In line with that resolution the Strategy and Integrated Planning Service Unit undertook a review of the Family Day Care Service to support a broader review of the service, following the limited legal structure review earlier this year. This was the first service review undertaken in line with the adopted methodology.

This paper provides the outcomes of the service review undertaken by the Strategy and Integrated Planning Service Unit and presents two options for Council consideration.

The service review did not identify any changes or recommendations outside of the contract changes recommended by the 12 March legal review. The service is delivered at a high quality and is well received by the community.

Submission

N/A

Report

FDCS Background and History

Childcare services are provided through the City of Cockburn FDCS and comprises support and administration in delivering early childhood education and care. The City

has provided family day care services since August 1978 and is an approved service provider in compliance with Commonwealth legislation.

The FDC Service does not directly deliver childhood education and care but recruits, assesses, and supports service delivery via Educators, who operate as contractors/sole traders and deliver education and care in their homes.

The Service also undertakes the registration and contract management of educators. Educators enter into an agreement with the Service under the *FDC Service Educator Registration Agreement*.

There are five staff employed by the City delivering the FDCCS, comprising 4.4 FTE, and there are currently 42 Educators registered with the Service.

The City is not legislatively required to provide a FDCCS.

Industry Standard/Regulations

The FDCCS has legal responsibilities as per specific Commonwealth legislation, which includes the National Quality Framework, the Family Assistance Law and the Taxation Laws.

The Commonwealth has legislated specific policies and procedures that the FDC Service must implement, including processes for Educator registration, induction and mentoring.

Performance/Public Perception

Both parents and Educators are regularly surveyed by the FDCCS. Satisfaction levels are generally high, with a recognition that the Service provides good quality education and support to Educators and parents.

Themes from verbatim parent feedback include *“more services for day care”, “more before-and-afterschool care facilities for working parents”, and “longer hours for day care services”*.

Alternate Providers of the Service

The Family Day Care service is a fully accredited service and undergoes quality review every three years to maintain its accreditation. This ensures optimum levels of quality service provision.

A review of alternate family day care services available to the Cockburn Community has shown there are six privately owned facilities providing early childhood education and care under the Contractor/Sole-Trader model.

These facilities operate as third-party regulators and have service Agreements with Educators residing within the City’s catchment.

As demand within this sector is high, it is expected that (as in the City’s FDCCS) waiting lists exist for access to these day-care services.

Identified Benefits and Disadvantages of the Service

Benefits

- Community expectations and stated need are met
- Community reputation is maintained
- Formal acceptance for continuation of the Service will enable active recruitment of additional Educators
- Provides Educator employment and training opportunities
- Provides support for parents to return to work, attend education or have some respite care
- Children with additional needs are supported through community inclusion, and access to school holiday and respite care.

Disadvantages

- Risk to the City regarding potential payment of Educator Superannuation has been minimised to the extent possible, and residual risk is considered negligible
- Recruitment of additional Educators is reliant on availability of appropriately skilled contractors.

Strategic Plans/Policy Implications

Local Economy

A sustainable and diverse local economy that attracts increased investment and provides local employment.

- Increased Investment, economic growth and local employment.

Community, Lifestyle and Security

A vibrant healthy, safe, inclusive and connected community.

- A safe and healthy community that is socially connected.

Listening and Leading

A community focused, sustainable, accountable, and progressive organisation.

- Best practice Governance, partnerships and value for money.

Budget/Financial Implications

The FDACS is funded through Educator fees and a per-child service fee to parents. Normally, these fees provide the total operational budget for the Service.

The FDACS maintains a critical mass of Educators to offset service administration and support costs.

While the impact of the ATO decision on the FDACS has been under review, the Service has not recruited additional Educators. This will result in a small budget shortfall in the FY24 year (~\$80K).

Re-establishing the critical mass of educators will take approximately six (6) months, a budget shortfall in FY25 is likely. FY25 budget implications will be identified through the FY25 budget process.

Legal Implications

Following the 12 March 2024 resolution of Council, the City is implementing agreement changes recommended in the report.

Community Consultation

NA

Risk Management Implications

The current operational risks and their residual risk scores are:

Risk	Residual Risk Score
Failure to identify and address foreseeable hazards within the Educator's residence or Childcare Services venue/ indoors and outdoors.	Low
Failure to provide quality outcomes for children in Childcare Services	Moderate
Wording within the City's Childcare Services Privacy Policy is not definitive and well understood and may not be enforceable	Low
Inability to maintain financial sustainability for Childcare Services	Moderate

For full detail on the current operational risks, including management actions, refer Attachment 1.

Advice to Proponent(s)/Submitters

N/A

Implications of Section 3.18(3) *Local Government Act 1995*

Nil

Attachment 1: Family Day Care Service Operational Risks

Risk	Likelihood	Consequence	Risk Score	Control Measures in Place	Progress	Residual Risk
<p>Failure to identify and address foreseeable hazards within the Educator's residence or Childcare Services venue/ indoors and outdoors.</p>	<p>Possible</p>	<p>Major</p>	<p>Moderate (9)</p>	<p>The 'pre-approval FDC Educator's Residence Audit' and the 'FDC Educator's Residence Annual Audit' are legislated, these include a documented extensive assessment of all areas. Each domain must be examined and signed off as compliant by qualified Staff.</p> <p>Legislation requires the FDC Service to ensure all requirements are in place within all areas of the home to be approved for family day care. Therefore, this Audit is carried out before the formal offer of the FDC Service Educator Registration Agreement and annually thereafter.</p> <p>FDC KPI is to have monthly contact with Educators, meting this KPI includes regular visits to educator residence throughout the year.</p> <p>FDC Educators are also required to evidence in date evacuation procedure practices.</p>	<p>Service staff are aware to note any hazards on a daily basis, rectify immediately or refer to the Manager to manage.</p> <p>The formal Safety Checklist for the Childcare Services Co-ordination Unit (inside and children's outdoor play area) is carried out bi-monthly.</p>	<p>Low (4)</p>

Risk	Likelihood	Consequence	Risk Score	Control Measures in Place	Progress	Residual Risk
Failure to identify and address foreseeable hazards within the Educator's residence or Childcare Services venue/indoors and outdoors (cont.)				<p>The indoor and outdoor children's areas are inspected before the Educators and children arrive for Play Sessions.</p> <p>Bi-monthly OS&H inspections are carried out in a thorough manner by different staff members of each occasion.</p> <p>Child Care Services staff and FDC and IHC Educators maintain an awareness of safety of the environment to protect children in care.</p>		
Failure to provide quality outcomes for children in Childcare Services	Unlikely	Major	Moderate (9)	<p>Qualified experienced staff</p> <p>Educators selection process</p> <p>Service educator agreements</p> <p>Service Policies & Procedures</p> <p>Training</p>	<p>Adequate controls are in place and effective in the service being identified as a high performing compliant service.</p> <p>Regular audits and inspections ensure quality and safe services.</p>	Moderate (6)
Inability to maintain financial sustainability for Childcare Services	Unlikely	Major	Moderate (8)	<p>Maintain promotion/advertising.</p> <p>Utilise specialist software programs and ensure specialist staff managing finances.</p>	<p>Review of risks and service is consistently reviewed. Controls are effective.</p> <p>Monthly budget meetings have been ongoing.</p> <p>Increased recruitment has taken place reducing financial risk.</p>	Moderate (6)

Risk	Likelihood	Consequence	Risk Score	Control Measures in Place	Progress	Residual Risk
Wording within the City's Childcare Services Privacy Policy is not definitive and well understood and may not be enforceable	Unlikely	Minor	Substantial (12)	Directive controls: Existing Childcare Services Policy is in place.	Existing Childcare Services Policy is in place.	Low (4)

11.2 Office of the CEO

11.2.1 High-Risk Safety Audit Program - Henderson Waste Recovery Park

Executive	Chief Executive Officer
Author	Head of People, Culture and Safety
Attachments	<ol style="list-style-type: none"> 1. Safety Audit Report: Henderson Waste Recovery Park ↓ 2. Safety Improvement Plan - Henderson Waste Recovery Park ↓

RECOMMENDATION
 The Committee recommends Council:

- (1) RECEIVES the High-Risk Safety Audit Report for Henderson Waste Recovery Park; and
- (2) NOTES the deliverables and actions in the associated Safety Improvement Plan.

Background

The City is committed to undertaking a continuous improvement program across all facets of workplace, health, and safety.

A report was submitted to the Audit and Risk Committee (ARC) on 19 March 2024 that detailed the initiatives that the City would put in place to ensure our ongoing commitment, including:

1. Completing the implementation of the Safety Improvement Action Plan that had been developed in response to the audit, undertaken by LGIS, in August 2022 and ensuring that these outcomes were embedded as business-as-usual work practices.
2. Development and implementation of Safety and Wellbeing Key Performance Indicators (KPIs) for all members of staff to ensure that safety was an important element of their daily role.
3. Commencement of a High-Risk Auditing Program to ensure that the Safety Management System (the System) was in place and was known and understood and that behaviours and interactions aligned to the expectations set out within the System and Organisational Values.
4. Delivery of a Safety Leadership Program to ensure that there was an embedded understanding of the role of a leader in fostering and driving a positive safety culture, in addition to the development of tangible safety skills for the field.

The purpose of this report is to provide an update to the ARC regarding completion of a High-Risk Safety Audit that was completed at Henderson Waste Recovery Park in March 2024.

Submission

N/A

Report

The City engaged an independent consultant, being Safety Australia, to undertake a High-Risk Safety Audit of Henderson Waste Recovery Park (refer Attachment 1).

The audit commenced in January 2024 and concluded in March 2024 and consisted of the following actions and analysis:

1. Undertook a high-level gap analysis of the Safety Management System to identify shortcomings on a corporate level and/or identify deployment issues for the specific service area.
2. Undertook interviews with employees within the service area to ascertain the level of understanding of the Safety Management System, their role in safety and the overall safety leadership of the service area.
3. Undertook a site inspection to ensure physical safety risks have been identified and controls implemented.
4. Observed behaviours and interactions on site to ensure psychological risks have been identified and controls implemented, including the observing of safety conversations, team meetings and/or toolbox meetings and consultation processes.

The outcome of the audit has been broken into six key themes. It must be noted that the above methodology and below themes will be applied to all future High Risk Safety Audits to ensure consistency of process.

Table one: Key themes identified as opportunities for improvement:

Theme	Description
Corporate Shortcoming	The audit outcome does not relate specifically to workplace health and safety but needs to be addressed at a corporate level.
Culture	Barriers that were identified which indicated that there was no shared sense of purpose or understanding in relation to workplace health and safety on the site.
Leadership and Accountability	The audit was unable to ascertain, to an acceptable level, that there is effective leadership being demonstrated in relation to workplace health and safety on site and that strategies needed to be implemented to build capability.
Safety Shortcoming – Site Specific	The audit identified that whilst there was a safety system element in place, that was compliant and fit for purpose, and that this had been effectively deployed, it was not being implemented to an effective level on the site.
Safety System – Deployment Issue	The audit identified that whilst there was a safety system element in place, that was compliance and fit for purpose, the deployment of this element may not have been effective which had led to a knowledge and/or skill gap on site.
Safety System – Shortcoming	The audit was unable to ascertain, to an acceptable level, that the safety system element existed and had been deployed effectively to mitigate risk.

To ensure that shortcomings are identified and mitigated as soon as reasonably practicable, a Safety Improvement Plan has been developed (refer Attachment 2).

In summary, twenty-four (24) overarching actions have been identified with forty-nine (49) sub actions.

Status of agreed action plan items

At the date of this report, the City has made progress in relation to the actions detailed in the agreed Action Plan.

Several action items, including ongoing internal audit of the effectiveness of safety system elements, are embedded as a business-as-usual practice, and therefore will not be marked as completed.

Table 2: Status of agreed action plan

Audit Theme	Total Action Items	Not Commenced	In Progress	Business as Usual	Completed
Corporate Shortcoming	3	2	1	0	0
Culture	4	1	2	1	0
Leadership and Accountability	4	3	1	0	0
Safety Shortcoming – Site Specific	20	7	9	1	3
Safety System – Deployment Issue	9	0	3	1	5
Safety System – Shortcoming	9	0	5	1	3
Total	49	13	21	4	11

The City committed to ensuring that these actions are delivered as soon as practicable, noting that the delivery of some elements are dependent on budget endorsement for Financial Year 2025.

Strategic Plans/Policy Implications

Listening and Leading

A community focused, sustainable, accountable, and progressive organisation.

- Employer of choice focusing on equity, innovation and technology.
- Best practice Governance, partnerships and value for money.

Budget/Financial Implications

A budget provision exists in the Workplace Health and Safety Service Unit Budget for Financial Year 2024, for the delivery of some actions items and programs associated with the Safety Improvement Plan.

A budget provision for Financial Year 2025 has also been sought to ensure the ongoing delivery of the safety program, including delivery of the High-Risk Audit Program.

Legal Implications

Work Health and Safety Act 2020
Work Health and Safety (General Regulations 2022

Community Consultation

N/A

Risk Management Implications

There is a risk to the City if we do not execute all our due diligence obligations provided for in the relevant legislation.

The risk of this is mitigated through the delivery of agreed action items from the Audit.

It is important that the City undertakes both internal and independent audits to ensure continuing compliance and continuous improvement.

In addition to the legislation obligations at the City, there is also a moral obligation to ensure our people and community members are in an environment that is free of harm.

Advice to Proponent(s)/Submitters

N/A

Implications of Section 3.18(3) *Local Government Act 1995*

Nil

Work Health & Safety Gap Analysis



Site: 920 Rockingham Rd, Henderson WA

Date: 06/03/24

Consultant: Joseph Cameron

Report Date: 23/2/24

Ref: 2023/5575



Safety Australia Group

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Table of Contents

Acknowledgement	3
Executive Summary	4
Introduction	4
Methodology	5
Findings	6
Recommendations	8
Conclusion	9
Action Plan	10
Recommended WHS Management System	15

Acknowledgement

Safety Australia Group would like to thank City of Cockburn, management and employees for their cooperation and participation throughout this project.

This report is based on the best information available to Safety Australia Group within the time constraints, budget and terms of reference of the National Work Health and Safety Audit and Inspection process.

The material in the report reflects Safety Australia Group's best judgment in light of the information available to it at the time of preparation. Specifically, it is based on the review of documentation made available, visual observation and inspection of the property and work environment, and management and employee interviews.

Safety Australia Group prepared this report using information understood to be factual and correct and information verified and shall not be responsible for conditions arising from information or facts which were not fully disclosed to Safety Australia Group by site representatives. It is not a definitive guide to government regulations and does not relieve persons using this publication from their responsibilities under applicable legislation.

This report is prepared by Safety Australia Group for the sole and exclusive use by The City of Cockburn. Any use of, or reliance or decision based on this report by any third party is the sole and exclusive responsibility of such third party. Safety Australia Group accepts no responsibility for damages, if any suffered by any third party as a result of the use of or reliance or decision based on this report.

Safety Australia Group is pleased to submit this report to your organisation.

Together we are making Australian workplaces safer places to work.

Robert Keft
Managing Director
(On behalf of Senior Consultant, Joseph Cameron)
Safety Australia Group

Executive Summary

Safety Australia Group (SAG) was engaged to by City of Cockburn to conduct an WHS gap analysis of its operations and WHS documents. The purpose of the WHS review was to identify any gaps in regard to The City of Cockburn current management of WHS, specific to the Henderson Waste Recovery Park in order to assist with continual improvement and compliance with WA WHS Legislative requirements.

The following activities were conducted in order to review The City of Cockburn management of OHS:

- **Detailed safety management systems review of all available documentation with relation to relevant legislative standards.**
- **On site audit against management systems and industry standards to ensure appropriate practice and implementation**
- **Development of key recommended actions to meet requirements and improve safety performance**

The key findings of the document review and discussions include the following:

- **Annual Management Review:** A lack of documented evidence demonstrating that the annual management review, as outlined in the ISO 45001 requirements and the organization's HS manual, has taken place.
- **Aligning Site Operations with Head Office Leadership:** Site level operation occurs in silo to head office leadership, there is significant communication breakdown.
- **Cultural Issues:** Significant cultural breakdown was evident including culture of fear, non-reporting and avoidance of responsibility.
- **Documentation Review:** Evidence suggests that documentation within the system is not reviewed within the timeframes set.

The key recommendations as a result of the key findings from the discussions and the document review include the following:

Standardized Management Review: Ensure process covers performance metrics, compliance status, incident reports, and improvement initiatives. Implement clear reporting mechanisms for tracking outcomes and decisions.

WHS Gap Analysis Report



Enhanced Internal Audits: Improve the audit process to provide leadership insights. Develop specific criteria for identifying improvement areas aligned with strategic goals.

Integrated Communication Strategies: Implement strategies to break down organizational silos. Integrate communication efforts into change processes, ensuring effective issue escalation and resolution.

Prioritized Documentation Review: Focus on high-risk areas like confined spaces and vehicle interaction. Conduct timely reviews to mitigate risks effectively.

Leadership Empowerment for Safety: Address leadership skills, maturity, and safety perception gaps to support successful process implementation and safety initiatives.

Introduction

City of Cockburn and Henderson review

A safety system and operational review was conducted by Safety Australia Group for the City of Cockburn over a six-week period. The review was aimed at identifying gaps within the system and practices of City of Cockburn to help move towards best practice in the safety space.

Methodology

Process

This review was conducted through detailed mapping of the current safety management system and comparison against current legislative standards. This enabled us to see what was missing from an overarching system stand point so we could then follow the processes down the line to a site level.

We measured City of Cockburn against legislative standards first, and then against its own procedures and defined practices. This occurred through multiple site visits, observations of operational activities and interviews with staff members.

WHS Gap Analysis Report



Limiting factors

In the initial stages, substantial challenges were encountered in accessing documents and certain site areas, which partially improved within the first two weeks but still posed hindrances to the process. While no ill intent was presumed, these difficulties highlighted problematic behaviours contributing to a breakdown in organizational culture.

Findings

Safety management system

While significant efforts are being made to enhance safety practices at the City of Cockburn, the existing safety management system has areas that need attention. A considerable portion of documentation is outdated, redundant, or inaccessible to team members. Although the current management system serves as a solid foundation, further improvement is essential to fully leverage its potential, especially in areas such as Performance Evaluation, Operation and Planning.

An Occupational Health and Safety (OHS) management system under ISO 45001 follows a systematic approach aimed at ensuring the organization effectively manages its OHS risks and continually improves its performance. This is aligned to the Plan, Do, Check and Act cycle, below is a high-level summary of its elements.

1. **Context of the Organization:** Understand the internal and external factors that may affect the organization's OHS management system, including its scope, objectives, and compliance obligations.
2. **Leadership and Worker Participation:** Demonstrate leadership commitment to OHS by establishing OHS policies, defining roles and responsibilities, and promoting worker participation in decision-making processes.
3. **Planning:** Establish OHS objectives and develop plans to achieve them, considering the organization's context, risks, opportunities, and legal and other requirements.
4. **Support:** Provide the necessary resources, competencies, awareness, communication, and documentation to support the effective implementation and maintenance of the OHS management system.

WHS Gap Analysis Report



5. **Operation:** Implement the planned actions, including hazard identification, risk assessment, and the implementation of controls to mitigate OHS risks. This also involves establishing emergency preparedness and response procedures.
6. **Performance Evaluation:** Monitor, measure, analyse, and evaluate the organization's OHS performance against its objectives and targets. This includes conducting internal audits and management reviews to assess the effectiveness of the OHS management system.
7. **Improvement:** Take corrective actions to address nonconformities and continually improve the effectiveness of the OHS management system. This involves identifying opportunities for improvement, implementing preventive actions, and updating processes as necessary.

The City of Cockburn's Management System aligns with the framework of an ISO 45001 Management System, however a lack of document and system reviews over time has resulted in a somewhat disconnected system. This is not uncommon for organizations as they progress in their safety maturity journey. Ensuring a structured annual management review and internal audit program occurs will be crucial to prioritize, plan and implement improvements, ensuring the system remains relevant and up-to-date.

Additionally, significant departmental and operational silos complicate matters further. The lack of effective communication between head office and site-level leaders has caused confusion regarding processes and responsibilities. There is a noticeable absence of clear communication closure in both bottom-up and top-down channels, with the process appearing ad hoc. This ambiguity increases the risk of actions being lost over time.

Site level observations

At a site level little was understood about the safety management system and where to find the information required for this review and operations in general. This manifested as an inability to comply with City of Cockburn's own procedures. This also extended to front line staff who were not able to articulate current process at times or where to find information should they need it.

It should be noted that staff were knowledgeable with regards to their own work and diligent with reporting when they knew there was an issue. However, there was no continuity of this reporting process, we were unable to follow through from initial reports to action. There appeared a culture of non-reporting and inaction at a manager level. This was reinforced when a significant concern around excavator work was raised from myself to the manager

directly and they made many excuses before shrugging it off- this was followed up by a phone conversations and emails to his superior.

Contracting out responsibility was a common theme appearing at site level across all staff and leaders. It appeared that if an injury occurred with a work process the control moving forward would be to subcontract the work out, with an assumption that it removed the responsibility from the City of Cockburn. Responsibility for safety can never be contracted out, there must always still be standards and oversight of practice.

Recommendations

- **Management Review Agenda and Reporting:** Ensure a standardized agenda for management review meetings, covering key topics such as performance metrics, compliance status, incident reports, and improvement initiatives. Develop clear reporting mechanisms to document the outcomes of these meetings and track actions and decisions.
- **Elevating Internal Audits - Driving Insights for Leadership and Strategic Alignment:** Improve the internal audit process to include a focus on providing insights for leadership. This can involve developing specific audit criteria aimed at identifying improvement areas and aligning audit findings with strategic goals and objectives.
- **Breaking Silos - Integrated Communication Strategies:** Implement communication strategies aimed at dismantling existing silos within the organization. These strategies should be integrated into the company's consultative change process, ensuring effective escalation of concerns and thorough follow-up actions to resolve issues.
- **Prioritized Documentation Review for High-Risk Areas:** Prioritize documentation reviews, particularly focusing on high-risk areas such as confined spaces, vehicle interaction, and manual handling. Ensure that reviews are conducted within the designated timeframes to mitigate potential risks effectively.
- **Empowering Leadership for Safety Success:** The current deficiency in leadership skills, maturity, and safety perception poses a barrier to the successful implementation

WHS Gap Analysis Report



of identified processes. Without adequate upskilling, the organization risks hindering progress in safety initiatives.

Implementation

For successful implementation, it's essential to pair this process with:

- A robust management review, planning, and post-implementation review program that aligns with the company's consultative process and communication channels to dismantle existing silos. This involves both top-down and bottom-up communication, along with tracking actions to completion.
- Cultural enhancement for leaders to foster a positive attitude towards safety processes, promoting adherence. This can be complemented by providing due diligence training for senior leaders.
- Dispel negative ideologies and reinforce the understanding that safety responsibility cannot be subcontracted out by leaders.

Conclusion

Both the safety systems and culture require attention. To achieve effective and sustainable improvement, efforts must be fully embraced by the senior leadership of the organization, both in task and purpose. Merely altering the system will not suffice, it is imperative to cultivate safety maturity within the business and foster a positive attitude towards safety among its leaders to ensure success.

While some issues can be promptly addressed, I strongly advise the City of Cockburn to scope this process, taking into account all mentioned factors. As this concerns your culture and safety management system, it is essential to comprehensively understand and control all aspects of it.

WHS Gap Analysis Report



Action Plan

Element	Comments
Safety Policy	Update the Policy to include a commitment and framework for how the organisation establishes OH&S objectives at relevant functions and levels in order to maintain and continually improve the OH&S management system and OH&S performance.
Consultation and Communication	<p>The organization has a clearly defined procedure outlining how consultation regarding HSE should occur. This includes avenues for employees to voice concerns, provide feedback, and participate in decision-making processes related to HSE management. While the consultation procedure exists on paper, there is a deficiency in documented evidence to evaluate its effectiveness. There are no records or reports detailing the outcomes of consultations, actions taken based on employee input, or any improvements made as a result of the consultation process.</p> <p>We recommend the business Implement systems to monitor and evaluate adherence to consultation procedures, including compliance audits, surveys, and performance metrics. Use the findings to identify areas for improvement and implement corrective actions as necessary.</p>
Contractor Management	<p>Conduct a thorough review of contractor management procedures to ensure they are up to date and meet the organizational needs.</p> <p>Establish internal assessments to verify contractor management practices align with defined processes. Include findings from assurance activities in the annual management review to ensure procedures remain effective and support continuous improvement.</p>

WHS Gap Analysis Report



Element	Comments
First Aid	<p>Your first aid procedures align well with the intent of the First Aid Code of Practice. It's evident that there's a commitment to ensuring adequate provisions for health and safety within the workplace.</p> <p>Two areas for potential improvement are Risk assessment and Workplace inspections.</p>
Emergency Management	<p>Your emergency response plan demonstrates a strong foundation and alignment with the requirements of the WHS Regulations. It is evident that there has been careful consideration given to preparing for and responding to potential emergencies within the workplace. One area for improvement is to ensure regular drills and exercises to test the effectiveness of the emergency response plan in various scenarios is scheduled and completed</p>
Hazard Management	<p>Develop a consolidated operational risk register that captures risk scenarios, consequences, controls and leader sign off. currently this information is stored across a large number of SWMS.</p> <p>This register should have reasonable action based on risk rankings and levels of sign off based on the same. This register should be reviewed annually to determine control effectiveness, ensure all significant risks are captured, controlled and correctly implemented in practice.</p>
Incident Management	<p>Update OSH 4.9 to reflect current legislation, include the requirement to report dangerous incidents.</p> <p>Dangerous incident means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to</p>
Induction for Employees, Contractors and Visitors	<p>Review current induction process to ensure fit for purpose and current for site.</p>
Manual Handling	<p>Ensure all high-risk manual handling tasks are captured, appropriate controls are implemented and reviewed periodically for effectiveness.</p>

WHS Gap Analysis Report



Element	Comments
Noise Management	Review existing noise surveys to identify any gaps in known “designated noise sources”, establish a register of personnel exposed to these sources to ensure that regular audiometric testing is conducted. Lastly update training material and process to ensure that personnel are using PPE correctly.
Plant and Equipment Management	In line with the below traffic management plan implementation ensure good operational practices, do not leave people in the line of fire of any vehicle. It would be advisable to engage a qualified SME for this process.
Traffic Management	based on known risks develop, implement, and communicate traffic management plans and ensure the appropriate controls are in place for each operational area. Specific to the recent heavy vehicle vs light vehicle interaction on sight this plan should pay specific attention to the permanency of designated parking zones and the reduction down to one radio channel per controlled area. The presence of control in each area must be confirmed.
Lock Out/Tag Out	Conduct a thorough review of Lock out / tag out procedures to ensure they are up to date and align with the current organizational needs.
Chemical Management	Adopt the steps / requirements defined by the model Code of Practice.
Training	A detailed review of the training needs analysis against known risks is required, additionally once this is in place ensure that the 12 monthly audit is performed, and findings are shared with the leadership team. Best practice would be to ensure a verification of competency process for all machinery operated.
Workplace Inspections	During the assessment, it was observed that workplace inspections have been conducted; however, the tools utilized lacked specificity and did not offer clear guidance to the individuals responsible for inspecting the work areas. As a result, there is a deficiency in identifying what constitutes good practice during inspections, which could lead to inconsistent assessments and potentially overlooking critical safety hazards.

WHS Gap Analysis Report



Element	Comments
	<p>Additionally, while evidence of corrective actions was identified, there was a lack of tracking for actions that could not be immediately rectified. This absence of follow-up on unresolved issues over time may result in recurring safety deficiencies and a failure to address underlying root causes.</p> <p>Areas for improvement include updating the inspection tools used and implementing a tracking mechanism for corrective actions.</p>
Working at Heights	Develop, test and train personnel in emergency response and rescue procedures related to the use of fall arrest systems. This system will apply to contractors also.
Hot Works	Ensure there is adequate implementation and adherence to hot work processes by both staff and contractors.
Confined Space	Develop a confined space procedure that defines the steps required for identification, risk assessment, entry, atmosphere testing, use of permits, emergency response and training.
Safe Driving Procedure	Update the current procedure to ensure it is up to date and meets the current organisational needs. Reference relevant fatigue controls specified within OSH4.26.
WHS Procedure Description	develop an overarching document describing the purpose of the procedures and their related documents.
Implementation Plan	develop an implementation plan, including an annual management review to ensure suitable resources and management oversight of the effectiveness of the plan.
Internal Auditing	<p>No evidence provided of an established internal auditing programme or an active annual management review of the Safety and Health Management plan.</p> <p>Implementing an internal audit program allows your organization to systematically assess the effectiveness of the health and safety management systems, identify areas for improvement, and ensure compliance with regulatory requirements.</p>

WHS Gap Analysis Report



Element	Comments
	We recommend you Implement an internal audit program for your Safety and Health Management system.
Psychosocial Risk	Conduct a review of the Model Code of Practice and adopt its recommended processes . Build the identification and management of risks and controls into the organisations risk management rituals and routines.
Asbestos	Ensure a register and management plan is in place as required, review SWMS to ensure controls align to the Code of Practice and Work Health and Safety (General) Regulations 2022. Conduct general hygiene monitoring including for asbestos.



Recommended WHS Management System

The table below describes the recommended contents of City of Cockburn WHS Management based on the type of work and activities conducted by City of Cockburn employees and contractors.

Workplace Health Safety Management System Documents and their Purpose

Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
Safety Policy	Describes the City of Cockburn's commitment to WHS		<p>1. Health and Safety Policy</p> <p>Notes – Policy does not provide a framework for setting OH&S objectives. No evidence of who / when the policy was approved.</p> <p>Recommendations – Update the Policy to include a commitment and framework for how the organisation establishes OH&S objectives at relevant functions and levels in order to maintain and continually improve the OH&S management system and OH&S performance.</p>
Consultation and Communication	Describes the processes in place to consult and communicate with employees and contractors in regard to WHS.		<p>1. OSH 3.3 Resolution of OSH Issues</p> <p>2. Management of change (minor and major) consultation FAQ</p> <p>3. WHS 5.1 Consultation and Communication Procedure</p> <p>Notes – The organization has a clearly defined procedure outlining how consultation regarding HSE should occur. This includes avenues for employees to voice concerns, provide feedback, and participate in decision-making</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<p>processes related to HSE management. While the consultation procedure exists on paper, there is a deficiency in documented evidence to evaluate its effectiveness. There are no records or reports detailing the outcomes of consultations, actions taken based on employee input, or any improvements made as a result of the consultation process.</p> <p>Recommendations- Implement systems to monitor and evaluate adherence to consultation procedures, including compliance audits, surveys, and performance metrics. Use the findings to identify areas for improvement and implement corrective actions as necessary.</p>
<p>Contractor Management</p>	<p>Describes the process to select, engage and monitor contractors.</p>	<p>Contractor Risk Classification Calculator</p> <p>Low Risk Contractor Process</p> <p>Contractor Induction</p> <p>High Risk Contractor Process</p> <p>Contractor WHSMS Prequalification</p>	<p>1. OSH 5.5 Contractor Safety Management Guideline 2. OSH 5.4 Inductions for Contractors 3. Contractor induction signature register</p> <p>Notes – OSH 5.4 out of date, references OS&H Act 1984, does not reference OSH 5.5. OSH 5.5 overdue for review, approval date 2020. Contractor induction signature reference last recorded entry in 2018.</p> <p>Recommendations –</p> <p>Conduct a thorough review of contractor management procedures to ensure they are up to date and meet the organizational needs.</p> <p>Establish internal assessments to verify contractor management practices align with defined processes. Include findings from assurance activities in the annual management review to ensure procedures remain effective and support continuous improvement.</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
		Contractor Terms of Engagement	Note- Common language identified, that risk was being subcontracted out however this is not possible under current legislation.
First Aid	Describes the process for managing first aid at City of Cockburn office and on client sites.	First Aid Kit Contents	<p>1. The Safety and Health Management Plan 2. First aid in the workplace Code of Practice 3. WHS 7.3 Designated First Aider</p> <p>Notes – Your first aid procedures align well with the intent of the First Aid Code of Practice. It's evident that there's a commitment to ensuring adequate provisions for health and safety within the workplace.</p> <p>Two areas for potential improvement are Risk assessment and Workplace inspections.</p> <p>Risk Assessment:</p> <p>While the procedures meet the Code of Practice, there's a notable absence of documented evidence regarding a risk assessment to inform the requirements. Conducting a thorough risk assessment is crucial to identify potential hazards and determine the necessary first aid provisions accordingly.</p> <p>Improve Workplace Inspections:</p> <p>The workplace inspections currently lack clear guidance for inspectors on what to look for to meet the requirements. Providing detailed guidance or checklists can help ensure that inspections are comprehensive and cover all relevant aspects of first aid provisions as per the Code of Practice.</p> <p>Recommendations –</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<ol style="list-style-type: none"> 1. Conduct a comprehensive risk assessment to identify workplace hazards and determine appropriate first aid requirements. 2. Develop and implement clear guidance or checklists for workplace inspections, outlining specific criteria and requirements as per the First Aid Code of Practice. 3. Ensure that findings from risk assessments and inspections are documented and used to inform updates and improvements to the first aid procedures.
<p>Emergency Management</p>	<p>Describes the Emergency Management process at City of Cockburn's Henderson site</p>	<p>Include annual drill and a template to document detailing the outcome of the drill</p>	<p>1. The Safety and Health Management Plan 2. OSH 4.8 Personal Emergency Evacuation Plan (PEEP) 3. Workplace Facility Emergency Response Plan</p> <p>Notes – Your emergency response plan demonstrates a strong foundation and alignment with the requirements of the WHS Regulations. It is evident that there has been careful consideration given to preparing for and responding to potential emergencies within the workplace.</p> <p>One area for potential improvement is:</p> <p>Testing and Continuous Improvement:</p> <p>While the emergency response plan is comprehensive, there's a need to ensure that it is periodically tested to assess its effectiveness in real-world scenarios. Regular testing helps validate response procedures, identify areas for improvement, and enhance overall preparedness for emergencies.</p> <p>Recommendation – Schedule regular drills and exercises to test the effectiveness of the emergency response plan in various scenarios.</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
<p>Hazard Management</p>	<p>Describes the process for identifying hazards, conducting a risk assessment and determining the controls to minimise the risk.</p>	<p>Safe Work Method Statement template (use City of Cockburn SWMS Review Checklist Risk Assessment Factors</p>	<p>1. OSH 4.3 hazard & risk management guidelines 2. Risk assessment legend and table. 3. Landfill gas risk management risk register. 4. SWMS Working Around Mobile Plant.</p> <p>Notes – there are several opportunities to improve the organisations risk management process. There is variability in the tools provided to assess risks, indications of under classified risks, a reliance on administrative controls for known high consequence scenarios and no consolidated register of identified risks or the controls implemented to manage them. Under the Work Health and Safety (general) Regulation 2022 section 3.1 – Managing risks to health and safety, clause 38 Review of control measures;</p> <p>(1) A duty holder must review and as necessary revise control measures implemented under these regulations so as to maintain, so far as is reasonably practicable, a work environment that is without risks to health or safety.</p> <p>Recommendations – Develop a consolidated operational risk register that captures risk scenarios, consequences, controls and leader sign off. currently this information is stored across a large number of SWMS.</p> <p>This register should have reasonable action based on risk rankings and levels of sign off based on the same. This register should be reviewed annually to ensure all significant risks are captured, controlled and correctly implemented in practice.</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
Incident Management	Describes the process for reporting and investigating an incident.	Incident Management Register Form Incident Report Form	<p>1. OSH 4.9 Notifiable Incidents to be reported WorkSafe 2. Osh 4.5 Incident Reporting</p> <p>Notes – OSH 4.5 is out of date, references WA Occupational Safety and Health Act 1984. OSH 4.9 does not include the requirement to report dangerous incidents.</p> <p>Recommendations – Update OSH 4.9 to reflect current legislation, include the requirement to report dangerous incidents.</p> <p>Dangerous incident means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person’s health or safety emanating from an immediate or imminent exposure to.</p>
Induction for Employees, Contractors and visitors	Describes the process for inducting new employees, contractors, and visitors.	Induction for New Employees and Contractors	<p>Note- Moderate concerns were identified with regards to training of new staff and access to documentation as well as giving appropriate time to read and understand the material.</p> <p>Recommendations- Review current induction process to ensure fit for purpose and current for site.</p>
Manual Handling	Describes the process for identifying hazards and managing the risks associated with tasks that require manual handling.		<p>1. OSH 2.13 Manual Handling Safe Work Procedures and Guidelines 2. JSA - Correct Manual Handling (Henderson Waste Recovery Park)</p> <p>Part 4.2 — Hazardous manual tasks</p> <p>Notes – out of date, references 1984 act, last review 2019. Describes the identification, assessment and control of manual handling risks, no evidence of this in risk registers provided.</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<p>Notes – multiple high-risk tasks identified, not reflected in risk register provided, no sign off / review, document out of date, no residual risk rating provided. Out of date, last review 2015.</p> <p>Recommendations- Ensure all high risk manual handling tasks are captured, appropriate controls are implemented and reviewed periodically for effectiveness.</p>
<p>Noise Management</p>	<p>Describes the process for managing the risks associated with working in a noisy environment.</p>		<p>1. OSH 2.9 Noise Control and Hearing Protection Guidelines 2. The Safety and Management Plan</p> <p>Notes – OSH 2.9 document is out of date referencing OS&H Act 1984, last review was scheduled for December 2022. Interviews indicate that the organisation is not conducting regular noise surveys or audio metric testing. No evidence was provided to demonstrate how training is provided on the safe use of PPE.</p> <p>Recommendations – Review existing noise surveys to identify any gaps in known “designated noise sources”, establish a register of personnel exposed to these sources to ensure that regular audiometric testing is conducted. Lastly update training material and process to ensure that personnel are using PPE correctly.</p> <p>OSH 2.9 Noise Control and Hearing Protection Guidelines</p> <p>3.1.1 All employees likely to be exposed to noise levels in excess of the safe limits shall undertake a pre-employment base line hearing test to determine any pre-existing hearing loss.</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<p>3.1.2 Regular Noise Surveys shall be undertaken of relevant plant, machinery and or equipment to identify which items are deemed to be “Designated Noise Sources” and controls implemented to eliminate or reduce these noise sources.</p> <p>3.1.3 Information and Training shall be given to all relevant staff that may be expected to operate or work in the proximity of these “Noise sources”.</p> <p>3.1.4 The City shall supply and provide training in adequate Hearing Protection Devices e.g. Ear plugs and earmuffs.</p> <p>3.1.5 The City shall ensure there is regular audiometric testing of all designated employees who may be required to use or be exposed to “Designated Plant/Equipment”.</p>
<p>Plant and Equipment Management</p>	<p>Describes the process for identifying hazards and managing the risks associated with plant and equipment, including mobile plant and equipment and electrical tag and testing.</p>	<p>Pre start for Forklift, lifts, scaffold</p>	<p>1. OSH 2.21 Safe Operation of Council Plant, Machinery and Vehicles – <u>not provided.</u></p> <p>2. JSA Conduct Pre-Start Inspections (Trucks And Plant)</p> <p>Note- significant risk was identified on site with regards to excavator operations; slewing over an occupied heavy vehicle cab. This was discussed at length with site leaders however action was not taken.</p> <p>Recommendations- In line with the below traffic management plan implementation ensure good operational practices, do not leave people in the line of fire of any vehicle. It would be advisable to engage a qualified SME for this process.</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<p>Notes – JSA out of date, last review 2008.</p>
Traffic Management	Describes the process for managing the segregation of people, forklifts and trucks.	Traffic Management checklist	<p>1. OSH 2.19 Traffic Management Guidelines</p> <p>Notes - No evidence of TMPs provided.</p> <p>Recommendations – based on known risks develop, implement, and communicate traffic management plans and ensure the appropriate controls are in place for each operational area.</p> <p>Specific to the recent heavy vehicle vs light vehicle interaction on sight this plan should pay specific attention to the permanency of designated parking zones and the reduction down to one radio channel per controlled area. The presence of control in each area must be confirmed.</p>
Lock Out/Tag Out	Describes the process for locking and tagging out equipment.		<p>1. OSH 2.8 Lock out / tag out</p> <p>2. JSA Using 'Danger' And 'Out Of Service' Tags</p> <p>Notes – JSA out of date, last review 2008, OSH 2.8 due for review in 2022 (not completed)</p> <p>Recommendations –</p> <p>Review and update the documents: Conduct a thorough review of Lock out / tag out procedures to ensure they are up to date with the current organizational needs.</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
<p>Chemical Management</p>	<p>Describes the process for managing chemicals in the workplace. This includes cleaning and other types of chemicals used in the kitchen and toilets.</p>	<p>Chemical Register</p>	<p>1. Model Code of Practice – Managing Risks of Hazardous Chemicals in the Workplace</p> <ul style="list-style-type: none"> Maintaining a register and manifest (where relevant) of hazardous chemicals and providing notification to the regulator of manifest quantities if required. ensuring that exposure standards are not exceeded. provision of health monitoring to workers. provision of information, training, instruction and supervision to workers. <p>Notes - No evidence was provided to demonstrate the organisation is meeting the (4) requirements outlined above.</p> <p>Recommendations – Adopt the steps / requirements defined by the model Code of Practice.</p>
<p>Training</p>	<p>Describes the process for determining employee's WHS training requirements and maintaining training records.</p>	<p>WHS Training Matrix Training Register</p>	<p>1. LD 2.0 Verification of Competency 2. The Safety and Health Management Plan</p> <p>Notes – LD 2.0 is out of date, references WA Occupational Safety and Health Act 1984. Last reviewed in 2018. Section 3.7 of the Safety and Health Management Plan states that Regular audits of competencies for currency will be undertaken on a 12 monthly basis, no evidence was provided that this is occurring.</p> <p>Recommendations – A detailed review of the training needs analysis against known risks is required, additionally once this is in place ensure that the 12 monthly audit is performed, and findings are shared with the leadership team.</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<p>Best practice would be to ensure a verification of competency process for all machinery operated.</p>
<p>Workplace Inspection</p>	<p>Describes the process for conducting workplace inspections in the office, kitchen, warehouse, manufacturing, dispatch other relevant areas.</p>	<p>Workplace inspection checklists for relevant areas</p>	<p>Notes - During the assessment, it was observed that workplace inspections have been conducted; however, the tools utilized lacked specificity and did not offer clear guidance to the individuals responsible for inspecting the work areas. As a result, there is a deficiency in identifying what constitutes good practice during inspections, which could lead to inconsistent assessments and potentially overlooking critical safety hazards.</p> <p>Additionally, while evidence of corrective actions was identified, there was a lack of tracking for actions that could not be immediately rectified. This absence of follow-up on unresolved issues over time may result in recurring safety deficiencies and a failure to address underlying root causes.</p> <p>Recommendations –</p> <p>Improve Inspection Tools:</p> <p>Develop improved inspection checklists or tools that provide clear guidance to inspectors on what constitutes good practice and identifies specific safety requirements relevant to each work area. This will ensure consistent and thorough assessments across all inspections.</p> <p>Implement Tracking Mechanism for Corrective Actions:</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<p>Establish a systematic process for tracking corrective actions, particularly for issues that cannot be immediately addressed.</p> <p>Provide Training and Support:</p> <p>Offer training sessions or workshops for personnel responsible for conducting workplace inspections, emphasizing the importance of thorough assessments and effective follow-up on corrective actions. Provide ongoing support and guidance to ensure inspectors understand their roles and responsibilities in maintaining a safe work environment.</p> <p>Conduct Regular Reviews:</p> <p>Schedule regular reviews of inspection processes and corrective action tracking mechanisms to assess their effectiveness and identify opportunities for improvement. Use findings from these reviews as an input to the annual Management Review process.</p> <p>Note- Significant clutter was found in the shed/storeroom areas. Consider creating a racking system and designated storage so that items aren't kept on the floor.</p>
<p>Working at Heights</p>	<p>Describes the process for working at heights in accordance with WA WHS legislative requirements.</p>	<p>Refer to lifts, ladders, scaffolds</p>	<p>1. OSH 2.2 Height and Fall Protection Safety Guidelines 2. Work Health and Safety (General) Regulations 2022 – Falls 3. Working at heights permit – <u>not provided</u></p> <p>Notes – No evidence was provided that emergency rescue procedures have been developed, tested or that personnel have been provided with suitable training in relation to emergency rescue procedures. The referenced working at heights permit was not provided.</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<p>Recommendations – Develop, test and train personnel in emergency response and rescue procedures related to the use of fall arrest systems. This system will apply to contractors also.</p> <p>80. Emergency and rescue procedures</p> <ul style="list-style-type: none"> (2) Without limiting regulation 79, the person must establish emergency procedures, including rescue procedures, in relation to the use of the fall arrest system. (3) The person must ensure that the emergency procedures are tested so that they are effective. (4) The person must provide relevant workers with suitable and adequate information, training and instruction in relation to the emergency procedures.
<p>Hot Work</p>	<p>Describes the process for conducting Hot Work on client sites. This should link to the Confined Space Access Procedure. This should apply to both employees and contractors.</p>		<p>1. Hot Work Permit 2. Safety and Health management plan</p> <p>Notes – No hot work permit identified with hot works subcontracted out. Again this does not remove responsibility for this process from City of Cockburn.</p> <p>Recommendations – Ensure there is adequate implementation and adherence to hot work processes by both staff and contractors.</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
<p>Confined Space Access</p>	<p>Describes the process for accessing confined spaces on client sites, training required. This should be applicable to both employees and contractors.</p>		<p>1. Confined Space Entry Procedure (2015) 2. Confined Space CHECKLIST 3. OSH 4.12 Confined Space Entry - <u>not provided.</u> 4. AS 2865 – 1995 – Safe working in a confined space</p> <p>Notes – The confined space checklist is detailed but does not provide guidance on what is expected when a “yes” is selected. The procedure is out of date and only covers the testing of methane without defining how the other specific controls defined in the Work Health and Safety (General) Regulations 2022 are met.</p> <p>Recommendations – Develop a confined space procedure that defines the steps required for identification, risk assessment, entry, atmosphere testing, use of permits, emergency response and training.</p> <p>Hazard identification - Risk assessment</p> <p>(a) the nature of the confined space;</p> <p>(b) the work required to be done, including whether it is necessary to enter the confined space;</p> <p>(c) the range of methods by which the work can be done; (d) the hazards involved and associated risks;</p> <p>(e) the actual method selected and plant proposed; and</p> <p>(f) emergency and rescue procedures.</p> <p>Safety of the atmosphere</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<p>12.1 The employer shall ensure that no person enters a confined space without an entry permit.</p> <p>12.2 The employer shall ensure, before a person enters a confined space, that where practicable:</p> <ul style="list-style-type: none"> (a) the confined space contains a safe oxygen level; (b) the atmospheric contaminants in the confined space are reduced to below the relevant exposure standards; (c) the confined space is free from extremes of temperature; and shall ensure (d) the concentration of flammable contaminant in the atmosphere of the confined space is below 5 percent of its LEL. <p>12.3 The employer shall ensure that atmospheric testing and monitoring is carried out consistent with the hazards identified and the risk assessment.</p> <p>12.4 The employer shall ensure that where it is not practicable to provide a safe oxygen level, or atmospheric contaminants cannot be reduced to safe levels, no person enters the confined space unless they are equipped with suitable personal protective equipment including air supplied respiratory protective equipment.</p> <p>Education and training</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<p>14.1 The employer shall provide training for all persons required to work within or on a confined space in all relevant activities related to entering and working in or on confined spaces.</p> <p>14.2 The training program shall include at least the following: (a) the hazards of confined spaces;</p> <ul style="list-style-type: none"> (b) assessment procedures; (c) control measures; (d) emergency procedures; and (e) the selection, use, fit and maintenance of safety equipment. <p>Work Health and Safety (General) Regulations 2022</p> <ul style="list-style-type: none"> 66. Managing risks to health and safety 67. Confined space entry permit 69. Communication and safety monitoring 70. Specific control: connected plant and services 71. Specific control: atmosphere 72. Specific control: flammable gases and vapours 73. Specific control: fire and explosion 75. Personal protective equipment in emergencies 74. Emergency procedures

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			76. Information, training and instruction for workers 77. Confined space entry permit and risk assessment must be kept
Working Interstate	Describes the process for working interstate		Notes – not relevant
Safe Driving Procedure	Describes the process for safe driving including fatigue management, mobile phone use etc.		1. Site & Driver Induction 2. OSH 4.26 Fatigue Notes – No date of approval, who has authorised the document or when it is due for review. Recommendations – Update the current procedure and reference relevant fatigue controls specified within OSH4.26.
WHS Procedure Description	An overarching document describing the purpose of the procedures and their related documents		Notes – No evidence provided. Recommendations – Develop an overarching document describing the purpose of the procedures and their related documents
Implementation Plan	To assist with the implementation of the WHS management system.	WHS Implementation schedule	Notes – No evidence provided. Recommendations – Develop an implementation plan, including an annual management review to ensure suitable resources and management oversight of the effectiveness of the plan.

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
<p>Internal Auditing</p>	<p>To assist with reviewing the implementation of the WHS management system.</p>		<p>Notes – No evidence provided of an established internal auditing programme or an active annual management review of the Safety and Health Management plan.</p> <p>Implementing an internal audit program for ISO 45001 allows your organization to systematically assess the effectiveness of their health and safety management systems, identify areas for improvement, and ensure compliance with regulatory requirements.</p> <p>Recommendations – Implement an internal audit program for your Safety and Health Management system following the elements.</p> <ol style="list-style-type: none"> 1. Define audit procedures, criteria, and objectives. 2. Conduct regular audits across all aspects of the health and safety management system. 3. Document audit findings and recommendations. 4. Implement corrective actions to address identified deficiencies. 5. Integrate audit findings into the annual management review process to drive continuous improvement.
<p>Psychosocial risks</p>	<p>To identify and manage Psychosocial risks and associated controls</p>		<p>Notes - No evidence provided of a process to identify psychosocial risk and the controls implemented to manage them.</p> <p>Recommendations – Conduct a review of the Model Code of Practice and adopt its recommended processes (below). Build the identification and management of risks and controls into the organisations risk management rituals and routines.</p> <p>Under the WHS Regulations, to manage psychosocial risks, a duty holder must:</p>

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<ul style="list-style-type: none"> • identify foreseeable hazards that could give rise to psychosocial risks - eliminate risks, so far as is reasonably practicable. • if it is not reasonably practicable to eliminate the risks • minimise the risks so far as is reasonably practicable - maintain implemented control measures so they remain effective, and • review, and if necessary, revise, control measures so as to maintain, so far as is reasonably practicable, a work environment that is without risks to health and safety.
<p>Asbestos</p>	<p>Describes the process for managing the risks associated with Asbestos.</p>		<p>1. SWMS Procedure For Handling or Recovering Asbestos on Site. 2. OSH 2.14 Asbestos Management 3. Code of Practice – How to manage and control asbestos in the workplace.</p> <p>Notes – No evidence provided of an up to date register or asbestos management plan as stated in the OSH 2.14 Asbestos Management procedure. The SWMS Procedure for Handling or Recovering Asbestos on Site has all scenarios with a residual risk of Low, this is achieved with predominantly administrative and PPE controls. No evidence of testing exposure to asbestos.</p> <p>Recommendations – Ensure a register and management plan is in place as required, review SWMS to ensure controls align to the Code of Practice and Work Health and Safety (General) Regulations 2022.</p> <p>Conduct general hygiene monitoring including for asbestos.</p> <p>OSH 2.14 Asbestos Management</p> <ul style="list-style-type: none"> • Facilities and Plant Manager – to create, and maintain, an Asbestos Products Register and to ensure it is available to those undertaking work in the areas identified in the register.

WHS Gap Analysis Report



Procedure Name	Purpose	Related Forms	Documents reviewed and identified gaps
			<ul style="list-style-type: none"> Facilities and Plant Manager – to ensure all work is carried out in compliance with the Code of Practice for Asbestos Work, including the creation of an Asbestos Management Plan as applicable.

Item #	Theme	Description	Action Items	Responsible	Status	Comments
1	Safety System - Shortcoming	There was a lack of evidence provided to the auditor that a systematic review of documentation was occurring. It was noted that key aspects of the documentation relating to the safety system was past the date of review.	1.1 Undertake a review of the current safety system to clearly identify what documentation currently exists and review dates.	WHS	Completed	Program created for remainder of FY24 and FY25 to ensure documentation updated, in consultation with workers, prior to expiry date.
			1.2 Develop a program of works for the review of documents that have expired review dates, prioritising based on risk.	WHS	Completed	
			1.3 Develop a systematic schedule for the ongoing review of policies and procedures and ensure that documentation is reviewed prior to expiration dates.	WHS	In Progress	
2	Culture	The audit noted that there was significant cultural issues on site and that this created a sense of fear, non-reporting and avoidance of responsibility.	2.1 Provide safety leadership training to relevant leaders in relation to fostering a positive safety culture and to develop an understanding of the role of a leader in relation to safety obligations.	Organisational Development / Leader	In Progress	Dates for safety leadership training have been scheduled. Four sessions due for delivery by end of May
			2.2 Ensure that reporting of incidents, hazards and near misses is proactively encouraged through on site communications and that when incidents are discussed it is done so in a supportive manner.	Leader	In Progress	
			2.3 Provide education to workers in relation to their obligations under WHS legislation to report incidents, hazards and near misses.	WHS	Ongoing BAU	
3	Leadership and Accountability	Action is required to address leadership skills, maturity and safety perception gaps to ensure that processes and safety initiatives are successfully supported.	3.1 Design and deploy fit for purpose leadership training that ensures not only an understanding of safety obligations but also provides leaders with the softer skills to then execute their obligations	Organisational Development	In Progress	Dates for safety leadership training have been scheduled. Four sessions due for delivery by end of May
			3.2 Undertake a feedback session with leaders at the completion of the safety leadership training to identify any short comings in the training that still require attention.	Organisational Development	Not commenced	
4	Safety System - Shortcoming	The auditor was not provided with evidence that demonstrated the internal audits of the safety system was occurring on a regular basis. This resulted in the leader not have awareness and insights into shortcomings in the safety space.	4.1 Develop and deploy an internal training program and checklist for leaders in relation to internal auditing and safety conversations. This will be undertaken through the Safety Culture app.	WHS	In Progress	App in development. Training sessions have been held with ELT members. Cultural leadership training has taken place which will upskill leader capability to have these conversations.
			4.2 Monthly reporting to the Executive to occur in relation to the number of leader initiated audits and conversations that have occurred. Overview will also include key findings and themes that have been identified and additional strategies that are required.	WHS	Ongoing BAU	
5	Safety System - Shortcoming	The contractor management process requires a review to ensure that there is an awareness from the contract owner in regards to their obligations.	5.1 Undertake a whole of business review in relation to contractor management from the commencement of the process with procurement, to the commencement of the works and finally, through to internal audit processes undertaken by the contract owner.	WHS / Procurement / Contract Owners	In Progress	Budget provision for delivery of remainder of contractor management review in FY25
6	Leadership and Accountability	There was a lack of evidence that demonstrated that meetings are occurring that cover key topics such as compliance status, incident reports and improvement initiatives. The auditor was informed that this was occurring but there was no documented outcomes that could be provided.	6.1 Develop and deploy a standard team meeting / toolbox agenda that covers the minimum expectation of discussion items.	Comms	Not commenced	
			6.2 Identify, establish and communicate the expectation in relation to the documenting of meetings and the capturing and actioning of key outcomes (i.e.: feedback loop and continual monitoring).	Comms	Not commenced	
7	Culture	The auditor noted that there was existing silos within the organisation and that these silos were impacting on communication, integrating strategies and the dissemination of information.	7.1 Undertake an assessment of the current communication workflows across the City to determine what barriers are occurring. This may be captured as part of the Organisational Review.	Comms	Not commenced	
8	Safety System - Deployment	The auditor noted that while there was a comprehensive consultation procedure and process in place there was no records or reports that demonstrated that consultation was occurring and that feedback was being captured.	8.1 Develop and deploy a mechanism for leaders to capture consultation processes that are occurring as prescribed in the Consultation Procedure.	WHS	In Progress	WHS team have met with RMSS in relation to functionality within the system to capture safety conversations. Leaders currently tracking this in their own way and not in a central system.
			8.2 Ensure that there is an established internal WHS workflow that ensures that internal auditing is being undertaken by the team in relation to consultation	WHS	Ongoing BAU	
9	Safety Shortcoming - Site Specific	The auditor noted that the emergency response plan demonstrated a strong foundation in relation to compliance. However, it was noted that there was no evidence that drills were being undertaken on a regular basis.	9.1 The Emergency Planning Committee (EPC) is to establish a schedule for evacuation drills to occur at all City facilities.	EPC / WHS	In Progress	EPC have established a evacuation drill schedule and this will commence in March 2024.
10	Corporate Shortcoming	It was noted that operational risks are contained within a large number of SWMS and that there was no consolidated register of operational risks from this documentation. This means that there is no centralised register of risk, consequences and controls (apart from those in individual documentation)	10.1 Undertake an assessment of the current organisational risk register within RMSS to determine the level of organisational risk that is currently reported on in the system and identify if there are any operational risks, specifically relating to work tasks or actions, that are not included but that should be	Risk Advisor / WHS	Not commenced	Once operational risks are in the system there are automatic reminders that are sent for the risk owner to review and update
			10.2 If required, undertake an assessment of documentation to ascertain operational risks that are not currently reported in the Operational Risk Register and update accordingly.	Leader / WHS	Not commenced	
			10.3 Undertake an annual review of operational risks to determine the effectiveness of controls and update accordingly.	Risk Owners	In Progress	
11	Safety System - Shortcoming	Incident management procedure has not been updated in relation to legislative changes.	11.1 Undertake a review of OSH 4.9 Notifiable incidents to worksafe to include the requirement to report dangerous incidents.	WHS	Completed	Procedure completed and deployed 28 March 2024.
12	Safety Shortcoming - Site Specific	Site specific induction may not be fit for purpose.	12.1 Undertake a review of the current site specific induction for HWRP to ensure that it is fit for purpose and if not, update accordingly.	HWRP Manager	In Progress	This was flagged by JS in March as being out of date, and currently under review.
			12.2 Update revised induction within the SINE system for contractors and visitors and require everyone to undertake new induction prior to attending site.	HWRP Manager / Organisational Development	In Progress	
			12.3 Deploy updated site induction for all Employees.	HWRP Manager / Organisational Development	Not commenced	
13	Safety Shortcoming - Site Specific	Commentary from the auditor in relation to ensuring that all high risk manual handling tasks are captured, documented and appropriate controls put in place.	13.1 Undertake a review of all SWMS for site specific works to ensure that they are current, capture all risks and have effective controls.	HWRP Manager	Not commenced	Will be undertaken once site specific induction is reviewed and revised.
			13.2 If SWMS require updating, undertake documented consultation process with all workers, including capturing feedback.	HWRP Manager	Not commenced	
			13.3 Include any high risk work activities captured in the organisational risk register.	HWRP Manager	Not commenced	
14	Safety System - Deployment	The auditor noted noise management as an area to be aware of as a result of upcoming amendments to the legislation in regards to notice management and base line hearing tests.	14.1 Develop a register of all roles across the City that have exposure to noise (in line with regs).	WHS	Completed	Change in legislation effective from 31 March 2024. Project already underway.
			14.2 Develop a program for base line audiometric assessments to occur for all current workers and for regular audiometric tests to occur in line with regulations.	WHS	Completed	
			14.3 Implement audiometric testing for all roles contained on register stated in audit action 14.1 as part of pre-employment process.	WHS	Completed	
15	Safety Shortcoming - Site Specific	The auditor noted that one of the significant risks for the site was the lack of control demonstrated in relation to traffic management.	15.1 Develop, implement and communicate traffic management protocols for each operational area of the site (i.e.: cell, weighbridge, transfer station) and ensure that the appropriate controls are in place.	HWRP Manager	In Progress	Transfer station alternate location design has commenced, the completion of this will totally separate light vehicle and commercial vehicle traffic.
			15.2 Investigate feasibility of workers on site being accredited in traffic management as part of training needs analysis process.	HWRP Manager	Completed	
16	Safety Shortcoming - Site Specific	There was no evidence provided to the auditor that there was a lock out / tag out procedure in place.	16.1 Conduct a review to identify if there is an established process in place and in the instance that there is not, develop a procedure for lock out/tag out in consultation with workers.	HWRP Manager / WHS	Not commenced	Develop for HWRP in first instance and then deploy to remainder of business.
17	Safety Shortcoming - Site Specific	While the auditor has not made adverse comments in relation to chemical management it was noted that processes should be reviewed to ensure compliance.	17.1 Undertake a review of the current chemical handling processes to ensure compliance. In the instance that shortcomings are identified, update to ensure compliance.	HWRP Manager / WHS	In Progress	WHS has performed inspection as at 19/4, recommendations to be issued and HWRP Manager to review chemical handling processes and subsequent compliance.
			17.2 In the event that shortcomings related to chemical handling at HWRP are identified, assess whole of business processes to ensure that lessons learnt are replicated across other sites to ensure compliance.	WHS / Relevant site leaders	Not commenced	
18	Safety Shortcoming - Site Specific	While the auditor has not made adverse comments in relation to training guidance notes have been provided in relation to the important of training needs analysis and VoC processes.	18.1 Ensure that all workers on site have the appropriate level of qualification and verification of competency for the work tasks that they are undertaking.	WHS	Ongoing BAU	Has been confirmed that all workers on site have the appropriate level of qualification and VoC for the specific equipment that they are operating.
			18.2 Implement an internal auditing process that ensures that qualifications and competency are regularly verified.	WHS	Completed	
			18.3 Undertake and training needs analysis process to ensure that workers have the appropriate level of training to ensure skills, knowledge and experience are to a required standard.	Organisational Development	In Progress	
19	Safety Shortcoming - Site Specific	It was observed that workplace inspections have been undertaken but that the tools utilized are not fit for purpose and do not offer clear guidance to those undertaking the inspection. This results in a deficiency in the ability to understand what is best practice and leads to inconsistent assessments being undertaken.	19.1 Develop and deploy a fit for purpose inspection checklist for each operational area of the site, ensuring that there is clear guidance for the individual undertaking the inspection to ensure consistency.	WHS / Leader	Completed	Fit for purpose checklist has been created for HWRP. Inspection schedule has been developed with formal inspections being undertaken every two weeks.
			19.2 Develop and deploy training in relation to workplace inspections for whole of business to ensure that inspections are being undertaken on a regular basis and that hazards/risks are being reported and mitigated.	WHS / Leader	In Progress	
			19.3 Report to the Executive and leadership group the status of inspections, common themes and strategies being put in place to mitigate issues.	WHS	In Progress	
20	Safety System - Deployment	The auditor noted that corrective actions were not tracked if they issue could not be rectified immediately.	20.1 Ensure that the organisational corrective action tool is communicated to all relevant leaders and employees to ensure that there is awareness of those actions that are outstanding.	WHS	Completed	Central organisational WHS Sharepoint page has been created and is accessible to leaders.
			20.2 Investigate the option of corrective actions being reported and monitored within the current RMSS system.	WHS	In Progress	

			20.3 Ensure that corrective actions are proactively discussed within the leadership group to ensure that there is accountability in relation to the close off of actions and mitigation of risk.	WHS / Leaders	In Progress	Corrective actions being discussed at monthly ExCo meeting and intention is that these are then cascaded down to other leaders.
21	Safety Shortcoming - Site Specific	Ensure that there is adequate implementation and adherence to hot work processes by both staff and contractors.	21.1 Undertake a review of the current hot works process (including SWMS and permit system) to ensure that this is compliant with legislation and update as required.	HWRP Manager	In Progress	Hot works process being reviewed by Head of P&A currently
22	Safety System - Shortcoming	Ensure that the Safe Driving Procedure is compliant and also makes reference to Fatigue Management procedures.	22.1 Undertake a review of the current safe driving procedure and update as required in consultation with the workers.	WHS	In Progress	
23	Safety System - Deployment	The auditor was not provided with evidence that the City has processed in place that were in line with Code of Practice around psychological risks.	23.1 Undertake gap analysis to ensure that all required documentation and processes have been developed.	WHS	Completed	Gap analysis undertake and framework in development. Several new procedures have been developed for deployment.
			23.2 Develop a deployment strategy to ensure that workers are aware of the framework, associated documentation and processes that are in place in relation to psychological risks in the workplace.	WHS	In Progress	Should be incorporated into toolbox meeting template
24	Safety Shortcoming - Site Specific	Ensure that there is an asbestos register, management plan and SWMS in place that is compliant with the Code of Practice and WHS Regulations	24.1 Undertake a gap analysis of the current documentation and processes against the Code of Practice and Regulations and where required, update documentation and processes in consultation with workers.	HWRP Manager	Not commenced	

12. Motions of Which Previous Notice Has Been Given

Nil

13. Notices Of Motion Given At The Meeting For Consideration At Next Meeting

14. New Business of an Urgent Nature Introduced by Members or Officers

15. Matters to be Noted for Investigation, Without Debate

Nil

16. Confidential Business

16.1 Internal Review of Procurement Services - Malabar BMX Contract C100950, RFT03/2023
This report and its attachments are CONFIDENTIAL in accordance with Section 5.23(2) (c) of the <i>Local Government Act 1995</i> , which permits the meeting to be closed to the public for business relating to the following: <i>(c) a contract entered into, or which may be entered into, by the local government and which relates to a matter to be discussed at the meeting.</i>

17. Closure of Meeting