

Chairperson and Committee Members
AUDIT AND RISK COMMITTEE

30 NOVEMBER 2017

Meeting Status: **Public**

Purpose of Report: For Information

HEALTH AND SAFETY REVIEW

PURPOSE OF REPORT

- 1 The purpose of this report is to provide a high level overview of the key recommendations from the recent health and safety review carried out by Simpson Grierson's Health and Safety Advisory Team.

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 Following the introduction of the new Health and Safety at Work Act 2015 (HSWA), the Council engaged Simpson Grierson's Health and Safety Advisory Team to carry out a health and safety review.
- 4 The purpose of this review was to provide an objective assessment on how we were tracking since the introduction of HSWA and the removal of ACC's Workplace Safety Management Programme (WSMP), and to make recommendations on how to address any gaps identified, which would enable Council to continue to raise the profile of health and safety throughout the organisation and our people.
- 5 The review focussed specifically on the following areas:
 - Council's health and safety leadership culture;
 - Council's health and safety management system and the overall health and safety framework (including evaluation of its fitness for purpose) and alignment with the Health and Safety at Work Act 2015;
 - Council's contractor management processes.

- 6 The review was carried out in September 2017. Information was coordinated and provided by the Health and Safety Advisor and gathered from a variety of sources including the Vault (Council's health and safety data management system), face to face discussions with SLT, line managers, health and safety committee, and a range of policy and procedural documentation.
- 7 A presentation covering key findings and key recommendations will be delivered to this Committee at its 30 November 2017 meeting by the Simpson Grierson Health and Safety Advisory Team.

ISSUES

- 8 In general terms activities have been underway since mid 2015 to incorporate the new HSWA obligations into Council documentation, activities and culture.
- 9 There are areas where improvements are required to better support due diligence and also enable health and safety to be more joined up into overall council activities.
- 10 The Council initially created its current health and safety management system (HSMS) to enable accreditation into the Workplace Safety Management Programme (WSMP) with ACC.
- 11 The review noted that, in common with many organisations, the focus has largely been on reporting of data, with insufficient analysis of what that data is indicating. This includes taking a risk-based approach to focussing on identifying and managing critical risks.
- 12 Key recommendations include:
 - Developing a more structured health and safety framework, including documents that would support assurance and increase confidence in practical application.
 - Improving the annual health and safety plan, endorsed by officers and SLT, which includes clearer ownership and accountability from SLT members.
 - Increasing the analysis and developing further content for discussion in quarterly health and safety performance reporting which would provide more meaningful and linked up information. This would further support the officers to understand the nature of the business and its hazards and risks (due diligence).
 - Adopting a more structured and risk focused approach to selecting and managing contractors which would aim to increase engagement, cooperation and assurance. This would bring the focus more in line with the day-to-day interactions rather than the current focus which is primarily on the pre-selection process.
- 11 Through the implementation of the recommendations in this review, Council will be better placed to demonstrate how it will meet its obligations under HSWA, including ensuring it is providing the Chief Executive and Councillors with sufficient information to meet their due diligence obligation.

- 12 Attached as Appendix Two is the report received from the Simpson Grierson Health and Safety Advisory team.

CONSIDERATIONS

Policy considerations

- 13 There are no Policy considerations.

Legal considerations

- 14 There are no legal considerations.

Financial considerations

- 15 Funding will be required and provided for in future budgets over the next three years to complete all the recommendations in the action plan.

Tāngata whenua considerations

- 16 There are no tāngata whenua considerations.

SIGNIFICANCE AND ENGAGEMENT

Significance policy

- 17 This report is not significant under the Council's Significance Policy.

Publicity

- 18 A communication plan for staff to increase awareness and build on development opportunities identified in this report will be developed.

RECOMMENDATIONS

- 19 That the Audit and Risk Committee notes the information contained in this report.

Report prepared by

Approved for submission

Dianne Andrew
Organisational
Development Manager

Wayne Maxwell
Group Manager
Corporate Services

Appendix 1: Short Term and Longer Term proposed Action Plans which provide for both short term (during the recruitment of a new Chief Executive) and longer term activities for which progress can be reported back to this Committee.

Appendix 2: Health and Safety Review 2017

Action Plan – Short Term

(over next 3 months)

Recommendations	Activity	Person Responsible	Due Date
Leadership & Culture SLT and officers to continue to increase understanding of health and safety performance.	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 in puts and analysis required to support improved reporting.		
Health and Safety Management System (HSMS) Develop a structured framework and create documents which support assurance and increase confidence in practical application.	Prepare project plan for new HSMS, to include resources, development of documentation, consultation and implementation processes. Agree structure of appropriate HSMS Framework (including 12 procedures, content layout and governance)		

Action Plan – Longer Term

NOTE: Many of these activities will be included in greater detail in the annual H&S Plan, and progress reported through improvements in H&S Performance Reports.

Recommendations	Activity	Person Responsible	Due Date
Leadership & Culture Activity will provide continuation of programme established by current CE.	Presentation to new CE to discuss the H&S review and seek insight and commitment on next steps.		
Leadership & Culture Develop an annual H&S plan, endorsed by management and officers and which includes clearer ownership and accountability from SLT members.	Delivery of workshop for SLT, which will result in development of H&S performance metrics and targets for FY18/19.		
Leadership & Culture Increase representation of SLT at organisational H&S committee and clarify and align process for engagement and decision making, with HSWA.	Review and align H&S committee constitution and consultation processes to support organisational needs and cultural changes.		
Contractor Management Adopt a more structured and risk focused approach to selecting and managing contractors and which aims to increase engagement, co-operation and assurance.	Establish project group which will: <ul style="list-style-type: none"> • Discuss and agree optimum contractor management process to be adopted • Support development of procedures (to meet HSWA expectations, and with clear ownership) • Facilitate implementation plan. 		
Contractor Management Clarify expectations and agree leadership engagement opportunities.			

20 October 2017

Dianne Andrew
Organisational Development Manager
Kapiti Coast District Council
Private Bag 60601
Paraparaumu
WELLINGTON 5032

Partner Reference
Samantha Turner - Wellington

Writer's Details
Fiona Carney
Senior Health and Safety Consultant
Direct Dial: +64-9-977 5397
Fax: +64-9-997-5083
Email: fiona.carney@simpsongrierson.com

PRIVILEGED & CONFIDENTIAL

HEALTH & SAFETY REVIEW 2017

1. INTRODUCTION

- 1.1 Please find set out below our completed Health and Safety (**H&S**) Review of the Kapiti Coast District Council (**Council**) Health and Safety Management System (**HSMS**) and its application.
- 1.2 To undertake this review, we spent time with Council staff (including the senior leadership team and a contractor supervisor) and were provided access to the documented HSMS.
- 1.3 We spent time with Jill Dallinger (the former H&S Advisor) and Toni Magi (Acting HR Services Delivery Manager) who explained how staff access H&S information, how it is kept up to date, and how it is intended to be used in practice.
- 1.4 The review focused specifically on the following aspects
 - (a) the H&S Leadership culture at Council and understanding the level of H&S maturity of the organisation;
 - (b) the HSMS and the overall H&S Framework (including evaluation of its fitness for purpose) and alignment with the Health and Safety at Work Act 2015 (**HSWA**); and
 - (c) the contractor management processes at Council, including selection, suitability and management processes, with a focus on and how Council is meeting its obligations under HSWA.
- 1.5 The nature of this review is to provide our opinion of those specific aspects outlined above and to make recommendations on how to address any gaps identified, which will enable Council to continue to raise the profile of H&S throughout the organisation and its people.

2. EXECUTIVE SUMMARY

- 2.1 Overall, it is clear that the Chief Executive (**CE**) places a high emphasis on H&S management as one of his key priorities and demonstrates this through proactive leadership. This is evidenced through the following examples:

- (a) conducting regular one on one discussion with each General Manager and also their Tier 3 managers;
 - (b) his participation in the H&S committee;
 - (c) introducing senior leadership team (**SLT**) workplace H&S focused visits; and
 - (d) providing training on the impending legal changes and the changes post implementation of HSWA.
- 2.2 The Council recognises that it manages a number of risks, not only to its own workers, but also the workers of other PCBU's who work on Council owned or controlled assets and to other persons. A number of Council H&S policies include some reference to how these groups will be supported and managed, however, others lack this information and detail, (e.g. Incident Management and Risk Management).
- 2.3 Current processes continue to focus on hazard management and maintenance of local hazard registers, which were requirements under the previous H&S legislation. Discussions and inquiry indicated there appears to be a lack of focus or clear understanding of organisational H&S risks or the development of an organisational H&S risk register. We found that current processes continue to focus on hazard management and maintenance of local hazard registers, which were requirements under the previous H&S legislation, and there is no focus on risk.
- 2.4 Currently the organisational H&S committee constitution consists primarily of health and safety representatives (**HSRs**), and a member of the SLT rotating annually. Upon reviewing the meeting minutes, we consider the constitution of the committee, and items discussed and actioned fall short of the intent under HSWA for participation and engagement, and as such do not meet the expectations required for worker participation and engagement.
- 2.5 Reporting on H&S performance to the SLT and officers was limited and it appeared to lack the depth of detail and assurance that we would expect to see. As such we believe it falls short of that which would support the Council to meet its primary duty of care and officers to meet their due diligence obligation.
- 2.6 Management of contractors, including recent updates to current processes, applications and assurances of safe work practices is clearly an area of focus for Council. However, we consider that Council may need further changes to these documented processes and an increase in assurance activity and ownership by contract managers to fully meet its obligations under HSWA.
- 2.7 Council has adopted the ACC Workplace Safety Management Programme (**WSMP**) as its framework for creation of H&S documentation. In our view, reliance on ACC WSMP as a framework alone limits the ability to provide appropriate assurance for H&S activity to the CE and elected members. We note that consideration is underway as to the most appropriate external auditing process that the Council will utilise when its current accreditation expires in April 2018.
- 2.8 Through the implementation of the recommendations in this review, Council will be better placed to demonstrate how it will meet its obligations under HSWA, including ensuring it is providing the CE and Councillors with sufficient information to meet their due diligence obligation.

RECOMMENDATIONS

3. LEADERSHIP

- 3.1** We recommend that Council's SLT continues to increase its active participation in monitoring H&S activities. We recommend that this includes an increased inquiry into the level of H&S performance and reporting across Council. This would include a greater assurance that the correct measures are being monitored and reported and that appropriate and timely actions are being undertaken to address any issues.
- 3.2** We recommend an annual H&S plan is developed, which includes ownership and accountability from SLT members. The SLT then needs to monitor the plan and ensure the achievement of agreed goals and targets are met. This should ensure further integration of H&S into the organisation's leadership culture.
- 3.3** Proactive leadership could be further improved through an increased representation of SLT at the organisational H&S committee and changes to the current consultation and engagement processes. The meeting intent should be to encourage and enable workers to have opportunities for participation and engagement, rather than their current role which appears to be that of decision makers. Workers need to have an opportunity to contribute to decision-making processes and to express views and raise H&S issues.

4. H&S MANAGEMENT SYSTEM

- 4.1** We have provided a model H&S Framework for your consideration (Refer Figure 1 page).
- 4.2** We recommend that Council develops a structured and effective framework for its HSMS to ensure the robust documentation of its H&S processes and to support assurance that these processes are being followed correctly. The framework and HSMS should align with contemporary practice in H&S and demonstrate how Council will meet its key obligations under HSWA, including the development of systems that support the obligations of due diligence from the CE and other Council officers.

5. CONTRACTOR MANAGEMENT AND HSWA

- 5.1** We recommend that Council considers adopting a more structured and risk focussed approach to selecting and managing its contractors. We consider improvements to the current contractor management processes could include not only the selection and evaluation process, but details of how Council aims to increased engagement, co-operation and assurance.
- 5.2** Determining a more robust approach to the level of assurance that Council requires and also setting expectations of its contractors, along with the introduction of a contractor consultation and communication forum would further support Council in meeting its HSWA obligations.

DETAILED FINDINGS

6. COUNCIL LEADERSHIP IN H&S

- 6.1 From our brief discussions with SLT members it appears that their involvement and active leadership for SLT, with the exception of the CE, consists primarily of participating in the site visits. We did not meet with elected members as part of this review.
- 6.2 Discussions with SLT members indicated that they appear happy with the current level of H&S information provided to them through the quarterly H&S performance reporting to SLT, and that they considered this to be sufficient to meet their needs.
- 6.3 Our review of the H&S performance reports found there to be limited analytical and explanatory information to support graphs and data. SLT meeting minutes also had limited information demonstrating that robust discussion or decision-making had taken place around the data provided. We consider the current processes for monitoring and measuring H&S performance is unlikely to provide sufficient evidence that would support the due diligence requirements for Council officers or to evidence how the Council is meeting its PCBU duties.
- 6.4 Further inquiry with SLT members indicated that although H&S is an agenda topic at their functional management meetings, it is generally discussed by exception and often focuses on any known incidents during that period. It would benefit from changing to focus on management accountability to report and update on their team H&S performance, management of risk and progress of H&S actions.
- 6.5 We note that adoption of the Council Health and Safety Participation Agreement in October 2016, has stated that the organisational committee consists of one rotating SLT member and other members being 10 HSRs. Discussion with the current H&S committee chair, along with a review of a number of the meeting minutes, indicates that the activities undertaken by the committee are not consistent with the intent of HSWA, which is to enable worker participation and consultation on matters of H&S. Indications are that HSRs are taking the role of decision makers and not Council's leadership team.
- 6.6 We were advised that one of Council's values is 'caring' and that this concept is intended to mean everyone ensures the safety and wellbeing of others. All job descriptions are currently under review, with the intent that these will be updated to provide clear specific H&S attributes and performance expectations of that position.

Recommendations

- 6.7 Our general recommendation is that Council's leaders further improve their current approach to monitoring and measuring H&S performance and increase proactive H&S leadership by:
- (a) undertaking a greater level of discussion on H&S performance and assurance during their SLT meetings, and relating this to the organisation's ability to meet targets set in the agreed annual H&S plan and that of due diligence requirements;
 - (b) discussing and measuring H&S performance at their management meetings, (using similar themes to those discussed at SLT meetings), increasing management accountability and also improving communication pathways so that the information flows up and down the organisation;

- (c) personally championing an objective within the annual H&S plan, and providing progress feedback at SLT meetings and through their management meetings and out to the wider organisation;
- (d) reviewing and improving the current functionality of the organisational H&S committee, through an increase in SLT representation and active involvement alongside the HSRs. We also recommend adapting the committee focus to one of participation and engagement and identification of continuous improvement opportunities rather than decision makers (which is the role of the SLT); and
- (e) We also recommend that all members of the SLT should have key H&S performance measures included in their annual performance reviews, with similar approaches being disseminated down through their respective management teams.

7. COUNCIL H&S FRAMEWORK - OVERVIEW

- 7.1 Council's intranet (**Eric**) is the main repository for approved documentation. H&S documentation is held within a section of the Organisational Development (**OD**) Workgroup, alongside that of Human Resources policies.
- 7.2 The current number and types of H&S policies and supporting documents were prepared primarily to enable Council to participate in the ACC WSMP.
- 7.3 While these documents have enabled Council to achieve and retain Tertiary accreditation for over 6 years, the WSMP framework does not focus on providing a structure that would effectively support H&S governance or meet the duties and obligations required under HSWA.
- 7.4 There is a clear Council process for the preparation, content, approval and review of all Council approved policies. However, our review of the current H&S policies found that they were inconsistent with that prescribed by Council, with contents being more in line with that of a procedure.
- 7.5 We understand that a H&S policies review project is currently underway, and is managed by the former H&S Advisor. The review process indicates that it will include alignment of policy contents with HSWA expectations. This schedule is currently behind plan, and said to be due primarily to resourcing constraints.
- 7.6 As noted throughout this review, we found a number of documents had been reviewed and updated post enactment of HSWA but did not appear to reflect or align with HSWA requirements or expectations.
- 7.7 A number of published documents were found to lack either a supporting H&S policy or procedure (e.g. Council Health and Safety Worker Participation Agreement 2016-2018, H&S Quarterly Report to SLT and the Audit and Risk Committee).
- 7.8 With these documents being the primary source of information for Council staff to understand what is required and to be applied, the inconsistencies and, in some cases, the complexity of these documents, may result in confusion and mean Council is unable to meet its statutory obligations for providing a 'fit for purpose' HSMS.

Structured approach recommended

- 7.9 It is our experience that the development of a 'fit for purpose' HSMS should follow a clearly structured approach, as outlined in Figure 1 below. This structure provides for a succinct document hierarchy, consisting of one H&S Policy supported by a series of H&S Procedures (which outline how requirements will be achieved and those responsible). Further practical tips can be provided in the form of guidelines.

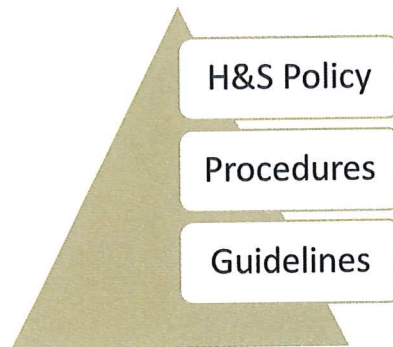


Figure 1 - Document Hierarchy for H&S System

- 7.10 The number and type of procedures required depends on an organisation and its risk profile. For Council, we consider a minimum 12 H&S Procedures should be prepared (refer **Appendix A**).
- 7.11 Each procedure would follow a set template that includes the following:

PROCEDURE CONTENT	DESCRIPTION
Background and Purpose	Provides contextual information about the procedure and its purpose
Scope	Provides the scope of procedure and may include exceptions or exemptions
Procedure	This provides the 'how' expectations will be delivered and expectations will be met
Responsibilities	This covers who has responsibilities and what they are under the procedure
Further Information	This provides links to other documentation or relevant information both internally and externally.

Focus of review

- 7.12 Our review of the available H&S documentation focussed specifically on:
- (a) understanding what key H&S processes were in place;
 - (b) the availability of H&S policies or procedures for those processes;

- (c) content suitability, including being up to date with the HSWA terminology and expectations; and
- (d) practical application of the processes.

7.13 The following sections of this report, summarise our observations and provide (where appropriate) recommendations for further improvement.

8. H&S POLICY

Availability of Documentation

- 8.1 The current Council H&S Policy Statement was dated and signed by the CE on 15 December 2016. It references compliance with HSWA and contains a number of requirements which are explicit in HSWA.

Content Suitability

- 8.2 From our review of the H&S Policy Statement, we are of the view that the document is relatively complex when compared to H&S policy statements within other similar organisations. This may discourage workers from reading or understanding the commitments being made by Council.

Practical Application

- 8.3 In undertaking this review, Council indicated that the policy statement format and its content was originally prepared in isolation from management and worker input, and that the current document review process only serves to confirm that any legislative changes have been incorporated. As such this document appears to primarily focus solely on satisfying legal requirements rather than outlining Council's organisational commitments for creating a safe and healthy working environment which can be owned and lived by.

8.4 Recommendations

- (a) We recommend that the H&S Policy Statement is redrafted by the SLT. This would ensure it becomes owned by Council and aligns with the principles and beliefs of Council leaders and Council. It can then be reviewed by the Organisational Health and Safety Committee and any feedback can be considered prior to being finalised and reissued by the CE.
- (b) When redrafting the policy statement, Council will need to consider the wording and content of the policy statement to support the participation, engagement and ownership of H&S across the organisation, looking to align wording with that of existing visions, beliefs and principles.

9. PLANNING & REVIEW

Availability of Documentation

- 9.1 No documented policy or procedure for H&S planning currently exists. We were given copies of the Council Health and Safety Objectives June 2016-2017 and Strategy Health and Safety Plan for 2016-2018 documents.

- 9.2 We consider the format of these documents, outlining a number of objectives and outcomes along with owners and target completion dates, to be more in line with that seen in an H&S activity plan than that usually seen as an Organisational H&S Plan.

Content Suitability

- 9.3 An updated version of the Council 2016-17 H&S Objectives document has recently been prepared by the former H&S Advisor and indicates that a number of the objectives were only partially achieved within the agreed timeline. The document does not explain the reasons for non-achievement or what actions were taken in attempt to support successful completion. The updated version has yet to be seen by the SLT.

Practical Application

- 9.4 Due to the lack of a documented procedure, there is no structured periodic review process or requirement to include reporting on progress of these plans in current SLT and Council H&S performance reporting.

Summary

- 9.5 Our experience is that best practice HSMSs contain a robust planning and review procedure, which includes a focus on continuous improvement, achieved through setting clear measurable objectives/targets, consultation and ratification processes, and frequencies for reporting on progress and addressing roadblocks to success. This planning and review process also supports meeting the due diligence obligation of the officers of the organisation.

9.6 **Recommendation**

- (a) Our recommendation is to prepare and implement a Planning and Review Procedure, with supporting guidelines, which include:
- (i) a process for creating and monitoring an annual plan with clear objectives, targets, allocated responsibilities and outcome measurements;
 - (ii) a process which includes a review of the effective implementation of elements of the HSMS system with reporting to the appropriate level and recommendations if required; and
 - (iii) a process for the review of progress to plan and overall H&S performance at all levels, including the H&S committee, Group Management, SLT and Audit & Risk Committee.

10. INCIDENT AND INJURY REPORTING AND INVESTIGATION

Availability of Documentation

- 10.1 We were provided with copies of document HR-13-030 (Incident and Accident Policy approved in April 2014 and due for a review in November 2019).

Content Suitability

- 10.2 Section 13 indicates that this is a new document and was written "in accordance with upcoming H&S Act changes". However, we note that several sections continue to use terminology seen under the previous Health and Safety in Employment Act (HSEA)

1992 (e.g. serious harm, instead of notifiable event) and that information relating to event notification to the regulator is inconsistent with that now required under HSWA.

Practical Application

- 10.3** Council uses a H&S recording database called Vault. One of the modules within this database is dedicated to incident reporting and investigation. This module also has the ability to collate and provide analytical data for performance reporting.
- 10.4** Each Operational Group has a nominated user of Vault (usually the Executive Secretary), whose role it is to enter details from incident and investigation forms into the database. The H&S Advisor is the custodian of the system and has responsibility to monitor the accuracy of information and collate analytical data for reporting purposes.
- 10.5** We note that a project is currently underway to transition HR files to 'ED' and upload copies of certificates and training records into Vault. Upon completion, the HR team plans to develop a skill and capability matrix and which will include requirements and evidence to support achievement of competency of Council staff whose role requires them to lead and undertake incident investigation.
- 10.6** Entries of investigation findings, including causation and selection of appropriate corrective actions appear to be variable and inconsistent with that of the incident and accident management policy requirements.
- 10.7** No formal tracking of corrective actions to closure or analysis of root causation could be found.
- 10.8** We attempted to prepare basic analytical information from within the database as part of this review, but were unsuccessful, as many mandatory or analytic components were incomplete.

Summary

- 10.9** As discussed above, there are several gaps in the processes. Furthermore, there appears to be a lack of ownership and accountability for accuracy and implementation of the agreed processes, incorrect use of the database, and inconsistencies within document HR-13-030 to meet current regulatory requirements. These issues inhibit Council from being able to undertake appropriate levels of investigation, prepare trend analysis and identify corrective actions and share learnings to ensure there is no reoccurrence, in particular for serious incidents.

10.10 Recommendation

- (a) It is recommended that a structured incident management procedure be prepared and contain as a minimum:
- (i) a robust process for incident reporting and recording (including responsibilities, competencies, timelines, a clear internal escalation and regulatory notification protocol);
 - (ii) a clear process outlining the protocol for incident investigations, which determines root causation, selection and implementation of appropriate corrective actions, identifies responsible persons and monitors achievement and closure of completion dates; and
 - (iii) a process for analysing data to determine trends and opportunities for improvement in order to reduce risk. Such data can then be

extracted and incorporated into Audit & Risk Committee and management reporting to help support due diligence requirements.

11. HAZARD AND RISK MANAGEMENT

Availability of Documentation

11.1 The following documents were reviewed as a cross-section of those found under the Hazard Management heading in Eric:

- (a) Council Hazard Management Policy HR-13-018 version 2, approved May 2014.
- (b) Council Hazard Report Form - no document number.
- (c) Care Register – Document number HR16-034.
- (d) Procedure for the Management of Hazardous Substances/Dangerous Goods - no document number.
- (e) Hazard Management Procedure Guidelines- no document number.
- (f) Council Personal Protective Equipment (PPE) Purchase and Distribution Process- no document number.
- (g) Working Alone Processes- no document number.
- (h) 4x Significant Hazard Registers 2015, one each for Coastlands Aquatic Centre, Otaki Library, Paraparaumu Depot and Waste Water Treatment Plan - none had document numbering.

Content suitability

- 11.2 Document HR-13-018 was last reviewed in May 2014. Section 10 - 'Policy History indicating that this version (v2) was 'reviewed and aligned with Audit and H&S Reforms'.
- 11.3 Our review of this document found that it still contained reference to HSEA and its terminology is not consistent with HSWA (e.g. use of wording such as significant "hazard" and "serious harm"). The hierarchy of controls (section 6.1) is not consistent with that now prescribed under HSWA.
- 11.4 The documents pertaining to lone working and hazardous substances appear to be stand-alone documents with no link to that of HR-13-018 and have limited information on risk mitigation and agreed controls. The layout of these documents is also inconsistent with that of other H&S documents.

Practical Application

- 11.5 Discussions with SLT members and a small selection of Council workers indicates that hazards are documented and managed but that there is no single organisational H&S Risk Register and limited understanding of critical risk management methodology.
- 11.6 Proactive approaches using the tailgate documentation, focused on raising staff awareness of *hazards* with no focus on risk management and agreed controls were explained during our interaction with Depot Operational Management.

- 11.7 The former H&S Advisor explained the newly established Care Register, (which is a central repository of relevant information aimed at protecting workers who work in the wider community or interact directly with members of the public). It is understood that this has been created in order to help manage those risks associated with personal safety when interacting with the public. Its use and relevance are monitored through the HR team.
- 11.8 As indicated previously the transition of HR files to 'ED' and uploading copies of certificates and training records into Vault, will help to identify the availability of records to indicate how those undertaking hazard and risk assessments are trained to a level of competency and understanding of effective risk methodologies.

Summary

- 11.9 The control of risks and hazards is vital to ensuring the H&S of all workers (and to ensure that the H&S of other persons is not put at risk), which is the primary duty of care for Council. Without a clear, methodical documented process for identifying and managing risk, supported by relevant and consistent procedures on how these will be applied in practice, it is our view that Council would not meet the expected level of compliance under this statutory obligation or align with good practice in Hazard and Risk Management.

11.10 Recommendations

- (a) We recommend that a Hazard and Risk Management Procedure be prepared which includes how H&S risks will be integrated into the wider organisational risk profile and incorporates the following:
- (i) a process for identifying the critical risks that exist within Council and preparation of appropriate control plans, which include responsibilities and required processes to keep people safe;
 - (ii) a robust risk matrix that includes initial risk scores and residual risk scores that includes a process with response to significant or extreme levels of risk and approval;
 - (iii) the establishment of an organisational risk register with clear review periods, including ensuring the ongoing suitability of agreed control plans and processes to keep people safe;
 - (iv) proactive management of hazards, including reporting, management and analysis; and
 - (v) identification and delivery of suitable training to enable those undertaking hazard and risk assessment to do so with confidence and a suitable level of capability.

12. INJURY MANAGEMENT

Availability of documentation

- 12.1 The following documents were provided in support of this element.

- (a) Document HR-13-015 Rehabilitation Management Policy dated May 2014.

- (b) Document HR 18 Return to Work (RTW) Policy dated April 2009 with review date of 2 year cycle .

Content Suitability

- 12.2 Document HR-13-015 sits within the current H&S set of documents. This document is supported by appendices including;
 - (a) Rehabilitation guidelines.
 - (b) Rehabilitation plan agreement.
 - (c) Rehabilitation plan flowchart.
 - (d) Consent form for release of information.
- 12.3 Document HR-18 sits within the Organisational Development/Human Resources set of Policies and is supported by 3 appendices:
 - (a) Appendix One - Consent form for collection and release of information.
 - (b) Appendix Two - RTW Process Overview flowchart.
 - (c) Appendix Three - Rehabilitation Plan (DPI) Discomfort, Pain and Injury
- 12.4 Both documents refer to the Health and Safety in Employment Act 1992 and need to be updated to reference HSWA. Neither document refers, to or includes, any reference to the existence of the other and appear to work independently, even though they are addressing the same topic.
- 12.5 We found that both documents had inconsistencies, but if combined into a single document would cover all relevant requirements.

Practical Application

- 12.6 Unfortunately, during the initial review neither of the above documents were made available and only became known to Simpson Grierson during a recent discussion with the Organisational Development Manager. As such, although we have reviewed the content we have been unable to determine how effective these are in practice.
- 12.7 It is noted that when Injury Management arrangements were discussed during the earlier review with the former H&S Advisor it was indicated that adequate processes were known by relevant managers and had been discussed during ACC WSMP accreditation assessments, enabling Council to retain its accreditation.

Summary

- 12.8 The variation and inconsistencies found within these two documents, and which are held in two separate locations on Eric, make it difficult for Council to adequately demonstrate how it covers injury management requirements or meets the commitment for rehabilitation contained within the H&S Policy Statement.
- 12.9 Injury and illness management is a key process for supporting Council's workers should they suffer an injury or illness that is work related. Documenting how Council supports rehabilitation, with an aim to having workers return to pre-injury health and therefore back to work, is vital to ensure your people know that you care for them and

to ensure effective management of workers who are away from the workplace due to injury or illness.

12.10 Recommendation

- (a) We recommend that an Injury and Illness Management Procedure be developed and contains as a minimum the following information:
 - (i) a process for the treatment of any injured staff members (including reporting levels and notifications to regulatory bodies);
 - (ii) a process for any required workplace adjustment for staff following an injury or illness; and
 - (iii) a process for any required rehabilitation for staff following an injury or illness.

13. CONTRACTOR MANAGEMENT

Availability of Documentation

13.1 The following documents were provided as part of the contractor management processes adopted at Council:

- (a) Contractors' Health and Safety Management Policy (CORP-HR-21), version 2 dated Jan 2016.
- (b) Forms CON 1, 2, 3, 4 & 5, which are referred to in the above Policy.
- (c) Council Road Maintenance Health, Safety and Environmental Management Plan contract number 2015/CO26, dated July 2017.
- (d) Extract form LED Upgrade Contract 2017/C138- Sections 8.7 Health and Safety.
- (e) Meeting Minutes between Council and Downer, dated 26 July 2017.

Content suitability

13.2 Document CORP- HR-21 was submitted to Simpson Grierson prior to the start of this planned review with a request to provide a legal opinion on the suitability of the document and its contents to align with changes arising from HSWA. For the earlier document our legal team noted a number of inconsistencies, including terminology, with that required under HSWA and these have been included within the summary and recommendations below. We note the most recent contractor management document will be reviewed by legal in line with this review.

13.3 This document relies primarily on the current prequalification process to provide assurance that each PCBU working for and on behalf of Council is meeting its HSWA obligations.

13.4 Documented processes are somewhat limited in regards to the level of ongoing assurance and methodology that Council expect or apply to ensure safe work practices are being used (e.g. issuing and verification of safe work methodology and permits etc).

- 13.5 There appears to be no formal documented requirement for the exchange of H&S performance information between Council and its contractors other than incident reporting.
- 13.6 Extracts from service contracts relating to H&S information or expectations is considered to be generic and limits specific detail and assurance, relying primarily on the contractor having completed the prequalification assessment and being added to the Approved Contractor Register.

Practical Application

- 13.7 Where the contract awarding criteria requests submission of a H&S Plan, we were advised that there is no formal validation process undertaken to review and determine suitability of that document.
- 13.8 We did not locate a formal, periodic review programme that is used to monitor and measure evidence, and provide assurance, of safe work practices or inclusion of contractor management findings in H&S performance.
- 13.9 No information was available to determine the competency and training of contract managers in relation to H&S and contractor management responsibilities and which would enable them to fulfil their responsibilities with confidence.
- 13.10 Although H&S appears as an agenda item on the meeting minutes provided between Council and Downer, there is a lack of information in this meeting minute example to determine whether H&S performance is discussed by exception or as an integral part of these regular meetings.

Summary

- 13.11 Under HSWA, contractors and employees of contractors are workers, and a PCBU has duties to all its workers, including its contractors. The level of influence or control that Council has over the work being undertaken will determine the extent of that 'verification'. However, should an incident occur which requires investigation of the role that Council, as 'client' (but still a PCBU due to its influence and control over the work carried out), has played, the current limited processes may be insufficient to evidence that Council has taken all reasonably practicable steps to monitor and gain assurance of safe practices and methodologies.
- 13.12 **Recommendation**
- (a) Our recommendation is that Council reviews its documented processes for contractor management and ensure that they include:
- (i) pre-qualification processes including, where required, submission of a site specific H&S plan (for high risk works);
 - (ii) a process for induction, including onsite risks, which also captures any risks contractors may introduce to the worksite;
 - (iii) a process for consultation and communication for all relevant stakeholders;
 - (iv) a process outlining what needs to occur for reporting, investigation and the management of any event or injury;
 - (v) a process to review performance;

- (vi) identification and delivery of suitable training to enable those undertaking contractor approval and monitoring to do so with confidence and a suitable level of capability; and
- (vii) a process for supporting worker participation and effective engagement with workers (including a procedure for resolving H&S issues).

14. EMERGENCY MANAGEMENT

Availability of documentation

- 14.1 Document HR-13-016 (Emergency Preparedness dated December 2013) was provided in support of this HSMS element.

Content suitability

- 14.2 We note that the templates in HR-13-016 and in the emergency drill records sighted focus primarily on fires and not on other probable emergency situations.
- 14.3 This document lacks information to show how Council will identify and manage other emergency situations, such as earthquakes, power outages, flooding, bomb alerts, and chemical spills. We were advised that Council has included its management of these types of emergency situations in its Business Continuity Plans (BCPs) but these were not seen as part of the HSMS review.
- 14.4 Evidence provided shows that 6 monthly fire drills are conducted and any actions are noted.

Summary

- 14.5 Statutory obligations and best practice in emergency preparedness includes:

- (a) clear processes for identification of all relevant emergency situations;
- (b) and preparation of emergency control plans;
- (c) training of key personnel;
- (d) execution of trial evacuations or desk top scenarios; and
- (e) regular reviews of the effectiveness of those processes.

14.6 Recommendation

- (a) We recommend that an Emergency Preparedness Procedure be prepared and which includes all types of emergency scenarios that could occur throughout the organisation. Documentation should include:
 - (i) a process for determining emergency response situation or types and what areas should be a focus for emergency drills;
 - (ii) a process for the review of any drills, effectiveness, reporting and any corrective actions;
 - (iii) content of inductions for employees, contractors, visitors and others;

- (iv) a process for identification and delivery of suitable training to enable those undertaking key roles in an emergency to do so with confidence and a suitable level of capability;
- (v) a process for periodic review and maintenance of emergency equipment to ensure it remains suitable and ready for use; and
- (vi) information about how the progress to plan will be reported to the SLT and the Elected Members.

14.7 Integration and cross referencing of H&S arrangements into Council's Business Continuity Planning should be considered if not already included, which can also support assurance. We also recommend a crisis management plan is developed.

15. H&S PERFORMANCE REPORTING

Availability of Documentation

15.1 The following documents were provided in support of this HSMS element:

- (a) Health and Safety Quarterly Report to SLT, dated 1 September 2016 – 31 December 2016.;
- (b) Health and Safety Quarterly Report, dated 1 October 2016 – 31 December 2016.
- (c) Health and Safety Quarterly Report to the Audit and Risk Committee, dated 1 April 2017 - 30 June 2017.
- (d) Health and Safety Annual Report to SLT, dated 1 July 2016 – 30 June 2016.

15.2 No specific H&S policy or procedure exists for the collation of information and provision of reporting of Council's H&S performance across the organisation.

Content suitability

15.3 Review of the performance reports identified a number of areas where information could be further improved and aligned with recognised performance measures and which would enable Council to benchmark its performance with that of other similar organisations.

15.4 The reports focus primarily on lag indicators and provision of raw data. There is limited narrative on findings, trend analysis or insight to assist Council to understand whether targets are being met or not.

Practical Application

15.5 From the information provided (such as meeting minutes), the level of discussion and inquiry into achievements and opportunities for the SLT and officers to support or influence any improvements is significantly limited and unable to evidence due diligence obligations.

Summary

- 15.6** With the absence of any written procedure indicating how Council will gather and analyse H&S data and collate relevant performance reports to enable the SLT and Elected Members to determine the level of compliance and achievement of agreed goals, we conclude that Council is currently unable to demonstrate how effective its H&S management is or provide appropriate information to demonstrate it is meeting its obligations or to support Council's officers to meet their due diligence obligation.
- 15.7** HSWA places an emphasis on these due diligence obligations and is designed to ensure those in governance positions are fully informed of H&S performance and how H&S is being managed within the organisation.

15.8 Recommendation

- (a) A documented H&S procedure should be developed for H&S performance measuring, monitoring and reporting. We would expect the documentation to contain the following:
- (i) a process for reporting H&S performance of the HSMS across the organisation and up to the CE and Elected Members, which includes what elements will be reported and the frequency;
 - (ii) a process for reporting on agreed performance lead and lag indicators across the organisation, including that of other PCBU's working with Council and which includes any required corrective actions to address gaps; and
 - (iii) a process for reporting on progress of the annual H&S Plan, recognition of achievements and explanation of any roadblocks.

16. H&S TRAINING AND COMPETENCY

Availability of documentation

- 16.1** No documented H&S policy relating to H&S training requirements or competencies has been developed at this stage.

Practical Application

- 16.2** Current H&S performance reports to the SLT and to the CE and Elected Members contains information on H&S training, however, there is no indication as to whether or how this matches with any agreed targets and whether the relevant training is achieving desired outcomes.
- 16.3** We were shown that Vault has the ability to create, monitor and report on an individual's skill and capability. Currently the HR team are uploading all available certificates of training (both H&S and role specific). This will then enable a comprehensive skill and capability matrix to be created and which will support Council to determine the level of skills and competency that a job position requires.

Summary

- 16.4** Workers must be trained and competent in the roles they are undertaking. These requirements form part of the controls that help keep people safe.

16.5 Recommendation

- (a) We recommend that the Council HSMS contains a documented H&S Training and Competency Procedure, which includes a:
- (i) process for deciding what staff training is required, its frequency and the need for refreshers etc;
 - (ii) process for deciding what material is covered in the induction, training duration and who is required to complete training;
 - (iii) process for capturing and monitoring training records, expiry dates and notifications etc;
 - (iv) process for ensuring those with H&S responsibility maintain an acceptable and recognised level of competency; and
 - (v) process covering engagement on training and provision of information.

17. SELF-ASSURANCE OF HSMS

Availability of documentation

- 17.1 Currently there is no documented H&S process relating to periodic review or assurance of the existing H&S arrangements and their effectiveness.
- 17.2 It appears that Council has relied specifically on the ACC WSMP audit to provide assurance of the current HSMS's suitability.

Summary

- 17.3 With no formal documented assurance process existing, the Council is not able to review whether there are any anomalies or how and where resources are being most effectively used. Self-assurance processes can help provide assurance to the officers and senior management on the status of the HSMS and its use within the organisation.
- 17.4 As with any documented system its effectiveness should be periodically measured in order to provide assurance that it continues to meet intended needs.

17.5 Recommendation

- (a) We recommend the development and documentation of a Self-Assurance process that will include:
- (i) how H&S assurance will be undertaken;
 - (ii) the process for reporting the self-assurance results to the Council's Officers and management team;
 - (iii) roles and responsibilities of those conducting the self-assurance checks; and
 - (iv) the frequency and content of the self-assurance process.

18. COUNCIL INTERACTION WITH CONTRACTORS

- 18.1** As part of this review process, Council wanted to review how well it is fulfilling its duties and obligations under HSWA in relation to its management of its overlapping duties with other PCBUs and to identify opportunities for any further improvements.
- 18.2** It was intended that we conduct informal site visits and to talk with a cross section of contractors working on behalf of Council. Unfortunately, due to active work sites at the time of the review only one site was available for a visit. The activity was road and pathway reinstatement which was being conducted by Downer.
- 18.3** Discussions with the site foreman indicated that a proactive and collaborative approach had been developed. Should any H&S or operational concerns occur, and which deviated from that expected, there was no hesitation for that foreman to make contact with his Council contact and discuss solutions.
- 18.4** Based on one visit to a work site, there appeared to be a view there was little interaction with senior members of management on the work site and/or opportunities to interact with senior leadership on H&S. The impression the worker we interviewed gave was "if we are doing things OK then everyone leaves us alone".
- 18.5** Since we completed the initial location and document review, we have been advised of an notifiable incident involving a contractor activity and possible non-compliance with expected safe systems of work. We would expect that the investigation process could be used to verify the level of consultation, co-ordination and co-operation that is in place and identify any opportunities for further improvement in current contractor management processes. It will also highlight how effective the incident investigation, reporting and review processes are.
- 18.6** **Recommendation**
- (a) In addition to our recommendations under section 13, the inclusion of contractor management interaction and communication arrangements, and how Council can celebrate successes in a more tangible way, should be considered.
 - (b) The Council reviews what procedures it has to ensure effective implementation of the duty under section 34 of HSWA to consult with other PCBUs.

19. CONCLUDING REMARKS

- 19.1** This review will enable Council to develop a comprehensive H&S improvement plan using the key recommendations in each section of the review, determining timelines and defining the resources required to deliver success to the organisation. It appears that the current level of resourcing for H&S may not be sufficient to deliver an improvement plan, or, at least, the timing of the delivery of some items may be significantly delayed due to the current resource levels. We can of course assist to draft, develop and/or review any of the materials that we have recommended and developed.
- 19.2** In completing this review, we have provided feedback to support the Council develop of a 'fit for purpose' HSMS. Nothing in this review is a criticism of the work completed to date and we note the work undertaken to date.
- 19.3** Finally, we would like to thank the staff at Council who took time out to support this work, and for the open and honest conversations that were completed.

Yours faithfully
SIMPSON GRIERSON

Fiona Carney
Senior Health and Safety Consultant Health and Safety Advisory Services

Appendix A - Proposed Council H&S Procedures

Process	Description
HSMS Governance	An overarching document which sets out the intent of the Framework and how the documents which collectively create the H&S Management System are designed to be used. It includes any approval process and document control requirements.
Leadership and Participation in Health and Safety	This document outlines how and who will be involved in the successful implementation of the agreed Framework and how any changes, improvements and reviews of health and safety performance and achievement for due diligence purposes will be undertaken.
Planning and Review	This document supports the identification of key goals, targets and KPI's and methodically planning how these can be achieved. It includes regular reviews and supports keeping the Plan alive and on track.
Training and Competency	This document outlines how the organisation will determine and support an individual's ability to work safely and effectively implement relevant aspects of the agreed framework in practice.
Incident Management	This document enables the organisation to evidence how it reports and investigates incidents and determines causation and any appropriate preventative measures following relevant investigations. It includes how to meet statutory requirements in relation to notifiable events and participation with regulatory bodies in such situations.
Hazard and Risk Management	This document outlines the preferred hazard identification and risk management methodology. If already in place it will link to any existing organisational risk management processes. Development of critical risk plans and creation of local hazard registers and their management is included as appropriate. This section of a H&S Management System may also extend to include creation of Safe Work Instructions and systems of work.
Injury Management	This document outlines how the organisation supports its people to recover and rehabilitate from work (and non-work) injuries and return to their pre-injury roles as quickly as possible. If the organisation is an ACC accredited employer it will include the arrangements from its Third Party Administrator in supporting this process.
Safe Work Practices	The purpose of this document is to specifically outline how key activities which have a significant risk are to be controlled. Typically, this document will include arrangements for access to sensitive/restricted areas, issuing of permits, management of critical risks such as working at heights, electrical safety and confined spaces. Alternative option is to create an overarching Safe Work Practices document with specific separate documents for each high risk activity requirements (e.g. permits). This document can also form a useful basis upon which to work collaboratively with other PCBUs.
Contractor and Supplier Management	This document will outline arrangements in place to ensure that each PCBU can fulfil its individual and overlapping duties. It can include specific pre-qualification processes, tendering information and selection of competent providers. It can also include monitoring and reporting expectations and how communication, co-ordination and co-operation (CCC) will be enhanced.
Emergency Management	This document does not replace Business Continuity Arrangements but often aligns with and support those arrangements that are already in place. It identifies relevant emergency situations which the organisation and its people may face and outlines how these are best managed should they occur and are periodically tested to ensure, should the need arise, the arrangements will be effective on the day.
Measuring and Monitoring H&S Performance	Processes for periodic monitoring of the effectiveness of the agreed framework and achievement of targets and goals is contained within this document. In addition, how that information will be disseminated (upwards and downwards) in the organisation to inform on progress or any roadblocks. This particular document is useful for evidencing due diligence obligations.
Audit and Assurance of H&S	An effective H&S Management System is only beneficial if it works in practice. This document outlines how the organisation will undertake its own internal evaluation of implementation of those processes and identify ways to improve or focus on any gaps.

PCL XL error

Warning: IllegalMediaSource