	PLANNING AND PROGRAM DEVELOPMENT PROCEDURE (including MANAGEMENT MONITORING and REVIEW)	Version No: 4.2
		Issued: 01/07/2023
		Next Review: 08/2028

1. Overview

The District Council of Peterborough (**the organisation**) recognises that planning and management review are fundamental to continuously improving management systems, and an integral process in its Officers being able to demonstrate and meet their Work Health and Safety ("WHS") due diligence requirements.

As such, the organisation is committed to implementing this procedure and assisting its Officers to meet due diligence requirements through the development, utilisation and monitoring of a WHS plan (Plan and Programs)

This procedure aims to assist organisation to:

- (a) Develop, approve and implement an effective WHS plan (Plan and Programs);
- (b) Identify appropriate programs and set performance measurements in line with plan development; and
- (c) Monitor, review and improve the WHS plan and management system performance.

SIGNED:

CEO

Date: 21 / 9 / 2023


Chairperson, Health and Safety
Committee (HSC)

Date: 21 / 9 / 23

2. Core components


The core components of the Planning and Program Development Procedure aim to provide a structure for the organisation's WHS planning, measuring, monitoring, reporting and review processes, in line with the expectations of the Return to Work SA (RTWSA) workplace health and safety evaluation guidelines including :

- (a) Identify planning criteria;
- (b) Analyse and prioritise WHS activities;
- (c) Develop WHS programs with objectives, targets and performance indicators;
- (d) Consult with stakeholders;
- (e) Allocate resources;
- (f) Develop implementation plans (Plan and Programs);
- (g) Develop measures, monitoring and verification strategies;
- (h) Develop reporting arrangements;
- (i) Introduce and maintain periodic and final review processes to measure, monitor and evaluate performance.

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3. Definitions

Continuous improvement	<p>Process of enhancing the health and safety systems, to achieve improvements in overall related performance, in line with the organisation's policies. The process need not take place in all areas simultaneously.</p> <p>[as defined by the ReturnToWorkSA Self-insured workplace health and safety evaluation guidelines - August 2017]</p>
Due Diligence	<p>Includes taking reasonable steps—</p> <ul style="list-style-type: none"> (a) to acquire and keep up-to-date knowledge of work health and safety matters; and (b) to gain an understanding of the nature of the operations of the business or undertaking of the person conducting the business or undertaking and generally of the hazards and risks associated with those operations; and (c) to ensure that the person conducting the business or undertaking has available for use, and uses, appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out as part of the conduct of the business or undertaking; and (d) to ensure that the person conducting the business or undertaking has appropriate processes for receiving and considering information regarding incidents, hazards and risks and responding in a timely way to that information; and (e) to ensure that the person conducting the business or undertaking has, and implements, processes for complying with any duty or obligation of the person conducting the business or undertaking under the Act; and (f) to verify the provision and use of the resources and processes referred to in paragraphs (c) to (e). <p>[as defined by the Work Health and Safety Act 2012, Section 27 (5)]</p>
HSC	<p>The functions of the Health and Safety Committee are :</p> <ul style="list-style-type: none"> a) to facilitate cooperation between the organisation and the workers in instigating, developing and carrying out measures designed to ensure workers' health and safety at work; b) to assist in developing standards, rules and procedures relating to health and safety to be followed and complied with; and c) any other functions prescribed by the WHS Regulations or agreed between the organisation and the HSC. <p>[as defined by the Work Health and Safety Act 2012, Section 77]</p>
HSR	<p>The Health and Safety Representative elected under Part 5 for the work group of which the worker is a member.</p> <p>[as defined by the Work Health and Safety Act 2012, Section 4]</p>
LG Safe	A new group of WHS/ IM / workplace culture procedures developed by LGRS in partnership with the Local Government Association.
LGRS	Local Government Risk Services.
LGAWCS	Local Government Association Worker's Compensation Scheme
Objective	<p>An overall goal in terms of performance, arising from policies that an organisation sets itself to achieve, and which is quantified, where practicable.</p> <p>[as defined by the ReturnToWorkSA Self-insured workplace health and safety evaluation guidelines - August 2017]</p>


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Officer	A person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business or undertaking (PCBU) [as defined by the Work Health and Safety Act 2012, Section 252]
'one system'	The name given to a group of WHS Policies and Procedures developed by the LGAWCS for SA Councils, in response to the new WHS legislation which came into effect on 01/1/2012
Performance indicator	A selected indicator of how effectively a process is operating against objectives. These indicators can be quantitative or qualitative and the choice is dependent upon the type of element they are used to measure, as appropriate to the organisation. [as defined by the ReturnToWorkSA Self-insured workplace health and safety evaluation guidelines - August 2017]
PSSI	Performance Standards for Self-Insurers
Procedure Validation Process	An auditing process of Council's implementation processes of 'one system' procedures carried out by LGRS.
Program	A planned component of an organisation's business management system for health and safety. [as defined by the ReturnToWorkSA Self-insured workplace health and safety evaluation guidelines - August 2017]
Project	Programs that have been implemented but have been identified for minor improvements, or required actions that do not need the same level of monitoring as programs i.e. do not require objectives, targets and performance indicators.
Target	A detailed performance requirement, quantified where practicable, pertaining to the organisation that arises from health and safety objectives. It needs to be met in order to achieve those objectives. [as defined by the ReturnToWorkSA Self-insured workplace health and safety evaluation guidelines - August 2017]
Work Health and Safety Management System (WHSMS)	An orderly arrangement of interdependent activities and related procedures that drive the organisation's WHS performance. [as defined by the RTWSA Guidelines]

4. Procedure

4.1. Identification of planning criteria, (including analysis and prioritisation)

- 4.1.1. A WHS plan will be developed in accordance with the organisation's planning cycle, which should occur at least every two years.
- 4.1.2. The organisation's Senior Leadership Team ("SLT") should analyse the outcomes of the WHS management review process (as set out in section 4.5) along with any other drivers (such as changes to legislation or industry best practice) to develop a prioritised WHS plan (Plan and Programs).
- 4.1.3. The WHS plan (Plan and Programs) aims to:
 - a) Identify organisational WHS objectives and prioritise them;
 - b) Address legislative, organisational, LGAWCS 'one system', LG Safe and PSSI requirements, by planning for continuous improvement to the WHSMS (e.g. developing programs, projects or action plans that consider the following):
 - i. Sector or organisational risks and projects or activities identified via LGAWCS Combined Risk Evaluations;

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- ii. Outcomes from the LGAWCS 'one system', LG Safe Procedure Validation Process;
 - iii. Alignment with the organisation's strategic objectives and requirements e.g. organisational plans, WHS Policy and Procedure objectives;
 - iv. The organisation's processes and outcomes from the monitoring and review findings e.g. audits, SLT reviews, hazard profile, HSC or performance review meetings, external sources i.e. industry or professional bodies; or other WHS issues that require addressing (e.g. action list/register or general action plans);
 - v. WHS Policy and Procedure requirements;
 - vi. Emergency management and contingency arrangements;
 - vii. Legislative and workplace compliance and change requirements and issues;
 - viii. Inspection/maintenance plans or calendar of WHS general actions e.g. workplace monitoring requirements etc.;
 - ix. Performance reporting items and outcomes e.g. Procedure Validation Report from LGRS, performance indicator tracking tools, internal audit tools, incident and hazard trends etc.;
 - x. The persons/positions/departments responsible for undertaking actions; and
 - xi. Target dates for completion of activities.
- c) Set objectives, targets and performance indicators, where relevant, for identified programs. Performance measurement could be considered for any programs that relate to specifically identified focus areas within the PSSl, including but not limited to the following examples:
- i. Training;
 - ii. Critical hazards;
 - iii. Workplace change;
 - iv. Purchase, hire, lease of plant, equipment or substances;
 - v. Duty of care for all persons in the workplace;
 - vi. Injury/illness and incident investigation; and
 - vii. Document control.

NOTE: There is no mandatory requirement to measure the programs listed above. Logic would dictate that specific hazard management programs should be a necessary feature. The Senior Leadership Team needs to make sure programs are selected on the organisation's need to address specific important issues that need ongoing improvement, monitoring, and maintenance. It is prudent to consider programs that contribute to the achievement of WHS system level objectives.

4.1.4. In developing the draft WHS plan (Plan and Programs), the following should be considered:


- a. Access to up to date legal information that is applicable to the WHSMS so that plans and WHS system requirements can be adjusted, as required;
- b. The development and communication of actions aligned to achieving the desired safety outcomes;
- c. The allocation of appropriate resources to develop, maintain monitor and review the plan documentation while achieving the planned actions and outcomes which are monitored and report on;
- d. The persons/ positions/ departments responsible for undertaking the planned actions;
- e. How accountability measures will be applied; and
- f. Target dates for completion of activities.

4.1.5. The Senior Leadership Team should formally identify the processes and indicators to be used to measure, monitor, verify, evaluate and review the WHS plan (Plan and Programs) and system performance.

4.1.6. Meeting records should record outcomes of discussions related to planning activities.

4.2. Consultation and approval of the WHS plan (Plan and Programs)

Electronic version on the shared drive is the controlled version. Printed copies are considered uncontrolled. Before using a printed copy, verify that it is the current version <https://peterborough.magiqloud.com/Documents/dav/BCS/13. Governance/13.63. Policies/Current Policies/WHS One System Policies and Procedures/Procedures/Planning and Program Proc V4.2.doc>

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- 4.2.1. Once a draft WHS plan (Plan and Programs) has been developed, it will be presented for consultation to the HSC and/or other relevant stakeholders in accordance with the Communication and Consultation Procedure. The consultation process must take place whilst the plan (Plan and Programs) is in the draft stage and the after it has been formally approved.
- 4.2.2. The timeframe for the consultation period should be defined and communicated to all relevant persons.
- 4.2.3. The Risk/ WHS Coordinator will facilitate the presentation of feedback from the consultation process to the SLT .
- 4.2.4. The nominated person will make any necessary changes to the WHS plan (Plan and Programs) as a result of SLT directives arising from the consultation process.
- 4.2.5. Documented evidence of the consultation process must be retained. This will include (as relevant):
 - a) HSC minutes;
 - b) Department or other stakeholder meeting records where the plan (Plan and Programs) has been presented for comment and feedback or other documented evidence;
 - c) SLT meeting minutes that demonstrate feedback was discussed; and
 - d) SLT meeting minutes that demonstrate approval of the final plan (Plan and Programs).
- 4.2.6. The Manager of Governance and Administration will make the approved WHS plan (Plan and Programs) available on the organisation's intranet or through other processes to workers and relevant stakeholders.

4.3. Allocation of resources


The SLT will approve the allocation of adequate resources to allow the achievement of the WHS plan (Plan and Program) objectives.

4.4. Implementation of WHS plan (Plan and Programs)

- 4.4.1. The SLT will oversee the implementation of the WHS plan (Plan and Programs). The Risk/ WHS Coordinator will provide a report to the SLT, HSC and other key stakeholders that includes:
 - a) The progress of the WHS Plan (Plan and Programs);
 - b) Progress against documented objectives, targets and performance indicators for WHS; and
 - c) Significant WHS issues that require corrective or preventative action.
- 4.4.2. The SLT will analyse findings and direct action, when required, to check that planned outcomes are achieved.
- 4.4.3. When legislative, organisational or other dynamic changes occur mid-way through a planning cycle, the WHS plan will be reviewed and, if necessary, altered to reflect changes as they occur.
- 4.4.4. The SLT meeting minutes must reflect the outcomes of the monitoring process and record their response.

4.5. Review

- 4.5.1. The SLT will conduct an annual review of WHS system performance, which includes a review of the system performance measures (e.g. incident and hazard trends and other safety issues) and outcomes against the organisation's previous WHS programs, objectives, targets and performance indicators.
- 4.5.2. The final analysis and review of the WHS plan by the SLT should occur at the end of the planning cycle and will consider the progress reports and outcomes of the monitoring process.
- 4.5.3. The SLT review should determine the actual results achieved against what was planned, and should:
 - a) Analyse the level of achievement against documented objectives, targets and performance indicators. Evidence must be provided that demonstrates that analysis has occurred.

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- b) Identify and evaluate areas of success as well as areas requiring corrective and preventative action. Corrective action processes should be documented in the Corrective Action Register.
- c) Confirm the alterations made to the WHS plan (Plan and Programs) as a result of legislative, organisational and other relevant changes.
- d) Set the direction and focus for future system activity, including measurement criteria for the next period.

4.5.4. Meeting records must document the outcomes of the management review process.

4.6. Consultation and communication of management review findings

- 4.6.1. The HSC and, where relevant, other key stakeholders will be consulted during the management review process and provide feedback to the SLT.
- 4.6.2. The SLT will review the HSC and/or other key stakeholders' feedback and incorporate it into the management review process.
- 4.6.3. The SLT must communicate key findings from the management review process to workers.

4.7. Monitoring and review of actions for effectiveness

- 4.7.1. The outcomes of the management review process should provide the focus for the next planning period.
- 4.7.2. The Planning and Program Development (including Management Review) Procedure should be subject to internal audit and the audit findings should be reported as part of the ongoing management review process.

5. Training

- 5.1. The organisation's Training Needs Analysis (TNA) needs to identify and include within the induction process should include an overview of the WHS management system.
- 5.2. Managers, Supervisors and the HSC should be trained in the requirements of the PSSI.
- 5.3. The SLT should be trained in their roles and responsibilities for WHS planning, monitoring and review and in WHS due diligence obligations for Officers.

6. Records


The following records should be maintained:

- 6.1. Records relating to the development, monitoring and evaluation of WHS plans and programs
- 6.2. Records relating to the consultation process
- 6.3. Approved WHS plans
- 6.4. Records relating to management reporting, review processes and directives.
- 6.5. Training records

All records must be managed in line with the current version of General Disposal Schedule 40 for Local Government.

7. Responsibilities and Accountabilities


- 7.1. The organisation's SLT is accountable for:
 - 7.1.1. Budgeting for, applying recommendations to Council (Elected Body), where appropriate, and approval of expenditure necessary for the development, implementation, review and continuous improvement of the WHS management system;
 - 7.1.2. Providing direction for WHS system development, implementation, review and continuous improvement;

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- 7.1.3. Establishing and monitoring WHS objectives, targets and performance indicators;
- 7.1.4. Considering HSC and stakeholder input during WHS planning, monitoring and review;
- 7.1.5. Approving, monitoring, reviewing and modifying the WHS plan;
- 7.1.6. Keeping records of SLT meetings; and
- 7.1.7. Monitoring and verifying compliance with requirements of the WHS legislation and PSSI.
- 7.2. Managers and supervisors are accountable for:
 - 7.2.1. Participating in the consultation process when the WHS plan is being developed;
 - 7.2.2. Communicating the contents of the approved WHS plan to workers;
 - 7.2.3. Implementing, measuring, monitoring and reviewing WHS plan activities within their departments;
 - 7.2.4. Providing regular reports to the Risk/ WHS Coordinator on the progress and outcomes of planned WHS activities within their area of responsibility;
 - 7.2.5. Conforming with WHS policies and procedures; and
 - 7.2.6. Providing data related to department WHS performance, as required.
- 7.3. The Risk/ WHS Coordinator is accountable for:
 - 7.3.1. Assisting the SLT with WHSMS review processes;
 - 7.3.2. Assisting the SLT with the development/ review of the WHS Plan (Plan and Programs);
 - 7.3.3. Assisting to draft the WHS Plan (Plan and Programs) and associated consultation processes;
 - 7.3.4. Providing access to the approved WHS plan (Plan and Programs) in a location that is easily accessible for workers; and
 - 7.3.5. Undertaking quarterly reporting on the progress of the WHS Plan (Plan and Programs) to the SLT.
- 7.4. Workers are accountable for:
 - 7.4.1. Participating in consultation processes as necessary; and
 - 7.4.2. Undertaking all activities within the scope of their responsibilities in conformance with WHS system requirements.
- 7.5. The HSC is responsible for:
 - 7.5.1. Providing feedback during the development, monitoring and review of the Plan and Program's WHS objectives, targets and performance indicators;
 - 7.5.2. Providing feedback during the development of the WHS plan (Plan and Programs) and assisting with the monitoring and reviewing of the plan;
 - 7.5.3. Providing information to, and seeking direction from, the SLT on WHS issues.

8. Review

- 8.1. The WHS Planning And Program Development (including Management Review) Procedure should be reviewed by the SLT, in consultation with workers or their representatives, every five (5) years, or more frequently if legislation or organisational needs change. This may include a review of:
 - 8.1.1. Feedback from managers, workers, HSRs, HSC or other relevant stakeholders;
 - 8.1.2. Legislative compliance;
 - 8.1.3. Performance Standards for Self-Insurers;
 - 8.1.4. LGAWCS & LGRS guidance;
 - 8.1.5. Internal or external audit findings; and

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8.1.6. Any other relevant information.

8.2. Results of reviews may result in preventative and/or corrective actions being implemented or revision of this document.

9. References

[Work Health and Safety Act 2012](#)

[Work Health and Safety Regulations 2012](#)

[General Disposal Schedule 40 for Local Government](#)

[ReturnToWorkSA Work Health and Safety Standards for self-insured employers](#)

[ReturnToWorkSA Self –insured workplace health and safety evaluation guidelines](#)

10. Related documents

Administration of the WHS Management System Policy

WHS Document Management Procedure

WHS Internal Audit Procedure


Communication and Consultation Procedure

Corrective and Preventative Action Procedure

WHS Induction and Training Procedure

11. Document history

Document History:	Version No:	Issue Date:	Description of Change:
LGAWCS	1.0	Nov 2009	New Document
	2.0	05/04/13	Terminology changes to reflect 2012 WHS act, Regulations and Codes of Practice. Examples of changes include; OHS to WHS and employee to worker where appropriate. Examples of changes include; Addition of Core component for Programs, Objectives, Targets and Performance Indicators. Inclusion of due diligence reference.
	3.0	26/11/15	Addition of definition of Officer; References to WHS Committee (WHSC) amended to Health and Safety Committee (HSC) for consistency with WHS Act and Codes of Practice; Addition of review mechanisms at 8.1 for consistency with other One System procedures.
	4.0	29/03/2018	Updated logo; updated definitions of program and target and continuous improvement as per the ReturnToWorkSA Work Health and Safety Guidelines - August 2017; added definition of project; 4.1.1. plan development timeframe – 2 yearly recommendation in line with RE timeframes; 4.1.3 minor changing to wording; changed terminology of KPI Audit to Combined Risk Evaluation in 4.1.3 b); Added procedure validation process in 4.3.2; added projects into 4.1.3b) ; changed information in 4.1.3c) to align with the ReturnToWorkSA Work Health and Safety Guidelines - August 2017p.22; updated References and updated hyperlinks; added CAPA procedure to Related Documents .
	5.0	21/08/2020	Minor wording changes to 1 Overview and 2 core components; 3 Addition of definition of WHSMS and inclusion of reference to RTWSA guidelines in definition for PSSI; 4.1.3b)iii addition of alignment to strategic objectives, v emergency and contingency requirements and vi legislative and workplace compliance and change; Other minor wording

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			changes in 4.1.3. 4.1.4 Separation of some elements from 4.1.3 and new aspects into new section (4.1.4); Minor wording changes in 4.1.5 and 4.2. Inclusion of 4.3. Minor wording changes in 4.4 and inclusion of 4.4.5 and 4.4.6 relating to actions from the management monitoring and reporting process. System performance aspect added to system review process in 4.5.1. Clarification of training requirements in section 5. 6.5 added as per the procedural record requirements. 7 Responsibilities and accountabilities section aligned with procedural responsibilities in sec 4, particularly in relation to the nominated person role. 9 References updated in line with current wording and version names. 10 Related documents expanded to include additional system administration OS documents.
DCP	1.0	Nov. 2009	New document
	2.0	18/11/2013	Changes to reflect 2012 WHS Act, Regulations and Codes of Practice. E.g. change OHS to WHS and employee to worker. Added (i) Core component for Programs, Objectives, Targets and Performance Indicators; and (ii) reference to due diligence.
	3.0	26/11/15	Added definition of Officer. Minor changes to wording & formatting. Addition of review mechanisms at 8.1.
	4.0	March 2018 & April 2020	Updated definitions of (i) program; (ii) target; and (iii) continuous improvement. Added (i) definition of project (ii) procedure validation process; (iii) training requirements; (iv) responsibilities & accountabilities.
	4.1	4/12/2020	Updated (i) definitions of HSC and HSR; (ii) Section 4.1.3; (iii) updated Management Team to Senior Leadership Team (SLT); (iv) updated document history; (v) document review time frame to 5 years (from 48 months); and (vi) updated reference to Management team from SMT to SLT. Added (i) definition of Work Health and Safety Management System; (ii) Section 4.1.4 developing draft WHS Plan; (iii) section 6.4 training; (iv) Section 7.3 Risk/ WHS Coordinator accountabilities; (v) Administration of WHS Management System Policy, WHS Document Management Procedure, WHS Internal Auditing Procedure, and WHS Induction & Training Procedure to Relevant Documents list.
	4.2	01/07/2023	Definitions added: LG Safe; LGRS; 'one system'; Procedure Validation Process. Added: 'one system' and LG Safe in 4.1.3 (b) ii; job title - Manager of Governance and Administration in 4.2.6; & LGRS added to 8.1.4