



PAPAIOEA
PALMERSTON
NORTH
CITY

PALMERSTON NORTH CITY COUNCIL

AGENDA

RISK & ASSURANCE COMMITTEE

9AM, WEDNESDAY 26 APRIL 2023

COUNCIL CHAMBER, FIRST FLOOR
CIVIC ADMINISTRATION BUILDING
32 THE SQUARE, PALMERSTON NORTH

MEMBERS

Stephen Armstrong (Chair)
Karen Naylor (Deputy Chair)
Grant Smith (The Mayor)

Mark Arnott
Brent Barrett
Vaughan Dennison
Leonie Hapeta

Lorna Johnson
Orphée Mickalad
William Wood
Kaydee Zabelin

AGENDA ITEMS, IF NOT ATTACHED, CAN BE VIEWED AT

pncc.govt.nz | Civic Administration Building, 32 The Square
City Library | Ashhurst Community Library | Linton Library

Waid Crockett

Chief Executive | PALMERSTON NORTH CITY COUNCIL

RISK & ASSURANCE COMMITTEE MEETING

26 April 2023

ORDER OF BUSINESS

1. Apologies

2. Notification of Additional Items

Pursuant to Sections 46A(7) and 46A(7A) of the Local Government Official Information and Meetings Act 1987, to receive the Chairperson's explanation that specified item(s), which do not appear on the Agenda of this meeting and/or the meeting to be held with the public excluded, will be discussed.

Any additions in accordance with Section 46A(7) must be approved by resolution with an explanation as to why they cannot be delayed until a future meeting.

Any additions in accordance with Section 46A(7A) may be received or referred to a subsequent meeting for further discussion. No resolution, decision or recommendation can be made in respect of a minor item.

3. Declarations of Interest (if any)

Members are reminded of their duty to give a general notice of any interest of items to be considered on this agenda and the need to declare these interests.

4. Public Comment

To receive comments from members of the public on matters specified on this Agenda or, if time permits, on other Committee matters.

(NOTE: If the Committee wishes to consider or discuss any issue raised that is not specified on the Agenda, other than to receive the comment made or refer it to the Chief Executive, then a resolution will need to be made in accordance with clause 2 above.)

REPORTS

- 5. 2023/24 Business Assurance Work Programme** Page 7

Memorandum, presented by Masooma Akhter, Business Assurance Manager.
- 6. Quality Assurance Report - Kōtuia (Ozone Replacement) Project** Page 27

Memorandum, presented by Masooma Akhter, Business Assurance Manager & Simon Lloyd-Evans, Programme Manager.
- 7. Assurance Report - Risk Management Review** Page 59

Memorandum, presented by Masooma Akhter, Business Assurance Manager.
- 8. Business Assurance Accountability Report** Page 83

Memorandum, presented by Masooma Akhter, Business Assurance Manager.
- 9. Health, Safety and Wellbeing Report, July to September 2022 (Q1 2022)** Page 103

Memorandum, presented by Danelle Whakatihi, Chief People & Performance Officer.
- 10. Health, Safety and Wellbeing Report, October to December 2022 (Q2 2022)** Page 117

Memorandum, presented by Danelle Whakatihi, Chief People & Performance Officer.
- 11. Health, Safety and Wellbeing Report, January to February 2023 (Q3)** Page 133

Memorandum, presented by Danelle Whakatihi, Chief People & Performance Officer.

12. Committee Work Schedule

13. Exclusion of Public

To be moved:

“That the public be excluded from the following parts of the proceedings of this meeting listed in the table below.

The general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under Section 48(1) of the Local Government Official Information and Meetings Act 1987 for the passing of this resolution are as follows:

General subject of each matter to be considered		Reason for passing this resolution in relation to each matter	Ground(s) under Section 48(1) for passing this resolution
14.	Business Assurance Accountability Report - Confidential	Third Party Commercial and Health Safety	s7(2)(b)(ii) and s7(2)(d)
15.	Fraud & Whistleblowing Policy Update	Privacy, Third Party Commercial, Prejudice Info Support and Pressure or Harrass	s7(2)(a), s7(2)(b)(ii), s7(2)(c)(i) and s7(2)(f)(ii)

This resolution is made in reliance on Section 48(1)(a) of the Local Government Official Information and Meetings Act 1987 and the particular interest or interests protected by Section 6 or Section 7 of that Act which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public as stated in the above table.

Also that the persons listed below be permitted to remain after the public has been excluded for the reasons stated.

[Add Third Parties], because of their knowledge and ability to assist the meeting in speaking to their report/s [or other matters as specified] and answering questions, noting that such person/s will be present at the meeting only for the items that relate to their respective report/s [or matters as specified].

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 26 April 2023

TITLE: 2023/24 Business Assurance Work Programme

PRESENTED BY: Masooma Akhter, Business Assurance Manager

APPROVED BY: Donna Baker, Acting Chief Executive Unit Manager

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

1. That the Committee approve the Business Assurance Work Programme for the 2023/24 period (Attachment 1) presented to the Risk & Assurance Committee on 26 April 2023.
 2. That each review from the 2023/24 Business Assurance Work Programme be included on the work schedule for Risk & Assurance Committee.
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1. ISSUE

To ensure the protection of self, leadership and the organisation, the International Standards for the Professional Practice of the Internal Auditing (the standards) requires that the Business Assurance work programme is approved by the Risk & Assurance Committee, or its equivalent. This will ensure robust outcomes can be confidently represented by management and governance.

2. BACKGROUND

The Business Assurance division was established to:

- Provide independent and objective assurance and advice on organisational governance, risk management and internal control processes.
- Help identify opportunities for improved outcomes.
- Assist with a better understanding and management of risk and provide confidence that key business elements relied on to manage risk are in place and working effectively.

The relationship between Business Assurance and the Council is a constructive one with a mutual goal of helping the organisation better understand and manage risks through an effective control environment.

The division's initial focus was on ensuring that basic controls are in place and that is still where part of the focus is for the upcoming programme of work. However, this

upcoming work programme also reflects a shift to more value-add reviews in the form of the quality assurance work being proposed.

The work programme has been prepared to incorporate both full reviews and quality assurance reviews. This enables the delivery of a wider range of assurance and give broader coverage with the current resourcing available.

A summary of the detailed process undertaken to develop the upcoming work programme and the proposed reviews is attached to this memorandum.

3. NEXT STEPS

It is intended that this programme will be reviewed every six months to reflect changes in the Council's operating environment, risk profile and assurance needs. Should amendments be required, these will be raised with the Risk & Assurance Committee for endorsement.

At the completion of each review identified below, a formal written report will be reported to the Risk & Assurance Committee by the Business Assurance Manager.

It is intended that training opportunities will be offered to Committee members that are interested in obtaining a more in-depth view of Business Assurance and the role of Governance.

4. COMPLIANCE AND ADMINISTRATION

Does the Committee have delegated authority to decide? If Yes quote relevant clause(s) from Delegations Manual: Committee TOR 2.a.	Yes
Are the decisions significant?	No
If they are significant do they affect land or a body of water?	No
Can this decision only be made through a 10 Year Plan?	No
Does this decision require consultation through the Special Consultative procedure?	No
Is there funding in the current Annual Plan for these actions?	Yes
Are the recommendations inconsistent with any of Council's policies or plans?	No
The recommendations contribute to Goal 5: A Driven & Enabling Council	
The recommendations contribute to the achievement of action/actions in Governance and Active Citizenship	
The action is: ongoing review of governance systems and structures to support Council' effectiveness and reputation.	

<p>Contribution to strategic direction and to social, economic, environmental and cultural well-being</p>	<p>Business Assurance aims to help the Council succeed by building trust and confidence in the core controls relied on by management.</p>
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ATTACHMENTS

1. 2023/24 Business Assurance Work Programme [↓](#) 

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 26 April 2023

TITLE: Quality Assurance Report - Kōtuia (Ozone Replacement) Project

PRESENTED BY: Masooma Akhter, Business Assurance Manager & Simon Lloyd-Evans, Programme Manager

APPROVED BY: Donna Baker, Acting Chief Executive Unit Manager

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

1. That the Committee receive the memorandum titled 'Quality Assurance Report – Kōtuia (Ozone Replacement) Project' and its attachment, presented on 26 April 2023.

1. ISSUE

Palmerston North City Council (PNCC) has a Programme 1572 to replace Ozone (Finance and Regulatory system) with Civica's Authority Altitude. For a project of this magnitude, it was deemed beneficial to maintain an independent quality assurance framework over its life. This is to ensure the project is effectively structured, governed and managed in line with sound management principles to deliver according to its objective and that the deliverables from the project are fit for purpose.

In September 2022, the former Finance & Audit Committee endorsed a quality assurance framework for the Ozone Replacement Project. This memorandum provides an update on progress to date.

2. BACKGROUND

A Financial Systems Review was completed in February 2019 with the primary recommendation being:

"To replace Council's current Finance & Regulatory solution (Ozone) to enable better business outcomes by replacing our outdated and poorly performing current system".

Audit NZ noted in its Management Report to PNCC its concerns on the integrity of the financial system which is unable to be resolved with the Ozone product.

A robust procurement process was completed in 2019 where Civica's Cloud-based Authority was selected as the preferred solution to replace Ozone. After a series of challenges and resulting reviews, in 2022 it was confirmed that PNCC would continue with Civica's Authority Altitude product to replace Ozone. Through a mobilisation

phase, project planning was completed and a quality assurance framework was developed.

Since the project was re-launched in August 2022, we have completed the solution design, established the environments, and completed the initial system configuration and build. The first data migration run has been completed and we are remediating issues raised, preparing for the second run which is planned for April.

Business Process validation and training is under way and detailed test plans and processes are being drafted in order to start the testing and end user training phases. Initial go-live planning sessions have been held and draft timelines are being socialised to ensure any business impact is minimal during the go-live period.

Integration developments for third party systems are under way, with expected testing to kick off at the end of April.

Detailed communications plans have been developed to ensure all PNCC staff are well informed about the project and have a clear understanding of the impacts they can expect, and how to mitigate any issues that might arise.

3. PROJECT MANAGEMENT UPDATE

The project is still tracking largely on time, and within budget and go-live is still planned for 1 July.

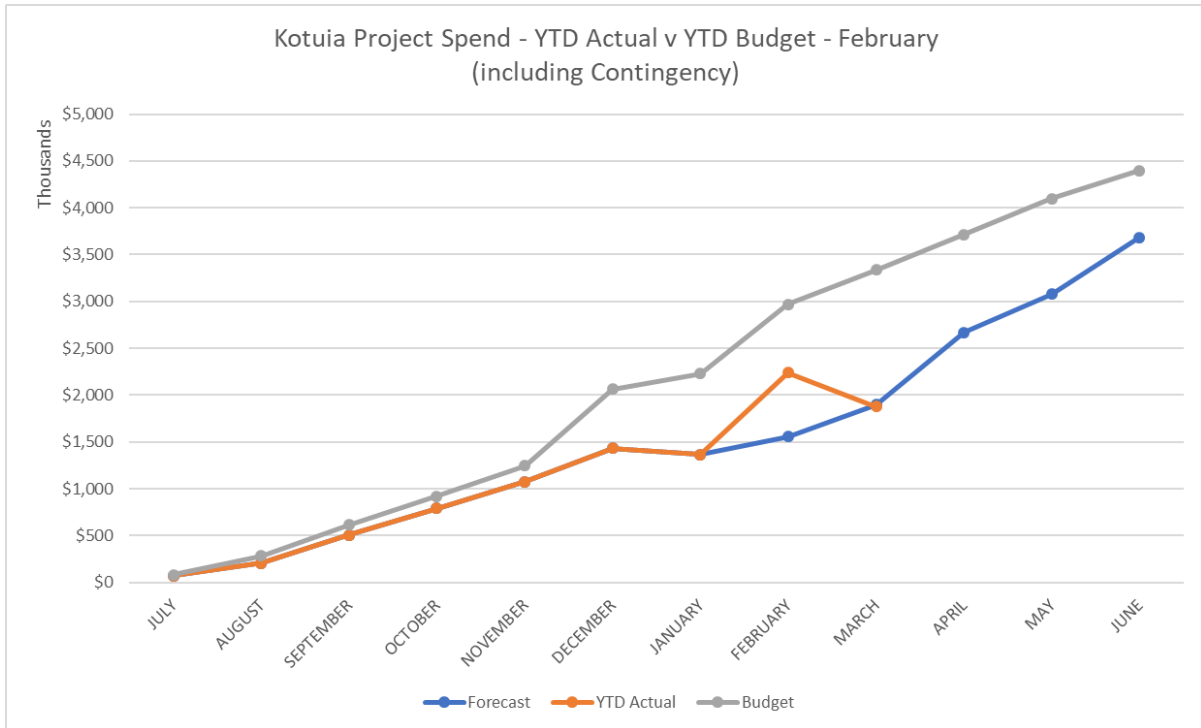
Due to a couple of unforeseen issues the project Red, Amber, Green (RAG) status moved from Amber to Red (high risk) in March. This is due to:

- Delays finalising the Electronic Document and Records Management System (EDRMS) requirements for documentation management. Detailed confirmation of our requirements, and how the available options meet those requirements, is under way and we expect to finalise the solution design by 14 April, which will reduce this status to AMBER, and begin development and implementation by 28 April.
- Delays incurred completing third party integrations. Multiple associated systems work with Authority Altitude to deliver our services, such as Consenting, and thus process and information integrations need to be built. We are working with our integration partner to re-baseline the plan and associated costs for the completion of the integrations by 1 May in order to start end-to-end testing of these services. This will reduce the status of this issue to AMBER and once tested will reduce further to GREEN.

The implementation of Authority Altitude (AA) is a complex programme and the issues that we have encountered are not unusual for a software project of this magnitude. The project is progressing with a focus on configuration of modules within the product and data migration, with issues that are identified being addressed. System familiarisation sessions are being held for staff as we move into the next phase of the project being UAT (User Acceptance Testing), followed by user training for staff which is covered further in the change section below.

The Project Manager is preparing a go-live plan that will outline the process for cutting over into AA from Ozone. This involves planning for a short period of time where neither system will be available, and will include temporary processes to enable business functions to continue.

Based on the current project forecast we are tracking below the budgeted \$4.4M (Incl. contingency) and are on target to complete the go-live without drawing down on the contingency.



The February spend showing higher than expected due to costs incorrectly allocated to the project and were journaled to the correct cost centre this month.

4. CHANGE MANAGEMENT UPDATE

The Change Management workstream for Kōtūia is comprised of three elements; Change Impact, Staff Training, and Communications.

The Change Impact work is progressing as the Altitude Authority (AA) system is built and the difference between AA and the current system in Ozone is better understood. This information helps the project to understand who is most impacted by the change this project is bringing about, and therefore where to place our highest efforts in communications and support.

Work to develop collateral for Staff Training is well underway, but timing is tight. Detailed planning is underway to ensure that all staff will have the training they need before system Go-Live on 1 July.

Communications work is also progressing well. A detailed plan is being developed for Go-Live which encompasses PNCC staff, customers and service providers, so that all people who are impacted by this system change will have the information they need for a smooth transition and ongoing support.

5. QUALITY ASSURANCE UPDATE

5.1 Risk Management

The Risk Management Advisor is currently on the Project Steering Committee and is assisting with the administration of the risk management process and advising where required. Below are the top high risks for the Project as at the end of February 2023.

Risk 1: Ineffective and/or under-resourced people and material for training of end users.	Residual Risk	Very High
<p><u>Context</u> (Cause & Consequence):</p> <p>Civica's Business Process Manuals (BPM's), their end-to-end process guides, do not currently reflect Authority Altitude ("AA") operating environment and the project plan did not factor fully the size of work in respect to the creation of 'To-Be' business processes maps for Council. Also, Civica's e-learning system is not currently updated to AA, and while Civica is replacing their eLearning system to AA, it won't be in time for Council go-live. This is also creating time pressure to create training materials and user guides to provide staff with a quality learning experience.</p> <p>This could result in staff being unable or unsure of the effective and efficient use of AA in relation to key processes and resultant negative impact on customer experiences with Council. This could also result in costs of retraining staff.</p>		
<p><u>Mitigation & Controls</u> (In Place):</p> <ul style="list-style-type: none"> • Change Manager resource on board and committed to project. • Workshops scheduled for planning. • Feedback post familiarisation sessions input in to training development. 		
<p><u>Next Steps / Plans:</u></p> <ul style="list-style-type: none"> • To complete end-to-end training strategy and plan (including training material). • Identified resources required for training (partially complete). • Document end-to-end documented processes (informed by changes identified in the business process analysis). • Develop clear, comprehensive user manuals/operating procedures. 		
Risk 2: Unavailability of Platforms during go live – switchover period from Ozone to AA	Residual Risk	Very High
<p><u>Context</u> (Cause & Consequence):</p> <p>During the switchover some services will/may be unavailable for a short period, some of which are deemed essential, which could adversely affect customers.</p>		
<p><u>Mitigation & Controls</u> (In Place):</p> <ul style="list-style-type: none"> • Skeleton process in place for identifying service requirements. • Several work arounds being finalised. 		
<p><u>Next Steps / Plans:</u></p> <ul style="list-style-type: none"> • Go live planning under way in detail to pick up all issues requiring attention. • Detailed communication plan around system down periods for internal and external stakeholders being completed. 		

Risk 3: Bank Reconciliation unable to be performed effectively	Residual Risk	Very High
<u>Context</u> (Cause & Consequence):		
AA does not have a fit for purpose automated bank reconciliation function for the NZ market. The absence of this would make reconciliation of significant volume of inward payments extremely challenging.		
<u>Mitigation & Controls</u> (In Place):		
<ul style="list-style-type: none"> Hamilton City Council ("HCC") has created a utility tool for dealing with large numbers of payment reconciliations. PNCC has engaged with them to onboard the tool (N.B. Tool is not fully effective or panacea but provide enough relief for go-live). HCC's utility installed and ready to test with PNCC data. 		
<u>Next Steps / Plans:</u>		
<ul style="list-style-type: none"> Test and run comparative analysis between HCC utility tool verse functionality within AA. Decision to be taken post-testing on which version to be used. Both require manual intervention (resource cost associated with either option). 		

5.2 Internal Audits

The scope of the audits was planned to be covered through the following 4 phases.

Phase 1: Base line understanding of the Programme. *(Completed – no report, desktop review only)*

Phase 2: Programme review with a focus on configuration and development, data migration and testing. *(Completed – November 2022)*

Overall, it was noted that there was a lack of fundamental project management controls being applied to the project that would be required to successfully deliver a project of this nature. The most significant aspects that were highlighted as a priority were project management fundamentals, planning, scope management, risk and issue management, and reporting.

A total of 23 recommendations were made for this phase, of which 21 have been actioned. This is a great effort by the project team.

Phase 3: Programme review with a focus on business process training and cutover planning. *(Completed – attachment)*

Since the review in November 2022, a new Project Manager was appointed who has delivered a significant uplift in the project management practices that are being applied to the project. In the previous review, we found the standards and principles for driving the project forward inadequate. This is no longer the case and there has been significant improvement.

Refer to the separate report from KPMG to see the detailed results. A detailed action plan has been developed and agreed with the project team. Progress on this will be reviewed at the next gate way review.

Phase 4: A post implementation review. This is intended to begin following go-live in July 2023.

6. NEXT STEPS

The next project update will be provided post go-live, unless material issues arise that require escalation by the Project Governance Group.

7. COMPLIANCE AND ADMINISTRATION

Does the Committee have delegated authority to decide? If Yes quote relevant clause(s) from Delegations Manual: Committee Terms of Reference 1.	Yes
Are the decisions significant?	No
If they are significant do they affect land or a body of water?	No
Can this decision only be made through a 10 Year Plan?	No
Does this decision require consultation through the Special Consultative procedure?	No
Is there funding in the current Annual Plan for these actions?	Yes
Are the recommendations inconsistent with any of Council's policies or plans?	No
The recommendations contribute to Goal 5: A Driven & Enabling Council	
The recommendations contribute to the achievement of action/actions in Governance and Active Citizenship The action is: Ongoing review of governance systems and structures to support Council's effectiveness and reputation.	
Contribution to strategic direction and to social, economic, environmental and cultural well-being	This report is presented as a business assurance activity in response to the business assurance plan endorsed by Council.

ATTACHMENTS

- Phase 3 Quality Assurance Report [↓](#) 

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 26 April 2023

TITLE: Assurance Report - Risk Management Review

PRESENTED BY: Masooma Akhter, Business Assurance Manager

APPROVED BY: Donna Baker, Acting Chief Executive Unit Manager

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

1. That the Committee receive the memorandum titled 'Assurance Report – Risk Management Review' and its attachment, presented to the Risk & Assurance Committee on 26 April 2023.
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1. ISSUE

The Business Assurance plan for 2021/22 endorsed by Council on 21 December 2021 required this review.

2. BACKGROUND

In the context of PNCC, risk is defined as the effect of uncertainty on the achievement of the Vision and Goals set within the 10 Year Plan. PNCC faces both external and internal factors which make it uncertain whether we will achieve our objectives set i.e. Vision and Goals within the 10 Year Plan. The purpose of risk management is to appropriately reduce threats and maximise opportunities in an informed, methodical and material way.

The overall objective of this review was to provide assurance over the effectiveness of the internal controls and processes put in place over the Council's enterprise risk management practice. It included reviewing the current risk management framework (the framework) against ISO 31000: 2018 Risk Management guidelines, and whether its implementation and organisational practice is considered fit for purpose and deemed best practice.

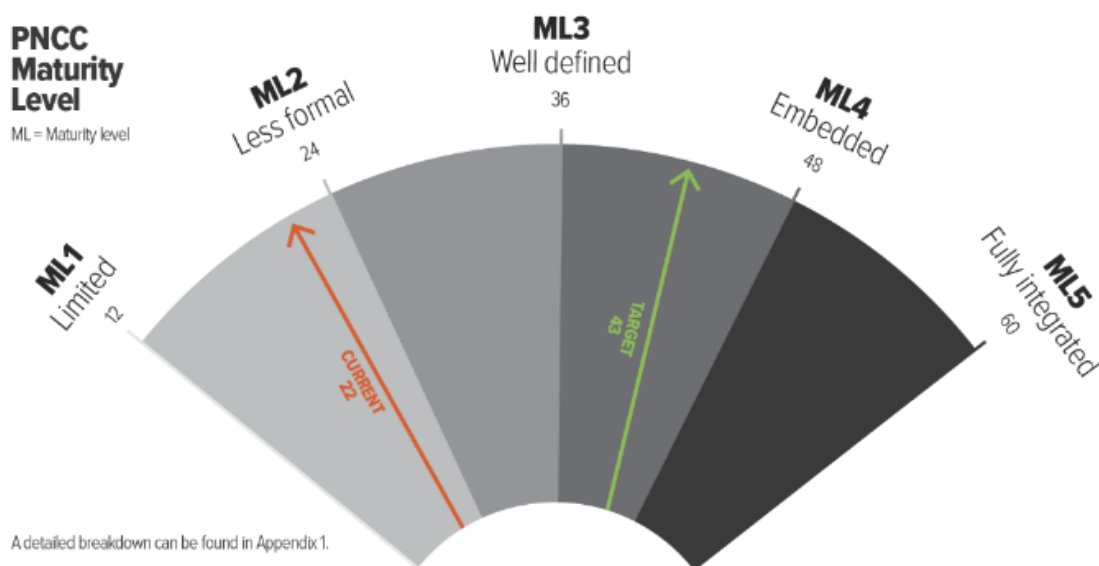
3. FINDINGS & RECOMMENDATIONS

We would like to note that the organisation has significantly improved its risk management processes over the last 3 years. Where there was previously no framework and minimal processes in place, we now have an adopted risk policy and framework with every division in the organisation having a complete risk register in place. The risk function has significantly contributed to the set-up of processes and systems to ensure the organisation is best placed to gain maturity effectively.

We reviewed the technical aspects of the framework and found that it met all the requirements of the ISO:31000 standard (considered best practice for a government agency). The risk function is still rolling out the framework which was evident when we reviewed actual practice. However, rolling out the framework is a journey that requires focus, prioritisation and effort, and they are still on that journey.

While the framework covered operational risks well, what we noted to be absent were strategic risks. It is the layer that would sit above divisional and enterprise level risks, both considered “operational risks” in nature. Strategic risk refers to the internal and external events that may make it difficult, or even impossible, for an organisation to achieve their objectives and strategic goals. These risks can have consequences that impact organisations in the long term. PNCC currently focuses on operational risk remediation as such risks drive day to day operations and business continuity. This approach is considered to lack a long-term focus.

The All of Government (AoG) Enterprise Risk Assessment Maturity Framework was used to undertake a maturity assessment. This tool was deemed appropriate and most relevant for local government agencies from what was available. The results were as follows:



PNCC has an appropriate policy and framework in place, the next steps would be to continue the roll-out of the framework and take into consideration the recommendations detailed in the attached report.

An action plan has been prepared and agreed with Management. This forms part of the report attached.

4. NEXT STEPS

The actions from this review will be followed up by Business Assurance and reported back to the Risk & Assurance Committee through the six-monthly accountability reporting.

5. COMPLIANCE AND ADMINISTRATION

Does the Committee have delegated authority to decide? If Yes quote relevant clause(s) from Delegations Manual: Committee Terms of Reference 1.	Yes
Are the decisions significant?	No
If they are significant do they affect land or a body of water?	No
Can this decision only be made through a 10 Year Plan?	No
Does this decision require consultation through the Special Consultative procedure?	No
Is there funding in the current Annual Plan for these actions?	Yes
Are the recommendations inconsistent with any of Council's policies or plans?	No
The recommendations contribute to Goal 5: A Driven & Enabling Council	
The recommendations contribute to the achievement of action/actions in Governance and Active Citizenship The action is: Ongoing review of governance systems and structures to support Council's effectiveness and reputation.	
Contribution to strategic direction and to social, economic, environmental and cultural well-being	This report is presented as a business assurance activity in response to the business assurance plan endorsed by Council.

ATTACHMENTS

1. Risk Management Review Report [↓](#) 

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 26 April 2023

TITLE: Business Assurance Accountability Report

PRESENTED BY: Masooma Akhter, Business Assurance Manager

APPROVED BY: Donna Baker, Acting Chief Executive Unit Manager

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

1. That the Committee receive the memorandum titled 'Business Assurance Accountability Report' and its attachment, presented to the Risk & Assurance Committee on 26 April 2023.
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1. ISSUE

The Business Assurance Charter requires that follow-up procedures for audit recommendations are undertaken regularly and reported to the Risk & Assurance Committee.

2. BACKGROUND

Follow-up is a process by which internal auditors evaluate the adequacy, effectiveness, and timeliness of actions taken by management on reported observations and recommendations, including those made by external auditors and others. This process also includes determining whether senior management and/or the Committee have assumed the risk of not taking corrective action on reported observations.

Where an external review/audit has been completed and reported to the Risk & Assurance Committee, the recommendations will form part of the accountability report.

Attached is the report that shows the status of each agreed action. As items are reported as completed, they fall off the following report.

3. AUDIT NZ – DIA UPDATE

A modification to the financial statements audit report was noted due to PNCC not recording all complaints per DIA's current definition of a 'Complaint' for the mandatory measures.

Similar to 2020 and 2021, PNCC will continue to receive modified audit opinions until either DIA provide updated guidance or we change our internal processes and systems to meet the requirements of the current guidance in place.

In June 2022, Council resolved to await DIA guidance and maintain status quo, rather than developing a business case to substantiate the resource requirements to comply with the existing DIA guidance.

DIA's mandatory measures guidance remains the same since we brought the decision to council in June 2022. The DIA are currently reviewing their guidance regarding mandatory measures, consequently, it is uncertain when this will be completed or what the expected changes will be.

The DIA wrote a letter to the Office of the Auditor General (OAG) on 21 Oct 2022; the key points raised in the letter were:

- The DIA acknowledged that they believe there is some ambiguity in the guidance and have been working with key stakeholders to update the guidance.
- The DIA acknowledged the considerable work that affected councils have undertaken over the last two years to try and address these issues, both through changing reporting practices and developing a proposal to update the guidance.
- It is anticipated that the Three Waters reforms will remove water supply, sewerage and the treatment and disposal of sewage services from Council provision from 1 July 2024. Therefore, there is only one additional year for which these rules will apply – 2023/24
- Although DIA cannot intervene in audit decisions, they would support a recommendation for the OAG to treat the issues identified around the reporting of NFPM rules as a matter of emphasis rather than continuing to give affected councils a qualified audit opinion.

It is PNCC's understanding that the OAG have not yet provided a response to DIA's letter. The Chief Customer Officer is maintaining proactive contact with DIA regarding this issue.

4. NEXT STEPS

A six-monthly accountability report will be reported to the Risk & Assurance Committee.

As further reviews are completed (as per the Business Assurance Plan) and reported to the Risk & Assurance Committee, their recommendations will form part of future accountability reports presented by Business Assurance.

5. COMPLIANCE AND ADMINISTRATION

Does the Committee have delegated authority to decide? If Yes quote relevant clause(s) from Delegations Manual: Committee Terms of Reference 4.	Yes
Are the decisions significant?	No
If they are significant do they affect land or a body of water?	No
Can this decision only be made through a 10 Year Plan?	No
Does this decision require consultation through the Special Consultative procedure?	No
Is there funding in the current Annual Plan for these actions?	Yes
Are the recommendations inconsistent with any of Council's policies or plans?	No
The recommendations contribute to Goal 5: A Driven & Enabling Council	
The recommendations contribute to the achievement of action/actions in Governance and Active Citizenship	
The action is: Ongoing review of governance systems and structures to support Council's effectiveness and reputation	
Contribution to strategic direction and to social, economic, environmental and cultural well-being	Business Assurance aims to help the Council succeed by building trust and confidence in the core controls relied on by management.

ATTACHMENTS

1. Accountability Report [!\[\]\(8c4dca64662d21542001ca0ed7eeb688_img.jpg\) !\[\]\(3de35c640e7147a3fb61ee393128d2ae_img.jpg\)](#)

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 26 April 2023

TITLE: Health, Safety and Wellbeing Report, July to September 2022 (Q1 2022)

PRESENTED BY: Danelle Whakatihi, Chief People & Performance Officer

APPROVED BY: Waid Crockett, Chief Executive

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

1. That the memorandum titled 'Health, Safety and Wellbeing Report, July to September 2022 (Q1 2022)' presented to the Risk and Assurance Committee on 26 April 2023, be received for information.
-

1. EXECUTIVE SUMMARY

The area for focus during this period has involved communicating our intention to revisit Safety across the Palmerston North City Council leadership (with reference to the audit recommendations within the Deloitte and SafePlus reports).

Notable highlights over the reporting period include:

- Progression of the CE's Commitment Statement – Āhurutanga / Safe Space.
- Development of the Health and Safety Representative roles and responsibility.

Looking forward:

- Progression of an appropriate Safety audit tool to be drawn upon by our leaders and added to reports.
- Inspections and Reviews with managers (with reference to the Deloitte report recommendations).
- Review of the PeopleSafe system as part of the change management project.
- Progression of the Frontline Safety Project / Charter.
- Launching of the Frontline Safety in action initiative through the Employee Experience team. The project is about putting training and plans in place to support and protect front line interacting staff.

- Employee Experience unit: Release of the Umind app – proactive, preventative approach to mental health with expert tools and techniques; leader training – understanding mental health in the workplace.
- Comprehensive fire safety training (late October) to learn the science and types of fire, how to properly use a fire extinguisher, and how to understand / implement a fire response plan.

2. REPORT

This report covers the period 1 July to 30 September 2022. The information included in this report is discussed at the relevant Health and Safety Committees.

A. Hazards, Incidents and Near Misses Reported (Year to Date)¹

Quarter	Sept 21		Dec 21		Mar 22		Jun 22		Sep 22	
	PNCC	Con	PNCC	Con	PNCC	Con	PNCC	Con	PNCC	Con
Hazards	14		41		52		14		14	
Incidents	38	3	32	3	32	4	49	2	107	3
Near Misses	9	6	22	1	18	1	25	1	15	
Lost Time (days)	78		86		100		95		73	
Lost Time Injuries	5		2		4		5		3	

Key: PNCC = Staff; CON = Contractor

Comments:

- *The spike in Incidents recorded reflects the increased number of public encounters. These mainly resulted in line manager/direct staff debriefs post incident, provision of de-escalation training, as well as reminders about appropriate personal protection equipment (PPE). The Frontline Safety project was also in place to support and protect staff when customers behaved unacceptably within our central business areas. Process changes were made as well to ensure there was 2-up coverage within identified areas of high risk.*

B. Critical Risk Table

This table has been included to provide clarity on the number of critical risk events and the category each event relates to.

¹ The data provided previously may differ due to an increased focus on data integrity.

No.	Critical Risk	Near Miss	Incident
1	Bodies of water		
2	Use of powered hand tools and stationary plant		
3	Tree felling / sectional takedowns		
4	Working alone		
5	Working at height (fall to lower level)	2	
6	Excavation work		
7	Confined space work		
8	Working with mobile plant	1	1
9	Work environment (psycho/social)		
10	Members of the public		12
11	Asset control		1
12	Hazardous substances		

Comments:

- *The increased number of incidents involving Members of the Public has resulted in the uptake of the following training: Challenging Conversations & Resilience, OPSEC Situational Safety.*

C. Manual Handling ²

Manual Handling incidents have previously been identified as being a key area which contributes to Lost Time and remains a PNCC area of focus. PNCC monitors the effectiveness of Manual Handling capabilities by identifying incidents which are attributed to it, undertaking investigations and assessing the effectiveness of controls for this area. Manual Handling incident data is drawn from injuries, accidents and pain and discomfort reports.

Training recommenced since the March 2022 quarter, and the frontline workers' face to face training was completed in full by the end of August 2022. The office worker online manual handling training also started in the June 2022 quarter and will run for 12 months.

The Manual Handling incidents recorded over the last 24 months is shown below:

Manual Handling	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22
Incidents	12	7	11	5	10	8	5	10
Manual handling incident divided by		0.00003	0.00004	0.00002	0.00004	0.00003	0.00002	0.00003

² The data provided previously may differ due to an increased focus on data integrity.

Manual Handling	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22
hours worked								
Manual handling incident frequency ratio (FR) Quarter	1.9	1.2	1.9	0.9	1.6	1.3	0.8	1.6
12 Month Moving Average (12MMA-FR)	6	5.5	7.2	6.1	5.3	5.5	4.5	5.3

Comments:

- *The 12-month moving average frequency ratio (12MMA-FR) levels out the spikes and dips in the quarterly results and reveals we are averaging 5.3 or one manual handling incident for every 18 years of actual hours worked which is assessed as positive.*
- *PNCC has a number of proactive measures in place including:*
 - *Education – The manual handling procedure including stretching, warm-up/cool down and the importance of early reporting of discomfort, pain and injury is covered at unit specific inductions.*
 - *Training – Move at work/manual handling training occurs annually with refresher training occurring every three years (next one is due August 2025).*
 - *Monitoring – Manual handling incidents are reviewed, and additional training/supervision initiated as needed.*
 - *The Safe Systems of Work (SSW) manual handling procedure is also used as refresher by business unit supervisors.*

D. WorkSafe Investigations

Investigations occurred this quarter 0

Previous investigations (last 12 months)

Number of remedial actions required 0

Number of remedial actions completed 0

WorkSafe investigation information remains on the report for 12 months or until actions are completed.

E. 2018 Audit Action Plan

The previous information reported is a legacy audit and we completed 83% of the actions identified in the Action Plan from 2018. A SafePlus audit was undertaken in 2021, this overwrote the previous audit findings and a new action

plan was developed. The Business Assurance division will be reporting on SafePlus audit actions every six months through their accountability reporting.

F. Training³

Summary information on Health & Safety training undertaken in the last 12 months is shown below. Further detail is provided in Attachment 2.

Date	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22
Number of events	20	8	6	16	23
Staff attending	49	47	91	212	330

Comments:

- For the current period, note there has been a positive increase in staff attendances. This can be attributed to face-to-face / in-person training – Infrastructure courses, evacuation chair training (in the case of emergencies), increased first aid (up on previous periods since June 2021), manual handling at work, and OPSEC situational safety (for front-facing staff).

G. Wellbeing

- The Activate Wellness Gyms (CAB and Depot) were used 635 times during the September quarter or an average of 48 times per week by 130 individual members during that period.

Gym Usage	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22
Gym usage quarterly total	937	1313	1127	1128	635
Average weekly use	72	101	82	86	48

Wellbeing Table	Sep	YTD	
Gym usage	635	5140	Q1 2022 impacted by the CAB refresh project.
Biennial health/eye check	20	74	Biennial health and eye check information is sent directly to staff members on their even birthdays, e.g. age 38.
Annual flu vaccinations	0	0	Flu vaccination information is widely published across the organisation. These occur annually in Q4 period (occurring in May 2023).

³ The data provided previously may differ due to an increased focus on data integrity.

Vitae – Pastoral contacts (significant strengths / issues)	324	904	Vitae's new reporting platform gives improved clarity on pastoral contacts and has been reflected here.
Vitae – Other contacts (electronic/ referrals / management)	7	73	
Sick Leave days	1626	4664	Average 7 days Per Person YTD
People Feedback - Survey			
It is planned that the Tuia te Whakaaro / Employee Engagement Survey will run in Q3/Q4. Tuia te Whakaaro is about listening to and acting on the thoughts and ideas of our people. This survey seeks to listen to the thoughts of our staff and help us understand where we are as we work towards our aspirational state, as outlined in the Employee Experience Framework.			
Safe from physical harm (76% of staff participated).	4.23	4.4	Safe from physical harm and Safe from bullying / racism and harassment are both captured in Tuia te Whakaaro.
Safe from bullying, racism, harassment (46% of staff participated – there was a short lead in time).	3.82	3.9	

Comments:



- *Management continues to review the provision of Mental Health/Resilience training to identify opportunities to capture our workforce and equip our people with skills and tools. The Frontline Safety Project training remains positive.*

3. COMPLIANCE AND ADMINISTRATION

Does the Committee have delegated authority to decide?	Yes
Are the decisions significant?	No
If they are significant do they affect land or a body of water?	No
Can this decision only be made through a 10 Year Plan?	No
Does this decision require consultation through the Special Consultative procedure?	No
Is there funding in the current Annual Plan for these actions?	No
Are the recommendations inconsistent with any of Council's policies or plans?	No
The recommendations contribute to Goal 5: A Driven & Enabling Council	
The recommendations contribute to the achievement of action/actions in (Not	

Applicable)	
Contribution to strategic direction and to social, economic, environmental and cultural well-being	Providing information to Council about the ongoing progress towards the good performance of the organisation regarding health and safety.

ATTACHMENTS

1. HSW Dashboard Report for July to September 2022 [↓](#) 
2. Training Update for July - September 2022 [↓](#) 

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 26 April 2023

TITLE: Health, Safety and Wellbeing Report, October to December 2022 (Q2 2022)

PRESENTED BY: Danelle Whakatihi, Chief People & Performance Officer

APPROVED BY: Waid Crockett, Chief Executive

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

1. That the memorandum titled 'Health, Safety and Wellbeing Report, October to December 2022 (Q2 2022)' presented to the Risk and Assurance Committee on 26 April 2023, be received for information.
-

1. EXECUTIVE SUMMARY

Health, Safety and Wellbeing continues with visual leadership not only in areas of reporting, but also in actively managing reported events across the organisation to keep our people safe. Although incidents involving the public continue to be high, there has been an overall increase in PeopleSafe reporting, which had been a culture of under reporting previously.

Notable highlights over the report period include:

- Safety and Health Advisor who commenced at PNCC in November started working out of the Depot during the quarter to provide support for civil construction, operations, transport, painters, cleaners, stores, graffiti and parks and reserves businesses.
- Combined Health and Safety Representatives (HSR) hui in December held – development of the HSR role and responsibility, revitalisation/redesign of the message boards.
- Ahurutanga Safe Space/Commitment Statement by the CE and other foundational documents for PNCC achieved.
- The Activate Wellness Studio in the CAB re-opened following refurbishment work.
- The results following the Taituarā Health Safety and Wellbeing Survey were being worked through by the Employee Experience unit. The information

would eventually lead to developing PNCC's wellbeing initiatives in the New Year.

Looking ahead:

- Work continues, between the Safety team and the Risk and Resilience unit, in developing a document to change the critical risk register as part of the Critical Risk Review.
- In early 2023 a review will be conducted of the Health and Safety Representative election process.
- A review that included feedback in an Employee Experience survey (carried out earlier in the year) resulted in Vitae Counselling services now providing PNCC's external employee support services. Includes current on-site support staff as well as confidential counselling services.

2. REPORT

The report covers the period 1 October to 31 December 2022. The information included in this report is discussed at the relevant Health and Safety Committees.

A. Hazards, Incidents and Near Misses Reported⁴

Quarter	Dec 21		Mar 22		Jun 22		Sep 22		Dec 22	
	PNCC	Con	PNCC	Con	PNCC	Con	PNCC	Con	PNCC	Con
Hazards	41		52		14		14		17	
Incidents	32	3	32	4	49	2	100	3	69	8
Near Misses	22	1	18	1	25	1	14		19	3
Lost Time (days)	86		100		95		93		62	
Lost Time Injuries	2		4		5		3		4	

Key: PNCC = Staff; CON = Contractor

Comments:

- Incidents involved large numbers of Member of the Public encounters with parking wardens, youths and adults during library service hours, and Infrastructure collections staff dealing with disgruntled customers.

⁴ The data provided previously may differ due to an increased focus on data integrity.

B. Critical Risk Table

This table has been included to provide clarity on the number of critical risk events and the category each event relates to.

No.	Critical Risk	Near Miss	Incident
1	Bodies of water		
2	Use of powered hand tools and stationary plant		
3	Tree felling / sectional takedowns		
4	Working alone		
5	Working at height (fall to lower level)	1	
6	Excavation work	1	
7	Confined space work		
8	Working with mobile plant		
9	Work environment (psycho/social)		6
10	Members of the public		17
11	Asset control		
12	Hazardous substances		

Comments:

- *The number of incidents involving Members of the Public has increased since the last quarter – resulting in the following training being undertaken: Challenging Conversations & Resilience, Customer Conflict Awareness, Managing Upset or Difficult Customers, as well as Understanding Mental Health in the Workplace and Unconscious Bias. These complement the Frontline Safety Project.*

C. Manual Handling⁵

Manual Handling incidents have previously been identified as being a key area which contributes to Lost Time and remains a PNCC area of focus. PNCC monitors the effectiveness of Manual Handling capabilities by identifying incidents which are attributed to it, undertaking investigations and assessing the effectiveness of controls for this area. Manual handling incident data is drawn from injuries, accidents and pain and discomfort reports.

Manual Handling training recommenced last March, and the frontline workers' face to face training was completed in full by the end of August 2022. The office

⁵ The data provided previously may differ due to an increased focus on data integrity.

worker online manual handling training also started in June 2022 and is to run for 12 months.

The Manual Handling incidents recorded over the last 24 months is shown below:

Manual Handling	Mar 21	Jun 21	Sept 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22
Incidents	7	11	5	10	8	5	10	8
Manual handling incident divided by hours worked	0.00003	0.00004	0.00002	0.00004	0.00003	0.00002	0.00003	0.00003
Manual handling incident frequency ratio (quarter)	1.2	1.9	0.9	1.6	1.3	0.8	1.6	1.3
12 Month Moving Average (12MMA-FR)	5.5	7.2	6.1	5.3	5.5	4.5	5.3	5.4

Comments:

- *The 12-month moving average frequency ratio (12MMA-FR) levels out the spikes and dips in the quarterly results and reveals we are averaging 5.4 or one manual handling incident for every 22 years of actual hours worked – assessed as positive.*
- *PNCC has proactive measures in place including:*
 - *Education – The manual handling procedure including stretching, warm-up/cool down and the importance of early reporting of discomfort, pain and injury is covered at inductions.*
 - *Training – Move at work/manual handling training occurs annually with refresher training occurring every three years (next one is due August 2025).*
 - *Monitoring – Manual handling incidents are reviewed, and additional training/supervision initiated as needed.*
 - *The Safe Systems of Work (SSW) manual handling procedure is also used as refresher by business unit supervisors.*
 - *Online Manual Handling training is also available. The training, in nine half-hour modules, helps learners understand the principles in everyday activities.*

D. WorkSafe Investigations

Investigations occurred this quarter 0

Previous investigations (last 12 months)

Number of remedial actions required 0

Number of remedial actions completed 0

WorkSafe investigation information remains on the report for 12 months or until actions are completed.

E. 2018 Audit Action Plan

The previous information reported is a legacy audit and we completed 83% of the actions identified in the Action Plan from 2018. A SafePlus audit was undertaken in 2021, this overwrote the previous audit findings and a new action plan was developed. The Business Assurance division will be reporting on SafePlus audit actions every six months through their accountability reporting.

F. Training⁶

Summary information on Health & Safety training undertaken in the last 12 months is shown below. Further detail is provided in Attachment 2.

Date	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22
Number of events	8	6	16	23	25
Staff attending	47	91	212	330	315

Comments:

- For the current period, note there has been an increase in the number of events held. This relates to mental wellbeing when engaging with the public and emergency management during a crisis.

G. Wellbeing

- i. The Activate Wellness Gyms (CAB and Depot) were used 639 times during the December quarter or an average of 49 times per week by 169 individual members during that period.

Gym Usage	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22
Gym usage quarterly total	1313	1127	1128	635	639
Average weekly use	101	82	86	48	49

⁶ The data provided previously may differ due to an increased focus on data integrity.

Wellbeing Table	Dec	YTD	
Gym usage	639	4842	Q2 2022 impacted by Covid, school holidays and the CAB refresh project.
Biennial health / eye check	33	107	Biennial health and eye check information is sent directly to staff members on their even birthdays, e.g. age 38.
Annual flu vaccinations	0	0	Flu vaccination information is widely published across the organisation. These occur annually in Q4 period (May 2023).
Vitae – Pastoral contacts (significant strengths / issues)	154	855	Vitae's new reporting platform gives improved clarity on pastoral contacts and has been reflected here.
Vitae – Other contacts (electronic/ referrals / management)	8	73	
Sick Leave days	1099	5763	Average 9 days Per Person YTD.

People Feedback - Survey			
<p>It is planned that the Tuia te Whakaaro / Employee Engagement Survey will run in Q3/Q4. Tuia te Whakaaro is about listening to and acting on the thoughts and ideas of our people. This survey seeks to listen to the thoughts of our staff and help us understand where we are as we work towards our aspirational state, as outlined in the Employee Experience Framework.</p>			
Safe from physical harm (76% of staff participated).	4.23	4.4	Safe from physical harm and Safe from bullying / racism and harassment are both captured in Tuia te Whakaaro.
Safe from bullying, racism, harassment (46% of staff participated – there was a short lead in time).	3.82	3.9	

Comments:

- *Management continues to review the provision of Mental Health/Resilience training to identify opportunities to capture our workforce and equip our people with skills and tools. The Frontline Safety Project training remains positive.*

3. COMPLIANCE AND ADMINISTRATION

Does the Committee have delegated authority to decide? If Yes quote relevant clause(s) from Delegations Manual	Yes
Are the decisions significant?	No
If they are significant do they affect land or a body of water?	No
Can this decision only be made through a 10 Year Plan?	No
Does this decision require consultation through the Special Consultative procedure?	No
Is there funding in the current Annual Plan for these actions?	No
Are the recommendations inconsistent with any of Council's policies or plans?	No
The recommendations contribute to Goal 5: A Driven & Enabling Council.	
The recommendations contribute to the achievement of action/actions in (Not Applicable)	
Contribution to strategic direction and to social, economic, environmental and cultural well-being	Providing information to Council about the ongoing progress toward the good performance of the organisation regarding health and safety.

ATTACHMENTS

1. HSW Dashboard Report for October to December 2022 [↓](#) 
2. Training Update for October to December 2022 [↓](#) 

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 26 April 2023

TITLE: Health, Safety and Wellbeing Report, January to February 2023 (Q3)

PRESENTED BY: Danelle Whakatihi, Chief People & Performance Officer

APPROVED BY: Waid Crockett, Chief Executive

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

- 1. That the memorandum titled 'Health, Safety and Wellbeing Report, January to February 2023 (Q3)' presented to the Risk and Assurance Committee on 26 April 2023 be received for information.**
-

1. EXECUTIVE SUMMARY

Health, Safety and Wellbeing continues to be a focus area for leadership at all levels of PNCC. The number of Critical Risk incidents involving Members of the Public remains high. ELT are considering a Frontline Safety Project/Charter presentation from the Employee Experience unit in early April.

Notable highlights over the January and February report period include:

- Providing visual leadership assurance at community and main libraries, as well as the youth space, as a result of increased interaction with members of the public.
- Training opportunity with Infrastructure project team to better understand PCBU responsibilities at a contractor-controlled site. Opportunities for improvement discussed.
- Support provided at the Library Summer Reading Finale community event involving children and their families.
- Engagement with consultant to discuss the scope of works around our competency framework, review lone worker procedures and best practice guidance, as well as programme of works to effect improved health, safety and wellbeing system.
- Introduced new toolbox process tailored for various business streams through the Operations and Officers health and safety committees.
- Safety support provided during the Festival of Cultures community event.

Looking ahead:

- Revitalisation and redesign of the Health and Safety message boards has been completed.
- Work continues in developing a document to change the critical risk register as part of the Critical Risk Review.
- Frontline Safety plans continue to be worked on supporting the intent of the Frontline Charter.
- Employee Experience encouraging the app, Unmind's Better with Money series to boost personal financial wellbeing. Seven-session series helps develop / maintain a healthy relationship with personal finances.
- Development by the Employee Experience unit on the Employee Experience Framework for PNCC. Comes out of discussions on what staff think the ingredients are that make a great place to work.
- Random alcohol and/or drug testing is to restart across the organisation by April. The testing program is managed by The Drug Detection Agency, which uses a random number selector for picking whose turn it is to get a test.

2. REPORT

The report covers the period 1 January to 28 February 2023. The information included in this report is discussed at the relevant Health and Safety Committees.

A. Hazards, Incidents and Near Misses Reported⁷

Quarter	Dec 21		Mar 22		Jun 22		Sep 22		Dec 22		Feb 23	
	PNCC	Con	PNCC	Con	PNCC	Con	PNCC	Con	PNCC	Con	PNCC	Con
Hazards	41		52		14		14		17		13	1
Incidents	32	3	32	4	49	2	100	3	69	8	80	10
Near Misses	22	1	18	1	25	1	14		19	3	12	2
Lost Time (days)	86		100		95		93		62		112	
Lost Time Injuries	2		4		5		3		4		6	

Key: PNCC = Staff; CON = Contractor

Comments:

⁷ The data provided previously may differ due to an increased focus on data integrity.

- *Incidents of note continue to involve Members of the Public: A chapel service which Police attended and numerous incidents at the City Central Library. A serious harm incident also occurred during this period involving the loading/unloading of a vehicle – medical treatment required, regulator notified, investigation led by the Safety team.*

B. Critical Risk Table

This table has been included to provide clarity on the number of critical risk events and the category each event relates to.

No.	Critical Risk	Near Miss	Incident
1	Bodies of water		
2	Use of powered hand tools and stationary plant		
3	Tree felling / sectional takedowns		
4	Working alone		
5	Working at height (fall to lower level)		
6	Excavation work		3
7	Confined space work		
8	Working with mobile plant	1	1
9	Work environment (psycho/social)	1	12
10	Members of the public		18
11	Asset control		1
12	Hazardous substances	2	1

Comments:

- *Training is ongoing in relation to the number of incidents involving Members of the Public.*

C. Manual Handling

As previously reported, Manual Handling incidents have been identified as being a key area which contributes to Lost Time and remains a PNCC area of focus. PNCC monitors the effectiveness of Manual Handling capabilities by identifying incidents which are attributed to it, undertaking investigations and assessing the effectiveness of controls for this area. Manual handling incident data is drawn from injuries, accidents and pain and discomfort reports.

Last March 2022, Manual Handling training recommenced and the frontline workers' face to face training was completed in full by the end of August 2022. The office worker online manual handling training also started last June and is to run for 12 months.

The Manual Handling incidents recorded over the last 24 months is shown below:

Manual Handling ⁸	Jun 21	Sept 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Feb-23
Incidents	11	5	10	8	5	10	8	5
Manual handling incident divided by hours worked.	0.00004	0.00002	0.00003	0.00003	0.00002	0.00003	0.00003	0.00002
Manual handling incident frequency ratio (quarter).	1.9	0.9	1.6	1.3	0.8	1.6	1.3	0.8
12 Month Moving Average (12MMA-FR).	7.2	6.1	5.5	5.5	4.5	5.3	5.4	4.4

Comments:

- *The 12-month moving average frequency ratio (12MMA-FR) levels out the spikes and dips in the quarterly results and reveals we are averaging 4.4 or one manual handling incident for every 36 years of actual hours worked which is assessed as positive.*
- *PNCC has a number of proactive measures in place including:*
 - *Education* – The manual handling procedure including stretching, warm-up/cool down and the importance of early reporting of discomfort, pain and injury is covered at inductions.
 - *Training* – Move at work/manual handling training occurs annually with refresher training occurring every three years (next one is in August 2025).
 - *Monitoring* – Manual handling incidents are reviewed, and additional training/supervision initiated as needed.
 - The Safe Systems of Work (SSW) manual handling procedure is also used as refresher by business unit supervisors.

⁸ The data provided previously may differ due to an increased focus on data integrity.

D. WorkSafe Investigations

Investigations occurred this quarter 1

Previous investigations (last 12 months)

Number of remedial actions required 0

Number of remedial actions completed 0

WorkSafe investigation information remains on the report for 12 months or until actions are completed.

E. 2018 Audit Action Plan

The previous information reported is a legacy audit and we completed 83% of the actions identified in the Action Plan from 2018. A SafePlus audit was undertaken in 2021, this overwrote the previous audit findings and a new action plan was developed. The Business Assurance division will be reporting on SafePlus audit actions every six months through their accountability reporting.

F. Training⁹

Summary information on Health & Safety training undertaken in the last 12 months is shown below. Further detail is provided in Attachment 2.

Date	Mar 22	Jun 22	Sep 22	Dec 22	Feb 23
Number of events	6	16	23	26	24
Staff attending	91	212	330	315	285

Comments:

- For the current period, uptake in situational safety training for front-facing staff continues; digital training in cyber security has also been occurred.

G. Wellbeing

- i. The Activate Wellness Gyms (CAB and Depot) were used 829 times during January to February 2023 or an average of 63 times per week by 207 individual members during that period.

Gym Usage	Mar 22	Jun 22	Sep 22	Dec 22	Feb 23
Gym usage quarterly total	1127	1128	635	639	829
Average weekly use	82	86	48	49	63

Wellbeing Table	Mar	YTD	

⁹ The data provided previously may differ due to an increased focus on data integrity.

Wellbeing Table	Mar	YTD	
Gym usage	829	5671	Q3 2022-23 (January to February) showing a positive increase thus far due to the completion of the CAB refresh project.
Biennial health / eye check	33	107	Biennial Health and Eye Check information is sent directly to staff members on their even birthdays, e.g. age 38.
Annual flu vaccinations	0	0	Flu vaccination information is widely published across the organisation. These occur annually in Q4 period (May 2023).
Vitae – Pastoral contacts (significant strengths / issues)	202	1057	Vitae's new reporting platform gives improved clarity on pastoral contacts and has been reflected here.
Vitae – Other contacts (electronic/ referrals / management)	7	80	
Sick Leave days	629	6392	Average 10 days Per Person YTD.
People Feedback - Survey			
It is planned that the Tuia te Whakaaro / Employee Engagement Survey will run in Q3/Q4. Tuia te Whakaaro is about listening to and acting on the thoughts and ideas of our people. This survey seeks to listen to the thoughts of our staff and help us understand where we are as we work towards our aspirational state, as outlined in the Employee Experience Framework.			
Safe from physical harm (76% of staff participated).	4.23	4.4	Safe from physical harm and Safe from bullying / racism and harassment are both captured in Tuia te Whakaaro.
Safe from bullying, racism, harassment (46% of staff participated – there was a short lead in time).	3.82	3.9	

Comments:

- *Management continues to review the provision of Mental Health/Resilience training to identify opportunities to capture our workforce and equip our people with skills and tools. The Frontline Safety Project training remains positive.*

H. Annual Leave

Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23
4995	2562	1775	1343	4448	2391	2389	2147	4752	2427

Total days of annual leave taken per quarter

Comment:

- The average annual leave balance per staff member is 20.33 days as at 28 February 2023.
- In negotiations with the Unions last year the right to accumulate leave was reduced from two years to one year. This will, over time, reduce leave balances and subsequently leave liability.
- Leave patterns appear to be returning to normal after the impact of Covid19 in the Jun quarter 2020.

I. Sick Leave / Covid19

Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23
1175	1120	1367	1089	1072	1277	1831	2150	1571	1271

Total days of sick leave taken per quarter

Comment:

- Sick leave increased in the last two quarters of 2022. The average number of days taken per employee in 2022 was 9.8 which is high compared to the historical average of 7.3 days. Covid19 has influenced this figure.
- Covid19 is now being treated similar to other illnesses as the number of reported cases in NZ has reduced significantly.
- The Council has applied for reimbursement for time lost due to Covid19. To date 1144 days have been applied for or are in the process of application.

J. Turnover – Employee initiated

Year	17/18	18/19	19/20	20/21	21/22	22/23 Projected
Number	67	67	85	120	123	129
%	12.0%	12.0%	14.1%	20.9%	19.8%	20.0%

Month	Turnover for Month	Turnover Previous 12 Months	Percentage (annual)
Mar 22	11	109	18.0%
Apr 22	13	110	18.0%
May 22	14	117	19.0%
Jun 22	13	124	19.8%
Jul 22	12	123	19.5%
Aug 22	8	121	19.5%

Sep 22	11	122	19.2%
Oct 22	9	114	18.0%
Nov 22	8	115	18.3%
Dec 22	8	119	18.9%
Jan 23	14	127	20.0%
Feb 23	9	130	20.6%

Comment:

- Turnover is higher than desirable and has been for the last 3 years, although this is not unique to Council.
- The highest turnover occurs in the first 12 months of employment, with 32.3% of leavers in this category. Staff with less than 12 months tenure account for 21.6% of all staff.
- The next group over-represented is 2-4 years of service.
- Recruitment and retention is more difficult in the current tight labour market with more opportunities available than qualified applicants.
- In the previous 12 months to 28 February 2023, 156 permanent employees were recruited, while for the same period 136 employees left.

3. COMPLIANCE AND ADMINISTRATION

Does the Committee have delegated authority to decide?		Yes
Are the decisions significant?		No
If they are significant do they affect land or a body of water?		No
Can this decision only be made through a 10 Year Plan?		No
Does this decision require consultation through the Special Consultative procedure?		No
Is there funding in the current Annual Plan for these actions?		No
Are the recommendations inconsistent with any of Council's policies or plans?		No
The recommendations contribute to Goal 5: A Driven & Enabling Council		
The recommendations contribute to the achievement of action/actions in (Not Applicable)		
Contribution to strategic direction and to social,	Providing information to Council about the ongoing progress towards the good performance of the organisation regarding health and safety.	

economic, environmental and cultural well- being	
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ATTACHMENTS

1. HSW Dashboard Report for January to February 2023 [↓](#) 
2. Training Update for January to February 2023 [↓](#) 

COMMITTEE WORK SCHEDULE

TO: Risk & Assurance Committee

MEETING DATE: 26 April 2023

TITLE: Committee Work Schedule

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

1. That the Risk & Assurance Committee receive its Work Schedule dated April 2023.

COMMITTEE WORK SCHEDULE – APRIL 2023				
Estimated Report Date	Subject	Officer Responsible	Current Position	Date of Instruction & Clause number
26 April 2023	City Transportation Review	Business Assurance Manager	Report to be presented to Council on 3 May 2023	Infrastructure 17 August 2022 Clause 14.3-22 Council 5 October 2022 Clause 123.2-22
26 April 2023	Business Continuity Plan Update	Head of Risk and Resilience	Covered in Business Assurance Accountability Report	22 June 2022 Clause 49
26 April 2023	Enterprise Risk Management Framework review	Business Assurance Manager		15 December 2021 Clause 95

COMMITTEE WORK SCHEDULE – APRIL 2023				
Estimated Report Date	Subject	Officer Responsible	Current Position	Date of Instruction & Clause number
26 April 2023 23 August 2023	Audit NZ Management Report & Action Plan - update	Business Assurance Manager	Waiting on Audit NZ Report	22 June 2022 Clause 46
26 April 2023 23 August 2023	Quality Assurance Framework for Wastewater Discharge Consent Project	Business Assurance Manager	Slow progress due to consenting timeframes	28 September 2022 Clause 69
26 April 2023	Health, Safety & Wellbeing quarterly update	Safety & Health Manager		
26 April 2023	Review of Project Planning and Budgeting, Benefits Realisation Framework, Strategic Prioritisation Review	Business Assurance Manager	Report presented at 5 April Council meeting	15 December 2021 Clause 95
26 April 2023	Business Assurance six-monthly accountability report	Business Assurance Manager		16 December 2020 Clause 68.2
26 April 2023 23 August 2023	Sustainable Practices Review - Action Plan	Business Assurance Manager	In progress	28 September 2022 Clause 67
26 April 2023 23 August 2023	Animal Shelter review	Business Assurance Manager	Incorporated into 2023/24 Business Assurance work programme	Committee of Council 15 June 2022 Clause 38.4-22
26 April 2023	2023/24 Business Assurance Work Programme	Business Assurance Manager		Terms of Reference

COMMITTEE WORK SCHEDULE – APRIL 2023				
Estimated Report Date	Subject	Officer Responsible	Current Position	Date of Instruction & Clause number
26 April 2023	Quality Assurance Reporting for Ozone Replacement Project	Business Assurance Manager		Finance and Audit Committee September 2022