



PAPAIOEA
PALMERSTON
NORTH
CITY

PALMERSTON NORTH CITY COUNCIL

AGENDA

RISK & ASSURANCE COMMITTEE

9:00 AM, WEDNESDAY 12 MARCH 2025

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

Te Marae o Hine | 32 The Square
Private Bag 11034 | Palmerston North 4442 | New Zealand
pncc.govt.nz

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RISK & ASSURANCE COMMITTEE MEETING

12 March 2025

ORDER OF BUSINESS

1. Karakia Timatanga

2. Apologies

3. 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.

4. 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.

5. Public Comment

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

6. Confirmation of Minutes

Page 7

That the minutes of the Risk & Assurance Committee meeting of 27 November 2024 Part I Public be confirmed as a true and correct record.

7. Independent Health and Safety Audit

Page 11

Memorandum, presented by Stephen Minton, Risk Management Advisor and Desiree Viggars, Manager Legal, Risk & Assurance/Legal Counsel.

8. Health and Safety Report, 1 October to 31 December 2024 (Quarter 2)

Page 71

Memorandum, presented by Selwyn Ponga-Davis, Health and Safety Manager.

9. Wellbeing Report, 1 October to 31 December 2024 (Quarter 2)

Page 91

Memorandum, presented by Connie Roos, Manager Employee Experience and Wayne Wilson, Manager People Operations.

10. Setting Council's Risk Management Appetite and Tolerance Levels Page 101

Memorandum, presented by Stephen Minton, Risk Management Advisor and Desiree Viggars, Manager Legal, Risk and Assurance/Legal Counsel.

11. Strategic Risk Management Reporting October 2024 to December 2024 (Quarter 2)

Page 115

Memorandum, presented by Stephen Minton, Risk Management Advisor and Desiree Viggars, Manager Legal, Risk & Assurance/Legal Counsel.

12. Audit NZ 2024 Management Report with Action Plan Page 123

Memorandum, presented by Desiree Viggars, Manager Legal, Risk & Assurance/Legal Counsel and Scott Mancer, Manager Finance.

13. Committee Work Schedule Page 159

14. Karakia Whakamutunga

15. 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
8.	Health and Safety Report, 1 October to 31 December 2024 (Quarter 2) Confidential Attachment 2	PREJUDICE THE SUPPLY OF SIMILAR INFORMATION: Releasing this information could negatively effect similar confidential information or discourage people from sharing such information; and ENDANGER THE SAFETY OF A PERSON: Sharing this information could put someone's health and safety at risk	s7(2)(c)(i) and s6(d)

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].

PALMERSTON NORTH CITY COUNCIL

Minutes of the Risk & Assurance Committee Meeting Part I Public, held in the Council Chamber, First Floor, Civic Administration Building, 32 The Square, Palmerston North on 27 November 2024, commencing at 1.02pm

Members Present: Stephen Armstrong (in the Chair) and Councillors Karen Naylor, Mark Arnott, Brent Barrett, Vaughan Dennison, Leonie Hapeta, Lorna Johnson, William Wood and Kaydee Zabelin.

Non Members: Councillor Patrick Handcock.

Apologies: The Mayor (Grant Smith) (late arrival, on Council business) and Councillor Orphée Mickalad (late arrival).

Councillor Orphée Mickalad entered the meeting at 1.35pm during consideration of clause 34. He was not present for clauses 30 to 33 inclusive.

The Mayor (Grant Smith) entered the meeting at 2.15pm during consideration of clause 35. He was not present for clauses 30-34 inclusive.

Karakia Timatanga

Councillor Kaydee Zabelin opened the meeting with karakia.

30-24 Apologies

Moved Stephen Armstrong, seconded Karen Naylor.

The **COMMITTEE RESOLVED**

1. That the Committee receive the apologies.

Clause 30-24 above was carried 10 votes to 0, the voting being as follows:

For:

Stephen Armstrong and Councillors Karen Naylor, Mark Arnott, Brent Barrett, Vaughan Dennison, Leonie Hapeta, Lorna Johnson, William Wood, Kaydee Zabelin and Patrick Handcock.

31-24 Confirmation of Minutes

Moved Stephen Armstrong, seconded Karen Naylor.

The **COMMITTEE RESOLVED**

1. That the minutes of the Risk & Assurance Committee meetings of:

- 11 September 2024 Part I Public
- 11 September 2024 Part II Confidential
- 23 October 2024 Part I Public

be confirmed as a true and correct record.

Clause 31-24 above was carried 10 votes to 0, the voting being as follows:

For:

Stephen Armstrong and Councillors Karen Naylor, Mark Arnott, Brent Barrett, Vaughan Dennison, Leonie Hapeta, Lorna Johnson, William Wood, Kaydee Zabelin and Patrick Handcock.

32-24

Health and Safety Report, 1 July to 30 September 2024 (Quarter 1)

Memorandum, presented by Selwyn Ponga-Davis, Health and Safety Manager.

Moved Stephen Armstrong, seconded Karen Naylor.

The **COMMITTEE RESOLVED**

1. That the Committee receive the memorandum titled 'Health and Safety Report, 1 July to 30 September 2024 (Quarter 1)' presented to the Risk & Assurance Committee on 27 November 2024.
2. That the Chief Executive release Attachment 2 as is practicable.

Clause 32-24 above was carried 10 votes to 0, the voting being as follows:

For:

Stephen Armstrong and Councillors Karen Naylor, Mark Arnott, Brent Barrett, Vaughan Dennison, Leonie Hapeta, Lorna Johnson, William Wood, Kaydee Zabelin and Patrick Handcock.

33-24

Wellbeing Report, 1 July to 30 September 2024 (Quarter 1)

Memorandum, presented by Connie Roos, Manager Employee Experience and Wayne Wilson, Manager People Operations.

Moved Stephen Armstrong, seconded Karen Naylor.

The **COMMITTEE RESOLVED**

1. That the Committee receive the memorandum titled 'Wellbeing Report, 1 July to 30 September 2024 (Quarter 1)' presented to the Risk & Assurance Committee on 27 November 2024.

Clause 33-24 above was carried 10 votes to 0, the voting being as follows:

For:

Stephen Armstrong and Councillors Karen Naylor, Mark Arnott, Brent Barrett, Vaughan Dennison, Leonie Hapeta, Lorna Johnson, William Wood, Kaydee Zabelin and Patrick Handcock.

Councillor Vaughan Dennison left the meeting at 1.29pm.

34-24

Business Assurance Accountability Report

Memorandum, presented by Yui-Teng Chan, Internal Auditor and Desiree Viggars, Manager Legal Risk & Assurance/Legal Counsel.

Councillor Orphée Mickalad entered the meeting at 1.35pm.

Councillor Vaughan Dennison entered the meeting again at 1.43pm.

Moved Stephen Armstrong, seconded Karen Naylor.

The **COMMITTEE RESOLVED**

1. That the Committee receive the memorandum titled 'Business Assurance Accountability Report' and its attachment, presented to the Risk & Assurance Committee on 27 November 2024.

Clause 34-24 above was carried 11 votes to 0, the voting being as follows:

For:

Stephen Armstrong and Councillors Karen Naylor, Mark Arnott, Brent Barrett, Vaughan Dennison, Leonie Hapeta, Lorna Johnson, Orphée Mickalad, William Wood, Kaydee Zabelin and Patrick Handcock.

35-24

Strategic Risk Management Reporting July to September 2024 (Quarter 1)

Memorandum, presented by Stephen Minton, Risk Management Advisor and Desiree Viggars, Manager Legal Risk & Assurance/Legal Counsel.

After discussion, Elected Members directed how they would like future risk reporting structured.

The Mayor (Grant Smith) entered the meeting at 2.15pm.

Moved Stephen Armstrong, seconded Karen Naylor.

The **COMMITTEE RESOLVED**

1. That the Committee receive the following strategic risk assessments:
 - Strategic Risk 5: Ineffective Relationship and Stakeholder Engagement
 - Strategic Risk 8: Failure to Meet Legal Obligations
 - Strategic Risk 9: Significant Disruption to Council's Continuity and/or Lifeline Utility Disruption
 - Strategic Risk 10: Failure to Manage Critical/Strategic Assets
 - Strategic Risk 11: Loss of Public Trustand the Strategic Risk Dashboard (section 8.2).

Moved Brent Barrett, seconded Vaughan Dennison.

2. That all future reporting and updates on Strategic Risk Assessments clearly differentiate between new actions and existing actions, connect each action with resourcing, and indicate progress and timeframe for implementation.

Clause 35-24 above was carried 12 votes to 0, the voting being as follows:

For:

The Mayor (Grant Smith), Stephen Armstrong and Councillors Karen Naylor, Mark Arnott, Brent Barrett, Vaughan Dennison, Leonie Hapeta, Lorna Johnson, Orphée Mickalad, William Wood, Kaydee Zabelin and Patrick Handcock.

36-24 Committee Work Schedule

Moved Stephen Armstrong, seconded Karen Naylor.

The **COMMITTEE RESOLVED**

1. That the Risk & Assurance Committee receive its Work Schedule dated November 2024.

Clause 36-24 above was carried 12 votes to 0, the voting being as follows:

For:

The Mayor (Grant Smith), Stephen Armstrong and Councillors Karen Naylor, Mark Arnott, Brent Barrett, Vaughan Dennison, Leonie Hapeta, Lorna Johnson, Orphée Mickalad, William Wood, Kaydee Zabelin and Patrick Handcock.

Karakia Whakamutunga

Councillor Kaydee Zabelin closed the meeting with karakia.

The meeting finished at 2.41pm.

Confirmed 12 March 2025

Chair

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 12 March 2025

TITLE: Independent Health and Safety Audit

PRESENTED BY: Stephen Minton, Risk Management Advisor and Desiree Viggars, Manager Legal, Risk & Assurance/Legal Counsel

APPROVED BY: Cameron McKay, General Manager Corporate Services

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

1. That the Committee receive the Health and Safety Audit Report from the independent Auditor, presented to the Risk & Assurance Committee on 12 March 2025.
-

1. ISSUE

- 1.1 The Risk & Assurance Committee resolved on 11 September 2024 the following:
“That the Chief Executive appoint an external consultant to undertake an independent Health and Safety audit in 2024, agreeing the scope and timeframe in consultation with the Chair and Deputy Chair of the Risk & Assurance Committee.” [at 11-24]
- 1.2 This Memorandum presents the attached report from the independent auditor along with the proposed recommendations. Oversight of the recommendations will be undertaken by the Business Assurance function within Legal, Risk and Assurance and be included in the semi-annual Accountability Report to this Committee.
- 1.3 Officers will do further investigation on resourcing and capacity requirements to meet the recommended actions. Should there be a change in output, Officers will report back to this Committee.

2. BACKGROUND

- 2.1 The audit has been completed using SafePlus, an assessment framework that measures performance against 10 areas grouped into three broad themes: leadership, worker engagement, and risk management.
- 2.2 Measurement is categorised as 'developing', 'performing' or 'leading'. The audit has rated the Council as follows:

Leadership:	Developing
Worker Engagement:	Performing
<u>Risk Management:</u>	<u>Performing</u>
Overall rating:	Performing

2.3 There has been a marked improvement in the measures across the ten areas, with nine of the ten showing improvement since June 2021 (refer Attachment 3 for comparable results).

2.4 The audit undertook deep dives into five Council critical risks. These were:

1. Working on the Front-line
2. Working Environment
3. Working at Height
4. Breaking Ground
5. Lone Workers

2.5 Key findings and recommendations are included in the Report. The detailed assessment of each of the areas is also attached.

3. AUDIT RECOMMENDATIONS

3.1 The Audit has made 30 recommendations. These are included in Attachment 4. Against each recommendation, Officers have articulated measurable actions to close the recommendations off.

3.2 These recommendations and their corresponding actions will be included in the next Accountability Report to this Committee on 11 June 2025. It will consist of details of Officer ownership and target date for completion. It will also, where deemed necessary, detail any unbudgeted resources required for closure, albeit at this point additional resources are not envisaged.

3.3 Until the Accountability Report is submitted the owner of all actions is General Manager People and Capability.

4. MANAGEMENT RESPONSE

4.1 Management response is detailed below:

4.1.1 *Health and Safety at Council continues to iteratively develop and improve off a solid foundation and the findings and recommendations provided in the report provide meaningful guidance for further action.*

4.1.2 *Council has budget set aside for Health and Safety system improvements and is currently scoping options which will improve user-friendliness, data capture and reporting.*





- 4.1.3 *The SafePlus audit type does not operate on a pass/fail basis but rather outcomes are categorised into three possible levels, being Developing, Performing and Leading. As advised by the Auditor at the audit initiation meeting in January, it is impossible for Council to achieve Leading status as it is an exceptionally high bar most aligned to large scale and sophisticated organisations with significant Health and Safety resources. As such it is unlikely many, if any, New Zealand organisations would be able to achieve this level.*
- 4.1.4 *The process for the SafePlus audit is interview based and the auditor met with 22 staff he deemed appropriate for the process, including site and office-based staff and senior leadership. The interviews are designed to garner the experiential opinion of the interviewee. This information along with review of auditor selected documentation forms the basis of the recommendations. Important to note is that of the 30 recommendations contained in this 2025 report, 6 are not new, that is, were included in the 2021 audit conducted by the same consultant. The 2021 report had 47 recommendations most of which have been closed out.*
- 4.1.5 *Notable progress has been made towards achieving the recommendations of the previous audit and it is unfortunate the timing of this audit means the two have overlapped. The actions from the 2021 audit are due to be fully complete before the end of this financial year. Of the new recommendations, specific commentary is provided in Attachment 4.*
- 4.1.6 *The Health and Safety team are currently reviewing training and undertaking a needs analysis. It is likely additional training methods and products will be brought into Council and these are already budgeted for, including training for senior management and Governance.*
- 4.1.7 *It is expected that no additional staff resources will be required to action the recommendations contained in the report. For further detail please refer to Attachment 4.*
- 4.1.8 *Additionally, and aside from this audit, the Healthy and Safety team will undertake two gap analysis exercises in the next month, specifically using the ACC workplace tool which focuses on the health outcomes for employees and the Worksafe workplace tool which focuses on organisational outcomes.*

4 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 objectives?		Yes
Are the recommendations inconsistent with any of Council's policies or plans?		No
The recommendations contribute to: Not Applicable		
The recommendations contribute to this plan: (Not Applicable)		
Contribution to strategic direction and to social, economic, environmental and cultural well-being	A primary objective of the Council is to ensure all our staff get home to their whanau safely. This memorandum and appended report provide a tool in meeting this objective.	

ATTACHMENTS

1. SafePlus Assessment Report [↓](#) 
2. Detailed Assessment [↓](#) 
3. Performance Outcomes [↓](#) 
4. Recommendations & Proposed Actions [↓](#) 



SafePlus Onsite Assessment and Advice Report

Palmerston North City Council

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Executive Summary

SafePlus aims to help lift the performance of workplace health and safety in New Zealand businesses. It assesses how well a business is performing against good practice health and safety requirements and provides tailored advice and guidance on how to improve. SafePlus was jointly developed, with industry, by WorkSafe New Zealand, ACC and the Ministry of Business, Innovation and Employment (MBIE) in collaboration with health and safety experts.

The assessment covers 10 areas under three broad themes: Leadership, Worker Engagement and Risk Management; with an overall assessment of Developing, Performing and Leading against these themes and criteria.

This SafePlus assessment for the Palmerston North City Council was undertaken on the 27-29 January 2025. It should be noted that SafePlus is not a compliance assessment but rather an assessment of the health and safety culture and maturity of the organisation.

Both the Health and Safety Team and the Senior Leadership Team are new, since the previous SafePlus assessment in 2021.

Although some health and safety documentation were reviewed during the assessment, this assessment relies mostly on impressions gained through site inspections and from interviews with managers, health and safety representatives and workers.

Although significant health and safety improvements have been implemented in the past two years. Several processes still need to be embedded and reviewed to determine its fit for purpose and effectiveness.

The overall assessment for the Council is that they are just at the initial stages of Performing. Although several criteria for Leadership have been assessed as Performing, the overall rating has been assessed as Developing. Worker Engagement has been assessed as Performing and Risk Management has been assessed as being at the initial stages of Performing.

The Palmerston North City Council has recently undergone some restructuring which resulted in changes to several roles and responsibilities.

The Senior Leadership Team has a proactive approach towards health and safety and workers generally indicated that their managers have an open-door policy. Although workers indicated that, on balance, site management is reasonably fair when it comes to dealing with health and safety disciplinary matters, they noted that the time frame for resolution can take some time, while some of the other workers involved in the incident felt unsupported.

The Health and Safety Team oversees health and safety activities across the organisation. Workers indicated that the Health and Safety Team is proactive and gets things done. This was evident in the way they arranged the focus group interviews as part of the SafePlus assessment. However, there is a reliance on this role to undertake key tasks and there is a slow transition to integrating this into wider roles.

Of particular note there were comments by Workers, these included:

- *“Health and safety team very visible”*,
- *“Focus on getting everyone involved”*.

- *“Better engagement in health and safety than before”.*
- *“Encourage positive culture of health and safety”*
- *“We are moving forward, moving in the right direction”*
- *“Changing the stigma regarding health and safety”*
- *“Noticed significant improvements in past year”*
- *“Staff need more confidence to raise issues”*
- *“Found our voice and have backing from SLT”*
- *“Better relationship with health and safety team”*
- *“Kaupapa based health and safety”*
- *“Safety takes preference and is important”*
- *“Process are explained”*

Our assessment also noted the following key initiatives:

- Health and Safety notice boards displayed across the organisation
- Use of People Safe to report incidents, near misses and risks
- Safety Pillars related to Safety, Delivery, Relationship and Leadership (used as part of induction to explain role of health and safety team)
- Our Kaupapa - E Tu (stand up) and Tiki (right)

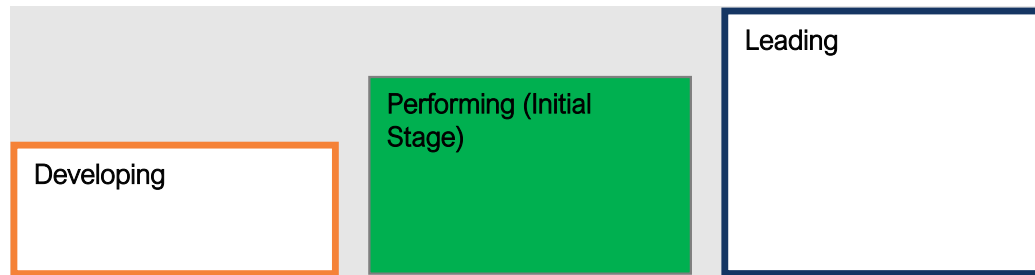
It was noted that frontline management would like more guidance and direction on health and safety matters. They believe that this would provide greater consistency across sites and be more efficient. “Having consistent health and safety expectations” was common feedback.

Several health and safety processes have been developed in the past year and have yet to be imbedded within the organisation. The number of health and safety improvements being made should be able to facilitate a step change within the organisation.

Worker engagement surveys were carried out in 2023 and 2024. The worker engagement survey results are discussed during senior leadership meetings and showed an overall improvement in the general culture of the organisation.

When compared to the 2021 SafePlus Assessment, workers were more engaging during the focus group interviews and commented on the improved health and safety culture within the organisation.

A detailed spreadsheet has been provided that supplements this report. This spreadsheet provides detailed assessment of each of the 10 performance requirements and the supporting evidence that has been developed as part of the SafePlus framework.

OVERALL OUTCOME:**KEY RECOMMENDATIONS:**

1. Management should consider the SafePlus assessment findings and recommendations and incorporate any agreed actions into your annual activity plan (in consultation with workers).

BACKGROUND

Palmerston North City Council manages the community services of an estimated population of 93,000. It is the 6th largest city in New Zealand. The Palmerston North region has a broad industry and tertiary education base that includes a university, tourism, agriculture, retail, manufacturing, business services and social services.

REASSESSMENT:

While there is no set time for a reassessment, the outcome of a business's onsite assessment will not remain valid indefinitely. There will always be new issues and risks arising and opportunities for them to improve their performance.

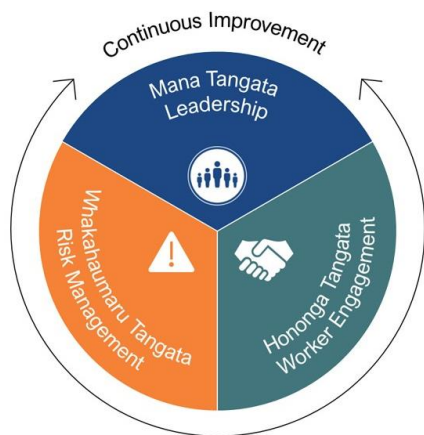


Introduction

SafePlus aims to help lift the performance of workplace health and safety in New Zealand businesses. It assesses how well a business is performing against good practice health and safety requirements and provides tailored advice and guidance on how to improve. SafePlus was jointly developed, with industry, by WorkSafe New Zealand, ACC and the Ministry of Business, Innovation and Employment (MBIE) in collaboration with health and safety experts.

WHAT SAFEPLUS IS

SafePlus measures performance against a framework of 10 performance requirements, which are underpinned by continuous improvement and organised under three key elements.



Each performance requirement has:

- Four or five indicators, exploring in detail how the business performs against the requirements.
- A three-level maturity scale applied to it.



Assessment focus

The assessment approach is evaluative and behaviour-based with a focus on your organisation's:

- people
- behaviours
- culture
- attitudes
- systems
- resources
- practices
- values.

For more on SafePlus see: www.safeplus.nz

PALMERSTON NORTH CITY COUNCIL - ASSESSMENT

This SafePlus assessment was completed between 27 and 29 January 2025

SCOPE OF THIS ASSESSMENT

In scope

The scope of this assessment is limited to insights gained through SafePlus methodology in relation to the Palmerston North City Council.

The assessment team engaged with:

- Senior Leadership Team
- Departmental Managers
- Health and Safety Team
- Employee Representatives
- Workers

The assessment included a Deep Dive assessment on how the following risks are being managed:

- Working on the frontline
- Working environment
- Working at heights
- Breaking ground
- Lone workers

Other risks discussed included:

- Mobile plant
- Confined spaces
- Traffic management

Out of scope

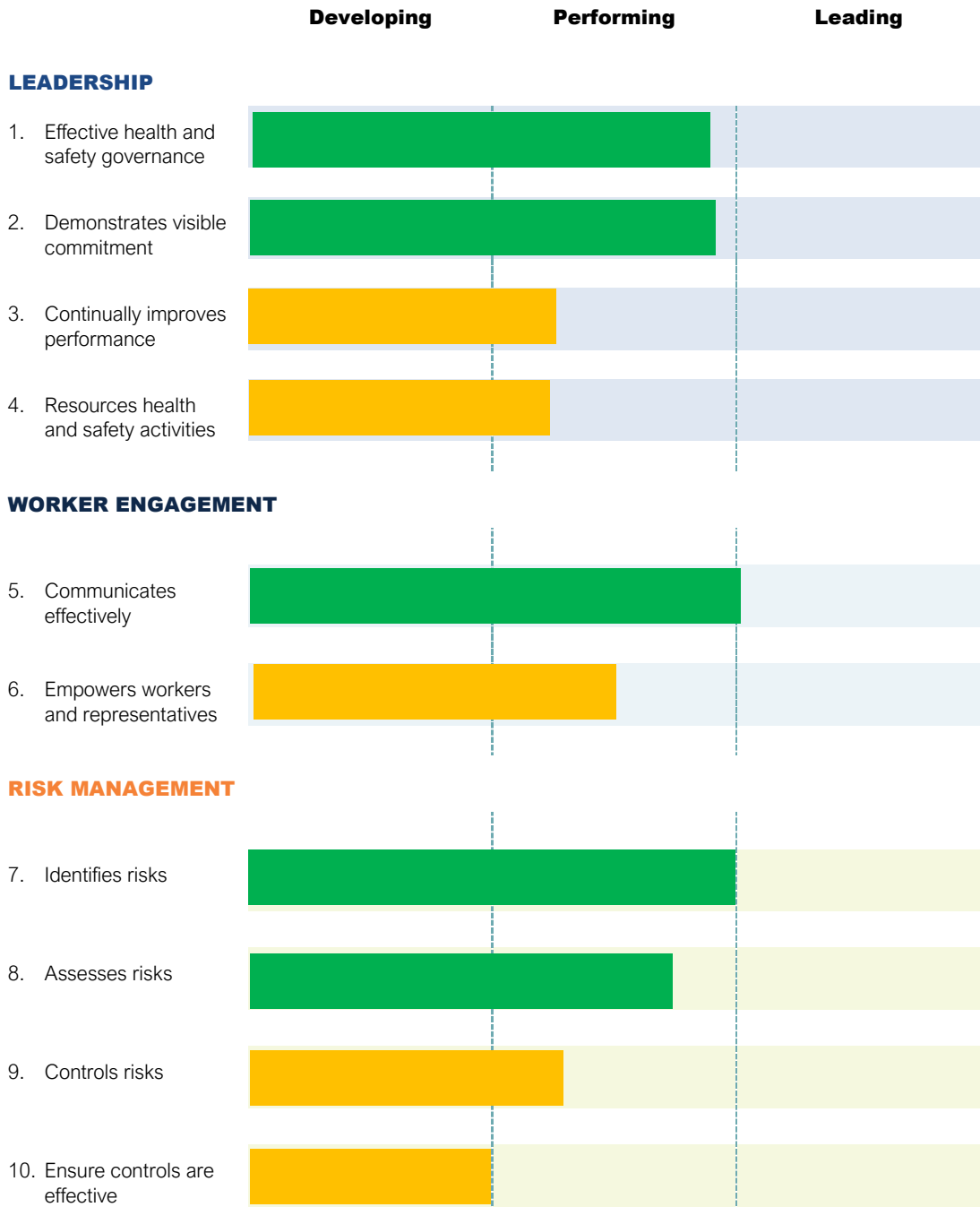
This report reflects a slice in time at the above site and should not be extrapolated beyond the scope noted above. Out of scope are:

- Stakeholders not interviewed.
- A full technical review of all documentation, work processes, Deep Dive risks and other risks.

Thank you to Palmerston North City Council

We would like to acknowledge the participation of the site in assisting us to complete this assessment.

Outcomes by Performance Requirement:



Detailed Assessment

LEADERSHIP:

Leadership at Palmerston North City Council has been assessed as developing. It should be noted that workers indicated significant changes in the organisation in the past year, supporting a more positive health and safety culture. The following table provides a summary of the four performance requirements for Leadership theme.

Four performance requirements have been established under leadership.	Developing	Performing	Leading
1 Effective health and safety governance			
2 Demonstrates visible commitment			
3 Continually improves performance			
4 Resources health and safety activities			

Site Leadership is developing. There are several key processes that have been established, these include:

- Weekly worker toolbox meetings
- Management meetings
- Bi-monthly health and safety committee meetings.
- Workers indicated that they were comfortable raising health and safety concerns with the Health and Safety Team
- Workers indicated that managers were approachable and that they were comfortable raising health and safety concerns with either their supervisor or directly with their manager. In addition, management were observed to regularly interact with workers.

1 The business has effective governance and leadership in health and safety.

Other than the required Long Term Council plan, no evidence was provided of a formal Council wide Health and Safety Strategic or Improvement Plan for the current financial year led by the Senior Management Team.

The Health and Safety Team has developed and manages the four-year Health and Safety Strategic Plan (FY22 to FY24), Although this Strategic Plan was shared with the SLT during 2022, no clear evidence was provide of this plan being recently shared with the SLT or the HS Committees.

This Strategic Plan is aimed at improving the health and safety profile across the organisation. Although the Strategic Plan has been shared with some of the senior leadership team, it has yet to be filtered down to frontline managers, and health and safety representatives.

Elective members as part of their initial induction have undertaken a familiarisation tour of the various council facilities.

As a collective, neither the elected members nor the senior leadership have received recent health and safety governance-based training.

There is significant reliance by the wider management team on the Health and Safety Team to manage health and safety. Health and safety responsibilities need to be spread across the management team. It was noted during the focus group interviews (workers and supervisors) that “Health and Safety Team will act on it” and “They are doing a good job; they are passionate about it”. While this is positive, the impression gained was the Health and Safety Team alone is responsible for health and safety.

The health and safety team provides a monthly KPI report to the senior leadership team. This report does not provide any information on the management and monitoring of identified critical risks.

The senior leader team has extensive knowledge related to health and safety management system and processes. They were aware of the risks that workers may be exposed to, and, how these should be controlled. The management team generally understood risks and has focused on remediating known issues.

The focus is that health and safety be integrated into the day-to-day operations. It was noted that frontline management would prefer more guidance and direction on health and safety matters. They believe that this would provide greater consistency across sites.

Although the organisation has undertaken bow-tie risk assessments for some identified business risks, this has not yet cascaded down to health and safety critical risks.

The following table is a detailed assessment of the component part of this performance requirement.

1.1	Officers effectively govern health and safety	Yellow	White	White
1.2	Senior leaders/officers set a clear direction/vision for health and safety	White	Green	White
1.3	Senior leaders understand the key health risks and safety risks in their business	White	Green	White
1.4	Senior leaders monitor and verify risk control effectiveness	Yellow	White	White
1.5	Senior leaders consider potential impacts on health and safety when making business decisions	White	Green	White

2 Senior leaders visibly demonstrate their commitment to health and to safety through their actions.

Management and the Health and Safety Team are communicating health and safety expectations and dealing with unsafe practices on a regular basis. Staff indicated that the management was visible across the site. However, they would like the Senior Leadership Team to be more visible.

Workers indicated that managers have an open-door policy and were comfortable raising health and safety concerns with either their supervisor or directly with their manager. Workers indicated that on balance, site management is fair when it comes to dealing with health and safety non-conformances.

Although the senior leadership team undertakes a monthly review of one of its facilities, the workers interviewed indicated that they don’t interact with the senior leadership during these reviews.

Information is available to workers on various health and safety notice-boards and through the online portal.

Posted health and safety information includes, for example: the Health and Safety Policy statement (August 2024); Health and Safety values; health and safety committee meeting minutes; and wellbeing information.

The organisation recognises health and safety performance through for example:

- A health and safety champion nomination process.
- Storytelling via People Safe
- An informal recognition system.
- Chief Executive Updates
- Team meeting and morning tea shouts.

Job descriptions contain health and safety expectations. The organisation is currently undertaking their annual performance review process, however, there have been no formal development plans established.

The following table is a detailed assessment of the component part of this performance requirement.

2.1	Senior leaders set and communicate health and safety performance expectations and enable/support others to achieve them				
2.2	Senior leaders recognise good practice and performance				
2.3	Senior leaders stated commitments and actions are connected				
2.4	Senior leaders create an environment of trust and fairness within the business				
2.5	Senior leaders readily address unsafe actions, practices and situations				

3 The business strives to continually improve health and safety practice and Performance.

No evidence was provided of a Council wide formal health and safety improvement plan based on health and safety objectives. Health and safety improvements were based on issues being raised.

There is a need for a health and safety improvement plan to ensure specific tasks are planned, undertaken and monitored to ensure that they contribute to improved outcomes. Health and safety representative involvement in actioning and monitoring of objectives may lead to greater buy in and engagement.

The organisation health and safety framework which includes

- Safety management framework
- Safety standards (not yet rolled out)
- Key safety requirements
- Local health and safety requirements, local safety plans. Risk assessment, SOP SWMS and JSEA

The organisation has a health and safety plan which details various health and safety tasks/activities by month such as site inspection, emergency drill scenarios, document reviews, and meetings.

The following table is a detailed assessment of the component part of this performance requirement.

3.1	The business sets goals for health and for safety improvement				
3.2	The business plans and implements actions to meet health goals and safety goals				
3.3	The business monitors and evaluates progress against its health goals and safety goals				
3.4	The business, with workers or their representatives, reviews and evaluates its effectiveness in risk management and broader health and safety management				
3.5	The business uses ongoing monitoring, review and evaluation activity to inform business decisions and change				

4 The business resources health and safety activities.

There appear to be appropriate resources applied across the organisation for the management of health and safety. Several examples were provided where issues have been raised and resolved.

The health and safety team has health and safety oversight across the organisation and the wellbeing team manages the organisations wellbeing strategic plan.

There is a training programme in place to ensure workers are competent for assigned tasks which includes health and safety. Members of staff are progressively being trained for multi-tasking.

Management indicated monitoring of contractor performance is largely left to the Health and Safety Team and verbal assurance that processes are followed. The members of management have overlapping duties and responsibilities and need to actively manage the relationship and ensure health and safety expectations are followed.

The following table is a detailed assessment of the component part of this performance requirement.

4.1	The business plans, directs and provides resources for the achievement of its goals, plans and activities			
4.2	The business ensures that health and safety roles, accountabilities and responsibilities are clear and understood in all business relationships			
4.3	The business checks that workers (including contractors) have the competence and resources necessary to perform their roles			
4.4	The business integrates health and safety into procurement			
4.5	The business proactively accommodates employee incapacity and ill health			

RECOMMENDATIONS:

1. Ensure that overlapping duties with contractors are reviewed and there is clarity of expectations and monitoring processes.
2. That the council considers developing a council wide Strategic Plan with input from the Health and Safety Committee based on tasks/activities required to contribute towards improved health and safety performance.
3. That the Health and Safety Committee be more actively involved in managing and monitoring of site-specific objectives.
4. Review and expand the organisations change management processes to include organisation change, such as but not limited to restructuring. Currently the focus is on changes to plant and equipment.
5. Provide health and safety governance training for both elected members and the Senior Leadership Team.
6. Consider redefining the current health and safety framework on an established health and safety framework for example of the proposed health and safety management system model set out by WorkSafe.
7. That the Senior Leadership Team prioritises attendance at planned health and safety related meetings.

WORKER ENGAGEMENT:

Worker Engagement at Palmerston North City Council has been assessed as Performing. The following table provides a summary of the two performance requirements for the Worker Engagement theme.

Two performance requirements have been established under Worker Engagement		Developing	Performing	Leading
5	Communicates effectively			
6	Empowers workers and representatives			

5. The business communicates effectively.

There are several key processes that have been established, these include:

- Palmerston North City Council has two health and safety committees, one representing the officers and the other operations. The health and safety committee’s agenda includes general health and safety issues, improvement opportunities and incidents of note.
- Health and Safety Committee meets bi-monthly and is involved in department and interdepartmental inspections.

Workers acknowledged improvements to health and safety and made positive comments including:

- *“Improving all the time”,*
- *‘Focus on getting everyone involved’.*
- *“Health and safety team very visible”,*
- *“Better engagement in health and safety than before”.*
- *“Encourage positive culture of health and safety”*
- *“We are moving forward, moving in the right direction”*
- *“Noticed significant improvements in past year”*
- *“Staff need more confidence to raise issues”*
- *“Better relationship with health and safety team”*

The Health and Safety Representatives indicated that they would like more training in the health and safety process and time allocation to complete assigned tasks. In addition, they would like clear guidance related to their role and responsibilities as a health and safety representative.

There is good communication between management and workers and various forums are available for discussion and feedback concerning health and safety concerns. Managers were also seen through the site walkabout regularly engaging with workers.

There are a range of communication mechanisms that provide information to Workers which include:

- Toolbox meeting
- Health and safety committee meetings
- Noticeboards

Toolbox meetings are management led. A challenge for the organisation would be on how to ensure toolbox meetings become a two-way engagement process between management and workers.

The Health and Safety Representatives indicated that they would like more training in health and safety process and time allocated to undertake assigned tasks. Furthermore, they would like clear direction related to their role and responsibilities as a health and safety representative. In addition, some staff indicated that generally staff need more confidence to raise issues.

There are several different nationalities on site and from discussions with workers they indicate that this is taken into consideration when assessing competency level and when giving work instructions.

6. The business engages with and empowers workers and representatives.

There was reasonable communication between management and workers and various forums have been established for health and safety discussion and feedback.

The various workers' focus group interviews had representatives from across the organisation. It should be noted that the workers interviewed appeared to be open and honest regarding comments made. Comments made by workers were with the view to improving the work culture within the organisation.

There is a term of reference for the two health and safety committees - one representing Officers and the other Operations. The health and safety committees meet bi-monthly, and the two health and safety committee chairs meet with the Senior Leadership Team quarterly.

The health and safety committee currently focuses on health and safety process reviews and issues raised by health and safety representatives. The health and safety representative felt they worked in a "silo" and were not aware of issues raised by the other health and safety committee.

The Health and Safety Representatives indicated that they would like more training in health and safety process and time allocation to complete assigned tasks. Furthermore, they would like clear guidance related to their role and responsibilities as a health and safety representative.

Several of the health and safety representatives have completed the 2-day stage 1 health and safety representative training.

Workers indicated that they did not receive direct feedback from their Health and Safety Representatives as to discussions and outcomes from the health and safety committee. Feedback was generally through posted (notice-board) or emailed meeting minutes.

A challenge, going forward, is how to ensure worker engagement is effective and two way and that workers understand messages and actively contribute to health and safety discussions and activities.

The following table is a detailed assessment of the component part of this performance requirement.

The business engages with, and empowers, workers and representatives		Developing	Performing	Leading
6.1	The business ensures that workers have the opportunity for involvement in matters that may affect their health and safety			
6.2	The business ensures that worker engagement, participation and representation practices are agreed, enabling, resourced and supportive			
6.3	The business defines worker and representative authority to take action in matters that directly affect their health and safety			
6.4	The business ensures workers and their representatives are effectively involved in decisions related to risk management			
6.5	Workers and their representatives are directly involved in the setting and monitoring of health goals and safety goals for the business			

RECOMMENDATIONS:

1. Consider ways to ensure workers are fully engaged in health and safety (two-way) and that it is a safe environment to raise issues.
2. Consider how to provide additional time for the Health and Safety Representative to complete assigned tasks and to promote health and safety
3. That the health and safety committee is actively involved in the development of the health and safety improvement plan.
4. Consider providing additional focussed training for the Health and Safety Representatives to better assist them with reviewing health and safety processes and their involvement in risk assessments.
5. To improve worker communication, consider providing a summary of committee discussions and sharing these during toolbox meetings.
6. Provide additional information (potentially through toolbox meetings) on worker's rights and responsibilities for unsafe work practices.
7. Provide further opportunities for designated workers to be actively involved in the change management process that includes the design phase, the implementation phase and the review phase.
8. Promote the function of the health and safety representatives across the organisation
9. Consider a budget or similar for the health and safety committee to, for example, engage guest speakers and seek independent advice.

RISK MANAGEMENT:

Risk Management at Palmerston North City Council has been assessed as in the initial stages of performing. The following table provides a summary of the four performance requirements for Risk Management theme.

Four performance requirements have been established under Risk Management		Developing	Performing	Leading
7	Identifies risks			
8	Assesses risks			
9	Controls risks			
10	Ensure controls are effective			

The organisation is primarily continuing to use the historical risk register, safe operating procedures to manage health and safety risk. It should be noted that where controls have been identified (through risk registers and safe operating procedures task descriptions) these were generally operating, and regular inspections have been undertaken.

7. The business, with workers and their representatives, identifies work related health risks and safety risks.

The identification of risk has been assessed as performing. There is good understanding by Management of the issues that the organisation is facing, and they continue remediating known issues.

Health and safety issues raised are generally inputted into People Safe, however, there is some judgement on what events are entered. This limits the amount of information available to undertake effective trend analysis.

Recommend that health and safety representatives or nominated workers undertake monthly workplace inspections of other council facilities/departments based on their role and skill base. For example, lite undertaken a workplace inspection of the Library

There was limited documented evidence of change management with worker involvement. Examples of recent changes included the baler and animal control.

Emergency procedures have been developed, and flipcharts are available throughout the organisation. The emergency flipchart includes, but is not limited to explosion, fire, earthquake, chemical spillage, and medical emergency.

The following table is a detailed assessment of the component part of this performance requirement.

The business, with workers and their representatives, identifies work-related health risks and		Developing	Performing	Leading
7.1	The business uses a variety of methods to identify health risks and safety risks			
7.2	The business applies the methods to the identification of both health risks and safety risks			
7.3	The business applies the methods to the identification of risks in its supply chain and/or from the activities of other parties including contractors			
7.4	The business applies the methods to the identification of risks associated with change, non-routine activities and emergencies			

8. The business, with workers and their representatives, assesses health risks and safety risks.

Periodic review is undertaken of the risk register; however, this has been largely a desktop exercise.

Safe operating procedures have been developed for various plant, equipment and activities such as working at height.

The organisation uses the competent to operate process for gauging worker competency levels.

There is still a reliance on documented evidence to monitor risks controls. No evidence was provided around planned safe behaviour observations or similar.

The following table is a detailed assessment of the component part of this performance requirement.

The business, with workers and their representatives, assesses health risks and safety risks		Developing	Performing	Leading
8.1	The business' methods for assessing risks are relevant, effective, understood and agreed			
8.2	The business applies the methods for risk assessment to all risks			
8.3	The risk assessment process focuses the business' attention and determines action			

9. The business, with workers and their representatives, takes a proportionate approach to controlling health risks and safety risks.

The current controls that have been developed appear to be working effectively and monitored through inspection and observation. Workers are trained on individual task descriptions which contain both compliance and safe work processes.

Training records are maintained and used for key external training and centralised health and safety training. There is an appropriate bring up system to identify when refresher training is required.

Task based training is undertaken by supervisors or the trainers on site. While we were informed competency is continually assessed through observation, there are no records of where refresher training has been undertaken.

When on site, visitors and contractors are required to sign in and be escorted unless they have undertaken a full site induction.

The facility has an approved evacuation plan, and posted the emergency procedures. The evacuation plan has been regularly tested as drills for fire August 2024). No other emergency scenario drills are undertaken.

Some observations where controls were not consistently applied included:

- Grinder at Depot used without a handle
- Dated health and safety signage throughout the site

Risk controls noted in the risk register have been reviewed in the past 12 month. The organisation may wish to consider using the bow-tie risk assessment methodology or similar for a more detail review of identified critical risks

The following table is a detailed assessment of the component part of this performance requirement.

The business, with workers and their representatives, takes a proportionate approach to controlling		Developing	Performing	Leading
9.1	The business applies a hierarchy when controlling risks			
9.2	The business identifies and applies a mix of controls to prevent, mitigate and respond to risks			
9.3	The business risk assessments inform the identification and application of risk controls			
9.4	The business identifies and uses guidance, standards and legal requirements when determining risk controls			
9.5	The business consults, cooperates and coordinates with other parties including contractors, suppliers and those it works with or alongside when controlling risks			

10. The business, with workers and their representatives, ensures controls are effective in managing health risks and safety risks.

With the maturity of the risk assessment process, risk control plans for critical risks have yet to be developed, with reliance being placed on controls that have been documented in the risk registers.

Ensuring the effectiveness of control mainly relies on site inspections that are undertaken formally and informally across the sites. Once risk control plans have been established these need to be regularly validated for compliance (i.e. workers are following the expected process) and effectiveness (the controls appropriately manage the risk that has been identified).

Investigations have been undertaken for significant events and appear to be reasonably comprehensive.

Contractors are scheduled for periodic review of performance and ongoing acceptability.

Annual health monitoring (hearing and lung function) is being undertaken.

The following table is a detailed assessment of the component part of this performance requirement.

The business, with workers and their representatives, ensures controls are effective in managing		Developing	Performing	Leading
10.1	The business checks that identified controls for health risks and safety risks are understood and implemented			
10.2	The business checks that other parties understand and implement agreed risk controls			
10.3	The business tests and verifies the effectiveness of risk controls			
10.4	The business identifies and takes action to strengthen risk control effectiveness			
10.5	The business investigates, learns and improves risk management from success and failure			

RECOMMENDATIONS:

1. The organisation may wish to consider using the bow-tie risk assessment methodology or similar for a more detailed analysis of identified critical risks
2. Once control plans have been established, review the monitoring processes to ensure compliance with and the effectiveness of controls.
3. Provide additional health and safety-based training to the Health and Safety Representatives (similar to the recent two-day training) to better assist the organisation in its health and safety implementation.
4. Undertake a review of People Safe and whether this platform is still fit for purpose.

5. Provide additional training and guidance to those involved in the current site inspections. Furthermore, consider undertaking site inspection in pairs and in different areas of responsibility.
6. Review the process to ensure appropriate documentation and decision-making considerations have been undertaken as part of contractor reviews.
7. Develop a process to undertake practice scenarios of identified emergency situations noted in the emergency response plan.

Deep Dive Risks

The assessment looked in depth at how Palmerston North City Council Palmerston North City Council manages:

1. Deep Dive risk 1 – Working on the frontline
2. Deep Dive risk 2 – Working environment
3. Deep Dive risk 3 – Working at Height
4. Deep Dive risk 4 – Breaking Ground
5. Deep Dive risk 5 – Lone Workers

DEEP DIVE RISK 1: WORKING ON THE FRONTLINE

KEY FINDINGS:

The organisation has made significant progress in assessing risks for working on the frontline. Several sites have panic buttons, safe rooms, a security patrol and security cameras. It is acknowledged that a process is to be undertaken to develop the critical controls plans that will support the risk assessment and then an additional monitoring review and assessing control effectiveness will be undertaken.

Key observations include:

- Site access controlled via a fob tag system
- Safe rooms
- Security cameras
- Panic buttons
- De-escalation process and training
- Effectiveness of controls visually monitored. No documented safe behaviour observations

A Focus Group discussion was held with a range of workers, supervisors, managers, while one on one interviews were also conducted to gain an in-depth understanding of:

- The risk associated with working on the frontline
- Current key controls that are operating (including monitoring processes)
- Training provided and their views as to its adequacy and effectiveness.
- How the workers are engaged in health and safety and the communication and information that they receive.

The following key documents were reviewed.

- Risk register
- Training records
- Meeting minutes

RECOMMENDATIONS:

1. The organisation may wish to undertake random planned safe behaviour observation of frontline staff to ensure workers are following expected safe work practices
2. Undertake an annual review of the effectiveness of frontline risk controls.

DEEP DIVE RISK 2: WORKING ENVIRONMENT

KEY FINDINGS:

The site has made good progress in assessing risks for the working environment through a risk assessment process which has been undertaken in conjunction with workers. It is acknowledged that a process is to be undertaken to develop the critical controls that will support the risk and then an additional monitoring review and assessing of control effectiveness will be undertaken.

Key observations include:

- Post-event follow-up
- Safe spaces
- Lock down processes
- Work-life balance
- Safe rooms
- Wrap around support processes
- De-escalation process and training
- Effectiveness of controls visually monitored. No documented safe behaviour observations

A Focus Group discussion was held with a range workers, supervisors, managers and one on one interviews were also conducted to gain an in-depth understanding of:

- The risk associated with the working environment.
- Current key controls that are operating (including monitoring processes).
- Training provided and their views as to its adequacy and effectiveness.
- How the workers are engaged in health and safety and the communication and information that they receive.
- How contractors are engaged and managed.

The following key documents were reviewed:

- Risk register
- Training records
- De-escalation process and GADGE

Recommendations:

1. The organisation may wish to undertake random planned safe behaviour observation of the working environment to ensure workers are following expected safe work practices
2. Undertake an annual review of the effectiveness of the risk controls surrounding the working environment.

DEEP DIVE RISK 3: WORKING AT HEIGHT

KEY FINDINGS:

The organisation has made progress in assessing risks for working at height and safe operating procedures have been developed. It is acknowledged that a process is to be undertaken to develop the critical controls that will support the risk and then additional monitoring reviews and assessing control effectiveness will be undertaken. While the critical controls are to be developed, the organisation has maintained the existing control processes to manage the individual components from the historic hazard register.

Key observations include:

- Working at height is monitored by supervisors.
- Safe operating procedure, Working at Height
- Working at height training
- Working at height permit system
- Equipment inspections

A Focus Group discussion was held with a range workers, supervisors, managers, and one on one interviews were also conducted to gain an in-depth understanding of:

- The risk associated with working at height.
- Current key controls that are operating (including monitoring processes).
- Training provided and their views as to its adequacy and effectiveness.
- How the workers are engaged in health and safety and the communication and information that they receive.

The following key documents were reviewed.

- Risk register
- Safe operating procedure (Working at Height)
- Training/competency records.

RECOMMENDATIONS:

1. The organisation may wish to undertake random planned safe behaviour observation of Working at Height to ensure workers are following expected safe work practices

DEEP DIVE RISK 4: BREAKING GROUND

KEY FINDINGS:

The organisation has made progress in managing risks associated with breaking ground. When managing contractors the organization needs to ensure that they, as a PCBU, meet the requirements for overlapping health and safety duties as defined by the Health and Safety at Work Act 2015.

Key observations include:

- Project site (Fulton Hogan) drainage work
 - Site induction completed
 - Escorted while on site
 - Observed Project Manager undertaking site inspection
- Project work (Palmerston North City Council) Residential drainage work.
 - Discussion held around confined space permit and atmospheric monitoring
 - Site induction fit for purpose and escorted while on site
 - Traffic management in place
 - Public safety being managed
 - Hydrovac used to locate underground services
 - Before you dig permit completed

A Focus Group discussion was held with a range workers, supervisors, managers, and one on one interviews were also conducted to gain an in-depth understanding of:

- The risk associated with breaking ground.
- Current key controls that are operating (including monitoring processes).
- Training provided and their views as to its adequacy and effectiveness.
- How the workers are engaged in health and safety and the communication and information that they receive.
- How contractors are engaged and managed.

The following key documents were reviewed.

- Project risk boards
- Confined space permit
- Daily tailgate meeting
- Risk assessments
- Gas detection monitor currently calibrated

Recommendations:

1. The organisation may wish to undertake random planned safe behaviour observation of breaking ground to ensure workers follow expected safe work practices

DEEP DIVE RISK 5: LONE WORKERS

KEY FINDINGS:

The organisation has made progress in managing the risks associated with lone worker.

Key observations include:

- Task planning
- De-escalation process based on Gadget
- Equipment checks
- Vehicle tracking
- Radios
- Safety plans
- Appointment/calendars
- Leave if feeling unsafe

A Focus Group discussion was held with a range workers, supervisors, managers, and one on one interviews were also conducted to gain an in-depth understanding of:

- The risk associated with breaking ground.
- Current key controls that are operating (including monitoring processes).
- Training provided and their views as to its adequacy and effectiveness.
- How the workers are engaged in health and safety and the communication and information that they receive.

The following key documents were reviewed.

- Calendars
- Meeting minutes
- Risk register

Recommendations:

1. The organisation may wish to undertake random planned safe behaviour observation related to lone worker to ensure workers follow expected safe work practices

Disclaimer

The recommendations and guidance in this report are based on the onsite assessment completed in a limited time and across limited parts of your organisation. While all due care has been taken in completing this report, Safe OnSite NZ Ltd takes no responsibility for any omissions or inaccuracies.

We have aimed to tailor our recommendations and suggested guidance to the information your organisation provided to us. However, given the educative focus of the initiative, our approach has been to include recommendations and references to guidance that we think will benefit your continual improvement (even if there is a chance you are already aware of such information and advice from other sources). Safe OnSite NZ Ltd is not responsible for the availability, contents, or reliability of the linked websites. Please note that the content may change without notice.

Your organisation is responsible for ensuring it meets its health and safety obligations under relevant legislation.

Recommendations and guidance in this report are intended to help you to improve in relevant areas but are not a substitute for specific health and safety or legal advice.

WorkSafe-Disclaimer

Assessors provide advice on improving health and safety performance, using the SafePlus tool. SafePlus was jointly developed by WorkSafe New Zealand, ACC and the Ministry of Business, Innovation and Employment (MBIE). However, assessors act independently of those organisations and are not their employees, partners, or agents. Therefore, WorkSafe, ACC and MBIE do not accept any liability for the accuracy or content of the advice provided by assessors or endorse their performance judgement of a particular business.

ASSESSMENT TEAM

Assessor names: Franz Assenmacher (Lead Assessor)
Company name: Safe OnSite NZ Ltd Limited
Date of Assessment: 27-29 January 2025
Email: franz@safeonsite.co.nz



ITEM 7 - ATTACHMENT 2

Leadership

Four performance requirements have been established under leadership.		Developing	Performing	Leading
1	Effective health and safety governance			
2	Demonstrates visible commitment			
3	Continually improves performance			
4	Resources health and safety activities			

2 ITEM 7 - ATTACHMENT 2

Leadership Performance Criteria 1

The business has effective governance and leadership in health and safety

	Developing	Performing	Leading
1.1 Officers effectively govern health and safety			
1.2 Senior leaders/officers set a clear direction/vision for health and safety			
1.3 Senior leaders understand the key health risks and safety risks in their business			
1.4 Senior leaders monitor and verify risk control effectiveness			
1.5 Senior leaders consider potential impacts on health and safety when making business decisions			

Developing Performing Leading

Assessment	Evidence	Developing	Performing	Leading
Observations	It is evident that senior leaders keep up to date with health and safety matters (eg through attending training or receiving briefings). It is evident that senior leaders receive and respond to information regarding hazards, risks, incidents and verify the use of resources. Evidence of commitment and intent may be articulated and displayed.			
Interviews with Workers	Workers are able to explain what the direction/ vision for health and safety is within the business. More importantly, they understand why this is important and how they help to contribute. Senior leaders are able to outline the key work- related health risks and the key safety risks in their business. Senior leaders are able to explain not only the risks in their areas of the business, but across the business as a whole. Senior leaders are not only able to explain the risks, but more importantly they can explain the risk control framework. Senior leaders can explain how key risk control indicators are identified and set, and how they inform decisions at governance and management levels. Senior leaders may be able to explain other activities they undertake to verify the effectiveness of risk controls.			
Interviews with Leaders	Where there is a board, the Chair of the board (or other board member) is able to explain how they structure due diligence and how their due diligence conversations inform change. There may be a governance charter or Terms of Reference. There may be clear risk tolerances set for health and safety in line with the risk appetite for the organisation. Evidence of strategic intent is likely displayed around the premises. Memos and meeting minutes may highlight decisions that have been made where health and safety was a contributory decision factor.			
Documentation				

A Leading Business

Health and safety is fully integrated into the business' management/ governance activities from strategic planning through to regular performance measurement. The strategic intent of the business includes improving contractor and supplier health and safety performance. Leaders regularly monitor the effectiveness of their management of the range of health and safety risks that workers are exposed to.

A Performing Business

If the organisation has a board or directors that are separate to management, the board has defined structures for exercising due diligence and including health and safety in decision making processes. Where there is no separate governance in the business, the CEO and senior leaders understand the difference between governance and management and have mechanisms in place to ensure both are given their attention. The senior leaders/directors have set a clear strategic intent for health and safety and this is driving the operational goals that are set in Requirement 2. At this level, the senior leaders understand both the health risks and the safety risks in the business and how these are controlled. The key risk control indicators have been identified, and these are monitored by the senior leaders. Changes to risk control inform decisions and action. All business decisions will have a health and safety lens applied to ensure that health and safety is not being negatively impacted

2 ATTACHMENT 2 ITEM 7 - LEADERS

PERFORMANCE REQUIREMENT 2

Senior leaders visibly demonstrate their commitment to health and to safety through their actions Developing Performing Leading

2.1	Senior leaders set and communicate health and safety performance expectations and enable/support others to achieve them			
2.2	Senior leaders recognise good practice and performance			
2.3	Senior leaders stated commitments and actions are connected			
2.4	Senior leaders create an environment of trust and fairness within the business			
2.5	Senior leaders readily address unsafe actions, practices and situations			

Assessment	Evidence	Developing	Performing	Leading
Observations	Senior Leaders may be observed in the business – either directly (or through video clips etc) talking specifically about health and safety.			
	Where senior leaders are observed in the business, they are observed following the site safety and health requirements, and are observed discussing with workers where site safety and health are not being met.			
	There may be rewards or recognition information displayed in the business relating to health and safety.			
	Some workers are able to explain what senior leaders commitment to health and safety is, and are able to give examples of how and when a senior leader has demonstrated this.			
	Workers express a belief that all senior leaders work cohesively on health and safety – and all are working towards the same goals.			
	Workers may be able to explain how they are treated within the business in respect of having their voice heard.			
	Workers understand the expectations set by senior leaders for health and safety, and are able to explain how and why these are realistic and achievable.			
	Workers can explain how they are supported to meet the expectations that have been set, and how their work contributes to the success of the organisation.			
	Workers believe that when performance or practice issues are raised the process is just and fair.			
	Senior leaders can explain a time when they have recognised and rewarded good practice and performance. They are able to articulate why such recognition is important and are likely to link this to organisational culture, psychological safety and a basic understanding of people (social psychology).			
Interviews with Leaders	Senior leaders can explain a time when they have raised an issue or discussed performance or practice with workers. They are able to explain how they approached this, and what the consequences were. They are mindful of the need to be fair and just.			
	Performance plans			
	Development Plans			
	Job descriptions			
Documentation	Newsletters, emails, memos, video clips			
	Policies and procedures			

A Leading Business

Senior leaders actively try to improve health and safety in businesses that they interact with and regularly communicate health and safety messages to the community and businesses. The community and other businesses that interact with the organisation recognise the organisation as a health and safety leader.

A Performing Business

Senior leaders and managers talk about their health and safety expectations when speaking with workers. Senior leaders share stories that display their personal commitment to health and safety. Senior leaders are clear how workers support the business to achieve its objectives – and how their role contributes. Workers understand these expectations and hold themselves and each other accountable for delivering on them. Expectations set by senior leaders and managers are reflected in the way the work is undertaken. Senior leaders encourage managers and workers to be actively involved with other organisations/ industry to improve health and safety. Senior leaders, managers and workers continually encourage and support others across the organisation to be leaders in health and safety. Senior leaders get personally involved in assisting workers to resolve health and safety issues and to implement workers ideas for improvement. Senior leaders take the time to increase their personal knowledge of health risks and safety risks and share that knowledge with the workforce. Senior leaders proactively share learnings from safe and unsafe behaviours and practices. Senior leaders hold managers and workers including contractors, suppliers and other parties to account for health and safety, this is reflected in organisational processes for procurement and delivery. Senior leaders understand and always follow the health and safety rules. Workers are encouraged to speak up.

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 12 March 2025

TITLE: Health and Safety Report, 1 October to 31 December 2024 (Quarter 2)

PRESENTED BY: Selwyn Ponga-Davis, Health and Safety Manager

APPROVED BY: Sarah Morris, General Manager People & Capability

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

1. That the Committee receive the memorandum titled 'Health and Safety Report, 1 October to 31 December 2024 (Quarter 2)' presented to the Risk & Assurance Committee on 12 March 2025.
 2. That the Chief Executive release Attachment 2 as is practicable.
-

1. EXECUTIVE SUMMARY

- 1.1 Timely and thorough incident reporting remains a key focus, reflecting a strong health and safety culture. Ongoing efforts ensure that the well-being and safety of our kaimahi remains a top priority.

The independent Health and Safety audit, requested by Elected Members in September last year, was scheduled for late January 2025 to provide an external perspective and ensure Council meets its obligations. The SafePlus assessment findings of that audit will be presented to the Senior Leadership Team and the Risk & Assurance Committee in March 2025; results will then be shared across PN City Council after that.

Critical Risk 1 – Frontline Working – remains a priority, with ongoing efforts to mitigate it through continued collaboration and training. We are partnering with Opsec Solutions to develop further frontline training that deals with abusive emails and phone calls. A pilot is planned for 14 March 2025.

- 1.2 Notable highlights over the 1 October through to 31 December 2024 quarter:
- MWLASS forum to empower Health and Safety Reps in mastering communication (October); as well as a collaborative Health and Safety Practitioner forum (November).
 - Achieved Gold re-accreditation with SiteWise for the 2024/2025 period.
 - The Health and Safety team provided support during the following community events: Palmy Play Festival (November) and Toitu Te Tiriti Hokoi (November).

1.3 Looking ahead:

- The investigation of other Health and Safety reporting systems continues; sits currently in the Digital Quarterly Business Review process.
- The Safety Framework has been reviewed by our internal Health and Safety Committees (Officers and Operations). Post Health and Safety audit the Framework will be progressed through to the Senior Leadership Team.
- The close out of actions tied to the 2021 SafePlus audit will be completed during the first quarter of 2025 following the recent 2024/2025 audit.
- Bi-monthly 2025 Health and Safety offsite visits are being scheduled for the Senior Leadership Team.

1.4 Updates on topics reported previously:

- Collaborations with other councils in support of front-facing kaimahi challenged by poor customer behaviour continues through early 2025.
- The PeopleSafe system realignment to reflect organisation-wide structure changes was completed (November).
- Update and refresh on the Health and Safety Management Plans for Turitea Water Treatment Plant are being progressed, and WasteWater Treatment Plant remains ongoing (progression of the Manual and Safe Operating Procedures for review by Health and Safety).

2. HEALTH AND SAFETY REPORT

2.1 This report covers the period 1 October through to 31 December 2024. The information included in Table 1 below is discussed at the Officers and Operations Health and Safety Committee meetings.

A. Hazards, Incidents and Near Misses Reported

Table 1: Hazards, Incidents and Near Misses

Quarter	Sep-23		Dec-23		Mar-24		Jun-24		Sep-24		Dec-24	
	PNCC	CON	PNCC	CON	PNCC	CON	PNCC	CON	PNCC	CON	PNCC	CON
Hazards	55	5	28	11	83	4	56	4	57	0	73	7
Incidents	115	11	108	11	80	7	80	19	78	9	108	6
Near Misses	9	1	14	1	7	0	13	7	16	2	17	1

Key: PNCC = Staff/Kaimahi; CON = Contractor

2.2 Comments:

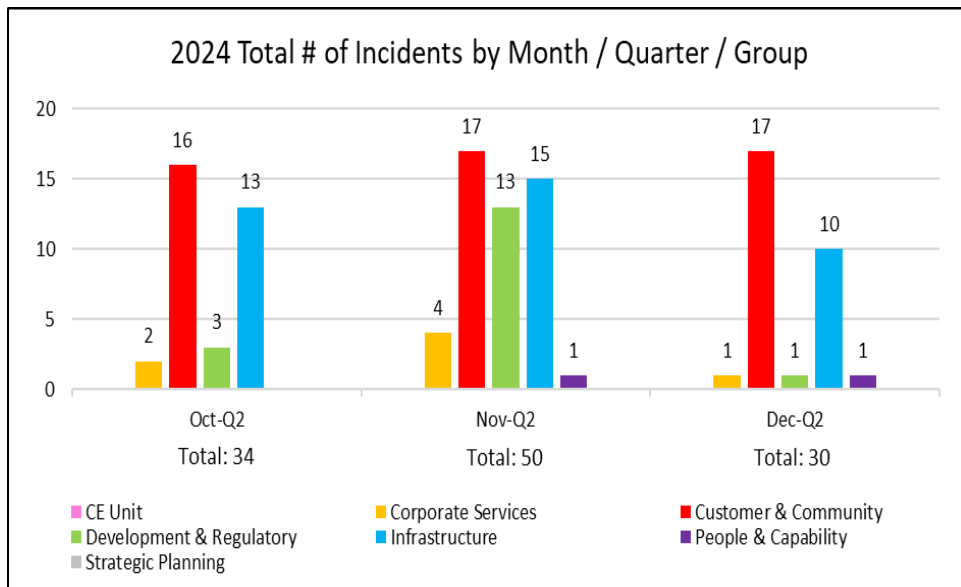
- Over the period **Mar-24** to **Sep-24** incidents had decreased – approach to managing risks effective with specific strategies (like

situational awareness and de-escalation training, and policy implementation on maintaining safety and minimising events).

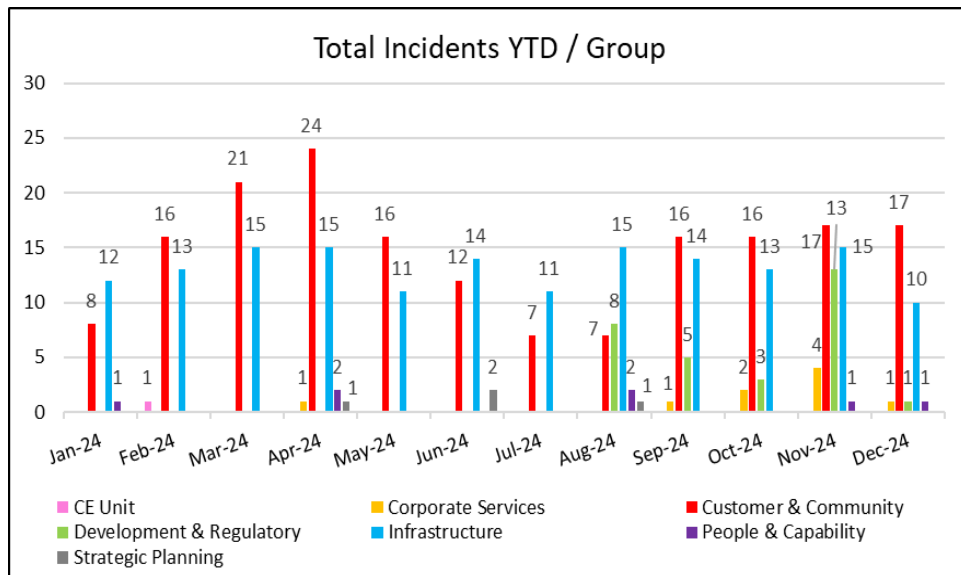
Continued encouragement for kaimahi to report hazards/incidents enabled the organisation to address problems before they escalated. This not only prevented incidents but also nurtured an open and supportive culture where kaimahi could continue to feel empowered to speak up without fear of negative consequences.

Although there has been a climb up in numbers in **Dec-24 (PNCC)** after declining previously, because of these strategies the spike could be attributed to focused engagement by our kaimahi in reporting incidents as they have been encouraged to do.

- The number of incidents by month/quarter is below – providing visibility on the events reported during Quarter 2 2024, categorised by business group.



- The **Total Incidents (YTD)** is reflected in the below graph by month and business group.



- In May 2024 Management progressed the need to align our structure with our strategy. To enable the delivery of the Long-Term Plan the organisation realignment resulted in the Customer unit separating into two Groups: Customer & Community and Development & Regulatory; hence, the jump in incidents in Development & Regulatory from none earlier in the year to reported incidents from August 2024 onwards occurring.
- **Hazards and Incidents.** During the quarter the following risks were identified and addressed.
 - Children throwing stones from a distance, posing a danger of serious head injuries. Engagement with the school held to ensure children understand the severity of the issue.
 - Public threats of self-harm, with kaimahi being unfairly blamed during their regular duties, potentially leading to mental and emotional distress. An internal focus group has been set up to establish a management process, with conclusions expected in early 2025.
 - Kaimahi wellbeing impacted when handling critical incidents involving public self-harm resulting in fatality. The aforementioned internal focus group will implement a clear process to support kaimahi during such incidents.
 - Non-frontline kaimahi may experience multiple face-to-face interactions with customers in a short period of time, which can be emotionally demanding and increase stress levels. Training is being explored to help kaimahi maintain emotional well-being during these interactions.
 - Threats received from businesspersons on how long investigative work was taking on a stormwater pipe. Threatened to damage a Council-owned asset. Potential risks would be mitigated through legal measures, the implementation of robust designs to deter damage/vandalism, and escalation to senior management.
 - A hose suspended from height posed a trip hazard on the ground or fall from the roof, potentially causing injury or damage, when Working at Height. Contractors to review each situation, provide detailed documentation, and complete site inductions.
 - A young individual jumped onto a seat, resulting in the board breaking. Wooden seating, exposed to the elements year-round, will require regular inspections. A Safety Plan has been established, and routine checks will be conducted.
 - Safe Operating Procedure established, and process formalised with Fire Services when data loggers are installed to fire hydrants to collect water reticulation information.
 - The windows at Youth Space are not made of safety glass, posing a potential risk to kaimahi and the public. Management

need to consider replacing the glass or applying a protective film as part of the location's upgrade or refurbishment.

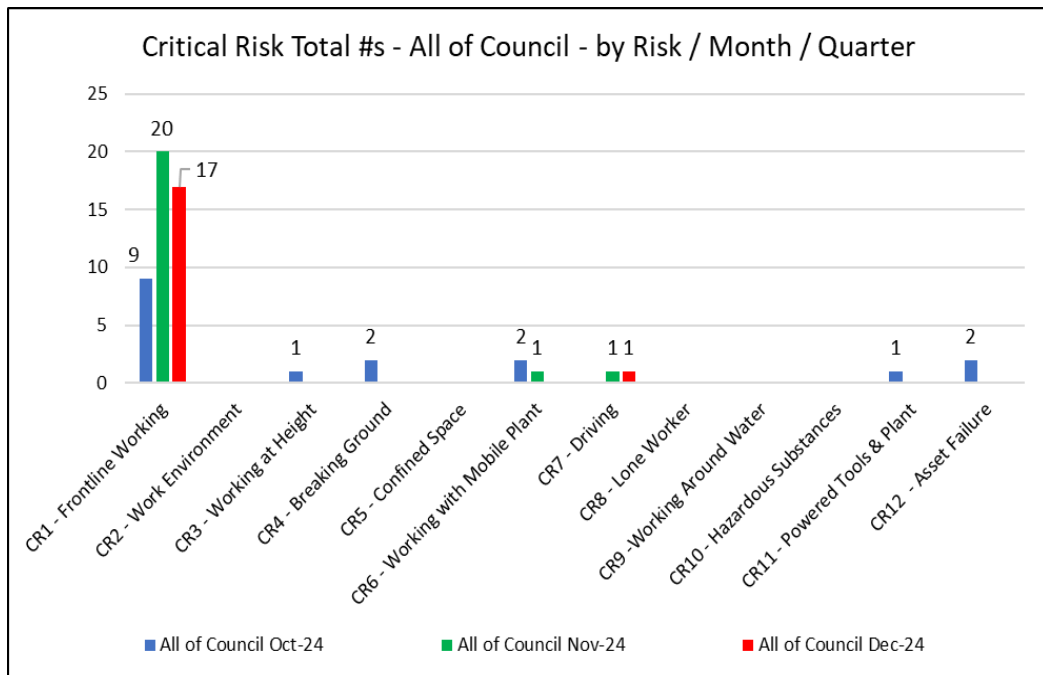
- The front doors of the dangerous dog block at Te Whare Kouru Animal Shelter required a chain and lock, as the sliding catch for dog poles lacked a safety latch to keep them securely closed while dogs are in the pens.
- Dogs can push against the guillotine doors, causing them to pop out of the tracks and allowing access to the exercise yards. To prevent this, management needs to reinforce the doors by increasing their thickness or adding bracing.

B. Critical Risks

2.3 Table 2 below (along with the Critical Risk Total numbers graph) has been included to provide clarity on the number of Critical Risk incidents and the Story Type category each event relates to.

Table 2: Critical Risks

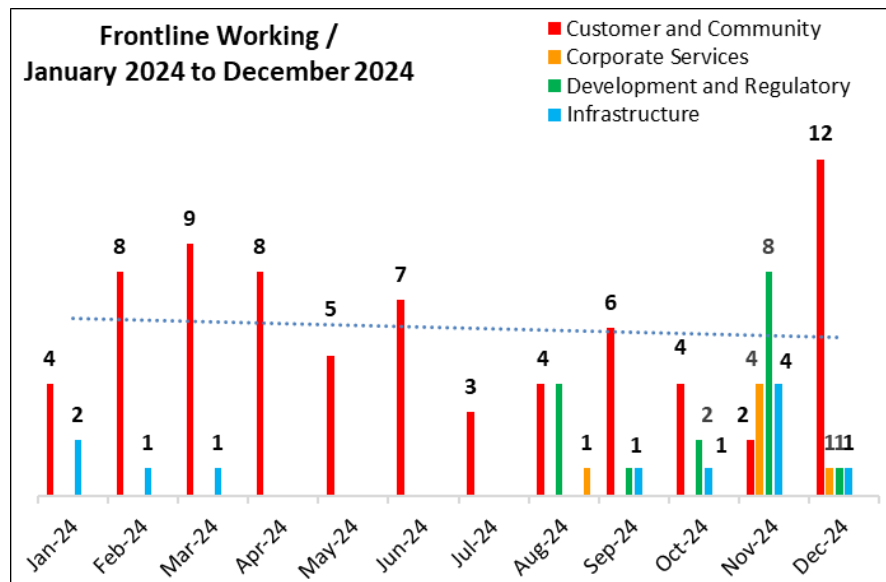
No.	Critical Risk	Near Miss	Incident	Total: 57
1	Frontline Working	4	42	46
2	Work Environment			
3	Working at Height	1		
4	Breaking Ground	2		
5	Confined Space			
6	Working with Mobile Plant	2	1	
7	Driving		2	
8	Lone Worker			
9	Working Around Water			
10	Hazardous Substances			
11	Use of Power Handtools / Plant		1	
12	Asset Failure	1	1	



- For more information on the individual events please refer to the confidential Critical Risks Report schedule (Attachment 2).

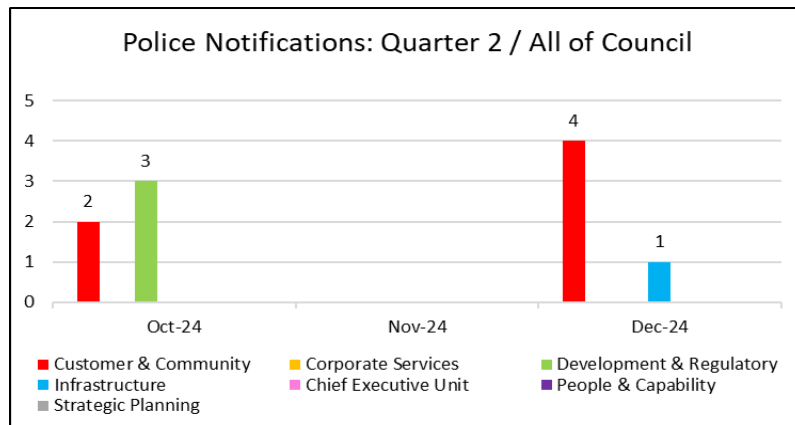
2.4 Comments:

- Our top Critical Risk 1 – Frontline Working – provides evidence of incidents that have occurred over the quarter concerned. Police support and Trespass Notice information is provided further down.

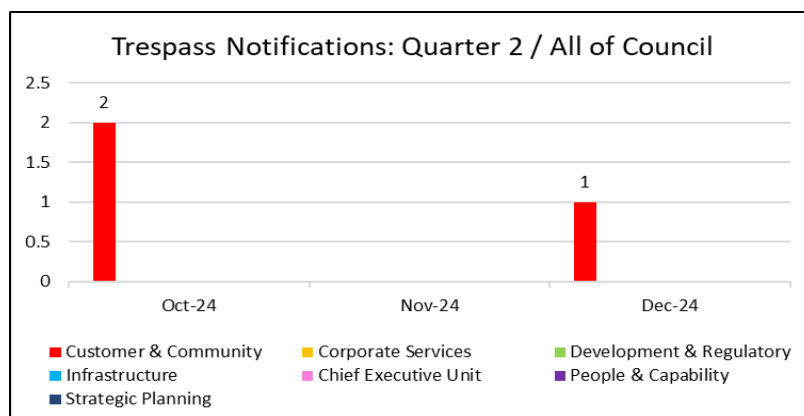


- CR1 – Frontline Working – spiked in November; effort continues to be invested as mentioned earlier – we have been approached by other councils about our Frontline Awareness and Safety Training (FAST). Although incidents decreased slightly in December, the number of events occurred mainly in the City Central Library.

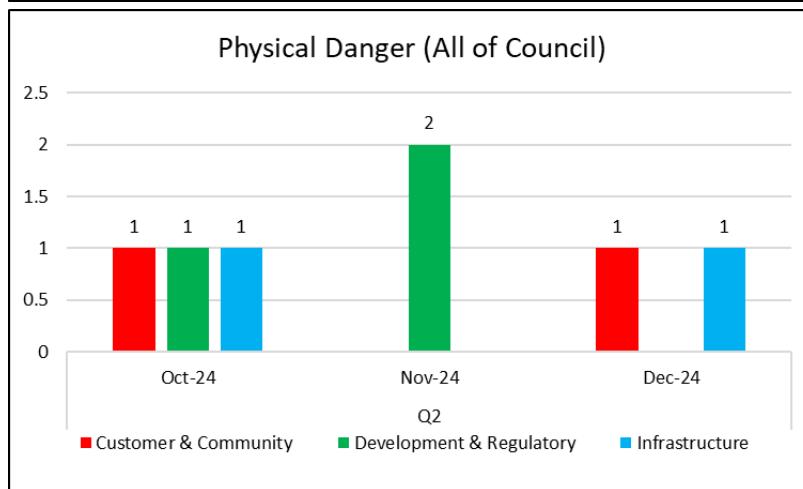
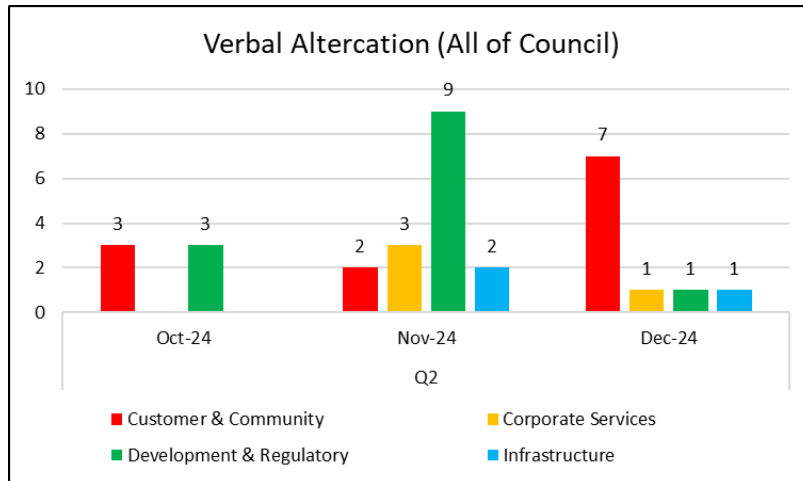
- Observing the trend over the year in the graph above, Customer & Community and Development & Regulatory were identified as the highest risk. Since August, Customer & Community has remained the highest risk, while Development & Regulatory follows as the second highest, and Infrastructure ranks third.
- The trend also seems to be concentrated in the reported quarter from October to December 2024. This may indicate focused engagement by internal stakeholders in reporting incidents as they occur, rather than a decline in the effective handling of situations.
- **Police** support to Council continues. During Quarter 2 there were ten notifications made to Police (up on Quarter 1 – eight).



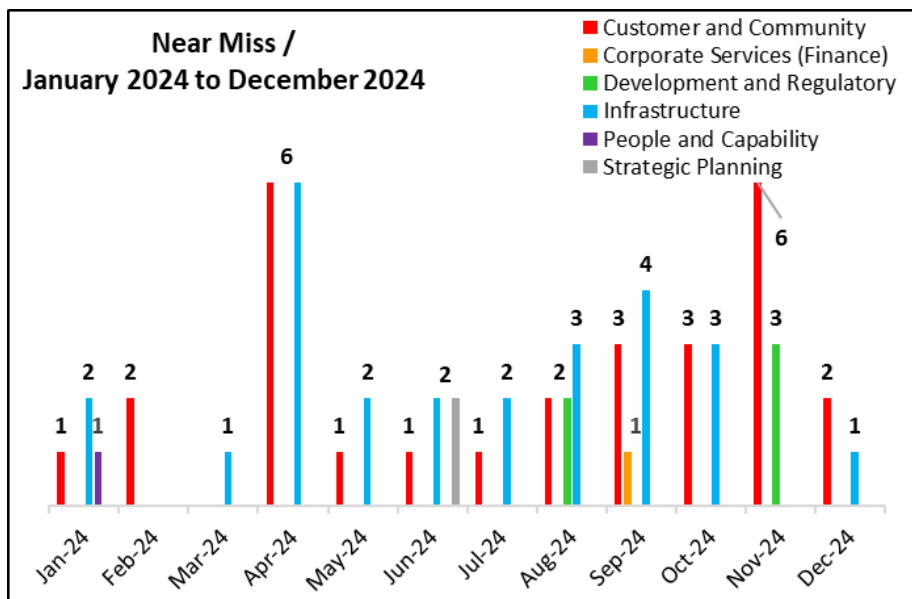
- The Police response to notifications is captured under the Action Taken column in the Critical Risks Report schedule (Attachment 2).
- Three **Trespass Notices** have been actioned during Quarter 2 (no change on Quarter 1).



- The graphs below identify Critical Risks involving **Verbal Altercation** (VA) and / or **Physical Danger** (PD) when kaimahi are Frontline Working. Again, for more information on the individual events please refer to the confidential Critical Risks Report schedule (Attachment 2).



- Near Miss incidents of interest:



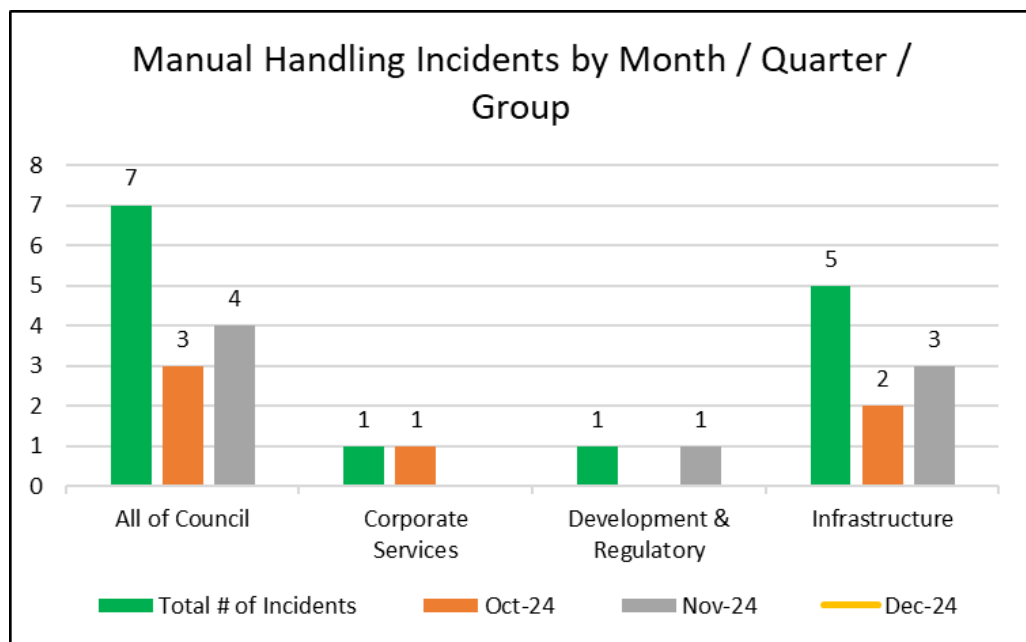
- Within Customer & Community one **October** incident involved a Contractor (Working at Height at the Arena). Infrastructure incidents of note involved Three Waters excavating (Breaking Ground).

- During **November** Customer & Community was up on October – incidents within our libraries and the Wildbase. Development & Regulatory was also up on October – incidents occurring within Parking.
- Lastly, in **December** Customer & Community was down on November. Infrastructure recorded one event in December.
- For more information on the individual Near Miss events please refer to the confidential Critical Risks Report schedule (Attachment 2).

C. Manual Handling

2.5 Several proactive Manual Handling measures continue to be applied across Council.

- Manual Handling education (stretching, warm-up/cool-down), which is covered during a kaimahi's onboarding process – workstation set-up and onboarding induction; the early reporting of discomfort and pain and injury is also covered during Health and Safety inductions.
- Move at Work/Manual Handling training occurs annually with refresher training every three years (next occurrence is August 2025). There is also an online self-booking manual handling course available via The Sauce.
- Monitoring – Manual Handling incidents are reviewed, and additional training/supervision initiated as needed.
- A refresh on Manual Handling training options used over recent years (onsite via an external provider, internally, and virtually) is being considered.



D. Investigations

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

Table 3: Investigations

Investigations occurred this quarter	0
Previous Investigations (last 12 months)	
Number of remedial actions required	0
Number of remedial actions completed	0

2.7 Comments:

- During the 1 October to 31 December (Q2) 2024 period PN City Council classified nil incidents as 'notifiable'.

E. Training

2.8 Summary information on Health and Safety training undertaken in the last 12 months is shown below as reported in PeopleSafe and delivered internally by Health and Safety – there may be some minor lag due to information being filtered through our systems on time. For more expansive information on training for Quarter 2, please refer to the Training Update schedule (Attachment 3).

Table 4: Training

Date	Mar-24	Jun-24	Sep-24	Dec-24
Number of events	15	16	16	15
Staff/Kaimahi attending	204	104	133	52

2.9 Comments:

- Coordinated via the Employee Experience team, Frontline Awareness and Safety Training (FAST) refreshers facilitated to Parking (Development & Regulatory) and Project Management (Infrastructure) kaimahi.
- Health and Safety Management at Council training module provided in mid-December to our People Leaders.
- At the last meeting (November), Elected Members enquired about the decline in training and whether it was linked to competency. The decrease has continued this quarter, primarily due to the two-year cycle of training qualifications.

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?	Yes
Does this decision require consultation through the Special Consultative procedure?	No
Is there funding in the current Annual Plan for these objectives?	No
Are the recommendations inconsistent with any of Council's policies or plans?	No
The recommendations contribute to: Whāinga 3: He hapori tūhonohono, he hapori haumarū Goal 3: A connected and safe community	
The recommendations contribute to this plan: 9. Mahere haumarū hapori, hauora hapori 9. Community Safety and Health Plan The objective is: Co-ordinate and support community safety and harm reduction.	
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. Health & Safety Dashboard report, Q2 2024 [↓](#) 
2. Health & Safety Critical Risks report, Q2 2024 - **Confidential**
3. Training Update for Q2 2024 [↓](#) 

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 12 March 2025

TITLE: Wellbeing Report, 1 October to 31 December 2024 (Quarter 2)

PRESENTED BY: Connie Roos, Manager Employee Experience and Wayne Wilson, Manager People Operations

APPROVED BY: Sarah Morris, General Manager People & Capability

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

1. That the Committee receive the memorandum titled 'Wellbeing Report, 1 October to 31 December 2024 (Quarter 2)' presented to the Risk & Assurance Committee on 12 March 2025.

1. ISSUE

- 1.1 Wellbeing continues to be a focus area for leadership at all levels of Council and is core to our Employee Experience.
- 1.2 Employee initiated turnover and lost time is included in this report.

Prevent Harm

- 1.3 The Employee Experience team are in the process of compiling a paper to Senior Leadership Team to outline an approach to psychosocial risk management in PN City Council. The Employee Experience team has consulted with Poutāhū, our internal reference group, about both this approach and our existing wellbeing framework to obtain feedback and insights on existing offerings.

Quarter 2 Wellbeing Report – Prevent Harm	Q2 2024	YTD	Average Quarter for 2023/24 FY	
Wellness space usage	1625	3436	1536	The comparative data shows that wellness space usage has improved compared to the previous average. The inclusion of Piringa Āio – Peaceful Haven has changed this metric to wellness space usage rather than gym

Quarter 2 Wellbeing Report – Prevent Harm	Q2 2024	YTD	Average Quarter for 2023/24 FY	
				usage.
Biennial health / eye check	19	30	26	There has been a decrease in numbers as this is a manual process and the holiday season has impacted uptake. The criteria for these checks have now changed to anyone that hasn't had one in the last 24 months, which should decrease barriers to engage with this benefit. We therefore expect to see this increasing from Quarter 3 onwards.

Provide Support

- 1.4 The Employee Experience team (with support from the Health and Safety team) have also provided critical incident support to teams after adverse situations. In Quarter 3 this will include reviewing critical incident procedures and exploring training offerings for staff interacting with the public.

Quarter 2 Wellbeing Report - Provide Support	Q2 2024	YTD	Average Quarter for 2023/24 FY	
Vitae – On-site services	133	373	224	On-site services involve Vitae Officers visiting sites to conduct informal wellbeing check-ins. This quarter is smaller than the previous due to the end of year break and Vitae Officers being on leave.
Reflect and Learn sessions	8	18	11	Sessions are designed to assist staff to deal constructively with high conflict incidents in front facing customer roles. Some of our spaces that have both on-site support and Reflect and Learn have chosen to opt-out of Reflect and Learn as they feel that they

Quarter 2 Wellbeing Report - Provide Support	Q2 2024	YTD	Average Quarter for 2023/24 FY	
				didn't require both services. This will impact session numbers going forward.

Enhance Wellbeing

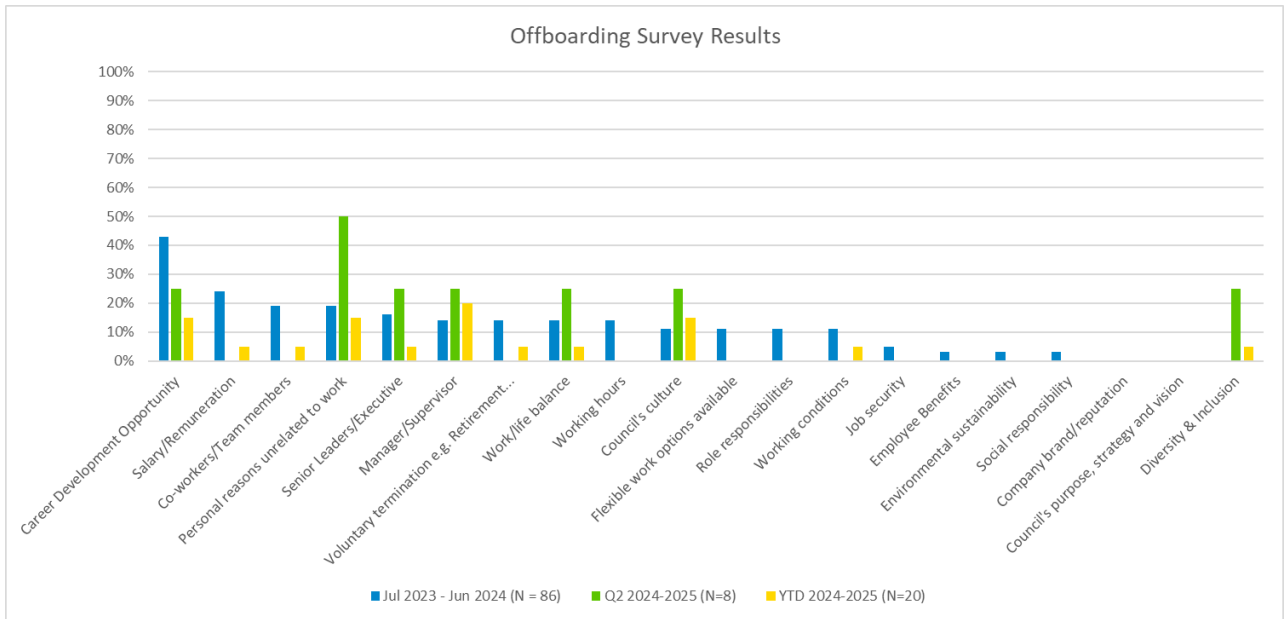
Quarter 2 2024	Year to date Number of attendees	Target to be completed by end of FY 24/25	
Creating Cultures of Respect (attendees)	13	45	In the previous year this training was known as Creating Respectful Workplaces. It has received a revamp by the provider with an increased focus on creating positive and respectful organisational culture. This training encourages positive workplace relationships by addressing unacceptable behaviours such as bullying and harassment that could create internal and unhealthy conflict.
Challenging Conversations & Resilience (attendees)	12	30	This workshop is designed to provide employees with practical information and frameworks to deal successfully with situations evoking strong emotional responses.
Tools for Change (attendees)	0	30	This training helps employees to identify thinking styles, recognise thinking traps and manage responses to change. Both Tools for Change and Leading Through Change are internal courses run by Principal Advisor Change Management. Due to the significant number of kaimahi that have attended this training, both the occurrence of this training and the target will decrease compared to previous FY. The first offering of this training will debut in Quarter 3.

Manager Completion of Leading Through Change (Manager attendees)	0	15	One way to support employees' wellbeing is to provide managers with a toolset to lead their team through changing environments. Due to the significant number of kaimahi that have attended this training, both the occurrence of this training and the target will decrease compared to previous FY. The first offering of this training has been postponed until later in the financial year.
Situational Awareness and De-escalation training	33	50	Situational Awareness and De-escalation training is a new offering developed by the Health and Safety team. This training package aims to provide our people with all the key information and skills when working on the frontline to keep them safe.
Wellbeing Presentation (attendees)	50/54 (93% of new starters)	90% of new starters	This presentation helps to orient new starters to the wellbeing support available here at Council. This presentation was first created in February 2023 and is presented to all staff who attend Orientation Day.

1.5 Unmind is a tool that takes a proactive, preventative approach to mental health. This includes wellbeing and mood trackers, courses and short videos focused on wellbeing. Unmind has a total uptake of 42%. The benchmark compared to similarly sized organisations is 30-36%. Top completed Unmind Shorts in October to December are: (a) Seaside (a focus tool), (b) Never Too Late (a sleep tool) and (c) Signature Workout (an exercise tool). Unmind has specific manager tools and trainings that are now available to our People Leaders to utilise.

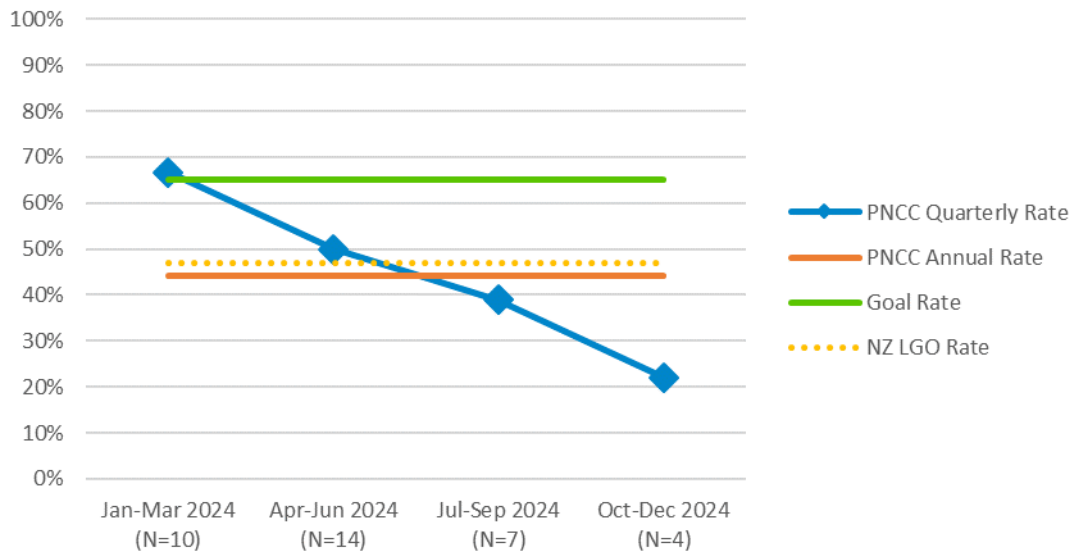
Offboarding Data

1.6 The offboarding data represents the number of people that have completed the survey, not the number of people who have left.



1.7 The Offboarding Survey Results graph presents the reasons that people choose to leave Council. People may choose more than one reason for leaving in the survey and these reasons are included in the first graph above. For example, while there is a total of 8 reasons recorded in the above graph over the quarter there has only been 4 completed offboarding surveys (as detailed in the Offboarding Survey Response Rate graph below). For the last financial year, the most common reason for someone to leave Council was Career Development Opportunity. This financial year so far, the most common reason for someone to leave Council is Manager/Supervisor, followed by Career development opportunity, Council's culture and Personal reasons unrelated to work. This will develop further as the financial year continues. Please note that the number of responses is low which impacts the data above.

Offboarding Survey Response Rate



1.8 The Offboarding Survey Response rate above presents the quarterly response rate, as well as the total number of responses received each quarter. This graph also includes both the New Zealand Local Government (LGO) response rate for exit surveys and our Council goal response rate. The graph above indicates that over the last quarter there was a response rate of 22% in the offboarding survey. This is a further decrease from the previous quarter. This process is manual, and not automated, which can cause it to be subject to human error and is single-point sensitive. As an action to mitigate this falling rate Employee Experience will now take the procedure within the team to ensure continuity of processing and administration. This will also ensure there is cover for sick leave, annual leave, or any other extenuating circumstances. At present, this is the only variable within the manual process that the EEX team can control. We anticipate that this action will effectively address the issue. However, if the problem persists, it may indicate the presence of additional contributing factors which would require more investigation. Furthermore, additional reminders have been implemented to ensure that departing staff have sufficient opportunities to complete the offboarding survey.

Turnover

Year	18/19	19/20	20/21	21/22	22/23	23/24	24/25 SEP 1/4	24/25 DEC 1/4
Employee Initiated	67	85	120	123	114	95	19	15
%	12.0%	14.1%	20.9%	19.8%	18.8%	14.6%	11.7%	9.1%

Other				13	8	14	2	2
%				2.1%	1.3%	2.1%	1.2%	1.2%

This quarter there have been 2 others, 1 redundancy and 1 frustration.

Month	Employee Initiated Turnover for Month	Turnover Previous 12 Months	Percentage (annual)
Jan 23	14	127	20.0%
Feb 23	9	130	20.6%
Mar 23	9	128	20.3%
Apr 23	11	126	19.9%
May 23	7	119	18.8%
Jun 23	8	114	18.0%
Jul 23	10	112	17.7%
Aug 23	8	112	17.7%
Sep 23	5	105	16.6%
Oct 23	8	105	16.9%
Nov 23	7	104	16.7%
Dec 23	9	105	16.4%
Jan 24	8	99	15.7%
Feb 24	10	100	15.9%
Mar 24	4	95	15.2%
Apr 24	11	95	14.7%
May 24	7	95	14.5%
Jun 24	8	95	14.6%
Jul 24	6	91	14.2%

Aug 24	9	92	14.2%
Sep 24	4	91	14.1%
Oct 24	7	90	13.7%
Nov 24	5	88	13.4%
Dec 24	3	82	12.5%

Turnover by Unit (12 months to Dec 2024)

Corporate	5	10.0%
Customer & Community	23	12.8%
Development & Regulatory	13	15.5%
Infrastructure	35	13.3%
People & Capability	5	10.0%
Strategy & Planning	2	7.7%
Headquarters	0	0

Turnover has continued to decrease since February 2023.

Infrastructure had 9 terminations in Rubbish and Recycling and the Contact Centre had 13 terminations.

ACC Lost Time (Days)

Period	2020 Ave/ Qtr	2021 Ave/ Qtr	2022 Ave/ Qtr	2023 Ave/ Qtr	2023 Ave/ Qtr	Mar-24	Jun 24	Sep 24	Dec 24
Work				145.4	116.3	83.9	149.3	181.1	50.9
Non-Work				116.1	230.7	173.8	255.9	307.2	185.7
Total	233.6	379.6	325.8	261.5	347.0	257.7	405.2	488.3	236.6

- 1.9 The number of days lost due to work accidents is 50.9 or 21.5% of all lost time due to accidents.
- 1.10 There were 3 work related accidents in the quarter resulting in 20.6 lost days.
- 1.11 The 15 non-work accidents resulted in 185.7 lost days.

2. BACKGROUND

- 2.1 Wellbeing is interconnected with a variety of individual and systemic factors which makes it a difficult area to report on. The above metrics have been recorded with that in mind.
- 2.2 The Employee Experience team continue to review the provision of Mental Health/Resilience training to identify opportunities and improvements to capture our workforce and equip our people with skills and tools.

3. NEXT STEPS

- 3.1 Explore opportunities in the wellbeing space to prevent harm, provide support and enhance wellbeing.
- 3.2 The Employee Experience team will explore the development of 'Thriving at Work' guidelines, aligned with the Wellbeing Framework.
- 3.3 Investigate providing optional free hearing checks to kaimahi during World Hearing Week (3-7 March).
- 3.4 A review of appropriate wellbeing spaces at different Council sites was undertaken in Quarter 1. A memo has been created and provided to General Manager People and Capability with an overview of the different sites and facilities.

4. 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 objectives?	No
Are the recommendations inconsistent with any of Council's policies or plans?	No
The recommendations contribute to this plan: 14. Mahere mana urungi, kirirarautanga hihiri	

<p>14. Governance and Active Citizenship Plan</p> <p>The objective is: Oversee Council operations and communicate outcomes and decisions to our communities.</p>	
<p>Contribution to strategic direction and to social, economic, environmental and cultural well-being</p>	<p>Providing information to Council about the ongoing progress towards the good performance of the organisation regarding wellbeing. The wellbeing of our kaimahi (staff) directly relates to how the strategic direction is implemented.</p>

ATTACHMENTS

Nil

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 12 March 2025

TITLE: Setting Council's Risk Management Appetite and Tolerance Levels

PRESENTED BY: Stephen Minton, Risk Management Advisor and Desiree Viggars, Manager Legal, Risk and Assurance/Legal Counsel

APPROVED BY: Cameron McKay, General Manager Corporate Services

RECOMMENDATION(S) TO COUNCIL

1. That Council reconfirm the risk appetite and risk tolerance levels as noted in section 3.1 and 3.2 of the memorandum titled 'Setting Council's Risk Management Appetite and Tolerance levels', presented to the Risk and Assurance Committee on 12 March 2025.
-

1. ISSUE

- 1.1 The Risk Management Framework requires the Council to adopt risk appetite and tolerance levels. The levels describe the amount and category of risk the Council is willing to accept to pursue its goals and the level of risk the Council should endure without significantly affecting its ability to achieve its objectives.
- 1.2 The levels were presented to the Risk and Assurance Committee in March 2024 where current levels were agreed with the Request "*That the Committee review risk appetite and tolerance levels annually.*" (Clause 4-24)
- 1.3 This paper provides that opportunity and sets out officer recommendations to Council.

2. BACKGROUND

- 2.1 Effective risk management means *attempting to control, as much as possible, future outcomes by acting proactively rather than reactively.*
- 2.2 Council's Risk Management Policy outlines its policy statement and objectives along with the roles and responsibilities of officers. This policy is operationalised through the Council's Risk Management Framework, a structured approach that Council follows to identify, assess, and manage risks that could affect its objectives or goals.

- 2.3 Council's Risk Management Framework was developed using ISO:31000 International Risk Management standards. The Risk Policy and Framework were presented to the Risk & Assurance Committee on 18 October 2023 for information and remains current. Both are next due for review in 2026.
- 2.4 The Risk Management Framework describes the Council's risk appetite and tolerance, which allows Officers to manage identified risks appropriately, escalates risks outside of the Council's tolerance levels for approval, and assists in good decision-making.
- 2.5 Officers created risk appetite and tolerance levels based on several factors, including legislative requirements, acceptance level of tolerance, cost of compliance with tolerance, current maturity of risk management in the organisation and peer review where data exists.
- 2.6 The risk matrix (Figure 1) determines the Council's risk ratings and should be read in conjunction with the likelihood and consequence tables in Attachment 1.
- 2.7 The data used to determine the consequence and likelihood tables is largely subjective and the risk ratings are therefore largely qualitative.

Figure 1: Risk Matrix

		CONSEQUENCE				
		Minor (1)	Moderate (2)	Serious (3)	Major (4)	Severe (5)
LIKELIHOOD	Almost Certain (5)	Medium 5	High 10	Very High 15	Extreme 20	Extreme 25
	Likely (4)	Medium 4	High 8	Very High 12	Very High 16	Extreme 20
	Possible (3)	Low 3	Medium 6	High 9	Very High 12	Very High 15
	Unlikely (2)	Low 2	Medium 4	Medium 6	High 8	High 10
	Rare (1)	Low 1	Low 2	Low 3	Medium 4	Medium 5

- 2.9 The Council uses a five-scale risk matrix, relatively common across organisations, which provides more insight into levels of severity. Apart from those risk categories that are rated at the absolute lowest levels of our tolerance (e.g. health and safety harm to our people), most tolerance levels for organisations will be slightly higher than the absolute minimum given this five-scale graduality. Because of this increased granularity, and in the sphere

of subjective assessments, most risk appetite and tolerance levels are relatively conservative.

- 2.10 The Risk Management Framework defines risk appetite as the amount of risk the Council is willing to accept or retain, on a broad level, in order to achieve its objectives/goals.

It also defines risk tolerance as the level of risk-taking acceptable to achieve a specific objective or manage a category of risk.

The difference between the two is that risk appetite is a broad-based description of the desired level of risk that Council will take in pursuit of its goals, whereas risk tolerance reflects the acceptable variation in outcomes related to specific measures linked to objectives the Council seeks to achieve.

- 2.8 The Risk Management Framework categorises risk appetite into three broad bands: averse, neutral, and seeking. These are defined below.

Averse: Avoidance of risk must be the priority, with minimal risk exposure and maximum treatment effort required.

Any uncertainty or risk that remains after treatment efforts (controls and/or mitigation) should only be allowable where necessary to achieve goals.

Neutral: Risk exposure is not preferred but is recognised as part of achieving objectives.

Treatments to minimise risks and uncertainties are expected to be in place where reasonably considered necessary.

Seeking: The Organisation is actively seeking to take on more of this risk/uncertainty as it relates to and enhances the achievement of goals.

3. SETTING COUNCIL'S RISK APPETITE AND TOLERANCE LEVELS

- 3.1 Officers recommend maintaining the risk appetite for Council at the existing settings. This, outlined below, broadly follows other councils and general expectations of a publicly funded local government entity; that is tending to the conservative/aversion side of the matrix.

Risk Category	Risk Appetite								
	Averse			Neutral			Seeking		
	1	2	3	4	5	6	7	8	9
Financial									
Legal/Compliance									
Environmental									
Health, Safety & Wellbeing									
Reputational									
Service Delivery									
Performance and Capability									
Cultural									
Strategic									

For risk category descriptions, refer to Attachment 2 to this memorandum.

3.2 Setting Council's Risk Tolerance

Officers recommend maintaining the risk tolerance for the Council at the current levels. The risk matrix should be referenced while reviewing the risk tolerance levels. This risk matrix will help guide users to the level of likelihood and relevant consequences acceptable to Council.

Risk Category	Risk Tolerance
Financial	Medium
Legal/Compliance	Medium
Environmental	Medium
Health, Safety & Wellbeing	Low
Reputational	Medium
Service Delivery	Medium
Performance and Capability	Medium
Cultural	Medium
Strategic	Medium

3.3 Ultimately, risk tolerance, versus risk appetite, is the final determinant on the amount of risk the Council is prepared to take, setting the line to which it endeavours not to cross.

3.4 The tolerance levels determine in part the degree of mitigation required to maintain risk within these levels, generally involving increasing or decreasing

costs and/or consequences depending on the level set. For example, if a risk category had an extremely high appetite and tolerance, there may be zero cost to implement controls and mitigation, albeit with increasing levels of costly events occurring.

3.5 The Risk Management Framework requires escalation of risk tolerance breaches to an appropriate Officer level for acceptance and remedial actions/management. This involves explaining the current state and proposed actions to reduce the risk through new and/or improved controls and mitigation, or in a worst-case scenario, ceasing the activity if the risk is considered unacceptable.

3.6 Implications on risk appetite and risk tolerance if different to recommendations:

Risk Category	Implications	
	Increased Appetite & Tolerance	Decreased Appetite & Tolerance
Financial	<ul style="list-style-type: none"> • Increased potential financial losses • Reduced costs (through non-delivery of services/activities and reduced mitigation costs) • Increased legal disputes • Increased public disquiet • Greater occurrences of project costs blowouts • Greater opportunities for fraud (internal & external) 	<ul style="list-style-type: none"> • Increased financial costs through control/mitigation implementation • Reduced financial losses, albeit at cost of implementation of controls • Requirement for higher buffers/contingencies to mitigate unforeseen events • Increased insurance requirements and resultant premium costs • Slower delivery of outcomes due to burdensome processes and procedures
Legal/ Compliance	<ul style="list-style-type: none"> • Increased defensive litigation • Increased legal defence costs • Appointment of a commissioner • Judicial or Ombudsman adverse rulings • Increased legal fines and adverse litigious outcomes 	<ul style="list-style-type: none"> • Increased legal advice costs • Increased internal legal resource costs • Increased cost through transfer of legal risk
Environmental	<ul style="list-style-type: none"> • Increased measurable, reversible damage to the environment • Breaches of environmental protection legislation and 	<ul style="list-style-type: none"> • Decreased measurable, reversible damage to the environment • Higher mitigation/compliance costs

Risk Category	Implications	
	Increased Appetite & Tolerance	Decreased Appetite & Tolerance
	<ul style="list-style-type: none"> regulations Potential public discourse at environmental inaction and/or damage Higher recovery costs 	<ul style="list-style-type: none"> Perceived imbalance from the public of costs versus environmental protections More opportunities for realising co-benefits Restrictive growth opportunities
Health, Safety and Wellbeing	<ul style="list-style-type: none"> Causing death or serious injury to our people Increased incidence of health & safety events Breaches of Health & Safety at Work Act 2015, and potentially prosecution Increased absenteeism, and resultant decreased productivity 	<ul style="list-style-type: none"> Not applicable (already lowest level)
Reputational	<ul style="list-style-type: none"> Increased public disquiet across the city Ineffective community engagement Increasing loss of public trust 	<ul style="list-style-type: none"> Additional resource and increased engagement requirements Increased costs for community well-being and activity delivery to meet broader level of satisfaction Increased costs to meet goals Increasing conflicts between priorities
Service Delivery	<ul style="list-style-type: none"> Reduced activities provision Provision of services not meeting community expectations and low customer satisfaction More regular suspension of activities and services 	<ul style="list-style-type: none"> Significant increase in costs to meet greater service delivery goals Potential stifling of innovation, including productivity gains
Performance and Capability	<ul style="list-style-type: none"> Higher turnover rates Continuous loss of corporate knowledge Reduced technical expertise Not seen as an employer of choice, actual or perceived 	<ul style="list-style-type: none"> Increased remuneration costs Increased costs for benefits and wellbeing provisions
Cultural	<ul style="list-style-type: none"> Causing cultural/spiritual 	<ul style="list-style-type: none"> Increased operational costs of

Risk Category	Implications	
	Increased Appetite & Tolerance	Decreased Appetite & Tolerance
(Including spiritual matters)	<ul style="list-style-type: none"> offence Undermine relationships with Maori and cultural/ethnic representatives/groups Not fulfil fully our Treaty commitments and obligations 	<ul style="list-style-type: none"> control/mitigation for avoidance Increased advisor resourcing within Maori Advisory, Community Development or consultancy costs Strengthened cultural resilience and resultant costs, including cultural events, engagement, etc. Increasing conflict in priorities across segments of the community



4. NEXT STEPS

- 4.1 Officers will continue to embed risk management in Council processes.
- 4.2 The Risk Management Framework will be reviewed on a triennial basis, or by a request of Council or the Chief Executive. Updated Framework will be presented to this Committee.
- 4.3 Risk appetite and tolerance will continue to be presented to the Risk & Assurance Committee on an annual basis.
- 4.4 Officers will continue to report on strategic risks to the Risk & Assurance Committee.

5. COMPLIANCE AND ADMINISTRATION

Does the Committee have delegated authority to decide?	No
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 objectives?	Yes
Are the recommendations inconsistent with any of Council's policies or plans?	No
The recommendations contribute to: Whāinga 3: He hapori tūhonohono, he hapori haumarū	

Goal 3: A connected and safe community	
The recommendations contribute to this plan: 14. Mahere mana urungi, kirirarautanga hihiri 14. Governance and Active Citizenship Plan The objective is: Oversee Council operations and communicate outcomes and decisions to our communities.	
Contribution to strategic direction and to social, economic, environmental and cultural well-being	The risk management system is one of the aspects that assists in ensuring Council can fulfil the tasks required to achieve its purpose and objectives. These objectives will cover all aspects of the organisation, including strategy, tactics, operations and compliance. The risk appetite and risk tolerance guide the parameters within which to operate.

ATTACHMENTS

1. Risk Consequence and Likelihood Tables [↓](#) 
2. Risk Categories [↓](#) 

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 12 March 2025

TITLE: Strategic Risk Management Reporting October 2024 to December 2024 (Quarter 2)

PRESENTED BY: Stephen Minton, Risk Management Advisor and Desiree Viggars, Manager Legal, Risk & Assurance/Legal Counsel

APPROVED BY: Cameron McKay, General Manager Corporate Services

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

1. That the Committee receive the following updated strategic risk assessment
 - Strategic Risk 7: Failure to Attract and Retain Staffand the Strategic Risk Dashboard (section 3.2).
-

1. ISSUE

- 1.1 Council agreed on 11 strategic risk statements in the Risk & Assurance Committee on 6 March 2024. All assessments were completed and presented progressively during the calendar year 2024.
- 1.2 Officers will undertake iterative reviews of the strategic risks at least annually.
- 1.3 The Committee moved on 27 November 2024:

“That all future reporting and updates on Strategic Risk Assessments clearly differentiate between new actions and existing actions, connect each action with resourcing, and indicate progress and timeframe for implementation.” [at 35-24]

2. BACKGROUND

- 2.1 Officers have completed an iterative review of Strategic Risk 7: Failure to Attract and Retain Staff. This review has considered any new or emerging contextual aspects of the risk and progress on the detailed action plan/considerations articulated in the last assessment.
- 2.2 The conclusion has been updated and an additional action plan summary has been created and attached (Attachment 1). Progress of the detailed action plans is currently within the expected timeframes. While key controls and action plans/considerations are unchanged from the last report, Officers still consider them to be current in the existing risk environment.

- 2.3 The reporting template has been updated to reflect the resolution in 1.3 above and this is principally reflected in the action plan in Attachment 1. Note the “Existing” or “New” annotation against each of the actions.
- 2.4 The Committee is invited to provide feedback on the new form of reporting in achieving, particularly with respect to the motion passed in November, Members’ expectations.

3. STRATEGIC RISK DASHBOARD

- 3.1 The strategic risk dashboard is set out below. The risk ratings have been determined based on the current risk environment and consequences of the risk event, the controls and their effectiveness, and the reliance on individual controls.
- 3.2 There has been no change in the rating since the last report in November 2024.

STRATEGIC RISK DASHBOARD		AS AT 12 MARCH 2025	
Risk Name	Raw Risk	Residual Risk	Target Risk
Risk 1: Failure to meet financial obligations	Extreme	Medium	Medium
Risk 2: Failure to deliver on key projects and programmes	Extreme	Medium	Medium
Risk 3: Failure to manage and protect Council information	Extreme	High	Medium
Risk 4: Failure to adapt to the effects of climate change	Extreme	High	Medium
Risk 5: Ineffective relationship and stakeholder engagement	Very High	Medium	Medium
Risk 6: Major failure of health, safety and wellbeing policies and procedures	Extreme	Medium	Low
Risk 7: Failure to attract and retain staff	Very High	Medium	Medium
Risk 8: Failure to meet legal obligations	Extreme	High	Medium
Risk 9: Significant disruption to Council's continuity and/or lifeline utility disruption	Extreme	Very High	Medium
Risk 10: Failure to manage critical/strategic assets	Extreme	High	Medium
Risk 11: Loss of public trust	Very High	High	Medium



4. NEXT STEPS

- 4.1 Further Strategic Risks will be assessed and presented to the Committee going forward, with a focus on those risks deemed to have changes in the control/mitigation scene or new/emerging changes to the risk context.
- 4.2 The Committee is reminded that reviews may also be triggered if there is a significant change in one of the following parameters:
 - 4.2.1 Significant change in the internal or external context, including major organisational or process changes (Reference Risk Management Framework, Section 4.3.1 for external and internal context descriptors).
 - 4.2.2 Major risk event that is deemed to have an influence on the strategic risk.
 - 4.2.3 Substantial control or mitigation failure.

5. 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 objectives?	Yes
Are the recommendations inconsistent with any of Council's policies or plans?	No
The recommendations contribute to: Whāinga 3: He hapori tūhonohono, he hapori haumaruru Goal 3: A connected and safe community	
The recommendations contribute to this plan: 14. Mahere mana urungi, kirirarautanga hihiri 14. Governance and Active Citizenship Plan The objective is: Oversee Council operations and communicate outcomes and decisions to our communities.	
Contribution to strategic direction and to social, economic, environmental and cultural well-being	The risk management objectives cover all aspects of Council, including strategy, tactics, operations and compliance. The Risk Management Framework sets out the basis for managing risk across Council and a large part of this is culminated through the creation of risk registers and the strategic risk assessments.

ATTACHMENTS

1. Strategic Risk 7: Failure to Attract & Retain Staff [↓](#) 
2. Legend [↓](#) 

MEMORANDUM

TO: Risk & Assurance Committee

MEETING DATE: 12 March 2025

TITLE: Audit NZ 2024 Management Report with Action Plan

PRESENTED BY: Desiree Viggars, Manager Legal, Risk & Assurance/Legal Counsel and Scott Mancer, Manager Finance

APPROVED BY: Cameron McKay, General Manager Corporate Services

RECOMMENDATION(S) TO RISK & ASSURANCE COMMITTEE

- 1. That the Committee receive the memorandum titled 'Audit NZ 2024 Management Report with Action Plan' presented to the Risk & Assurance Committee on 12 March 2025.**
-

1. ISSUE

- 1.1 Audit NZ undertook the annual Statutory Financial Statement Audit for Year End 30 June 2024.
- 1.2 As part of the annual audit, each year Audit NZ produces an Audit Management Report providing an overview of the audit and outlining any matters from the audit, and an assessment of Council's internal controls. Recommendations for improvements are included in this report, along with progress against previous recommendations raised in prior audits.
- 1.3 In January 2025 Audit NZ released a draft management report for the June 2024 audit. Following further discussions and clarifications with management, this was finalised by Audit NZ on 28 February 2025 (Attachment 1).
- 1.4 An action plan was subsequently agreed with management to address the findings that Audit NZ had highlighted (Attachment 2). This was approved by the Senior Leadership Team on Tuesday 4 March 2025.

2. BACKGROUND

- 2.1 In response to the Audit NZ report, the Legal, Risk & Assurance division facilitated the preparation of an action plan that was subsequently endorsed by management.
- 2.2 It should be noted that five findings from the prior year were closed off during the testing. Some of the previous points are still outstanding, however the reason for a lack of progress on that front can be attributed to resourcing and

system constraints. We have therefore updated the previous action plan to reflect up-to-date target dates.

3 MANAGEMENT COMMENT BY CHIEF FINANCIAL OFFICER

3.1 Officers have noted that there has been some good progress on issues raised by Audit NZ, with 5 completed issues this year. There were 5 new issues raised, with 3 of these attributable to the new Authority Altitude system and requiring updated internal processes with this system now in place. These processes are well underway and expected to be resolved in the upcoming audit. Some internal policies are overdue for review and Officers intend to rectify these as quickly as resourcing and capacity allows. The items awaiting Audit NZ testing have again been requested to be reviewed in the upcoming audit for the 2024/25 year.

3. NEXT STEPS



4.1 The action plan that has been developed will be followed up on by Legal, Risk & Assurance and will be reported back to Risk & Assurance Committee through the accountability reporting.

4. 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?	Yes
Are the recommendations inconsistent with any of Council's policies or plans?	No
The recommendations contribute to: Whāinga 1: He tāone auaha, he tāone tiputipu Goal 1: An innovative and growing city	
The recommendations contribute to this plan: 14. Mahere mana urungi, kirirarautanga hihiri 14. Governance and Active Citizenship Plan The objective is: Oversee Council operations and communicate outcomes and decisions to our communities.	
Contribution to strategic direction and to social, economic, environmental	Business Assurance aims to help the Council succeed by building trust and confidence in the core controls relied on by management and governance.

and cultural well-being	
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ATTACHMENTS

1. Audit NZ Management Report - for the year ended 30 June 2024 [↓](#) 
2. 2024 Management Action Plan [↓](#) 

COMMITTEE WORK SCHEDULE

TO: Risk & Assurance Committee

MEETING DATE: 12 March 2025

TITLE: Committee Work Schedule

RECOMMENDATION TO RISK & ASSURANCE COMMITTEE

1. That the Risk & Assurance Committee receive its Work Schedule dated March 2025.

COMMITTEE WORK SCHEDULE – MARCH 2025				
12 March 2025 11 June 2025 1 October 2025	Health and Safety Quarterly Update Q2 Oct to Dec 24 Q3 January to March 2025 Q4 April to June 2025	General Manager People & Capability		
12 March 2025 11 June 2025 1 October 2025	Wellbeing Quarterly Update Q2 Oct to Dec 24 Q3 January to March 2025 Q4 April to June 2025	General Manager People & Capability		
12 March 2025 11 June 2025 1 October 2025	Strategic Risk Management Reporting	General Manager Corporate Services		Terms of Reference
12 March 2025	Review of Health & Safety	General Manager Corporate		6 March 2024 Clause 11-24

	Framework	Services		11 September 2024 Clause 24-24
12 March 2025	Annual review of Council's Risk Management Appetite and Tolerance Levels	General Manager Corporate Services		6 March 2024 Clause 4-24
11 June 2025	Business Assurance six-monthly accountability report	General Manager Corporate Services		Finance & Audit Committee 16 December 2020 Clause 68.2
11 June 2025	Review of Contract Management Framework	General Manager Corporate Services	The organizational realignment changed where the contract management function reports. The focus has been on embedding this change prior to undertaking a review of the framework	26 April 2023 Clause 2-23
As required	Fraud and Whistleblowing Policy Quarterly Update	General Manager Corporate Services		26 April 2023 Clause 12-23
1 October 2025	Review Annual Report	General Manager Corporate Services		Terms of Reference
2025	Review of Legal Compliance Framework	General Manager Corporate Services		26 April 2023 Clause 2-23

2025	LTP Debrief	General Manager Corporate Services		6 March 2024 Clause 11-24
2025	Review of Cyber Security	General Manager Corporate Services		6 March 2024 Clause 11-24
TBC	Local Water Done Well - Assets and Liability Assessment	General Manager Corporate Services	Pending regional CCO investigation	

Proactive Release of Confidential Decisions

All [released confidential decisions](#) can be found on Council's website.