



Mutual Liability Scheme  
Workers Compensation Scheme  
**Local Government Association**  
of South Australia

LGAWCS and LGAMLS Risk Evaluation 2017 Summary Report Template V1.1  
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# 2017 Risk Evaluation Summary Report

**Southern Mallee District  
Council  
16 & 17 November 2017**

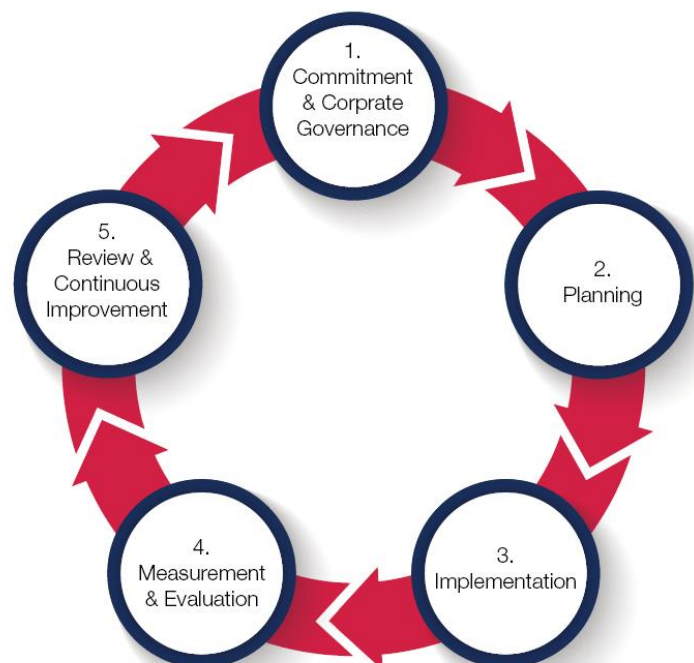
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## Risk Evaluation Overview

The LGAWCS and LGAMLS provide a Risk Evaluation service to their Members, every two years. The aim of the Risk Evaluation process is to review each Member's risk management systems (including WHS and IM) against both LG Industry agreed Sector Baselines and other external requirements (e.g. RTWSA Performance Standards for Self Insurer requirements and relevant legislation). The objective of the evaluation is to assist Members to recognise and share LG risk management excellence, identify where opportunities for system improvements exist and to work in partnership with them to implement identified improvements.

The Risk Evaluation in its current format was introduced in 2017. Please see the overview on the Members Centre for more information in relation to the structure and process.



### The summary report is structured as follows:

- An Executive Overview, which is completed by the Lead Evaluator, for both Risk and WHS/IM system aspects and briefly outlines the overall results of the evaluation and potential focus areas and recommended actions.
- A Results Table, which summarises the results for both Risk Management (RM) and Work, Health and Safety (WHS) and Injury Management (IM) components.
- The RM Evaluation Report, which includes the chosen evaluation scope, names of evaluators, summary of findings and specific recommendations for each evaluated question within the identified evaluation scope.
- The WHS and IM Evaluation Report, which includes the evaluation scope, names of evaluators, summary of findings and specific recommendations for each sub-element within the evaluation scope.
- A conclusion, which is completed by the Lead Evaluator. This aims to identify where overall system trends and issues are occurring and what may be of assistance to the Member to progress them forward.

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## Executive Summary

The scope of the 2017 evaluation and results for each question and sub-element are detailed in section 1.1. The completed workbooks will be available in your documents in the Members Centre.

However, the following Executive Summary details identified areas of positive system performance and areas where potential improvements might be considered as part of the organisation's planning and review processes, in relation to those specific aspects tested within the RM evaluation scope.

### Risk Management

Council has demonstrated a number of positive developments in the area of Risk Management:

- Current Risk Management policy in place
- Permit process with includes physical inspection to ensure safety and suitability of structures and installations
- Permit includes indemnity and insurance clauses
- Asset management plan, capital works program and patrol grading program in place which considers priority methodologies
- Appropriate level of information on website for planning & development
- A sound established process for dealing with development applications along with qualified personnel in place to assess and approve

Areas for opportunity in the Risk management space are:

- Council has identified a review of their current Risk Management policy is programmed. This review could also include a robust implementation process which covers roles & responsibilities, reporting process, how to use risk assessment tools, etc., and ensure this is reflected in TNA for identified stakeholders
- Include information on Council's website of permit process, train others in the assessment and approval process for permits and document this process. Most importantly, issue the permits to ensure applicants are made aware of indemnity and insurance clauses and special conditions applied to approval
- Document methodologies used for prioritising capital works programs, patrol grading and footpath maintenance. Incorporate risk management standards to support Council decisions made and also if these decisions are challenged and / or disputes arise.

## Work Health and Safety

The evaluation of the WHS Performance Standards for Self Insurance and sub-elements selected show that Council has a number of positive processes that have been implemented or nearing completion, as below:

- The great work in development of councils WHS Management System and its implementation although still a work in progress was evident that a large amount of work has been undertaken in this area.
- Volunteer management systems indicated that Council has implemented effective processes in relation to induction, record management and review.

The following areas were identified as requiring attention:

- TNA needs to be reviewed and updated with mechanisms put into place to include Volunteers and Elected Members and to ensure that identified training is conducted as required.
- TNA for COGs requires review and updating to ensure all required training is captured.
- Review and update of all council activities into the Hazard Register and ensure that all council activities are included and risk levels identified
- Procurement procedure training for those undertaking these tasks to ensure procedure is followed.
- Review and update how Contractor Management is undertaken
- Continue with the development of the Legislative Procedure and processes through to its adoption and implementation.
- Developing a PDR process and review of Job Descriptions

## Injury Management

Council has appointed injury management/RTW personnel who have all been trained and refresher training programmed. Their responsibilities are reflected in their respective job descriptions. Council does not experience a large volume of claims (currently only have one open) therefore the resources and facilities allocated are suitable. The LGAWCS Return to Work suite of procedures has been adopted by Council (RTW Workplace procedure, Suitable employment procedure and Re-employment procedure). An observation was identified during the evaluation, in relation to these procedures, was the absence of implementation records for one workgroup for the Suitable employment procedure and Re-employment procedure. Reporting to the necessary forums is occurring however due to the low to nil number of claims, it has been suggested that Council provide comparative data analysis (available on the Member Centre).

## Combined Evaluation Areas

Not applicable

**N.B THE ABOVE ARE RECOMMENDATIONS ONLY. THE RESPONSIBILITY SITS WITH COUNCIL TO IDENTIFY SUSTAINABLE SYSTEM SOLUTIONS THAT ADDRESS THE IDENTIFIED ISSUE AND MEET THEIR BUSINESS NEED**

## 1.1 Table of results

### 1.1.1 RM Systems Evaluation Results

Q #	Topic Area	Question Detail and Result Summary (e.g. any observations for improvement and why.)	Baseline Met or Not Yet Met
1	Risk Management Systems	Has Council endorsed a Risk Management System?	Baseline met
1a	Risk Management Systems	Has Council implemented a Risk Management System?	Baseline not yet met
1b	Risk Management Systems	What does Council's Risk Management System consist of?	Baseline met
1c	Risk Management Systems	Does Council have a Risk Register?	Baseline not yet met
1d	Risk Management Systems	Has training been identified and provided to all persons with responsibilities and accountabilities for risk management?	Baseline not yet met
1e	Risk Management Systems	Which risks has Council identified via the risk management process as the top three operational risks, in order of priority?	Baseline not yet met
2	Roads and Footpaths	Does Council have systems in place to authorise or permit 3rd party alterations to a public road (non-business purposes)?	Baseline not yet met
2a	Roads and Footpaths	Does the authorisation process or permit consider structures and installations for their safety and suitability?	Baseline not yet met
2b	Roads and Footpaths	Does the authorisation or permit include an indemnity from the applicant to the Council?	Baseline not yet met
2c	Roads and Footpaths	Does Council have an Infrastructure and Asset Management Plan that covers the management and maintenance of roads and footpaths?	Baseline met
2d	Roads and Footpaths	Does Council have an inspection and maintenance regime (or schedule) to inspect roads and footpaths?	Baseline met
2e	Roads and Footpaths	How does Council prioritise <i>roads</i> during scheduling of maintenance/- repair?	Baseline met
2f	Roads and Footpaths	How does Council prioritise <i>footpaths</i> during scheduling of maintenance/-repair?	Baseline not yet met
2g	Roads and Footpaths	If Council has Railway Interface/s, does Council fulfil its duties as a Road Manager?	Baseline not yet met
3	Planning and Development Administration	Does Council have systems in place to guide Planning and Development activities?	Baseline met
3a	Planning and Development Administration	Are Building Surveyors, Inspectors, Planners, Planning Officers, or Planning staff who are employed or engaged by Council accredited to provide planning advice, and assess new development applications?	Baseline met



Q #	Topic Area	Question Detail and Result Summary (e.g. any observations for improvement and why.)	Baseline Met or Not Yet Met
3b	Planning and Development Administration	Does Council have a process in place to manage written complaints related to development applications and completed projects?	Baseline met
	Nil Electives were evaluated		



### 1.1.2 WHS System Evaluation Results

Q #	Sub-Element	Sub-Element Details and Result Summary (e.g. any improvement areas identified and why.)	Conformance/ Non-Conformance or Observation
2	1.2.1	Evidence of policies and/or procedures to support the policy statement	Observation
13	3.2.1	The organisation must ensure a relevant training program is being implemented	Non Conformance
14	3.3.2	The organisation must ensure accountability mechanisms are being used when relevant	Non Conformance
18	3.7.1	The organisation must ensure contingency plans are periodically tested and/or evaluated to ensure an adequate response, if required	Non Conformance
19	3.8.1	The organisation must ensure a hazard management process that includes identification, evaluation and control is in place	Non Conformance
19	3.8.3	The organisation must ensure control measures are based on the hierarchical control process	Non Conformance
20	3.8.5	The organisation must ensure program(s) are in place to ensure an appropriate WHS consideration is given at the time of purchase, hire or lease of plant, equipment and substances	Non Conformance
21	3.8.6	The organisation must ensure program(s) are in place to meet the organisation's duty of care for all persons in the workplace	Non Conformance
23	3.9.1	The organisation must ensure that the implementation of relevant inspection and testing procedures are conducted by the relevant, competent person(s)	Non Conformance
27	4.1.1	The organisation ensures planned objectives, targets and performance indicators for key elements of program(s) are maintained and monitored	Non Conformance
29	5.3.1	The organisation ensures the system is reviewed and revised, if required, in line with current legislation, the workplace and work practices	Non Conformance



### 1.1.3 IM System Evaluation Results

Q #	Sub-Element	Result Summary (e.g. any improvement areas identified and why.)	Conformance/ Non-Conformance or Observation
1	1.2.1	Documented job descriptions for all injury management / RTW personnel and where <i>relevant</i> management, supervisors and employees.	Conformance
1	1.2.2	Ensuring injury management personnel are competent to administer their role in a reasonable manner.	Conformance
1	1.2.3	Ensuring the allocation of resources is appropriate for the organisations type, volume and complexity of the case load.	Conformance
1	1.2.4	Suitability of facilities and accommodation to ensure restricted access to information, including maintaining confidentiality during interaction with injured workers and service providers.	Conformance
1	1.2.5	A Scheme Member is required to appoint a Return to Work Coordinator (IRC) and ensure the person appointed to this role has successfully completed relevant LGAWCS training. Where this role becomes vacant, the Scheme Member is required to re-appoint an employee within 3 months and ensure the employee(s) appointed have received relevant LGAWCS training within 3 months of the appointment being made.	Conformance
2	1.6.1	How to report a work related injury	Conformance
2	1.6.2	The process for lodging a claim for compensation	Conformance
3	2.8.5	Where a worker has not returned to pre-injury employment within 6 months from date of first incapacity and is not working to their full capacity, new or other employment options are considered for the worker by the Scheme Member in conjunction with the LGAWCS.	Observation
3	2.8.6	Where a Scheme Member does not provide suitable employment to a former work injured employee the Scheme Member notifies and consults with LGAWCS.	Observation
4	4.1.1	Processes are in place that monitor, measure and review the effective implementation of the injury management system and where relevant, strategies to improve performance of the injury management system are identified.	Conformance
4	4.1.3	The Service Standards set out in Schedule 5, Part 2 of the Return to Work Act 2014 are in place.	Conformance

### 1.1.4 Combined Evaluation Area Results

Where aspects were looked at jointly (e.g. contractors and volunteers) the outcomes have been captured in the pertinent areas of either the risk or WHS sections.

Not applicable

## 2. Risk Management Report

The evaluation of the Southern Mallee District Council risk management (RM) system included a review of existing documentation and meeting with employees and other workers. Comments and recommendations, including action items will provide management with some suggested ways to improve their systems, however it may be appropriate to implement an alternative action and this is at the discretion of each individual organisation and their management team.

### **Employees and workers involved in the evaluation process included:**

- Robyn Gum, WHS Officer
- Tony Secomb, Manager Corporate Services
- Matthew Sherman, Works Manager
- Mia Dohnt, CEO
- Lesley Caulfied, Development Support Officer
- Louise Hancock, Assets/Administration Officer

### **Documentation Review**

The review included reviewing policies, procedures and supporting documentation within the Council's RM, and supporting organisational systems.

It should be recognised that the findings of this report should be used for:

- Planning and continuous improvement by Council of their RM Systems

## 2.1 RM Systems Evaluation Findings

Q #	Topic Area	Question and Findings Summary
1	Risk Management Systems	<p><b>Has Council endorsed a Risk Management System?</b></p> <p>Council has a current Risk Management Policy in place. The review period on this policy is 2 years and is next due for review in 2018. Council's intent is to separate into a policy and a procedure. The review is currently an action item on the Audit Committee's annual work plan.</p> <p>Council has <b>met the sector baseline</b>.</p>
1a	Risk Management Systems	<p><b>Has Council implemented a Risk Management System?</b></p> <p>The current Risk Management policy contains responsibilities for Council, CEO, managers, employees and audit committee. Sighted the job description for Manager corporate Services which includes overall responsibility for risk management system. There is a training register and TNA in place however currently Council's risk management framework/system has not been identified as a requirement for any position within council. Elected members and audit committee members have not been included in these documents. Council have an Employee Induction Handbook which references which groups of council employees required Risk management policy however this hasn't translated over to the training register/TNA.</p> <p>Council has <b>not yet met the sector baseline</b>.</p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>Review training register/TNA to include risk management system/framework</li> <li>Include elected members and audit committee members in training register/TNA</li> <li>For all others who have a responsibility according to the Risk Management policy ensure their job descriptions reflect these responsibilities</li> </ul>
1b	Risk Management Systems	<p><b>What does Council's Risk Management System consist of?</b></p> <p>Council's Risk Management Policy includes: policy statement, introduction, scope, definitions, legislation, roles &amp; responsibilities (Council, CEO, managers, employees, audit committee), defined Risk Management process (identification, analysis, evaluation, treatment, monitoring, reviewing) and risk matrix.</p> <p>Council has <b>met the sector baseline</b>.</p>
1c	Risk Management Systems	<p><b>Does Council have a Risk Register?</b></p> <p>Council does have a risk register in place which includes operational risks only at this stage. Council indicated during evaluation that activity has become stagnant. There is missing information (residual risk ratings, timeframes) and some timeframes are overdue. As previously mentioned in 1, review of risk management system including strategic risks to be added to risk register is on the Audit committee's annual work plan.</p> <p>Council has <b>not yet met the sector baseline</b></p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>During review of the register consider breaking down the risk ratings to include consequences and likelihoods. This may assist with determining Council's risk appetite.</li> </ul>
1d	Risk Management Systems	<p><b>Has training been identified and provided to all persons with responsibilities and accountabilities for risk management?</b></p> <p>Council has a training register/TNA in place which has identified positions within Council and competencies/training required for each. Currently risk management has</p>

Q #	Topic Area	Question and Findings Summary
		<p>not been identified in this register/TNA.</p> <p>Council has <b>not yet met the sector baseline</b></p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>Review TNA to include risk management responsibilities</li> </ul>
1e	Risk Management Systems	<p><b>Which risks has Council identified via the risk management process as the top three operational risks, in order of priority?</b></p> <p>There is a risk register in place however Council has not identified at this stage their top three operational risk priorities.</p> <p>Council has <b>not yet met the sector baseline</b></p>
2	Roads and Footpaths	<p><b>Does Council have systems in place to authorise or permit 3rd party alterations to a public road (non-business purposes)?</b></p> <p>There is a s221 permit in place which clearly identifies the purpose (alteration to public road) and there is a process in place for receiving, assessing and approving however this is not documented.</p> <p>Usual method of request is via email or letter. Currently Council's website does not contain any information about the application and assessment process for these permits.</p> <p>Requests are predominantly received and assessed by Works Manager. There is a Works Supervisor who relieves the Works Manager however he has not received any training in issuing permits.</p> <p>Council's website does have a Complaints Handling policy and Complaints Handling procedure.</p> <p>Council's Works Manager did indicate during evaluation that he does not fill out or issue permits but emails are retained as a 'paper trail'. Request was made for supporting evidence however it was not available. Requests for s221 permits are minimal for Council. However not documenting the specifications around the request and communicating to the applicant indemnity and insurance information and special conditions does expose Council in particular in the event of a dispute.</p> <p>Council has <b>not yet met the sector baseline</b></p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>developing and implementing a documented permit process taking into consideration the above observations made during the evaluation</li> </ul>
2a	Roads and Footpaths	<p><b>Does the authorisation process or permit consider structures and installations for their safety and suitability?</b></p> <p>When requests are received, the Works manager conducts a site inspection and discusses the specifications with the applicant. The permit does take into consideration safety and suitability with general conditions and additional condition sections. However if the permit is not being filled out and issued, this information is not communicated to the applicant (refer above question)</p> <p>Council has <b>not yet met the sector baseline</b></p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>ensuing in every instance a permit is completed and issued to applicants and these retained in Council's records management system</li> </ul>

Q #	Topic Area	Question and Findings Summary
2b	Roads and Footpaths	<p><b>Does the authorisation or permit include an indemnity from the applicant to the Council?</b></p> <p>Whilst Council's permit does include clauses to cover indemnity and insurance, these permits are not completed nor issued to applicants. Applicants are therefore potentially unaware of these requirements.</p> <p>Council has <b>not yet met the sector baseline</b></p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>ensuing in every instance a permit is completed and issued to applicants and these retained in Council's records management system</li> </ul>
2c	Roads and Footpaths	<p><b>Does Council have an Infrastructure and Asset Management Plan that covers the management and maintenance of roads and footpaths?</b></p> <p>Moloney's have been engaged by Council to develop an Asset Management Plan (AMP). Council's AMP is dated July 2015 and covers sealed and unsealed roads, kerbs and footpaths.</p> <p>Asset register are also in place for roads and footpaths and contain a variety of information including road/street name, condition grading, date of inspection and replacement cost.</p> <p>Council use Synergy to record customer requests regarding roads and footpaths.</p> <p>Council has <b>met the sector baseline</b></p>
2d	Roads and Footpaths	<p><b>Does Council have an inspection and maintenance regime (or schedule) to inspect roads and footpaths?</b></p> <p>There is a 2017/18 Annual business plan and budget in place which includes a Capital Works program. This program has identified roads to be resheeted for the coming financial year. Additional to this program is a 2017/18 Patrol grading program which identifies the number of grades for unsealed roads. Customer requests logged into Council's Synergy system are scheduled as received.</p> <p>Council has <b>met the sector baseline</b></p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>incorporating inspection/maintenance methodology into Service level document (as per 2e &amp; 2f)</li> </ul>
2e	Roads and Footpaths	<p><b>How does Council prioritise roads during scheduling of maintenance/- repair?</b></p> <p>Council has a process in place for prioritising roads which comprises gathering information from Moloney's report, physical inspections, elected member input and budget allocation for maintenance/repair. Customer requests received are also factored in. Patrol grading program has included the number of grades per road for a year. How this is determined is unknown.</p> <p>Council has <b>met the sector baseline</b></p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>Formalising this process of how they develop capital works programs, patrol grading programs and maintenance schedules (ie Service level document). In formalising the process Council would need to incorporate risk management standards. Formalising the process would provide Council with documented backup should any disputes arise or decisions are challenged.</li> </ul>

Q #	Topic Area	Question and Findings Summary
2f	Roads and Footpaths	<p><b>How does Council prioritise <i>footpaths</i> during scheduling of maintenance/-repair?</b></p> <p>Each year an allocation is committed to footpath maintenance. As yet Council is to develop a prioritised footpath maintenance schedule.</p> <p>Council has <b>not yet met the sector baseline</b></p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>Formalise the process of how they will develop a prioritised footpath maintenance schedule. In formalising the process Council would need to incorporate risk management standards. Formalising the process would provide Council with documented backup should any disputes arise or decisions are challenged.</li> </ul>
2g	Roads and Footpaths	<p><b>If Council has Railway Interface/s, does Council fulfil its duties as a Road Manager?</b></p> <p>Genesee &amp; Wyoming is the Rail Manager and Council is experiencing delays with them either signing a Railway Interface Agreement or declaring line is not in use/dormant.</p> <p>Council has <b>not yet met the sector baseline</b></p>
3	Planning and Development Administration	<p><b>Does Council have systems in place to guide Planning and Development activities?</b></p> <p>Council's system in place for planning and development activities is quite sound. There is adequate information available on Council's website for those lodging applications to be well informed of the processes. Consultants are used for planning and building and Council has a support officer who in the conduit between applicant and consultants. The support officer has documented procedures for the processes undertaken. Contingencies are in place when the support officer is on leave. Council uses Synergy to record application details and correspondence from applicants and consultants.</p> <p>Council has <b>met the sector baseline</b></p>
3a	Planning and Development Administration	<p><b>Are Building Surveyors, Inspectors, Planners, Planning Officers, or Planning staff who are employed or engaged by Council accredited to provide planning advice, and assess new development applications?</b></p> <p>Planning and Building consultants are used to assess applications. Qualification details were sighted to confirm consultants are qualified to perform assessment of applications.</p> <p>Council has <b>met the sector baseline</b></p>
3b	Planning and Development Administration	<p><b>Does Council have a process in place to manage written complaints related to development applications and completed projects?</b></p> <p>There is a Complaints Handling Policy and Complaints Handling procedure in place and available on Council's website. Consultants are used as required when an issue arises and correspondence is retained on the development application file in Synergy</p> <p>Council has <b>met the sector baseline</b></p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>Providing a link on Council's Building &amp; Development page to the Complaints handling policy &amp; procedure with a brief blurb on development disputes</li> </ul>
	Nil Electives were evaluated	



### 3. WHS/IM Management Report

The evaluation of the Southern Mallee District Council work, health and safety (WHS) management system and injury management (IM) processes included a review of existing documentation and meeting with employees and other workers. Comments and recommendations, including action items will provide management with some suggested ways to improve their systems, however it may be appropriate to implement an alternative action and this is at the discretion of each individual organisation and their management team.

#### **Employees and workers involved in the evaluation process included:**

- Robyn Gum, WHS Officer
- Tony Secomb, Manager Corporate Services
- Matthew Sherman, Works Manager
- Neville Fiebig, Mechanic

#### **Documentation Review**

The review included reviewing policies, procedures and supporting documentation within the Council's RM, WHS and IM systems.

It should be recognised that the findings of this report should be used for:

- Planning and continuous improvement by Council of their WHS and IM Systems
- Reviewing potential conformance levels with the RTWSA Performance Standards for Self Insurers



### 3.1 WHS System Evaluation Findings

Q #	Sub-Element	Sub-Element Details and Findings Summary
2	1.2.1	<p><b>Evidence of policies and/or procedures to support the policy statement.</b></p> <p>Council has a comprehensive suite of WHS policies and procedures in place and a system for monitoring and maintaining these documents.</p> <p>The evidence sighted included:</p> <ul style="list-style-type: none"> <li>• Document Map of Procedures and Policies, Registers and Forms</li> <li>• WHS &amp; IM Policy is in place and currently due for adoption in November – this was due to the LGAWCS releasing the latest version.</li> <li>• Emails of the consultation processes occurring in relation to the reviews of policies and procedures.</li> <li>• Minutes of meetings</li> <li>• WHS Calendar Schedule</li> </ul> <p>It was noted and evidence viewed in form of minutes that due to majority of council employees (and a large number of the townships) contracting the flu the October meeting decisions were delayed until November meeting which is to occur the week following this evaluation. The trail of evidence also included emails. November agenda was viewed and evidence of procedures and policies ready for adoption highlighted. All policies and procedures are based on One System documents. COG's are using own systems.</p> <p>The evidence sighted showed that processes are in place reviewed and adopted as required. The few that are currently being put up for adoption in November meeting were out of the norm due to extreme circumstances of majority of council becoming ill. Hence the decision of <b>Observation</b> has been given.</p> <p>Council may wish to consider the following suggestions:</p> <ul style="list-style-type: none"> <li>• When Policies and Procedures are coming up for review start this process earlier to allow for unforeseen circumstances that may occur</li> <li>• Council is currently reviewing all process and would encourage this to continue including the COG's management system</li> </ul>
13	3.2.1	<p><b>The organisation must ensure a relevant training program is being implemented</b></p> <p>Council has a TNA in place but does not include volunteers and elected members. COG's has a separate TNA Register but apparent that it is not reviewed regularly and therefore out of date. Some of the planned training has not been undertaken and is overdue. Also noted that an employee who is employed on a temporary basis had not been inducted.</p> <p>Evidence sighted included:</p> <ul style="list-style-type: none"> <li>• TNA</li> <li>• Training attendance sheet for Occupational Noise Management Training held 19<sup>th</sup> October 2017</li> <li>• Minutes of meetings where Training is reported</li> <li>• Volunteer inductions records</li> <li>• Volunteer Training records for Pinnaroo Swimming Pool – Water Testing</li> </ul> <p>The evidence viewed during the evaluation highlighted the gaps in the training program where missed training was reported at meetings but not all were followed up. Several planned training had not been conducted and missing some areas of training on the register/TNA. Volunteer training in some areas is performed but are not all recorded on the TNA along with the elected members. The TNA does not identify Mandatory training. First Aid training is identified on the TNA but is due and council is still arranging the training. I have given a <b>non-conformance</b> for this sub-</p>

Q #	Sub-Element	Sub-Element Details and Findings Summary
		<p>element.</p> <p>Council may wish to consider the following suggestions:</p> <ul style="list-style-type: none"> <li>Review and update TNA and Register to identify Mandatory Training</li> <li>Include all Volunteers, elected members and COG's</li> <li>Consider the use of CAPA to ensure capture of any unattended/missed training</li> </ul>
14	3.3.2	<p><b>The organisation must ensure accountability mechanisms are being used when relevant</b></p> <p>Council has a CAPA in place and inspections, incidents, GAP Analysis actions are entered. 9 open actions were viewed with 2 actions overdue which were explained as being due to budgetary issues. Council is in the process of reviewing the PDR process and were open and honest in this area that accountability mechanisms are currently being reviewed with an external consultant. It was also noted that in the Plant Procedure, 7.3 does not define the nominated person responsible. I have given a <b>Non Conformance</b>.</p> <p>Evidence sighted included:</p> <ul style="list-style-type: none"> <li>Plant Procedure</li> <li>Minutes of 3 meetings where accountabilities were raised</li> </ul> <p>Council may wish to consider the following:</p> <ul style="list-style-type: none"> <li>Continue development of the system for communicating and ongoing reporting where responsibilities are not being met.</li> <li>Continue the development of JD's across council</li> <li>Develop a PDR process to ensure responsibilities are being met and made accountable.</li> </ul>
18	3.7.1	<p><b>The organisation must ensure contingency plans are periodically tested and/or evaluated to ensure an adequate response, if required</b></p> <p>Council has a BCP in place, which is current and recently reviewed – August 2017. Testing of the BCP has not been conducted. Emergency Drills are planned in some areas and being conducted. The Lameroo Depot undertook a drill on 21/9/17 and a Debrief Report was viewed. The Report has actions recorded but the actions do not appear on the CAPA or on minutes and therefore unable to acknowledge if those actions have been completed and closed. A Toolbox meeting was held within an hour of drill. Also noted that the Document History of the WHS Emergency Management Procedure V2 does not match the procedure as Header states it is version 9.</p> <p>Evidence viewed:</p> <ul style="list-style-type: none"> <li>Business Continuity Plan July 2017</li> <li>WHS Emergency Management Procedure V9 reviewed 2016</li> <li>Debrief Report Lameroo Works Depot 21/9/17</li> <li>Toolbox Minutes 21/9/17</li> <li>WHS Compliance Schedule Calendar 2017</li> </ul> <p>Areas Council may wish to consider:</p> <ul style="list-style-type: none"> <li>Ensure that accountability mechanisms are in place to ensure that required testing activities occur.</li> <li>Develop &amp; implement a program for testing of the business continuity plan.</li> <li>Document History is reviewed and updated through the review process</li> <li>Include BCP on the Compliance Schedule</li> </ul>
19	3.8.1	<p><b>The organisation must ensure a hazard management process that includes identification, evaluation and control is in place</b></p> <p>WHS Hazard procedure is current. Hazard Register has been developed but concern is that all council activities have not been included. Not all identified risks have been rated. The couple of activities that were identified in the volunteer area have not been risk assessed or a risk rating.</p>

Q #	Sub-Element	Sub-Element Details and Findings Summary
		<p>Whilst having a site visit of the Lamerook Depot it was noted that the SDS Register (Hard Copy Folder) Smart Graffiti SDS was out of date. The housekeeping of the Depot was reasonable but concern for how substances are stored in a variety of locations. Test and Tag was current as was Extinguisher testing. The switchboard and distribution board access were currently blocked with a shelving unit, stored items and a cupboard/drawers, the requirement here is to be kept clear. Forklift pre-op sheet was viewed and last completed 6<sup>th</sup> October 2017. During discussions it was identified that the forklift had been used more recently. The Electric Welder earth clamp leads sheath was badly damaged and exposed copper wiring. Keys are left in vehicles and the sheds are locked at night. Several drums of oil were stored along with a drum of kerosene together all without spill kits or bunding. Workplace inspections are being conducted as per the schedule but concern here is on the understanding and training of the inspections. Review of 2 inspections was conducted and concern is that the scoring system appears it may not be fully understood. For example is 1 high and 5 low or vice versa. This could not be explained during the evaluation and council confirmed this was also under review with an external consultant.</p> <p>There is a large amount of work in this area still to be developed and therefore a <b>Non Conformance</b> has been given.</p> <p>Evidence viewed included:</p> <ul style="list-style-type: none"> <li>WHS Hazard Management Procedure</li> <li>Hazard Register</li> <li>Task Risk Assessment – Contact with Children, conducted 2016</li> <li>SDS Register – Hard Copy Lamerook Works Depot</li> <li>Inspection Worksheet –Lamerook Works Depot</li> <li>Inspection Worksheet – Lamerook Archive Centre</li> </ul> <p>Suggestions that may be considered:</p> <ul style="list-style-type: none"> <li>Reviews of councils activities with consideration of capturing all hazards and assessing the risks</li> <li>When reviewing and conducting risk assessments ensure an experienced team member is included in the risk assessment team. This may help to improve the quality of risk assessing processes.</li> <li>Consider more formal training in conducting risk assessments</li> <li>Review processes in place for updating of Manual copies of SDS Registers to ensure currency</li> <li>Bunding for oil drums and spill kits readily available</li> <li>Concern for lack of pre-op checks being completed</li> <li>Review of handling, storing, decanting and labelling of substances</li> <li>Review Hard copy SDS Registers to ensure currency (<i>WHS Reg 330 requires that SDS must be reviewed at least once every 5 years</i>)</li> </ul>
19	3.8.3	<p><b>The organisation must ensure control measures are based on the hierarchical control process</b></p> <p>Several Risk Assessments were viewed and found that most sampled were looking at low end controls with some hazards identified where the control was PPE or SOPs. The hazard management system appears to be in the development stage it would be of benefit further training and understanding of the hierarchy control process is undertaken. In some risk assessments additional controls were identified but no close out has occurred nor were these actions transferred to the CAPA for monitoring and reporting. The evidence sampled showed more work is required in</p>

Q #	Sub-Element	Sub-Element Details and Findings Summary
		<p>this area and <b>Non-Conformance</b> was given.</p> <p>Evidence viewed during evaluation included:</p> <ul style="list-style-type: none"> <li>TRA Contact with Children</li> <li>PRA Skid steer</li> <li>SWMS Road Construction</li> <li>Hazard Register</li> </ul> <p>In conclusion the review of the risk assessments as part of the evaluation indicates a that the employees involved with completing the risk assessments have defaulted lower level controls when using the hierarchy of control, for example PPE and SOPs.</p> <p>Suggestions that council may undertake may include:</p> <ul style="list-style-type: none"> <li>As part of the risk assessment review process to provide further risk assessment training on the analysis of higher level controls such as elimination, isolation, engineering in order to eliminate hazards.</li> </ul>
20	3.8.5	<p><b>The organisation must ensure program(s) are in place to ensure an appropriate WHS consideration is given at the time of purchase, hire or lease of plant, equipment and substances</b></p> <p>Council have a Procurement Procedure in place that states in Section 9 that WHS must be looked at prior to purchasing, but through discussions this process is not occurring. Council does undertake Inductions on new plant. Council is currently purchasing on financial basis mostly.</p> <p>Evidence sighted:</p> <ul style="list-style-type: none"> <li>Procurement procedure</li> <li>1.2.2.1 Plant Risk Assessment Form</li> <li>1.2.2.2 Plant WHS Induction Form</li> <li>1.2.2.3 Plant Defect Report Form</li> <li>Induction for Water Tank 17/6/17</li> </ul> <p>Through lack of evidence for this sub-element a <b>non-conformance</b> has been given.</p> <ul style="list-style-type: none"> <li>Suggestion would be to further develop and implement the Procurement Procedure council has in place, ensuring that all major, minor and substance purchases follow the procedure.</li> <li>Develop and implement a checklist, ensuring that all hazard identification and control criteria are included and staff education is included</li> </ul>
21	3.8.6	<p><b>The organisation must ensure program(s) are in place to meet the organisation's duty of care for all persons in the workplace</b></p> <p>Evidence viewed of the Contractor Management process is inconsistent. Contractor Register is in place but not maintained fully. Files viewed were incomplete with documentation received and currency of information. The current process did not follow Council procedures. Contractor Inductions were inconsistent and limited documentation. Council has a Contract Sprayer who undertakes all spraying but council has no idea what substances he is using as no SDS have been provided or any JSA's. A Volunteer Register is in place along with a Volunteer Procedure which is currently being reviewed to go to SM Meeting next week for adoption. Inductions have been noted as completed on the register and applications received. Volunteers' training is not recorded on the TNA nor is elected members. Council has a Job Statement Role document for each volunteer role but there is no reference to WHS responsibilities.</p> <p>Evidence viewed:</p> <ul style="list-style-type: none"> <li>WHS Contractor Management Procedure V6 issued Feb 2017</li> </ul>

Q #	Sub-Element	Sub-Element Details and Findings Summary
		<ul style="list-style-type: none"> <li>Contractor Files: BT Group, this company conduct Testing and Tagging, documentation provided</li> <li>Contractor: Steve Grieger TA Malee Handyman and Maintenance – public liability sighted only but had expired.</li> <li>Contract Cleaners – Advanced National Service, RTWSA sighted, Liability sighted, had not provided SDS for substances they provide or any JSA's. No monitoring had been conducted.</li> <li>Volunteer Role Statement document for Pool Volunteer</li> </ul> <p>A <b>non-conformance</b> was given here due to the lack of evidence in the contractor management area.</p> <p>Suggestions that council may undertake:</p> <ul style="list-style-type: none"> <li>Ensure the full implementation of the Contractor Management Procedure</li> <li>Contractor Hazards are identified prior to work being undertaken</li> <li>Development and Implementation of Contractor Inductions</li> <li>Utilising a checklist for both Contractors and Volunteers to ensure all required information is received.</li> <li>Develop a monitoring processes for contractors and Volunteers</li> <li>Education to all relevant staff</li> </ul>
23	3.9.1	<p><b>The organisation must ensure that the implementation of relevant inspection and testing procedures are conducted by the relevant, competent person(s)</b></p> <p>Council has in place a Management Asbestos Plan, June 2015 along with an Asbestos Register. Council has a WHS Compliance Schedule in place which include Electrical Test and Tagging, Extinguisher Testing, First Aid, audiometric testing, Pressure Vessel and Chains and Sling. These are all current. The calendar also identifies Welding Testing which was last conducted in April 2015 and was due in April 2017. Several other items are also due or overdue. Workplace inspections are conducted usually by the HSR unless on leave where another employee will conduct. On reviewing the completed workplace inspections it was noted that a scoring system (1-5) was in place but during discussions it could not be explained whether 1 was low and 5 high or vice versa. When speaking to an employee who had undertaken an inspection prior to the site visit he had used 1 as high, as this was how he read it. On further review of other inspections completed other employees appeared to be using a 4 as high. Currently council is relying on HSR Training for the HSR's understanding of inspections. Inspection training is not identified on the TNA. <b>Non Conformance</b> has been given.</p> <p>Evidence sighted include:</p> <ul style="list-style-type: none"> <li>Management Asbestos Plan 2015</li> <li>Asbestos WHS Procedure V4 May 2016</li> <li>WHS Compliance Schedule Calendar 2017</li> <li>BT Group – Test n Tag Report</li> <li>Workplace Inspection Sheets – Depot 16/11/17 &amp; Lameroo Archive Centre</li> <li>Fire Extinguishers</li> <li>Chain Inspections</li> <li>First Aid Kits</li> </ul> <p>Suggestions that council may consider:</p> <ul style="list-style-type: none"> <li>Review Inspection processes</li> <li>Conduct training in the area of Conducting Workplace Inspections so that a consistent approach is being applied when conducting inspections.</li> <li>During the TNA review process ensure that Inspection Training is identified</li> </ul>

Q #	Sub-Element	Sub-Element Details and Findings Summary
27	4.1.1	<p><b>The organisation ensures planned objectives, targets and performance indicators for key elements of program(s) are maintained and monitored</b></p> <p>Council has a current WHS Plan 2016-2019 in place which was adopted 2016. The WHS Plan is tabled at WHS Meetings and included in minutes. SMT conduct reviews of the document on an annual basis. Contractor Management objectives as recorded in the plan have not occurred. Evidence sighted in regards to targets, timeframes and KPI's are not recorded and processes appear to be ad-hoc. The Planning and Development Procedure V5 July 2016 still refers to WorkCover in the References. Due to a lack of evidence <b>Non-conformance</b> has been given.</p> <p>Evidence Sighted:</p> <ul style="list-style-type: none"> <li>• WHS Plan 2016-2019</li> <li>• Planning &amp; Development Procedure 1.7.6 V5 July 2016</li> <li>• WHS Minutes – September 2017</li> </ul>
29	5.3.1	<p><b>The organisation ensures the system is reviewed and revised, if required, in line with current legislation, the workplace and work practices</b></p> <p>Evidence viewed indicated that Policies and Procedures are reviewed in line with legislative changes. Council has developed a Legislative Register Procedure which is currently in draft. Council was honest and open during discussion during the evaluation process and explained that the current process is ad-hoc and needs further development. It is also noted that several procedures still refer to WorkCover instead of Return to Work SA. Council is in consultation stage presently with the Legislative Register Procedure. <b>Non Conformance</b> was given.</p> <p>Evidence Sighted:</p> <ul style="list-style-type: none"> <li>• Legislative Register Procedure (Draft)</li> <li>• WHS Committee Minutes</li> </ul>



### 3.2 IM System Evaluation Findings

Q #	Sub-Element	Sub-Element Details and Findings Summary
1	1.2.1	<p><b>Documented job descriptions for all injury management / RTW personnel and where relevant management, supervisors and employees.</b></p> <p>Council has appointed the Payroll officer as ICC/IRC and Finance officer as contingency. Job descriptions for both positions were provided as evidence with relevant injury management/RTW responsibilities contained within.</p> <p>Job description for Manager Corporate Services also viewed which contains injury management/RTW responsibilities appropriate for level.</p> <p>A <b>conformance</b> is given for this sub-element as injury management/RTW personnel are in place with job descriptions reflecting responsibilities.</p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>When reviewing job descriptions, amend reference of workers compensation and injury management to Return to Work</li> </ul>
1	1.2.2	<p><b>Ensuring injury management personnel are competent to administer their role in a reasonable manner.</b></p> <p>Training for both Payroll officer (ICC/IRC) and Finance Officer (contingency) were provided as evidence and confirmed training was provided in August 2017 and expires August 2020. Training register/plan also confirms refresher training has been scheduled for 2020.</p> <p>A <b>conformance</b> is given as injury management personnel are competent to perform their roles.</p>
1	1.2.3	<p><b>Ensuring the allocation of resources is appropriate for the organisations type, volume and complexity of the case load.</b></p> <p>Council has minimal claims with one currently ongoing. They have one IRC/ICC with one contingency.</p> <p>A <b>conformance</b> is given as resources allocated are deemed adequate considering small number of claims.</p>
1	1.2.4	<p><b>Suitability of facilities and accommodation to ensure restricted access to information, including maintaining confidentiality during interaction with injured workers and service providers.</b></p> <p>Suitable facilities are provided in the form of offices available for meetings and phone calls (CEOs, Manager Corporate Services or Chambers). Records are securely stored in either locked cabinet inside a strong room for hardcopies or electronically with restricted access codes.</p> <p>A <b>conformance</b> is given as suitable facilities are available at council to maintain confidentiality</p>
1	1.2.5	<p><b>A Scheme Member is required to appoint a Return to Work Coordinator (IRC) and ensure the person appointed to this role has successfully completed relevant LGAWCS training. Where this role becomes vacant, the Scheme Member is required to re-appoint an employee within 3 months and ensure the employee(s) appointed have received relevant LGAWCS training within 3 months of the appointment being made.</b></p> <p>Both Payroll Officer and Finance Officer joined Council in July 2017 and appointed to their respective injury management/RTW roles at the same time. Training for both was provided in August 2017.</p> <p>A <b>conformance</b> is given as training has been provided within 3 months of appointment.</p>



Q #	Sub-Element	Sub-Element Details and Findings Summary
2	1.6.1	<p><b>How to report a work related injury</b></p> <p>Council has adopted LGAWCS Return to Work Procedure and section 1 covers reporting injury.</p> <p>A <b>conformance</b> is given as procedure is in place and includes how to report a work related injury.</p>
2	1.6.2	<p><b>The process for lodging a claim for compensation</b></p> <p>Council has adopted LGAWCS Return to Work Procedure and section 2 covers submitting a claim.</p> <p>A <b>conformance</b> is given as procedure is in place and includes submitting a claim.</p>
3	2.8.5	<p><b>Where a worker has not returned to pre-injury employment within 6 months from date of first incapacity and is not working to their full capacity, new or other employment options are considered for the worker by the Scheme Member in conjunction with the LGAWCS.</b></p> <p>Council has adopted LGAWCS Suitable Employment Procedure. WHS Committee meeting meetings confirm adoption. Training register/TNA viewed as evidence confirmed positions identified as requiring training/information on this procedure. All identified were marked as 'c' competent indicating implementation has been completed. Record of implementation of procedure was evident with outdoor gang however there was no evidence for administrative based staff.</p> <p>An <b>observation</b> is given as full implementation of the procedure across the whole organisation was not evident.</p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>Ensure implementation of procedures is undertaken for identified positions as per TNA/training register and records retained to confirm</li> </ul>
3	2.8.6	<p><b>Where a Scheme Member does not provide suitable employment to a former work injured employee the Scheme Member notifies and consults with LGAWCS.</b></p> <p>Council has adopted LGAWCS Re-Employment Procedure. WHS Committee meeting meetings confirm adoption. Training register/TNA viewed as evidence confirmed positions identified as requiring training/information on this procedure. All identified were marked as 'c' competent indicating implementation has been completed. Record of implementation of procedure was evident with outdoor gang however there was no evidence for administrative based staff.</p> <p>An <b>observation</b> is given as full implementation of the procedure across the whole organisation was not evident.</p> <p>Council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>Ensure implementation of procedures is undertaken for identified positions as per TNA/training register and records retained to confirm</li> </ul>
4	4.1.1	<p><b>Processes are in place that monitor, measure and review the effective implementation of the injury management system and where relevant, strategies to improve performance of the injury management system are identified.</b></p> <p>WHS Committee meeting minutes viewed confirmed current claims for Council are reported.</p> <p>A <b>conformance</b> is given however council may wish to consider the following suggestions for improvement:</p> <ul style="list-style-type: none"> <li>As per guidance notes in WHS/IM tool, include comparative analysis obtainable from Member Centre and include in reports with appropriate commentary</li> </ul>
4	4.1.3	<p><b>The Service Standards set out in Schedule 5, Part 2 of the Return to Work Act 2014 are in place.</b></p> <p>A <b>conformance</b> is given as sighted noticeboards at Pinnaroo and Lamerloo Admin buildings and Lamerloo depot and Service Standards poster displayed on noticeboards.</p>

## 4. Conclusion

I would like to thank all those involved in the Southern Mallee District Council's Risk Evaluation.

The risk evaluation process gave Council the opportunity to showcase a number of risk management, work health and safety and injury management/return to work systems that you have in place.

Please note that evaluation findings can only be provided against the evidence presented at the time and within the evaluation scope. As part of the evaluation scope, we conducted a desktop review of evidence provided and requested additional records and information based on the initial evidence provided, followed by some testing of implementation via staff and management interviews and a site visit to the Lameroo Works Depot. The timeframe provided for on-site and document review was two days and hence this can only be a sampling process.

As indicated in the executive summary and the evaluation findings contained herein, Council has a number of areas to focus on during the next two years and should develop an appropriate action plan to review, monitor and complete the actions. Completion of the actions will further improve the overall effectiveness of the risk, WHS, IM/RTW systems.

In relation to risk management systems, it is recommended that Council consider the suggestions provided in the following areas: risk management and roads and footpaths. In line with the suggestions, work should focus on the review and updating of key documentation (particularly in the risk management and roads and footpath areas) and the subsequent implementation of these systems.

The effective implementation of the WHS, IM and RTW systems requires Council to be compliant with the legislative requirements, Performance Standards for South Australia (PSSI) and the policies and procedures; managers to be aware of their accountabilities to ensure the systems are implemented, reviewed and continuously improved and regular reporting to and monitoring by the executive leadership team should occur. I would recommend that council continues this process to ensure the continuous improvement occurs.

Whilst it may appear that you have numerous areas to follow up on, we also recognise that significant system build and improvement is occurring, and providing that the Southern Mallee District Council continue to work on the building of their system and making improvements, their system should mature and progress to a compliant level.

I would recommend that you work closely with Melissa Cox (your RRC) going forward to ensure that a planned and prioritised approach is undertaken, in addressing the corrective actions required. Melissa can provide guidance to the Southern Mallee District Council on how you might move forward in a way that will provide the best approach for building a system in line with your resources and assist with the setting of a programmed body of work for the next 2 years that is achievable, addresses the issues in a systematic way and enables you to achieve the best possible rebate return in line with corrective actions completed.

Please note that action plans need to be submitted for review by the end of January 2018 to address the issues identified in the evaluation (in a systemic way). If you are unclear on how this is to be undertaken or need examples of formats and structures, Melissa will be available to assist in drafting your action plan in order to meet the criteria that is required for approval of these plans and to ensure that the action plans are appropriate for closing out the identified issues in a prioritised, structured and systemic way.



Mutual Liability Scheme  
Workers Compensation Scheme  
**Local Government Association**  
of South Australia

## 2017 Risk Evaluation Summary Report Southern Mallee District Council

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DC\Southern Mallee DC Risk Evaluation (RE) Summary Report FINAL V1.0

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