



City of
Mount Gambier

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I hereby give notice that an Audit and Risk Committee Meeting will be held on:

Date: Monday, 8 May 2023

Time: 5.30 p.m.

**Location: Council Chamber
Civic Centre
10 Watson Terrace
Mount Gambier**

AGENDA

Audit and Risk Committee Meeting 8 May 2023

**Sarah Philpott
Chief Executive Officer
04 May 2023**

Order Of Business

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1 ACKNOWLEDGEMENT OF COUNTRY

WE ACKNOWLEDGE THE BOANDIK PEOPLES AS THE TRADITIONAL CUSTODIANS OF THE LAND WHERE WE MEET TODAY. WE RESPECT THEIR SPIRITUAL RELATIONSHIP WITH THE LAND AND RECOGNISE THE DEEP FEELINGS OF ATTACHMENT OUR FIRST NATIONS PEOPLES HAVE WITH THE LAND.

2 APOLOGY(IES)

Nil

3 CONFIRMATION OF MINUTES

[Audit and Risk Committee Meeting - 27 March 2023](#)

RECOMMENDATION

That the minutes of the Audit and Risk Committee meeting held on 27 March 2023 be confirmed as an accurate record of the proceedings of the meeting.

4 QUESTIONS WITHOUT NOTICE



5 REPORTS

5.1 EXTERNAL AUDIT MANAGEMENT REPORT – REPORT NO. AR23/27631

Committee:	Audit and Risk Committee
Meeting Date:	8 May 2023
Report No.:	AR23/27631
CM9 Reference:	AF11/863
Author:	Julie Scoggins, Manager Financial Services
Authoriser:	Jane Fetherstonhaugh, General Manager Corporate and Regulatory Services
Summary:	To inform the Audit and Risk Committee of the progress against Council’s External Auditor’s recommendations for the 2020/2021 and the 2021/2022 years and the External Audit Plan for the year ending 30 June 2023.
Strategic Plan Reference:	Goal 1: Our People
	Goal 2: Our Location
	Goal 3: Our Diverse Economy
	Goal 4: Our Climate, Natural Resources, Arts, Culture and Heritage
	Goal 5: Our Commitment

REPORT RECOMMENDATION

1. That Audit and Risk Committee Report No. AR23/27631 titled ‘External Audit Management Report’ as presented on 08 May 2023 be noted.



TYPE OF REPORT

Corporate

BACKGROUND

1. **Audit and Risk Committee Terms of Reference** - The following section of the Audit and Risk Committee Terms of Reference is relevant to this report:
 - 12.5.5 **Annual Audit Plan** - Review and make recommendations on the annual audit plan, and in particular its consistency with the scope of the external audit engagement.
 - 12.5.6 **Audit Findings** - Review the findings of the audit with the auditor. This shall include, but not be limited to, the following:
 - A discussion of any major issues which arose during the external audit;
 - Any accounting and audit judgements; and
 - Levels of errors identified during the external audit.
 - 12.5.9 **Management Letter** - Review the management letter and management's response to the external auditor's findings and recommendations. Subsequent to the initial review the Committee will oversee action to follow up on matters raised by the external auditors.
2. **External Auditor Recommendations** - Council's previous external auditor, Galpins Accountants Auditors and Business Consultants, were appointed as Council's external auditor in 2016 and undertook interim and balance date audits over the following 5 years. Recommendations for improvement were put forward by Galpins with follow up actions agreed with Council.
3. **Appointment of External Auditors** - Dean Newbery and Partners were appointed as Council's external Auditors for a period of 5 years commencing with the audit of the financial year ending 30 June 2022.
4. **Audit and Risk Committee Recommendation February 2022** – A report be provided to the Audit and Risk Committee at least on a quarterly basis throughout the financial year to provide an update on the progress against the recommendations raised by the External Auditors.
5. **Interim Audit Visit** - Council's external auditors (Dean Newbery and Partners) undertook an interim site visit in April 2022 in relation to the external audit for the year ended 30 June 2022.
6. **Balance Date Audit** – Council's external auditors (Dean Newbery and Partners) undertook a balance date audit site visit in August 2022 in relation to the external audit for the year ended 30 June 2022.
7. **Audit Plan** - The External Audit plan was brought to the Audit and Risk Committee at the February 2023 meeting. This document outlined the audit strategy, materiality, internal controls, key areas of audit focus and the audit timetable.

PROPOSAL

1. **Action Plan** - Council staff have prepared and are continuing to implement an action plan to address the items identified in the Management Reports.
2. **Council's Progress** - This report and its attachments provide an update on Council's progress in implementing the continuous improvement recommendations noted on the 28th February 2022 Audit and Risk Committee Agenda (Attachment 1).
3. **2020/2021 Internal Controls Report** - As shown in Attachment 1 of this report of the five activities highlighted, four have been completed and one is partially completed.
4. **Interim Management Report May 2022 Management Response** - Attachment 2 also shows the progress against the fourteen risks raised can be categorised as follows:



- **Actions That Are Complete (7 Risks)** - Including User access levels – payroll Masterfile, general journal review, asset revaluation reserve adjusting entry, user access levels – segregation of duties, payroll and accounts payable back up duties, payroll procedure and procurement exemption register.
 - **Actions That Are Partially Complete (7 Risks)** - Including internal financial controls, internal plant hire and full cost attribution, policy register, grants register, Riddoch Art Collection - Curatorial and Preservation Policy and Library books accounting treatment, and leases and licences register.
5. **Balance Date Audit 2021/2022** – Two matters were raised to be addressed for future financial years including Caroline Landfill Post Closure Provision Review and Infrastructure Asset Revaluation. These actions have been reviewed and following further consultation the approach and timing of delivery has been changed (details in Attachment 3):
- **Caroline Landfill Post Closure Provision Review** - Further to the resignation of the Manager Waste Management and work currently being undertaken to develop the masterplan with the EPA the required activities will be undertaken in the FY 2024.
 - **Infrastructure Asset Revaluation** - The project plan is currently being prepared to ensure that all assets for this category are revalued for the year-end financial statements and the next iteration of the Long Term Financial Plan expected to take place in December 2023.
7. **Interim Audit 2023/2024** - It should be noted that the interim audit will be undertaken at Council's offices on 15-16 May 2023 with the management report to be communicated to the Audit and Risk Committee in June with a subsequent report in July.
8. **Next Update** - The next update will be brought to the Audit and Risk Committee at the July 2023 meeting.

LEGAL IMPLICATIONS

Actions are required to be resolved to ensure compliance with the Local Government Act 1999, Local Government (Financial Management) Regulations 2011 and accounting standards.

Section 129 of the Local Government Act 1999.

STRATEGIC PLAN

N/A

COUNCIL POLICY

[A900 Asset Management Policy](#)

[P420 Procurement, & Disposal of Land and Assets](#)

[Asset Accounting Policy](#)

[B300 Budget Framework](#)

[T150 Treasury Management Policy](#)

ECONOMIC IMPLICATIONS

N/A

ENVIRONMENTAL IMPLICATIONS

N/A

SOCIAL IMPLICATIONS

N/A

CULTURAL IMPLICATIONS

N/A



RESOURCE IMPLICATIONS

N/A

VALUE FOR MONEY

N/A

RISK IMPLICATIONS

External audit is a key mitigation action for financial risk.

EQUALITIES AND DIVERSITY IMPLICATIONS

N/A

ENGAGEMENT AND COMMUNICATION STRATEGY

N/A

IMPLEMENTATION STRATEGY

CONCLUSION AND RECOMMENDATION

The external audit management reports indicate that overall Council has effective controls in place, with opportunity for improvements noted, action plans established to achieve best practice and progress made to date.

ATTACHMENTS

1. External Audit Action Plan - Attachments 1-3 [↓](#)



Attachment 1

Auditor Recommendation or Comment	Risk	Progress	Target Date	Status	Responsibility	Completion Date
2020/21 Internal Controls Letter						
		Executive reporting developed and implemented.	31-Dec-21	Complete	JS	31-Dec-21
Purchase Orders raised after invoices are received	M	Revised procurement policy and recommendations from procurement review presented to Executive, Audit and Risk Committee and Council. Updated policy adopted by Council at the April 2022 Council meeting. Procurement procedures have been reviewed and approved by the Executive.	31-Dec-22	Complete	JS	31-Dec-22
No formal maintenance plans supporting general maintenance strategies per the Asset Management Plan.	L	Draft asset maintenance programs will be developed following service reviews including a review of required service levels.	31-Dec-23	Partially Complete	BC	
Accounts Payable - Improvements required in process for uploading supplier EFT files into online banking system.	M	A business systems review is scheduled. Any direct interface would need to be considered following completion of the review. As shown in the original response audit checks are already in place that would identify any changes.	30-Jun-23	Complete	JS	30-Apr-23
Payroll - Improvements required in process for uploading supplier EFT files into online banking system.	M	A business systems review is scheduled. Any direct interface would need to be considered following completion of the review. As shown in the original response audit checks are already in place that would identify any changes.	30-Jun-23	Complete	JS	30-Apr-23



Attachment 2

Ref	Auditor Recommendation or Comment	Risk	Progress	Target Date	Status	Responsibility	Completion Date
2021/22 Interim Management Report							
1	User Access Levels - Payroll Masterfile	H	A review of finance systems access was undertaken by the Manager Financial Services with recommendations provided to the Executive team in June 2022. All payroll processing and ability to make changes to the payroll masterfile has been removed from staff not directly involved in the processing of payroll.	30-Jun-22	Complete	JS	30-Jun-22
2	Internal Control Self Assessment	H	The internal controls policy was reviewed by the Audit and Risk Committee in July and adopted by Council in August. The assessment and review of selected internal controls has been undertaken with relevant staff with a report to be presented to the Executive Team on 10 May prior to the provision of results to the external auditors as part of the interim audit. A report will be brought to the Audit and Risk Committee in July.	31-Jul-23	Partially Complete	JS	
3	General Journal Review	H	Evidence of journal review was provided to the Auditors for the balance date audit. The responsibility for the raising of journals has been reviewed with recommendations made to the Executive team.	31-May-22	Complete	JS	30-Jun-22
4	Asset Revaluation Reserve - Adjusting Entry	H	The entry was reversed at the year-end and highlighted in the year-end reporting.	31-May-22	Complete	JS	31-May-22
5	User Access Levels - Segregation of Duties	M	A review of finance systems access was undertaken by the Manager Financial Services with recommendations provided to the Executive team in June 2022.	30-Jun-22	Complete	JS	30-Jun-22
6	Internal Plant Hire Rates and Full Cost Attribution	M	Outsourced to external consultant working with the Financial Services team.	30-Jun-23	Partially Complete	JS	
7	Policy Register	M	A quarterly report on policies for review is scheduled in the corporate calendar for presentation to the Executive Leadership Team.	Ongoing	Partially Complete	MM	
8	Payroll and Accounts Payable Back Up Dubes	L	Backfill has occurred whilst key staff have been on leave and the procedures have been tested.	31-Dec-22	Complete	JS	30-Nov-22
9	Grants Register	L	A grants schedule has been developed for the interim audit. A project brief has been developed for a 'cradle to grave' grants process. An update will be provided at the July meeting.	31-Jul-23	Partially Complete	JS	
10	Procurement Exemption Register	L	A procurement exemption register was created in April 2022 aligned with the specified requirements. The relevant procurement procedure was amended and presented to the Executive team in June/July 2022 with example reporting. The process has been implemented with training provided to key stakeholders across the organisation.	30-Jun-22	Complete	JS	20-Jul-22
11	Riddoch Art Collection - Curatorial and Preservation Policy	L	Draft policy constructed. To be brought to Audit and Risk Committee at the July meeting.	31-Jul-23	Partially Complete	JS	
12	Library Assets - Capital vs Operating	L	Revised Asset Accounting Policy included for review at Audit and Risk Committee meeting on 25 July 2022. Change in treatment included in Budget Review 1 taken to the December Council meeting for adoption. To be incorporated for year end financial statements.	30-Sep-23	Partially Complete	JS	
13	Leases and Licences Register	L	The Lease / Licence Register data entry is now 100% complete and up to date. It will continue to be updated as and when things change. It is available in the RelianSys system for various staff to view, use and add actions for them which will provide them with email notifications when due.	30-Jun-23	Ongoing	MM	
14	Payroll Procedure	L	Payroll procedures have developed and tested.	31-Dec-22	Complete	JS	31-Dec-22



Attachment 3

Ref	Auditor Recommendation or Comment	Risk	Progress	Target Date	Status	Responsibility	Completion Date
2021/22 Balance Date Audit - Matters to be addressed in future financial years							
1	Caroline Landfill - Post Closure Provision	H	Further to the resignation of the Manager Waste & Reuse, the work currently being undertaken and further conversations with Council's External Auditors the timeline has been extended by one year to ensure that the required works are outsourced and delivered to accurately inform the post closure provision. The Waste Masterplan has been highlighted as a strategic priority and as such planning has commenced.	30-Jun-24	Partially Complete	BC	
2	Infrastructure - Asset Revaluation	H	Further to the completion of the condition audits for this asset class by an external consultant, detailed planning is being undertaken with an external provider for the valuation to be completed for incorporation in the FY 2023 financial statements and the subsequent review of the Long Term Financial Plan in December 2023.	30-Aug-23	Partially Complete	AM/JS	



5.2 WORK HEALTH SAFETY AND WELLBEING MANAGEMENT – REPORT NO. AR23/28130

Committee:	Audit and Risk Committee
Meeting Date:	8 May 2023
Report No.:	AR23/28130
CM9 Reference:	AF11/863
Author:	Ritu Datta, Manager Organisational Development
Authoriser:	Jane Fetherstonhaugh, General Manager Corporate and Regulatory Services
Summary:	This report is a summary of Councils performance in the area of Workplace Health Safety and Wellbeing. The report also provides an overview of key initiatives underway in this area.
Strategic Plan Reference:	Goal 1: Our People Goal 2: Our Location Goal 3: Our Diverse Economy Goal 4: Our Climate, Natural Resources, Arts, Culture and Heritage Goal 5: Our Commitment

REPORT RECOMMENDATION

1. That Audit and Risk Committee Report No. AR23/28130 titled 'Work Health Safety and Wellbeing Management ' as presented on 08 May 2023 be noted.



TYPE OF REPORT

Other

BACKGROUND

This report is a presentation for the ongoing reporting structure for workplace health, safety and wellbeing at City of Mount Gambier. Its purpose is to provide the Audit and Risk Committee with a summary of our safety performance with insights for continuous improvement. This format will evolve as our data and reporting capability improves, and once there are established KPIs and targets that can provide a strategic oversight of safety performance with lag and lead indicators.

PROPOSAL

That City of Mount Gambier's Audit and Risk Committee receives a regular Work Health Safety and Wellbeing report presenting a quarterly update on performance, compliance and initiatives.

LEGAL IMPLICATIONS

Section 125 of the Local Government Act 1999 ('LG Act') requires the City of Mount Gambier to ensure that appropriate policies practices and procedures of internal control are implemented and maintained in order to assist the organisation to carry out its activities in an efficient and orderly manner to achieve its objectives.

City of Mount Gambier is required to provide and undertake measures to eliminate risks to health and safety, so far as is reasonably practicable. If it is not reasonably practicable to eliminate risks to health and safety, then to minimise those risks so far as is reasonably practicable and to demonstrate a systematic approach to the planning and implementation of Work Health and Safety processes that are compliant with the legislation, regulations and self-insurance requirements covered under:

- Work Health and Safety Act 2012
- Work Health and Safety Regulations 2012
- Return to Work Act 2014
- Return to Work Regulations 2015
- Code for the Conduct of Self-Insured Employers under the Return to Work Scheme which includes the Performance Standards (Injury management standards for self-insured employers April 2019 and Work Health and Safety standards for self-insured employers August 2017)

STRATEGIC PLAN

Nil

COUNCIL POLICY

The Workplace Health and Safety Management System supports Council Policy - Risk Management.

ECONOMIC IMPLICATIONS

Nil

ENVIRONMENTAL IMPLICATIONS

Nil

SOCIAL IMPLICATIONS

Nil

CULTURAL IMPLICATIONS

Nil



RESOURCE IMPLICATIONS

Nil

VALUE FOR MONEY

Nil

RISK IMPLICATIONS

This report will assist the City of Mount Gambier to manage its risk associated with workplace health and safety ensuring it meets its legislative requirements and that its workforce and community are kept safe and healthy in the delivery of services and operations.

EQUALITIES AND DIVERSITY IMPLICATIONS

Nil

ENGAGEMENT AND COMMUNICATION STRATEGY

Nil

IMPLEMENTATION STRATEGY

City of Mount Gambier's Executive Leadership Team (ELT) and Work Health and Safety Committee (WHSC) have been receiving workplace health and safety reporting on a regular basis which will continue to inform the quarterly report presented to the Audit and Risk Committee.

CONCLUSION AND RECOMMENDATION

This report provides a summary of our safety performance with insights for continuous improvement. It also provides a summary of key initiatives that are currently being worked on within this area.

It is recommended that a Workplace Health, Safety and Wellbeing Report continue to be presented to the Audit Risk Committee to ensure effective monitoring of compliance and performance.

ATTACHMENTS

1. Work Health and Safety (WHS) and Wellbeing Report February 2023 - March 2023 [↓](#)






WORK, HEALTH, SAFETY AND WELLBEING MANAGEMENT REPORT

Bi-Monthly Report | February 2023 – March 2023

SAFETY ALWAYS





1. Summary

This report aims to provide a snapshot of the current state for safety compliance and performance at City of Mount Gambier (COMG). The organisation continues to show signs of improvement and has taken measures to increase and raise the profile of WHS including an emphasis of reporting incidents and hazards across the organisation.

The total number of hazards reported for the month of February 2023 is eight (8) and for the month of March 2023 is eleven (11). This is a slight increase from the previous two months.

There was no notifiable incident reported to Safework SA for the period of February 2023 and March 2023.

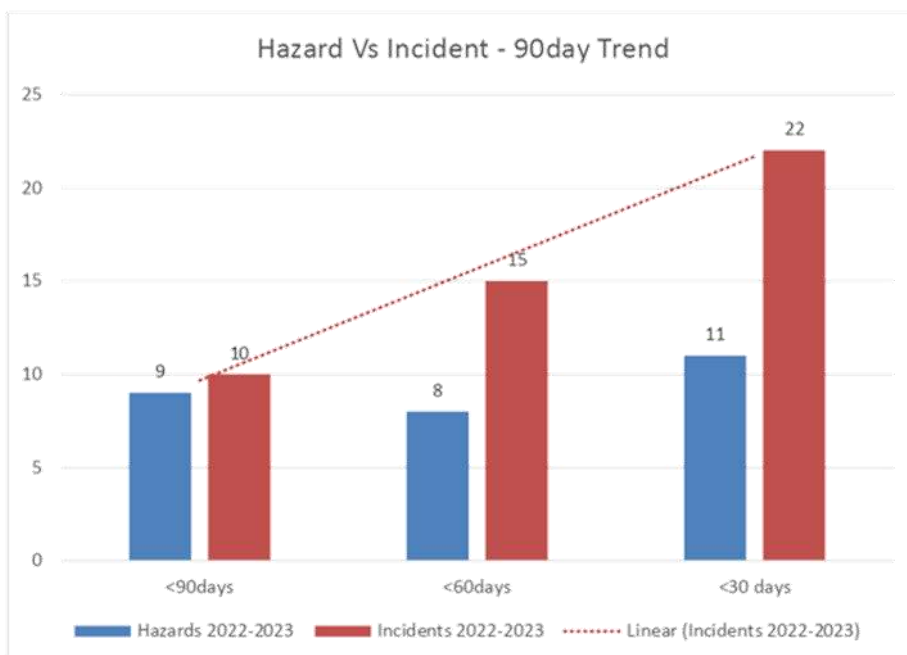
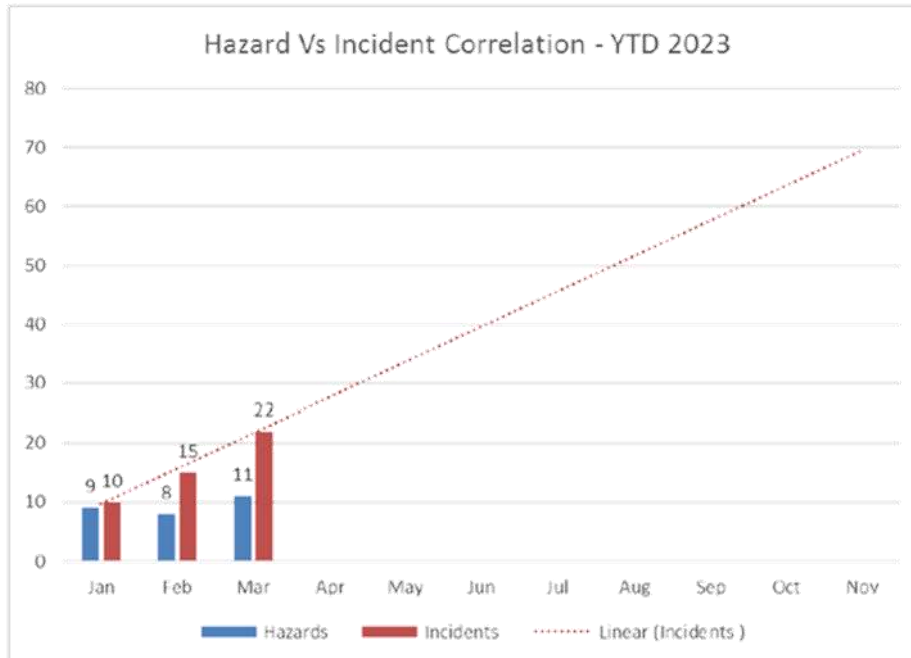
Current focus areas for the COMG:

- WHS IM Action Plan Monitoring tool for 2023.
- Ongoing management of injury management claims with LGWCS.
- Focus on increased hazard reporting and investigation for the organisation
- Partnering with People Leaders to develop targeted investigation, incident, and corrective action training, using real organisation scenarios for maximum effectiveness (Expected to be delivered on a regular basis during 2023).
- Partnering with People Leaders to improve the timely review of hazard review and investigation.
- Partnering with People Leaders to ensure employees NON-work-related illness and injury is supported through a structured return to work process.



2. Correlation between Hazards vs. Incidents

2.1



3. Hazard Management

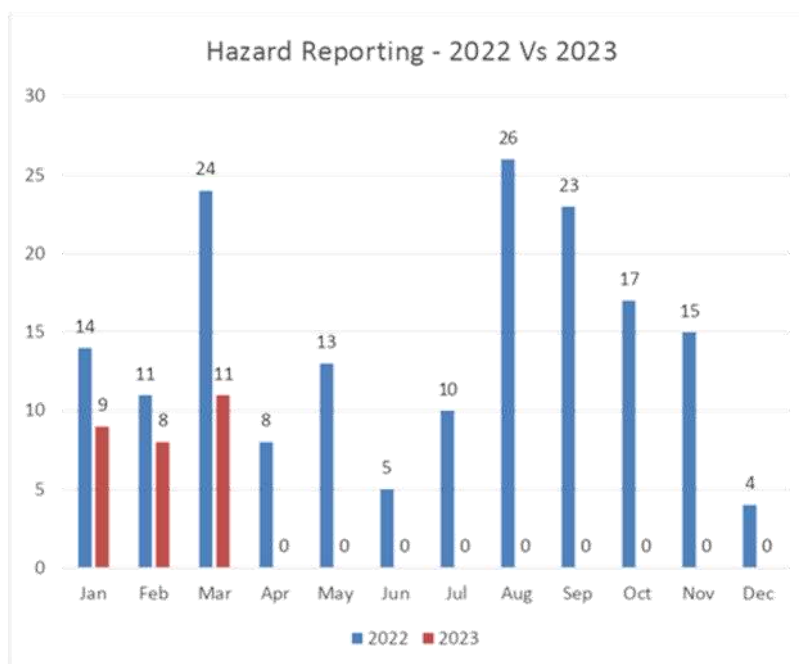
3.1 Total Hazard Reports - Yearly Comparison

This graph demonstrates the comparison of the Organisational hazard reporting for each month compared to the same month in the previous year.

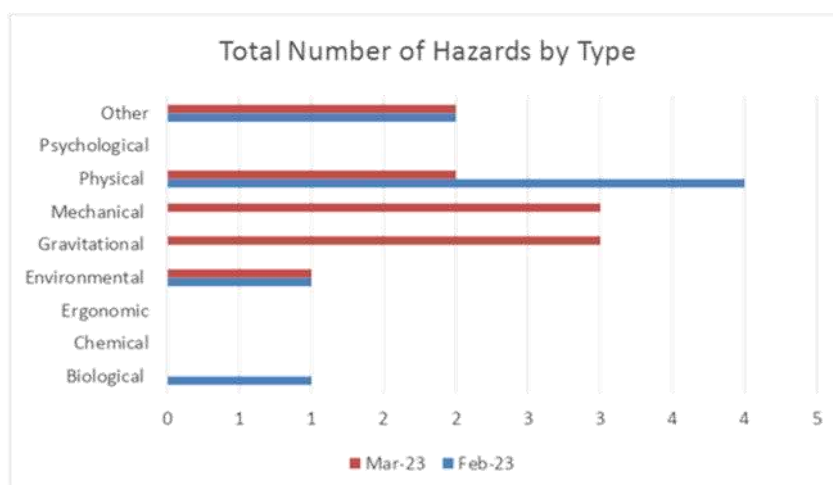
This assists with providing management an analysis of seasonal hazard trends which may occur across the organisation.

There was a total of eight (8) hazards reported for February 2023 and eleven (11) for March 2023 compared to eleven (11) for February 2022 and twenty-four (24) in March 2022.

This data indicates a significant decline in reporting for the months of February and March 2023 compared to February and March 2022. The organisations need to continue to promote and focus on increasing hazard reporting. The large peaks are indicating these are the months where there has been a strong emphasis on hazard reporting.



3.2 Hazards by Type



3.3 Effective Hazard Management for the month of February 2023 and March 2023

The total amount of hazards outstanding is one hundred and thirty-eight (138).

The total percentage of hazards closed for the period of February 2023 to March 2023 is 31.58%. The average days taken to assess and close a hazard in the months of February 2023 to March 2023 period is 4.17 days. This is slight increase from the December 2022 – January 2023 period total of 3 days.

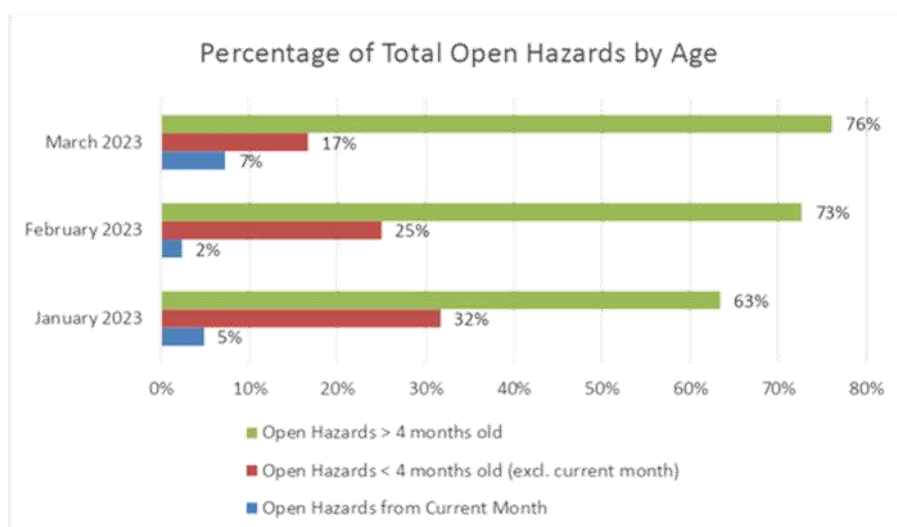
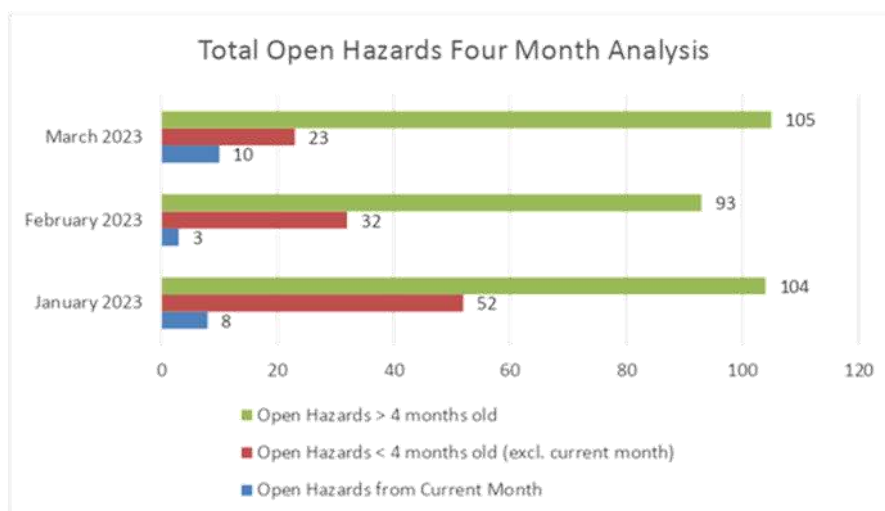


3.4 Hazard Management Closure Rate by Four-month Analysis

The total amount of open hazards within four months has decreased from 32% in January 2023 to 17% in March 2023 and the overall total of outstanding hazards has decreased from 164 in January 2023 to 138 in March 2023. This has been attributed to the HR Risk Coordinator recently reviewing outstanding actions and closing out the hazards that were completed.

The total amount of open hazards that are outstanding greater than four months is steadily increasing from 63% in January 2023 to 76% In March 2023.

The linear trend on the four-month analysis indicates the total number of hazards open greater than four (4) months has remained consistent with the data reported within the previous Bimonthly report for December 2022 and January 2023.

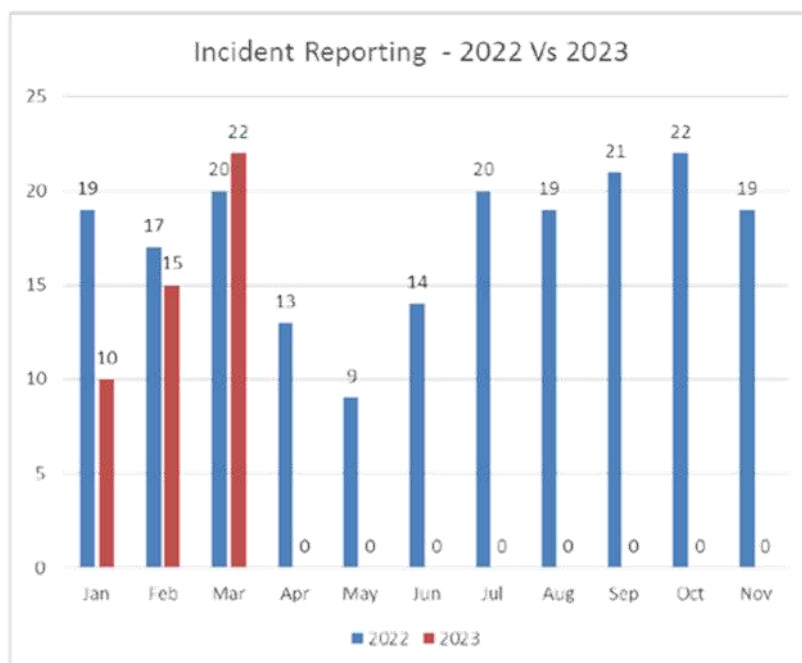


4. Incident and Investigation Management

4.1. Incident Reporting

This report demonstrates the total number of incidents reported across the organisation for the period of February 2023 was fifteen (15) and March 2023 was twenty-two (22) this is indicating

there is a gradual increase in reporting each month for the year commencing 2023, however reporting for February and March 2023 is a similar comparison to the year 2022.

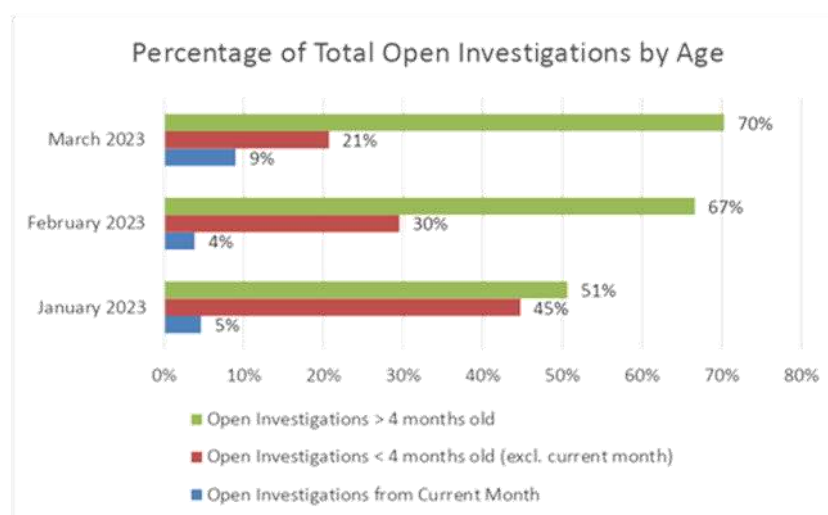
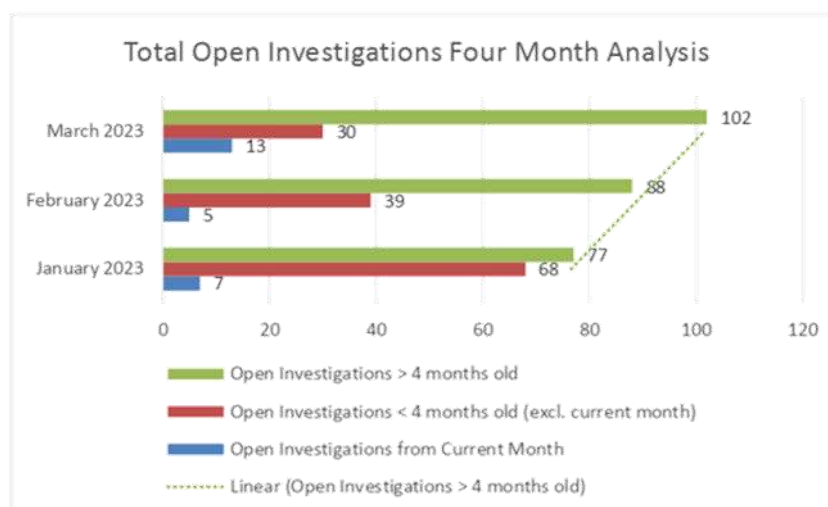


4.2 Effective Investigation Management

Open investigations indicate that an investigation is not complete and/or that corrective actions have not been identified or implemented to a level that is acceptable by the organisation. The closure rate is based on a four-month analysis.

The total amount of open investigations that are outstanding within four months has decreased from 51% at the end of January 2023 to 21% at the end of March 2023.

The total amount of open investigations that are outstanding greater than four months has increased from 51% at the end of January 2023 to 70% at the end of March 2023. This is most likely due to the decrease of open investigations within the four-month period that have converted over to be greater than four months.



4.3 Open and Overdue Investigations by Department

There is a total of one hundred and forty-five (145) open investigations for the organisation at the end of March 2023. This is slight decrease from one hundred and fifty-two (153) at the end of January 2023.

5. Inspections and Audits

Workplace inspections have continued to occur in line with the scheduled inspection cycle.

Current overdue inspections:

There are currently three (4) overdue site inspections. The HR and WHS Team is working with Health and Safety Representatives and People Leaders to get this completed.

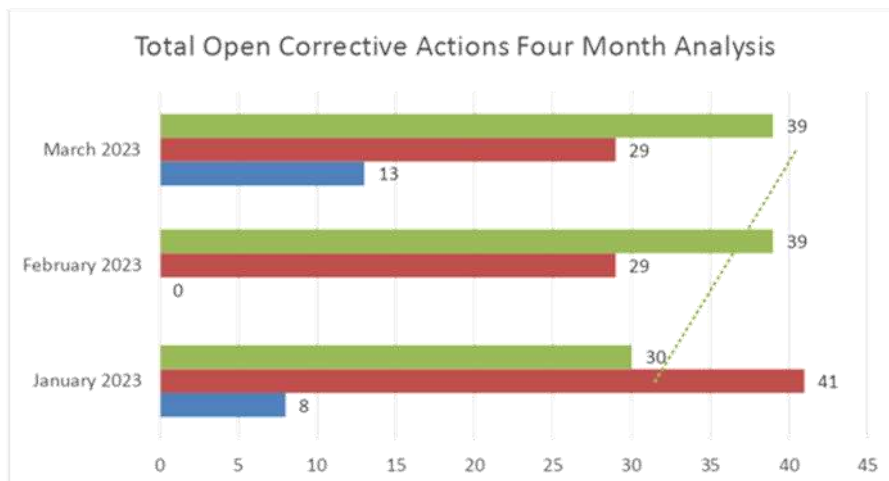
6. Corrective Actions Register

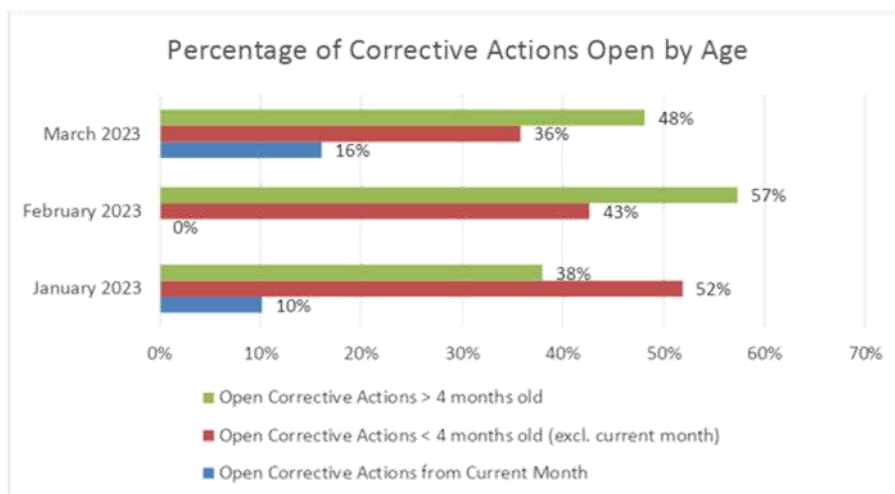
Open corrective actions indicate that an agreed action to rectify an incident or investigation has not been completed to a level that is acceptable by the organisation. The closure rate is based on a four-month analysis.

There was a total of zero (0) corrective actions issued in February 2023 and a total of seventeen (17) as at the end of March 2023 an overall total of eighty-one (81) outstanding actions.

The total amount of open corrective actions that are closed within four months has decreased from 52% in January 2023 to 36% in March 2023. This decrease is likely attributed to open corrective actions rolling over to the greater than four months period.

The total amount of open corrective actions that are outstanding greater than four months has increased from 38% in January 2023 to 48% in March 2023. This is attributed to open corrective actions not being closed out within the four-month period.





7. Injury Management

7.1 Lost Time Injury Frequency Rate (LTIFR) –

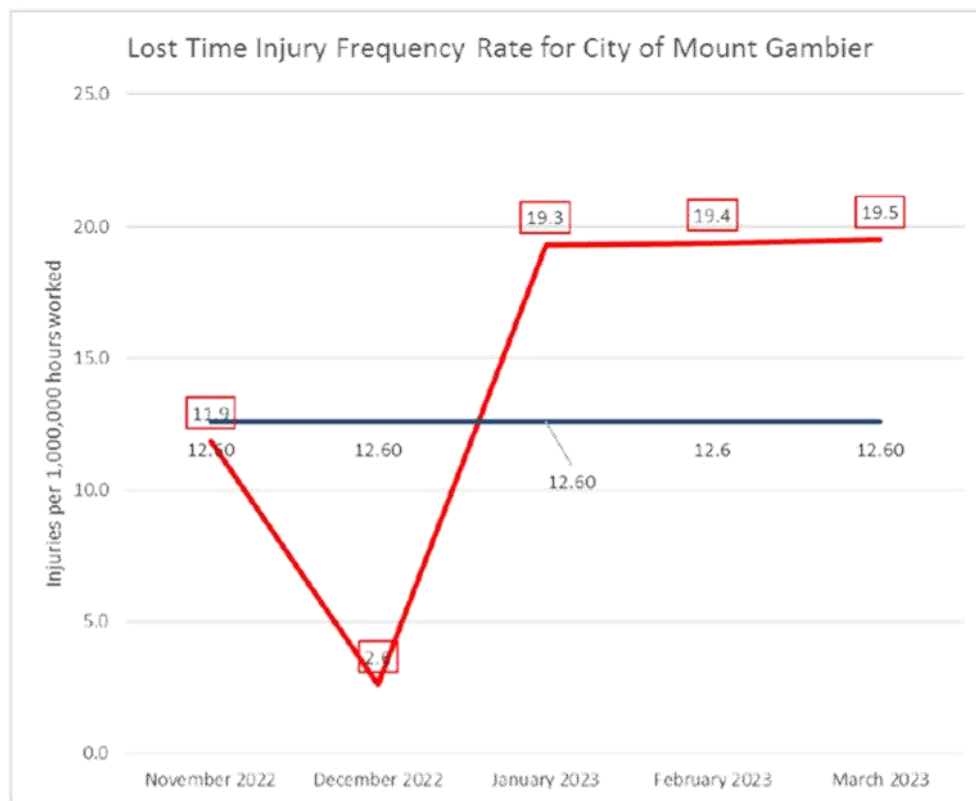
A lost-time injury is something that results in a fatality, permanent disability or time lost from work. It could be as little as one day or shift.

- LTIFR refer to the number of lost-time injuries within a given accounting period, relative to the total number of hours worked in that period.
- LTIFR is a proxy measurement for safety performance.

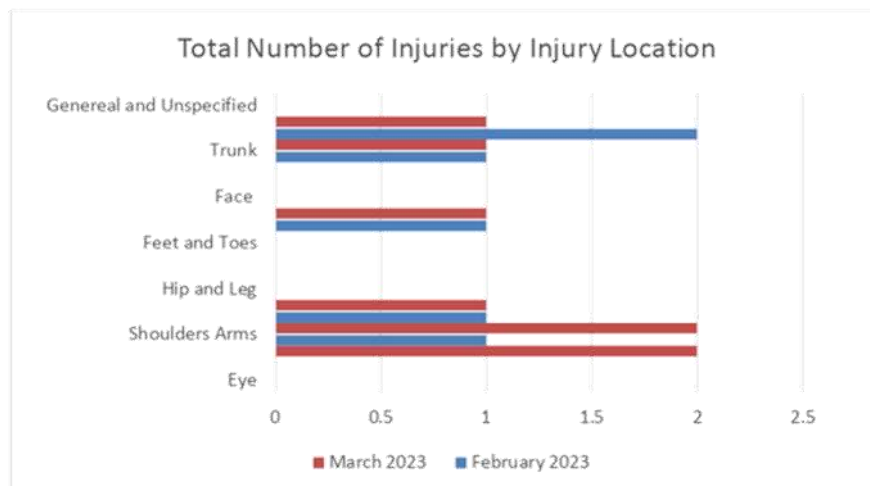
LTIFR calculations measure the number of lost-time injuries per million hours worked during an accounting period. It is a figure that can be benchmarked with others in the industry. The Lost Time Injury Frequency Rate (LTIFR) industry benchmark determined by Safework SA for Local Government Administration is 12.0 and for Local Government Field Staff is 12.6.

The below graph provides a comparison for the City of Mount Gambier against the industry benchmark for the last four months using the Field Staff benchmark.

The City of Mount Gambier is currently experiencing rates of Lost time Injury significantly higher than the industry standard.



7.2 Injuries by body location details – February 2023 to March 2023



8. IM WHS Action Plan

8.1 WHS IM Action Plan Progress Report– (Yearly action plan – AR22/75636)

The Human Resources Team have reviewed the peer review and made minor changes to the WHS IM action plan which will be forwarded to ELT for information.

The Human Resources Team have commenced coordinating the required actions within the plan and will continue to engage with people leaders, HSR's and the WHS Committee to provide the necessary support to assist in achieving the identified actions.

9. Wellbeing Initiatives

9.1 Ageing and Work Health Program – AR20/45900

The Ageing Work Health program will continue to be highlighted within the Wellbeing Newsletter

This guidance tool has been developed to assist the organisation to effectively manage the recruitment, retention and health and wellbeing of our workforce. This guidance tool addresses the following:

- Employment of employees from outside the organisation.
- Retaining the services of older employees; and
- Council and employees working together to maintain the health, safety, wellbeing, and sustainability of all employees, with a particular focus on older employees.

The program provides guidance tools to help support the Ageing and Work Health Program for the City of Mount Gambier. The guidance tool was reviewed and endorsed by the ELT. The next steps will include an implementation plan.

10. Continuous Improvement/ Projects

10.1. Principle and Procedure development and review schedule

The procedures listed below were reviewed by relevant People Leaders in further detail after the November WHS Committee meeting and recommendation provided outlined that these procedures should be provided to the relevant workgroups for consultation.

Principle/ Procedure Name	Document number	Responsibility	Review Date	Status
Emergency Management Principle	AR17/33071	WHSC	Apr-21	Reviewed at committee meeting held 22/03/2022 members to provide further reviews to the HR inbox by Friday 1st April 2022. Reviewed by EPC Committee September 2022.

				Requires draft changes by HR and distribution to ELT for review and endorsement.
Emergency Management procedure	AR17/33128	WHSC	May-21	Reviewed at committee meeting held 22/03/2022 members to provide further reviews to the HR inbox by Friday 1st April 2022. Reviewed by EPC Committee September 2022. Requires draft changes by HR and distribution to ELT for review and endorsement.
Contractor Management Procedure	AR17/33125	WHSC	Feb 2021	Review completed and endorsed by ELT and WHS Committee. Further review is required for this procedure, which was identified in the Contractor Management Training that as conducted the week of the 6 February 2023. Training identified that some minor review variations are required to the procedure, HR will work with the committee to update the procedure.
Hot work Procedure	AR17/33079	WHSC	Jan 2022	WHS committee required to provide feedback by 14/10/2022. Further review required by keys stakeholders and subject matter experts
Ageing and Work Health Program - Age Friendly Workplace Guidance Tool	AR22/53241	WHSC	New guidance tool	Endorsed by WHS Committee and ELT. Implementation phase to commence.
Prevention of falls procedure	AR15/28158	WHSC	Jan 2022	Currently under review by the WHS Committee

6 MEETING CLOSE



**MINUTES OF CITY OF MOUNT GAMBIER
AUDIT AND RISK COMMITTEE MEETING
HELD AT THE COUNCIL CHAMBER, CIVIC CENTRE, 10 WATSON TERRACE, MOUNT
GAMBIER
ON MONDAY, 27 MARCH 2023 AT 5.30 P.M.**

PRESENT: Mr Paul Duka (Presiding Member), Mayor Lynette Martin (OAM), Mr Alexander Brown (virtual), Ms Belinda Johnson (virtual)

IN ATTENDANCE: Cr Paul Jenner (virtual)

OFFICERS IN ATTENDANCE:	Chief Executive Officer Acting General Manager Corporate and Regulatory Services General Manager City Infrastructure Manager Financial Services Acting Manager Organisational Development Executive Administrator	<ul style="list-style-type: none">- Mrs S Philpott- Mrs R Datta- Ms B Cernovskis- Mrs J Scoggins- Ms L Little- Ms T Chant
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1 ACKNOWLEDGEMENT OF COUNTRY

WE ACKNOWLEDGE THE BOANDIK PEOPLES AS THE TRADITIONAL CUSTODIANS OF THE LAND WHERE WE MEET TODAY. WE RESPECT THEIR SPIRITUAL RELATIONSHIP WITH THE LAND AND RECOGNISE THE DEEP FEELINGS OF ATTACHMENT OUR FIRST NATIONS PEOPLES HAVE WITH THE LAND.

2 APOLOGY(IES)

COMMITTEE RESOLUTION

Moved: Mayor Lynette Martin

Seconded: Belinda Johnson

That the apology(ies) from Cr Sonya Meziniec be received.

CARRIED

3 CONFIRMATION OF MINUTES

COMMITTEE RESOLUTION

Moved: Belinda Johnson

Seconded: Alexander Brown

That the minutes of the Audit and Risk Committee meeting held on 9 February 2023 be confirmed as an accurate record of the proceedings of the meeting.

CARRIED



4 QUESTIONS WITHOUT NOTICE

Nil

5 REPORTS

5.1 BUDGET REVIEW 1 AND 2 2022/2023

COMMITTEE RESOLUTION

Moved: Mayor Lynette Martin

Seconded: Alexander Brown

1. That Audit and Risk Committee Report No. AR23/18140 titled 'Budget Review 1 and 2 2022/2023' as presented on 27 March 2023 be noted.

CARRIED

5.2 WORK HEALTH SAFETY AND WELLBEING MANAGEMENT

COMMITTEE RESOLUTION

Moved: Belinda Johnson

Seconded: Alexander Brown

1. That Audit and Risk Committee Report No. AR23/19138 titled 'Work Health Safety and Wellbeing Management' as presented on 27 March 2023 be noted.

CARRIED

5.3 RISK MANAGEMENT REPORT MARCH 2023

COMMITTEE RESOLUTION

Moved: Paul Duka

Seconded: Mayor Lynette Martin

1. That Audit and Risk Committee Report No. AR23/19281 titled 'Risk Management Report March 2023' as presented on 27 March 2023 be noted.

CARRIED

6 MOTIONS WITHOUT NOTICE

Nil

7 MEETING CLOSE

The Meeting closed at 6:11pm.

The minutes of this meeting were confirmed at the Audit and Risk Committee.

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PRESIDING MEMBER

