

Chairperson and Committee Members
AUDIT AND RISK COMMITTEE

3 MAY 2018

Meeting Status: **Public**

Purpose of Report: For Information

**HEALTH AND SAFETY QUARTERLY REPORT 1 JANUARY
2018 - 31 MARCH 2018**

PURPOSE OF REPORT

- 1 This report presents a Health and Safety Report for the period 1 January – 31 March 2018.

DELEGATION

- 2 The Audit and Risk Committee has delegated authority to consider this report under the following delegation in the Governance Structure, Section B.3:
 - *Ensuring that Council has in place a current and comprehensive risk management framework and making recommendations to the Council on risk mitigation;*
 - *Assisting elected members in the discharge of their responsibilities by ensuring compliance procedures are in place for all statutory requirements relating to their role;*
 - *Governance role in regards to the Health and Safety Leadership Charter and Health and Safety Plan.*

BACKGROUND

- 3 This quarterly Health & Safety Performance Report is intended to provide Council with insight into initiatives and activities, and their progress, as part of our organisations commitment to providing a safe and healthy place to work. The contents and any subsequent discussions arising from this report can support Council officers to meet their due diligence obligations under the Health & Safety at Work Act (HSWA) 2015.

ISSUES AND OPTIONS

Issues

- 4 During the previous quarter the findings and recommendations from the commissioned review by the Simpson Grierson Health and Safety team identified areas for improvement, in particular where we can improve some processes to further strengthen our ability to more effectively monitor and verify.
- 5 A draft action plan and draft work programme has been developed during this quarter and will be presented to this committee at the meeting scheduled for 3 May 2018.
- 6 The vacant Health and Safety Advisor FTE has been filled and the new appointee due to commence early May 2018.

- 7 In the interim, an external resource continues to provide assistance to the team.

CONSIDERATIONS

Policy considerations

- 8 There are no policy considerations.

Legal considerations

- 9 There are no legal considerations.

Financial considerations

- 10 Implementation of the action plan initiatives will require resourcing using both Council staff and external specialists. There is no budget for external specialists, currently estimated to cost up to \$50,000 in 2018/19. The Council will need to consider this additional cost pressure as part of their 2018-38 Long Term Plan development process.

Tāngata whenua considerations

- 11 There are no tāngata whenua considerations.

SIGNIFICANCE AND ENGAGEMENT

Significance policy

- 12 This report does not trigger the Council's Significance Policy.

Publicity

- 13 There are no publicity considerations.

RECOMMENDATIONS

- 14 That the Audit and Risk Committee notes the Health and Safety Report for the period 1 January – 31 March 2018 and the draft Action Plan and work programme included as Appendix One and Appendix Two to Report OD-18-465.

Report prepared by

Approved for submission

Dianne Andrew
Organisational Development Manager

Wayne Maxwell
Chief Executive

Appendix One: Health and Safety Quarterly Report 1 January – 31 March 2018.
Appendix Two: Draft Action Plan and Work Programme

KĀPITI COAST DISTRICT COUNCIL
Health and Safety Quarterly Report to the Audit and Risk Committee
1 January 2018 – 31 March 2018

Executive Summary

Following the recommendations from the Simpson Grierson review we continue to make steady progress on confirming the action plan and subsequent work program. Areas of work that are captured under the action plan that can commence are already well underway, these include:

- Contractor Management
- Asbestos Management
- Health and Safety Management System (HSMS) improvements
- Hazardous Substances inventory

The Health and Safety Plan 2018 – 2020 is currently under draft and will include particular emphasis in the areas of:

- skill and capability of our people
- managing our critical risks, and
- leadership and engagement.

This Plan will be broken down into annual components and progress reported back through the Audit and Risk Committee meeting cycle.

LEAD INDICATORS

1. CORPORATE HEALTH AND SAFETY TRAINING COMPLETED () indicates no. of attendees

- First Aid Comprehensive and Refresher Courses (16)
 - *First Aid training is currently under review in conjunction with the work to be undertaken on job task analysis. This will identify those specific roles which require a 'comprehensive' level of first aid competency versus those which are 'office based' and have emergency medical assistance more readily available.*
- Asbestos Awareness (10)
 - *Training to raise awareness of the dangers of working in and around asbestos has commenced for those staff and contractors who are required to work in and around asbestos in accordance with our Asbestos Management Plan.*
- Confined Spaces and Gas Detection (1)
- Traffic Management (1)
- Trench Safety (9)
- Waste Collection Traffic Leader
 - *The above four training courses are job specific and required to assess competency.*
- Personal Safety in the Workplace (34)
 - *This workshop was for all Library staff. It is an annual program for all front line customer interfacing staff which teaches strategies and builds confidence for managing confrontational customer interactions.*
- CDEM training (33)
 - *Mandatory training at regular intervals for all staff involved in the operation of the EOC and civil defence events.*
- Drug and Alcohol Policy – Awareness in the workplace for managers (4)
 - *Workshop for new managers to assist their understanding of the policy and their role and responsibilities as managers of people. This workshop is also delivered for new staff and annually as a refresher.*

2. EMERGENCY EVACUATION DRILLS

- Emergency evacuation drills undertaken as per the scheduled cycle:
 - January 2018: Maple Building, Community Centre, Paraparaumu Library, Waikanae Library, Waikanae Water Treatment Plant
 - March 2018: Civic Building, Coastlands Aquatic Centre, Operations Depot Admin Fyterfield Place, EOC, Ōtaki Library and Hall, Ōtaki Pool, Paraparaumu Wastewater Treatment Plant.
- Pending a decision regarding installation of a fire alarm system in the Maple Building, a megaphone with siren attached is currently used effectively.
- No issues reported on evacuation delays, malfunction of alarms, or auto unlock of all card controlled doors.

3. EMPLOYEE HEALTH AND SAFETY INDUCTIONS

- 21 new employees completed health and safety inductions.

4. WELLNESS INITIATIVES

() indicates no. of attendees

- Eye Examinations (8)
- Ergonomic Work Assessments (3)
- EAP Services hours utilised (23)
- Flu vaccinations are scheduled in the next quarter.

5. PRE EMPLOYMENT MANAGEMENT

() indicates no. of attendees

- Drug and Alcohol Tests (no fails) (29)
- No 'fit for work' assessments this quarter

6. STANDARD OPERATING PROCEDURE (SOP) REVIEW - INFRASTRUCTURE SERVICES GROUP

- This programme of work will be extended across the organisation in conjunction with the recommendations of the Simpson Grierson health and safety review. A plan for completion of a full review of all SOPs is currently under development and will be commenced in conjunction with the work undertaken to develop an organisational Hazardous Substances Inventory.

7. CONTRACTOR MANAGEMENT

- As at 27 March 2018 there were 183 Contractors listed as 'approved' on the Contractor Register.
- Significant work continues in the area of contractor management in conjunction with the recommendations from the Simpson Grierson health and safety review.
- This work includes the development of 'procedure' documents to provide increased review and verification activity.

8. RISK MANAGEMENT

- As part of the draft Action Plan/work programme, three organizational critical risk areas have been identified as current: Asbestos Management, Hazardous Substance Management, and Driving.
- Work has commenced in each of these areas and will be reported back in more detail in the next quarter.
- As at 30 March 2018 there are 26 reported Care Register events/hazards. During this quarter, one entry has been removed and two new entries added.

9. HEALTH AND SAFETY COMMITTEE (HSC)

- The HSC and the Operations Working Group have continued to meet monthly where possible. Focus continues on health and safety policy consultation, incident management, risk strategies and general health and safety matters.

10. HEALTH AND SAFETY POLICY REVIEW PROGRESS

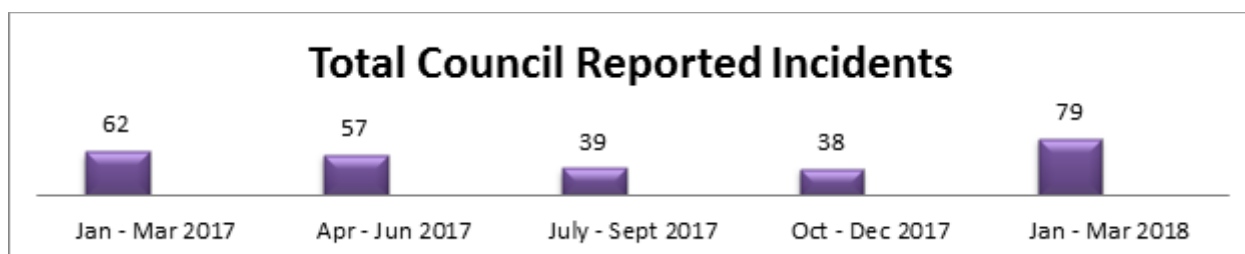
- All Policies are now under review to ensure consistency in referencing council values and providing effective linkage to other policies for more easy access to documentation.
- Following implementation of the Working Alone Policy, the next stage to support this policy in action is to implement a consistent technical application for monitoring the workers who go off site alone. This is due for completion and implementation in the next quarter.
- The Drug and Alcohol Policy review has been completed. All preferred applicants for advertised roles will now be required to successfully pass a drug and alcohol screening test prior to being offered employment, previously the requirement was only for preferred applicants to safety sensitive roles.

LAG INDICATORS

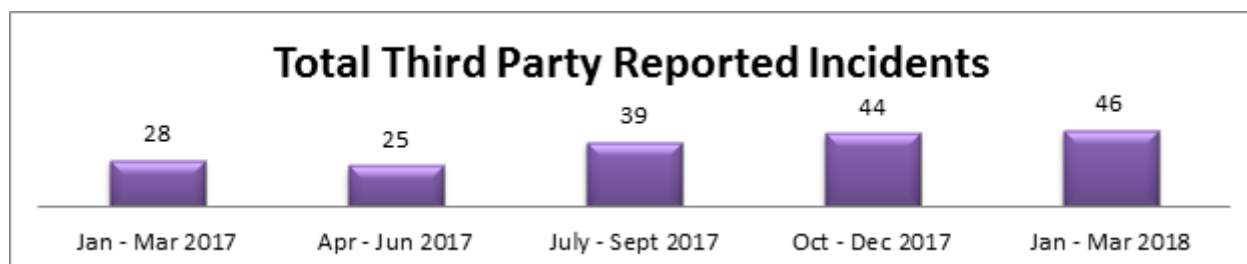
11. INCIDENTS, INJURIES AND NEAR MISS 1 JANUARY 2018 – 31 MARCH 2018

	Non-Notifiable Incident/Injury	Notifiable Incident	Notifiable Injury	Near Miss	Total
Community Services	11	-	-	1	12
Infrastructure Services	11	-	-	1	12
Corporate Services	1	-	-	-	1
Regulatory Services	7	-	-	1	8
Strategy & Planning	-	-	-	-	-
Chief Executive	-	-	-	-	-
Third Party	45	-	-	1	46
Total	75	-	-	4	79

- *Notifiable Incident: an unplanned or uncontrolled incident in relation to a workplace that exposes the health and safety of workers or others to a serious risk, arising from immediate exposure.*
- *Notifiable Injury: suffers an injury as a result of work. Requires admittance to hospital or immediately or within 48 hours of the event, not just first aid.*



- *Total reported incidents this quarter show increases in Libraries and Aquatics – Waikanae summer pool season during this quarter*
- *All reported incidents were investigated*



- *Third Party is defined as a person who does not hold employee status.*
- *This quarter Third Party events are predominant to the Aquatics (35) and Libraries (8) – Council's public spaces. Waikanae summer pool season is operational during this quarter.*
- *Monitoring of third party events is continuous and dealt with directly by each site and escalated where risk is identified.*



12. LEAVE MANAGEMENT

The use of annual leave is currently monitored and managed at the group level to ensure the application of adequate rest and recreation breaks support overall wellbeing. A regular report to SLT identifies those employees with an unused annual leave entitlement of greater than 25 days. These employees are requested to provide a leave plan to reduce their balance. This is monitored and managed because excessive annual leave balances create both a health and safety risk and a financial liability. Where employees do not submit a leave plan within the required time frame for approval, contractual terms and conditions may be applied.

There has been a slight increase in applications to cash up 'alternative day' leave and also for the additional 5 days annual leave over the legislated 4 week entitlement.

The use of sick leave is monitored to identify trends of excessive use or identify trends of high use within common areas. Council employees are entitled to 10 days sick leave per year and may accumulate unused sick leave. Unused sick leave is not paid out. No trends of concern were identified during this quarter.

DRAFT ACTION PLAN

Key Recommendations from Review (attention now)	Activity	Due date for completion	Progress	Updated Information for SLT/ARC
<p>Leadership SLT and officers to continue to increase and improve their understanding of H&S performance and organisational culture</p>	<ul style="list-style-type: none"> • Revision of H&S Performance Report to improve analysis and provide managers and officers with more meaningful information. • Review reporting and recording database (Vault) to determine necessary inputs and analysis required to support improved reporting • Hold SLT Workshop to develop an annual H&S Plan and agree H&S performance targets and metrics 	Q4 / 18	Good practice developing (orange)	<ul style="list-style-type: none"> • Revised template under discussion with SLT with plan to introduce revised format by Q3. • Content and dates being finalised. Delayed to enable new CEO input. Plan to complete by July. • This is being addressed concurrently with revised report format
<p>Health and Safety Management System (HSMS) Develop a structured framework and create documents which support assurance and increase confidence in practical application.</p>	<ul style="list-style-type: none"> • Prepare work plan for new HSMS, to include resources, development of docs, consultation and implementation processes. • Agree structure of appropriate HSMS Framework (including up to 12 procedures, content layout and governance). 	Q4 / 18	Good practice developed and on-going (green)	Draft plan to be approved by SLT and implemented by Q3.
<p>Contractor Management Complete review of current processes to align with HSWA obligations</p>	<ul style="list-style-type: none"> • Establish project group which will: <ul style="list-style-type: none"> - Support development of procedures (to meet HSWA expectations, and with clear ownership) - Facilitate implementation plan. 	Q4 / 18	Good practice developing and on going	Plan ready for HSC/SLT. Progress to be reported as part of new format by Q3.

EXAMPLE DRAFT WORK PROGRAMME: HSMS

Activity	Owner	Estimated time frame
Confirm quantity, titles and template layout for HSMS Procedures	OD Manager	One week
Identify Consultation Group	SLT	One week
Draft 1st set of procedures & supporting templates: <ul style="list-style-type: none"> - Contractor & Supplier Management - Hazard and Risk Management - Incident Reporting & Management - Emergency Preparedness 	External (SG)	Two weeks
Consultation and feedback to SG on any amendments - SLT	OD Manager	Two weeks
Preparation of final version of 1st set procedures - SLT	External (SG)	One week
Arrange to publish new documentation and communicate to staff	OD Manager	One week
Draft 2nd set of procedures: <ul style="list-style-type: none"> - Safe Work Practices - Training and Competency - Leadership, commitment & engagement 	External (SG)	Two weeks
Consultation and feedback to SG on any amendments - SLT	OD Manager	Two weeks
Preparation of final version of 2nd set procedures - SLT	External (SG)	One week
Arrange to publish new documentation and communicate to staff	OD Manager	One week
Draft 3rd set of procedures: Health & Wellness <ul style="list-style-type: none"> - Planning & Review - Measuring and Monitoring Performance - Audit and Assurance 	External (SG)	Two weeks
Consultation and feedback to SG on any amendments - SLT	OD Manager	Two weeks
Preparation of final version of 3rd set procedures - SLT	External (SG)	One week
Arrange to publish new documentation and communicate to KCDC people	OD Manager	One week
GMs to set expectations at their management meeting & steps moving forward including implementation plans and timelines to address gaps	SLT	Two weeks
Managers to start completing Procedure Implementation Checklists & submit to GMs	SLT	Eight weeks
Status of implementation to be included in SLT/ARC Reports	OD Manager	Two weeks