

Health, Safety and Wellbeing Committee

AGENDA

Notice of Meeting:

An ordinary meeting of the Health, Safety and Wellbeing Committee will be held on:

Date: Wednesday 4 March 2020
Time: 9:30am
Venue: Committee Room 2, Level 2, Civic Offices,
53 Hereford Street, Christchurch

Membership

Chairperson	Councillor James Gough
Members	Mr Murray Harrington
	Mr Paul Coleman
	Councillor Sam MacDonald
	Councillor Phil Mauger

27 February 2020

Principal Advisor

Brendan Anstiss
General Manager Strategy & Transformation

Mark Saunders
Committee and Hearings Advisor
941 6436
mark.saunders@ccc.govt.nz
www.ccc.govt.nz

Note: The reports contained within this agenda are for consideration and should not be construed as Council policy unless and until adopted. If you require further information relating to any reports, please contact the person named on the report.

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Developing Resilience in the 21st Century

Strategic Framework

Whiria ngā whenu o ngā papa,
honoa ki te maurua tāuiki
Bind together the strands of each mat and join
together with the seams of respect and reciprocity

Ōtautahi–Christchurch is a city of opportunity for all

Open to new ideas, new people and new ways of doing things – a city where anything is possible

Principles

Being open,
transparent and
democratically
accountable

Promoting
equity, valuing
diversity and
fostering inclusion

Taking an inter-generational approach
to sustainable development,
prioritising the social, economic
and cultural wellbeing of
people and communities
and the quality of the
environment, now
and into the
future

Building on the
relationship with
Te Rūnanga o Ngāi Tahu
and the Te Hononga–Council
Papatipu Rūnanga partnership,
reflecting mutual understanding
and respect

Actively collaborating and
co-operating with other
local, regional
and national
organisations
Ensuring
the diversity
and interests of
our communities
across the city and the
district are reflected in
decision-making

Community Outcomes

Resilient communities

Strong sense of community
Active participation in civic life
Safe and healthy communities
Celebration of our identity
through arts, culture, heritage,
sport and recreation
Valuing the voices of all cultures
and ages (including children)

Liveable city

Vibrant and thriving city centre
Sustainable suburban and
rural centres
A well connected and accessible
city promoting active and
public transport
Sufficient supply of, and
access to, a range of housing
21st century garden city
we are proud to live in

Healthy environment

Healthy water bodies
High quality drinking water
Unique landscapes and
indigenous biodiversity are
valued and stewardship
exercised
Sustainable use of resources
and minimising waste

Prosperous economy

Great place for people, business
and investment
An inclusive, equitable economy
with broad-based prosperity
for all
A productive, adaptive and
resilient economic base
Modern and robust city
infrastructure and community
facilities

Strategic Priorities

Enabling active
and connected
communities
to own their future

Meeting the challenge
of climate change
through every means
available

Ensuring a high quality
drinking water supply
that is safe and
sustainable

Accelerating the
momentum
the city needs

Ensuring rates are
affordable and
sustainable

Ensuring we get core business done while delivering on our Strategic Priorities and achieving our Community Outcomes

Engagement with
the community and
partners

Strategies, Plans and
Partnerships

Long Term Plan
and Annual Plan

Our service delivery
approach

Monitoring and
reporting on our
progress

Health, Safety and Wellbeing Committee - Terms of Reference / Ngā Ārahina Mahinga

Chair	Councillor Gough
Membership	Councillor MacDonald Councillor Mauger 2 External Members: Mr Murray Harrington Mr Paul Coleman
Quorum	Half of the members if the number of members (including vacancies) is even, or a majority of members if the number of members (including vacancies) is odd.
Meeting Cycle	Quarterly
Reports To	Council

Purpose:

Maintain and continually improve Health, Safety & Wellbeing by promoting consultation, co-operation and coordination between Management and Council. Ensuring active engagement in the ongoing development of a health, safety and wellbeing programmes.

Objective:

The role of the Health, Safety and Wellbeing Committee of Council (Committee) is to assist Council to provide leadership in discharging its health and safety management responsibilities within the organisation.

Secretarial and Meetings:

- The committee may have in attendance such members of management, including the Chief Executive and such other persons as it considers necessary to provide appropriate information and explanations.
- Meetings shall be held at least quarterly. Further meetings will be arranged on an as-needed basis.
- The Chair of the Committee will report all recommendations, key issues and findings to the Council.

Responsibilities:

To assist the Council in discharging its due diligence responsibilities as a Person Conducting a Business or Undertaking (PCBU), by taking reasonably practicable steps to understand the health and safety risks, and ensure that they are managed so that the organisation meets its legal obligations.

- Review and monitor the robustness of the organisation's health, safety and wellbeing risk management framework.
- Seek assurance that the organisation is effectively structured to manage health and safety risks.
- Review progress with completion of organisational Health and Safety Plan objectives.

- Monitor compliance with policies and relevant legislation.
- Seek assurance that systems used to identify and manage health and safety hazards and risk are fit for purpose, effectively implemented, regularly reviewed and continuously improved.
- Ensure that the Council is properly and regularly informed and updated on matters relating to health and safety risks.
- Enquire as to the steps management have taken to embed a proactive culture through engagement with workers and provide reasonable opportunities for workers to participate in health, safety & wellbeing.
- Seek assurance that Council are working in partnership so far as reasonably practical with other PCBU's as a primary duty of care to ensure the health and safety of workers.
- Seek advice periodically from internal and external auditors regarding the effectiveness and completeness of the health and safety systems.
- Ensure management are keeping the Committee fully apprised of all independent sources of assurance, via the health and safety framework including any internal or external audits undertaken.
- Consider whether appropriate actions are being taken by management to mitigate Council's significant health and safety risks.
- Ensure that management is kept apprised of the Council's governance body's views on health and safety issues.
- Any other duties and responsibilities which have been assigned to it from time to time by the Council.

Appointment Process for External Members:

Principles:

The following principles guide the appointment process for External Members of the Committee:

- The Head of Human Resources will provide candidates to the Chief Executive and GM Strategy & Transformation Office for consideration.
- The Chair of the Committee and Chief Executive will endorse the nominations, if appropriate.
- Candidates will be contacted at the appropriate time to confirm their willingness to serve for the term for which External Members are appointed as set out below. If they are willing to serve, independence and confidentiality requirements and a background check will be conducted. They will also be informed of Council policies.
- The Chair of the Committee and the Health and Safety Manager or Head of Human Resources will review the candidates to develop a shortlist by assessing the following:
 - Professional credentials and relevant experience
 - Their understanding of current Health and Safety legislative requirements
 - Experience with prevention, and response to compliance risks; education, auditing and monitoring concepts
 - Experience overseeing or assessing the performance of organisations with respect to their health and safety compliance or risk function
 - Understanding implications for compliance and culture in a changing regulatory environment
 - Potential conflicts for the candidate
 - Affiliations or connections with the Council and its related entities
 - Reference and background check reports

- The results of the review of the candidates will be reported to the Committee's External Members Appointments Panel, who will select from the shortlist which External Members are appointed to the Committee.

Term:

- External Members of the Committee will be appointed for a term of three years (subject to the terms their contract and the Council failing to resolve anything that would by implication necessarily shorten that term). The term for External Members shall, unless the Chief Executive specifies otherwise, begin on 1 April following the Triennial elections and end on 31 March three years later to provide continuity for the Committee over the initial months of a new Council.
- External Members are eligible for re-appointment by the Committee's External Members Appointments Panel for one further term. However, the Council may approve the re-appointment of External Members for any number of subsequent terms to ensure continuity of knowledge.

Delegations

External Members Appointments Panel:

- The Committee delegates to its External Members Appointments Panel (Panel) the authority to consider shortlisted candidates for appointment as the External Members of the Committee and to appoint 2 External Members.
 - The Chair of the Panel shall be the Chair of the Committee, and the further members of the Panel shall be the elected members of the Committee.
3. The quorum of the Panel shall be half of the members if the number of members (including vacancies) is even, or a majority of members if the number of members (including vacancies) is odd.

Part A	Matters Requiring a Council Decision
Part B	Reports for Information
Part C	Decisions Under Delegation

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1. Apologies / Ngā Whakapāha

At the close of the agenda no apologies had been received.

2. Declarations of Interest / Ngā Whakapuaki Aronga

Members are reminded of the need to be vigilant and to stand aside from decision making when a conflict arises between their role as an elected representative and any private or other external interest they might have.

3. Confirmation of Previous Minutes / Te Whakaāe o te hui o mua

That the minutes of the Health, Safety and Wellbeing Committee meeting held on [Wednesday, 4 December 2019](#) be confirmed (refer page 8).

4. Public Forum / Te Huinga Whānui

A period of up to 30 minutes may be available for people to speak for up to five minutes on any issue that is not the subject of a separate hearings process.

5. Deputations by Appointment / Ngā Huinga Whakaritenga

There were no deputations by appointment at the time the agenda was prepared.

6. Petitions / Ngā Pākikitanga

There were no petitions received at the time the agenda was prepared.

Health, Safety and Wellbeing Committee OPEN MINUTES

Date: Wednesday 4 December 2019
Time: 9am
Venue: Committee Room 2, Level 2, Civic Offices,
53 Hereford Street, Christchurch

Present

Chairperson
Members

Councillor James Gough
Mr Murray Harrington
Councillor Sam MacDonald
Councillor Phil Mauger

4 December 2019

Principal Advisor

Brendan Anstiss
General Manager Strategy &
Transformation
Tel: 941 8472

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Part A Matters Requiring a Council Decision

Part B Reports for Information

Part C Decisions Under Delegation

The agenda was dealt with in the following order.

1. Apologies / Ngā Whakapāha

Part C

Committee Resolved HSCM/2019/00014

That the apology for absence from Mr Paul Coleman be accepted.

Councillor Gough/Mr Harrington

Carried

2. Declarations of Interest / Ngā Whakapuaki Aronga

Part B

There were no declarations of interest recorded.

3. Public Forum / Te Huinga Whānui

Part B

There were no public forum presentations.

4. Deputations by Appointment / Ngā Huinga Whakaritenga

Part B

There were no deputations by appointment.

5. Presentation of Petitions / Ngā Pākikitanga

Part B

There was no presentation of petitions.

6. Health, Safety and Wellbeing Quarterly Report

Committee Resolved HSCM/2019/00015 (Original Staff Recommendations Accepted without Change)

Part C

That the Health, Safety and Wellbeing Committee:

1. Receive the Health, Safety and Wellbeing Quarterly report

Councillor MacDonald/Councillor Mauger

Carried

7. Health, Safety and Wellbeing Dashboard Report

Committee Resolved HSCM/2019/00016 (Original Staff Recommendations Accepted without Change)

Part C

That the Health, Safety and Wellbeing Committee:

1. Receives the Health, Safety and Wellbeing quarterly report and quarterly dashboard (**Attachment A** to the report).

Mr Harrington/Councillor Mauger

Carried

Meeting concluded at 9:50am.

CONFIRMED THIS 4th DAY OF MARCH 2020

**COUNCILLOR JAMES GOUGH
CHAIRPERSON**

7. Election of a Deputy Chairperson

Reference / Te Tohutoro: 20/135498

Report of: Mark Saunders, Committee and Hearings Advisor
mark.saunders@ccc.govt.nz

General Manager: Brendan Anstiss, General Manager Strategy and Transformation
brendan.anstiss@ccc.govt.nz

1. Brief Summary

- 1.1 The purpose of this report is to explain the process for the Health, Safety and Wellbeing Committee to elect a Deputy Chairperson.

2. Officer Recommendations

That the Health, Safety and Wellbeing Committee:

1. Adopts either System A or System B for the election of the Deputy Chairperson.
2. Proceeds to elect a Deputy Chairperson.

3. Context / Background / Te Horopaki

- 3.1 On 31 October 2019, the Council confirmed that Councillor Gough is reappointed to the Health, Safety and Wellbeing (HSW) Committee as chairperson. On 28 November 2019, the Sustainability and Community Resilience Committee added Councillor Mauger and Councillor MacDonald to the membership of the HSW Committee, completing the refresh of the elected membership on the HSW Committee following the 2019 triennial elections.
- 3.2 Since the Council has not appointed a new deputy chairperson for the HSW Committee following the elections, the HSW Committee may appoint a new deputy chairperson for itself.
- 3.3 The Committee must follow the procedure for electing the deputy chairperson prescribed in clause 25 Schedule 7 of the Local Government Act 2002. It states that the Committee must determine by resolution that the deputy chairperson be elected or appointed by using one of the following systems of voting:

System A:

- (a) requires that a person is elected or appointed if he or she receives the votes of a majority of the members of the local authority or committee present and voting; and
- (b) has the following characteristics:
 - (i) there is a first round of voting for all candidates; and
 - (ii) if no candidate is successful in that round there is a second round of voting from which the candidate with the fewest votes in the first round is excluded; and
 - (iii) if no candidate is successful in the second round there is a third, and if necessary subsequent, round of voting from which, each time, the candidate with the fewest votes in the previous round is excluded; and
 - (iv) in any round of voting, if 2 or more candidates tie for the lowest number of votes, the person excluded from the next round is resolved by lot.

System B:

- (a) requires that a person is elected or appointed if he or she receives more votes than any other candidate; and
 - (b) has the following characteristics:
 - (i) there is only one round of voting; and
 - (ii) if two or more candidates tie for the most votes, the tie is resolved by lot.
- 3.4 In simpler terms, under System A, a candidate is successful if he or she receives the votes of the majority of the members of the Committee present and voting. If no candidate is successful in the first round there is a second round of voting from which the candidate with the fewest votes in the first round is excluded. If no candidate is successful in the second round there is a third and if necessary subsequent round of voting from which each time the candidate with the fewest number of votes in the previous round is excluded until a candidate is successful. In any round of voting if two or more candidates tie for the lowest number of votes the person to be excluded from the next round is resolved by lot.
- 3.5 System B is first past the post except that a tie for the most votes is resolved by lot.
- 3.6 The Committee is required to select a voting system even if it is likely that only one candidate will be nominated for the role.

Practical application of clause 25

The Committee must first determine, by resolution, which system of voting it will use, that is System A or System B.

Nominations for the position of Deputy Chairperson are called for.

If there is only one candidate then the Committee may resolve that that person be elected.

If there is more than one candidate the Committee must then put the matter to a vote according to the system it has adopted. The Committee members are then asked to vote on each candidate.

The following examples may be useful to illustrate two of the systems:

System A

Example 1

Three nominations are received and upon the votes being counted the result is:

A (4) B (2) C (1). In this case A is elected to the relevant position.

Example 2

Three nominations are received and upon the votes being counted the result is:

A (3) B (3) C (1). In this case no candidate is successful so a second round of voting is held for candidates A and B. The lowest polling candidate, C, is excluded.

Upon the votes being counted in the second round the result is:

A (4) B (3). In this case A is elected to the relevant position.

System B

Example 1

Three nominations are received and upon the votes being counted the result is:

A (4) B (2) C (1). In this case A is elected to the relevant position.

Example 2

Three nominations are received and upon the votes being counted the result is:

A (3) B (3). In this case a lot is held to determine who between A and B will be elected to the relevant position.

Attachments / Ngā Tāpirihanga

There are no appendices to this report.

In addition to the attached documents, the following background information is available:

Document Name	Location / File Link
Not applicable	

Confirmation of Statutory Compliance / Te Whakatūturutanga ā-Ture

Compliance with Statutory Decision-making Requirements (ss 76 - 81 Local Government Act 2002).

(a) This report contains:

- (i) sufficient information about all reasonably practicable options identified and assessed in terms of their advantages and disadvantages; and
- (ii) adequate consideration of the views and preferences of affected and interested persons bearing in mind any proposed or previous community engagement.

(b) The information reflects the level of significance of the matters covered by the report, as determined in accordance with the Council's significance and engagement policy.

8. Health, Safety and Wellbeing Quaterly Report

Reference / Te Tohutoro: 20/126396

Report of: Sharon Butt, Manager Health and Safety, Sharon.butt@ccc.govt.nz

General Manager: Brendan Anstiss, General Manager Strategy and Transformation
brendan.anstiss@ccc.govt.nz

1. Brief Summary

- 1.1 The purpose of this report is to inform the Health, Safety and Wellbeing Committee of health, safety and wellbeing (HSW) matters at Christchurch City Council.

2. Officer Recommendations

That the Health, Safety and Wellbeing Committee:

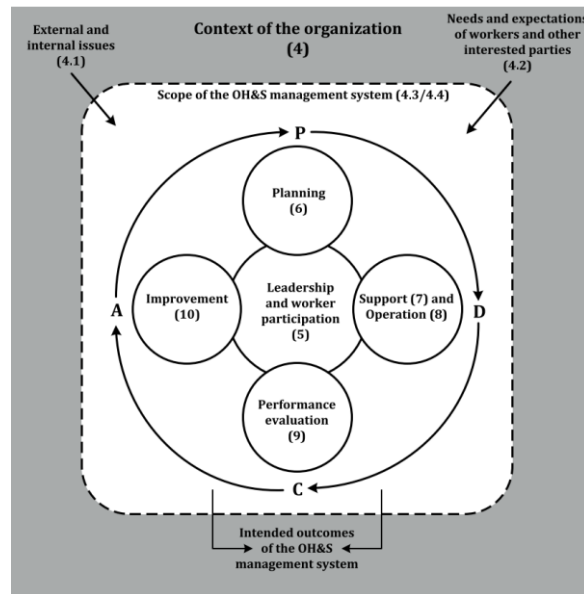
1. Receive the Health, Safety and Wellbeing Quarterly Report.

3. Event Reporting for Elected Members

- 3.1 All Elected members issued with a Council login and email address can report HSW Events, (Injury, Illness, Discomfort & Pain and Near Miss etc).
- 3.2 Submitted HSW events are automatically sent to the Head of Community, Support, Governance & Partnerships and the HSW Team for reviewing.
- 3.3 Note: Reports related to Stress and Fatigue go directly to the HSW Team for consultation with Human Resources, to ensure appropriate consideration of sensitive matters/data and to determine what reporting/escalation requirements and support are required.
- 3.4 The Community Governance Managers will update Elected Members on this topic and will champion and support active reporting and management of events.

4. Self-Assessment – ISO 45001

- 4.1 As reported in the October 2019 Health and Safety meeting ISO AS/NZS ISO45001 standard 2018 is a replacement for the previous AS/NZS 4801/OHSAS18000 standards in New Zealand. It is anticipated that the new ISO45001 standard is set to replace the AS/NZS 4801 within 2 to 3 years of publication, this aligns with the proposed changes in the ACCAEP programme.
- 4.2 As part of the ACC biennial claims and injury management audit a table top self-assessment was completed by the HSW Team against the AS/NZS ISO 45001 - Occupational health and safety management systems. This will also be used as an exercise to evaluate capability against the scope of the new ISO 45001 standard in anticipation of the changes in 2020 onward. The table top exercise included discussions with staff, HSW representatives and Unions which is part of the normal application process for the annual audit. Note: this is the last audit under the ACCAEP Tertiary Programme unless otherwise decided by the Minister of ACC. It is anticipated that a decision on the future Audit programme will be released early 2020.
- 4.3 For your information below is a graphic of the framework for the new AS/NZ Standard ISO45001.



5. Council Community Boards and Reserve Management Committee (RMC)

- 5.1 Following an enquiry from the Chief Executive's Office in 2016 a legal opinion (*Attachment A*) was obtained to confirm the Council's HSW responsibilities for Community Boards and Reserve Management Committees. Following this advice in 2017/18 the HSW, Governance & Community, a Chair of a Reserve Management Committee and Parks Teams reviewed the activities undertaken by the RMC's to determine the risk profile of their tasks. This involved engaging with the Lyttelton RMC as they were identified as being the most active and largest RMC.
- 5.2 A presentation by the HSW Team outlining the obligations of the Council and RMCs under the Health and Safety at Work Act, and the principles of a Safe System of Work (SSoW) was delivered at an RMC meeting and was received well.
- 5.3 The principles of the SSoW focused on a proactive and proportionate approach with clear escalation paths to the Council Parks staff.
- 5.4 It was identified that the Conservation Volunteers New Zealand "In Safe Hands Toolkit" was an established resource to assist community groups to effectively and practically manage health and safety. Work was done to review the toolkit and align it with the risk management processes and escalation parameters at Council, this was undertaken in partnership with Conservation Volunteers New Zealand and Parks staff.
- 5.5 It was intended that Conservation Volunteers New Zealand would assist with the implementation and training of RMCs.
- 5.6 Draft documentation was developed and a trial conducted at a tree planting exercise by the RMC at a reserve in Lyttelton to assess the principles of the SSoW and its practical implementation. A HSW Team member attended this exercise.
- 5.7 Following this, the review was placed on hold as there was a change in RMC personnel and a change of focus of RMC and Parks.

6. Leading Wellbeing and Mental Health Conversations

- 6.1 A toolkit of resources is being developed for Leaders to grow awareness and increase capability for supporting and managing Mental Health and Wellbeing in Council. The toolkit will include a training/workshop presentation and handout collateral. The Council's Resilience & Healthy Workplace Guideline will also be expanded to include the newly

developed information. A working group has been formed to complete this piece of work and development is well underway.

7. Council Wellbeing Group

- 7.1 The Wellbeing Group was formed at the end of 2017 to consider Wellbeing issues relevant to the Organisation/Groups/Units and to recommend appropriate action necessary to promote an environment that encourages staff to find meaning and prosper in their work at Council. The key objectives of the group are to provide a programme of wellbeing activities and respond to the wellbeing needs of the organisation. To do this effectively the members require suitable time to attend, arrange and participate in Wellbeing meetings, forums and activities. The Executive Leadership Team recently expressed their commitment to this in the CE's update.

8. Change your Habits, Change your Life workshop

- 8.1 In response to feedback provided in the 2018 Wellbeing Survey, we developed and piloted a workshop to help people understand their habits and how they can apply this knowledge practically to make changes in their lives to benefit how they live and work, therefore positively influencing their overall wellbeing. Following the pilot the workshop was adapted to run over two sessions in order to provide more choice, reduce overload of information and increase accountability for change. (*Attachment B*), Change Your Habit Cycle which shows the method of changing a habit.
- 8.2 21 people attended the two-session workshop.
- 8.3 Learning Outcomes
- Recognise what habits are
 - Describe in own words how habits work
 - Apply the 'habit loop' framework to plan changing a habit
 - Use a technique to visualise the outcome of changing habits and compare to the current situation to establish the 'gap' and motivation
 - Identify barriers to changing habits and potential solutions
 - Apply the 'habit loop' framework to create new habits
 - Review application and understanding of 'habit loop' from session 1
 - Apply the 'habit loop' framework as a building block in achieving broader goals
 - Recognise and apply the *SMARTER* framework for goal setting
- 8.4 Quoting feedback from the workshop;
- *"Provided some great tools to understand what's behind the habit and how to change it"*
 - *"Broad overview of habits; commitment to action leaving today"*
 - *"It wasn't too long and there wasn't too much "group" therapy"*
 - *"Clear & made me think about my choices/habits; gave clear steps for self-improvement"*
 - *"Built on lessons from previous session and expanded on new ones"*
 - *"Good flow and recap was good to hear what others have put in place"*
 - *"would be good to be available in suite of CCC courses"*

- 8.5 A final review of the workshop will be completed and considered for the ongoing training programme.

9. Lifeguard Response – Jellie Park

- 9.1 On 16 November 2019 a teenager had an accident at Jellie Park Pool when diving. The teenager landed awkwardly in the water requiring immediate response from the lifeguard and team. The teenager was taken to hospital and released without significant injury.
- 9.2 Following this accident Nigel Cox, Head of Recreation Sports and Events, received a letter of recognition from Mr Andrew Hall, National Programme Manager, New Zealand Spinal Trust. Attached is a copy of the letter (Attachment C). Mr Hall was present as a Citizen at the pool this day, and observed and recognises a response that was of the highest quality and professionalism. ELT recognised the excellent practice of the response from the Jellie Park Team.

10. Accredited Employers Programme (AEP)

- 10.1 In mid-January, the Council participated in a routine ACC required audit of our injury and claims management as part of our membership in the Accredited Employers Programme. Council has again passed the audit at Tertiary Level. (Attachment D - Letter of Confirmation), (Attachment E – Full Audit Report). The auditor has recommended one suggested improvement recommendation that does not impact the final result. Refer the summary result of Element 17 – rehabilitation outcomes, return to work and follow up procedure below:

Summary of Element 17:

<input checked="" type="checkbox"/>	It is recommended that this employer has successfully met the requirements of Element 17 at the following performance standard:
<input type="checkbox"/>	Primary
<input type="checkbox"/>	Secondary
<input checked="" type="checkbox"/>	Tertiary
<input type="checkbox"/>	It is recommended that this employer has <i>not</i> met the requirements of Element 17.
Comments:	
The Council have objectives and targets, which form part of the higher-level documentation. This information and the objectives are subject to annual review and update. It is noted though that the extent to which the objectives change is limited. They are to an extent more good intentions at a policy level rather than specific actions that are measurable, and a recommendation is made.	
Rehabilitation plans are subject to review at the time milestone dates are reached, when there is additional or new medical information or if the claimant is not making the expected progress. One of the claim files reviewed has an updated rehabilitation plan.	
There are opportunities for vocational rehabilitation if required but this has not been the case in the last year and so 17.2.3 and 17.3.3 are not applicable at this time.	
Where required medical providers are sent copies of files or part files to assist with their investigations. These are printed out from the Well NZ system and privacy checked prior to release.	
Critical issues: None	
Improvement recommendations:	
17.1.2: The objectives set down are broad statements of intent rather than an action plan with time limitations and an expectation they will change each year. These should be looked at again in this light.	

11. ACC's upcoming proposed changes for the Accredited Employer Programme

- 11.1 ELT and the HSW Committee have previously been advised that the Accident Compensation Corporation (ACC) is planning changes to the AEP. The detail of the changes is due to be released in February 2020 in preparation for agreement renewals in April 2020. The draft proposal is to put responsibility on AEP employers to meet the measures of an external standard and take full responsibility for the audit administration for the Safety Management

Practices part of the accreditation criteria. The proposal indicated achievement of ISO45001 (which is set to replace the existing AS/NZS4801 – as noted earlier) that the Council currently aligns with at Tertiary level.

- 11.2 A detailed report on the proposed changes and the implications for the Council was presented to the ELT in September 2019, a redacted summary is provided as (*Attachment F*).
- 11.3 A recent update from ACC advised:
 - 11.3.1 Due to the scale of the programme and the number of customers affected, improving the programme will take time and so ACC have recommended adopting a phased delivery approach. ACC are committed to continuing to work with us as they undertake detailed design work, build and test key improvements, and implement changes incrementally.
 - 11.3.2 The ACC Board and Minister have approved this approach and agreed to move to the initial phase of implementing improvements to the programme, which will focus on foundational changes that will deliver benefits for Accredited Employers (AE) and ACC.
 - 11.3.3 ACC will share the co-design vision with AE's over the next couple of months which will assist the HSW Team to identify how we can work together with Managers to deliver these improvements if Council choose to do so. If a final decision is made to proceed with the proposed changes then the Council will need to invest the resources necessary to maintain membership in the AEP. Until we understand the final scope of the programme we are unable to fully advise on the matter.

12. Abuse Threat and Assault Steering Group

- 12.1 At the request of the ELT a staff group has been formed to ensure that we are doing everything that we can to ensure staff in public and front facing roles are not subject to abuse, threats or assaults in the course of doing their job. We have set a zero tolerance approach for any such behaviour.
- 12.2 The Group met in November to discuss the draft Terms of Reference (TOR), Framework and Plan and the need to;
 - 12.2.1 Nominate Working Group members, identify central Intelligence opportunities, develop a communication plan, identify training available and suitability of the training, review our known risks and controls, identify risks that are not considered, collate information currently documented for review and consideration.
- 12.3 Following the meeting these actions were committed to:
 - 12.3.1 Heads to nominate working group members.
 - 12.3.2 All members to report back on current training provided and processes.
 - 12.3.3 Feedback on TOR, Framework and Plan.
 - 12.3.4 Distribute the ATA checklist to determine what processes are in place, what is available to share and identification of improvement opportunities. The group will review the completed checklists to determine what resources are available, what needs improved, what is required, what can be standardised and what can be shared operationally to reduce duplication, risk and achieve a joined up approach for the organisation.
 - 12.3.5 Set up HUB page for the information.
 - 12.3.6 Discuss with the Communications Team the proposal for the development and rollout of a campaign promoting the importance of zero tolerance and the increase of reporting

events for our staff and the community. Ideally the campaign would include the Police and community groups.

13. Aranui Library Health, Safety and Wellbeing concerns

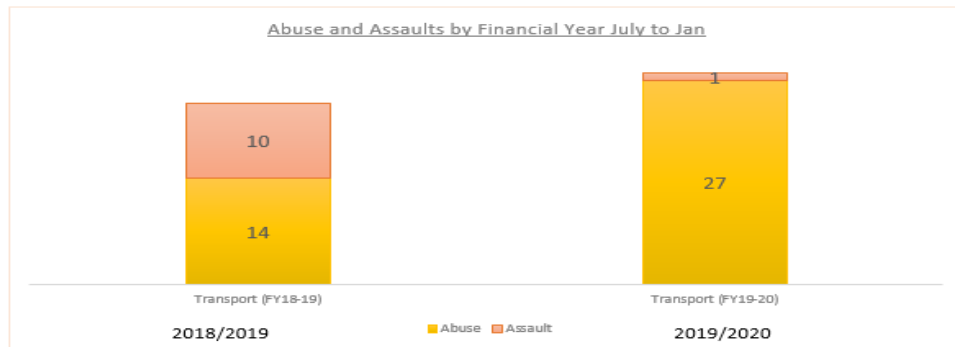
- 13.1 In late 2019 staff appropriately reported their concern for their Health and Wellbeing while working at the library and the safety of others that visit the library. This followed a number of incidents by a small number of young people that put staff and other members of the public at risk. The HSW Team have identified that the risk has increased due to an escalation of seriousness of inappropriate behaviour by youth in the area. This is not a new risk but it does appear the number of events and possible severity of the risk has increased. There also are a number of repeat offenders. Police and other Community Groups in the area are also reporting the same concern.
- 13.2 A comparison of the statistics for Council's smaller libraries shows that Aranui has more of these occurrences, and review of the commentary shared by staff on the event reports reinforces the seriousness of the perpetrators actions.
- 13.3 Library Management and the HSW Team immediately met to determine both short and long term approach to the concern. The following was immediately implemented:
 - 13.3.1 Review of Security requirements and service delivery.
 - 13.3.2 Staff support was offered.
 - 13.3.3 Review of staffing and implementation of additional staffing.
 - 13.3.4 Ensure the current lock down procedures are sufficient.
 - 13.3.5 Communication and support to staff provided by the Libraries leadership team.
 - 13.3.6 Communication is underway with the Community Police team that have recently been stationed in Aranui to address community issues. Ideally the Council will be able to work with the Police and other community groups to effect a joint approach reducing the risk. If agreed the campaign mentioned above would support this.
 - 13.3.7 A Consultant was secured to carry out a debrief and reset for staff. The consultant also met 1:1 with staff and provided Management with a report and recommendations - received last week.

Medium to long term:

- 13.3.8 Review of current training programmes including induction to ensure the training takes into account all known risks and site requirements.
- 13.3.9 Review the trespass procedure.
- 13.3.10 Review and update the hazard/risk register and business continuity plan.
- 13.3.11 Continue to build relationships with the Aranui Community Trust Incorporated Society (ACTIS), Community Police, Sporting Groups, Maori Wardens, Cultural Groups, and Education Facilities etc.

14. Abuse Threat and Assault – Transport

- 14.1 Following a proactive programme of initiatives, training and education and the review of equipment, the following statistics were recently provided to the Transport Unit. There is an increase in reporting of Abuse events (this is a positive development) and a decrease in Assault events (also a positive outcome). Below is a screenshot of the information provided;



Proactive reporting by employees has been progressively increasing in FY19-20. Though we have seen an increase in verbal assaults, we have seen a significant decrease in physical assaults.

What success looks like?

1. All teams completed situational safety (conflict resolution) safety.
2. Gap analysis of PPE it was identified that cameras needed to be replaced (extended battery life).
3. All teams re-trained to use cameras. Trends show that once the officer has verbally told the assailant that the camera has been activated, the confrontation remains verbal and does not escalate beyond that point.
4. Daily briefings and reminders to use Peripheral equipment correctly.
5. Revised site visit schedules, identifying trends and hotspots.
6. Fortnightly meetings with enforcement managers.
7. New purpose-built Enforcement PPE has been trialled, tested and procured from the UK.

Moving forward.

Daily briefings to continue and all staff reminded in the use of body cameras and radios.
Situational safety (conflict resolution) training scheduled to take place.
Monitor reports and identify ways to reduce verbal assaults.

15. Coronavirus

- 15.1 Advice continues to go out to Managers and Staff as required following the direction of the Ministry of Health. HSW and Communication Teams are developing general information for the HUB, FAQ's and when required written guidance tools for Team Leaders and staff. Some personal protective masks and hand sanitiser are currently in stock and an order for more has been made in preparation of a potential status change.

16. Support, Engagement and Continuous Improvement

- 16.1 A number of significant and iconic events for Christchurch are held over summer period and the Citizen and Community HSW Advisor supports the Events team to deliver safe and successful events.
- 16.2 This includes planning and de-briefing sessions with internal and external agencies, organisers and stakeholders to drive continual improvement and identify emerging risks.
- 16.3 Events include;
 - 16.3.1 Coca Cola Christmas In the Park
 - 16.3.2 New Year's Eve
 - 16.3.3 Great Kiwi Beer Festival
 - 16.3.4 World Buskers Festival
 - 16.3.5 Kite Day (New Brighton)

Up coming;

 - 16.3.6 Night Noodle Market

- 16.3.7 Sparks In The Park
- 16.3.8 Black Caps v India Test
- 16.3.9 March 15 National Remembrance

17. HSW Software **Able**

- 17.1 December 2019 was the launch of the HSW Software Tool **Able** functions of; Visible Leadership, Equipment Register, Health Monitoring, HSW Meeting records. On 1 February 2020 we will launch a key function of the software - Event Reporting, (incident, injury, illness, near miss and fatality) and Discomfort and Pain Events.
- 17.2 Attendance numbers for demonstrations are positive and have been recorded below:

Demos 2019

Change stats at 22/7/19	
Total sessions - meeting 'guest appearances', demos	43
Total Able demos	22
Council locations	10
Visible Leadership workshop attendance - how to have a HSW conversation	36
Total attendance across demos	454

Demos 2020

27/01/2020	Civic - 1 session	All	9
29/01/2020	Jellie Park	RSE	5
30/01/2020	QEII	RSE, Libraries, Parks	9

2 more scheduled – Civic on 5/2, Pioneer on 11/2
Be a visible leader coaching workshop scheduled for Tues, 18/2

Attachments / Ngā Tāpirihanga

No.	Title	Page
A ↓	Legal Opinion Community Boards & RMC	24
B ↓	Change Your Habit Lifecycle	30
C ↓	Lifeguard Recognition	31
D ↓	ACC Audit Acceptance Letter	32
E ↓	ACC Full Audit Report	33
F ↓	ACCAEP Programme Summary (Redacted ELT Sept 19 Report)	66

In addition to the attached documents, the following background information is available:

Document Name	Location / File Link
Not applicable	

Confirmation of Statutory Compliance / Te Whakatūtutanga ā-Ture

Compliance with Statutory Decision-making Requirements (ss 76 - 81 Local Government Act 2002).

- (a) This report contains:
- (i) sufficient information about all reasonably practicable options identified and assessed in terms of their advantages and disadvantages; and
 - (ii) adequate consideration of the views and preferences of affected and interested persons bearing in mind any proposed or previous community engagement.
- (b) The information reflects the level of significance of the matters covered by the report, as determined in accordance with the Council's significance and engagement policy.

Christchurch City Council

Legal Services Unit

LEGAL OPINION

Date: 7 JUNE 2016

From: JUDITH CHEYNE (Senior Solicitor, Legal Services)

To: SHARON BUTT (Manager, Health and Safety)

Health and Safety - Community Board members and Reserve Management Committees (lex17138)

1. You have asked for advice on the implications for elected members of Community Boards under the new Health and Safety at Work Act 2015 (HSWA), and also what implications there may be for members of Reserve Management Committees, particularly those operating camping grounds.
2. I refer you to the advice provided by Buddle Findlay to the Council dated 22 April 2016, (see the first two sections of their advice in particular).

Answer

3. The HSWA provides for the following:
 - The Council's primary duty under the HSWA is to workers and other persons.
 - The Council must, so far as is reasonably practicable, ensure the health and safety of workers and others.
 - The HSWA requires the Council to eliminate risks to health and safety so far as is reasonably practicable.
 - The Council has a duty as a PCBU (*person controlling a business or undertaking*) that manages or controls a workplace.
 - An officer of a PCBU must exercise the care, diligence, and skill that a reasonable officer would exercise in the same circumstances, taking into account the nature of the business or undertaking, and the position of the officer and the nature of the responsibilities undertaken by the officer.

4. As noted in the Buddle Findlay advice, the Council as a whole is a single PCBU. Community Boards and Reserve Management Committees are not separate PCBU's (like a CCO) as they only make decisions as a result of delegations (or sub-delegations) given to them by the Council (or the Board), and in exercising those delegations they are carrying out the Council's 'business'.

Community Board members

5. The Buddle Findlay advice explains at paragraph 7 that elected members of the Council will be considered 'officers' of the Council PCBU for the purposes of the HSWA '*because they occupy a position in relation to the Council that allows them to exercise significant influence of (sic) the management of the Council*'.¹ For that reason Councillors have the due diligence duties of officers set out in s44 of the HSWA, but s52 provides them an 'exemption' from the offence provisions in the HSWA. (Both sections 44 and 52 are set out in the appendix to this advice.)
6. This Council's Community Boards do not have the same level of 'significant influence' over the management of the Council's business, as the Council and its Councillors have, and therefore Community Board members are less likely to be regarded as 'officers' under the HSWA. The duties in section 44 do not appear applicable to the common types of decisions being made by the Boards, on which they always have advice from Council staff, who need to ensure any health and safety concerns are considered as a result of the Council being the PCBU. (I also note that Community Boards cannot acquire, hold or dispose of property or appoint, suspend or remove staff, and the same limit would apply to a Community Board Subcommittee.)
7. However, if the Community Board members were regarded as officers in a particular situation, then they also have the same protection as Councillors under section 52.

Reserve Management Committees

8. There are 12 Reserve Management Committees (RMCs) and they are currently subcommittees of two of the Council's Community Boards. This means the primary obligations under the HSWA remains with the Council as the PCBU, but when members of the RMCs and any other volunteers are carrying out work on reserves (which will come within the definition of a 'workplace') then they have duties as 'workers' and of 'other persons at workplaces' (see sections 45 and 46 of the HSWA).
9. These duties are made clear under section 51 of the HSWA, which sets out the liability of volunteers:

¹ This comes from s18 of the HSWA, which has within the meaning of an officer '*includes any other person occupying a position in relation to the business or undertaking that allows the person to exercise significant influence over the management of the business or undertaking (for example, a chief executive)*'.

Page 3 of 5

'A volunteer does not commit an offence under section 47, 48, or 49 for a failure to comply with a duty imposed by subpart 2 or 3, except a duty under—

(a) section 45 (duties of workers); or

(b) section 46 (duties of other persons at workplaces).'

10. The RMCs may have some influence in respect of decisions about campgrounds, but the Council employs the staff who manage the day to day running of the campgrounds, and will be responsible for health and safety matters at the campground on behalf of the Council. The RMCs should be complying with any Council policies relevant to work carried out on the reserves and/or taking guidance from the Council's Health and Safety and Parks Units.

11. Please let me know if you would like to discuss this advice.

Judith Cheyne

SENIOR SOLICITOR

Legal Services Unit

Extension: 8649

Relevant provisions of the HSWA

Officers

44 Duty of officers

(1) If a PCBU has a duty or an obligation under this Act, an officer of the PCBU must exercise due diligence to ensure that the PCBU complies with that duty or obligation.

(2) For the purposes of subsection (1), an officer of a PCBU must exercise the care, diligence, and skill that a reasonable officer would exercise in the same circumstances, taking into account (without limitation)—

(a) the nature of the business or undertaking; and

(b) the position of the officer and the nature of the responsibilities undertaken by the officer.

(3) Despite subsection (1), a member of the governing body of a territorial authority or regional council elected in accordance with the Local Electoral Act 2001 does not have a duty to exercise due diligence to ensure that any council-controlled organisation (as defined in section 6 of the Local Government Act 2002) complies with its duties or obligations under this Act unless that member is also an officer of that council-controlled organisation.

(4) In this section, due diligence includes taking reasonable steps—

(a) to acquire, and keep up to date, knowledge of work health and safety matters; and

(b) to gain an understanding of the nature of the operations of the business or undertaking of the PCBU and generally of the hazards and risks associated with those operations; and

(c) to ensure that the PCBU has available for use, and uses, appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out as part of the conduct of the business or undertaking; and

(d) to ensure that the PCBU has appropriate processes for receiving and considering information regarding incidents, hazards, and risks and for responding in a timely way to that information; and

(e) to ensure that the PCBU has, and implements, processes for complying with any duty or obligation of the PCBU under this Act; and

(f) to verify the provision and use of the resources and processes referred to in paragraphs (c) to (e).

52 Liability of certain office holders

(1) An office holder listed in subsection (2), when acting in that capacity, does not commit an offence under section 47, 48, or 49 for a failure to comply with the duty imposed by section 44 (duties of officers).

(2) The office holders are—

(a) a member of the governing body of a territorial authority or regional council elected in accordance with the Local Electoral Act 2001:

(b) a member of a local board elected or appointed under the Local Electoral Act 2001:

(c) a member of a community board elected or appointed in accordance with the Local Electoral Act 2001:

(d) a trustee of a board of a school appointed or elected under the Education Act 1989.

(3) In this section,—

board and trustee, in relation to a school, have the same meanings as in section 92(1) of the Education Act 1989

community board means a board established under section 49(1) of the Local Government Act 2002

local authority and local board have the same meanings as in section 5(1) of the Local Government Act 2002.

Volunteers

45 Duties of workers

While at work, a worker must—

(a) take reasonable care for his or her own health and safety; and

(b) take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons; and

(c) comply, as far as the worker is reasonably able, with any reasonable instruction that is given by the PCBU to allow the PCBU to comply with this Act or regulations; and

(d) co-operate with any reasonable policy or procedure of the PCBU relating to health or safety at the workplace that has been notified to workers.

46 Duties of other persons at workplace

A person at a workplace (whether or not the person has another duty under this Part) must—

(a) take reasonable care for his or her own health and safety; and

(b) take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons; and

(c) comply, as far as he or she is reasonably able, with any reasonable instruction that is given by the PCBU to allow the PCBU to comply with this Act or regulations.

Change your Habits,
Change your Life

Fiona Deehan



We share this research to demonstrate the impact of our habits on our work, time management and potentially our stress levels as a result of being easily distracted:

Research:

<https://www.weforum.org/agenda/2019/04/the-modern-workplace-is-hopelessly-distracting-and-its-costing-us-time-and-money/>

Every time you pull away from a project to check your phone or Twitter feed, it takes 1,395 seconds (23+ minutes) on average to regain your focus.

US studies:

According to [McKinsey & Co.](#), high-skilled workers spend 28 per cent of their work hours reading and then replying to email messages. That doesn't even touch on the issues of social media distraction.

Meanwhile, research by The Economist, as reported in [Management Study Guide](#), reveals that "logging onto social media costs the US economy a mind-boggling 650 billion dollars," which translates into \$4500 per worker each year!

The 1,395 seconds statistic quoted earlier is the result of research by [Gloria Mark](#), who studies [digital distraction](#) at the University of California, Irvine. She's found that interruptions caused by stopping to check email, Facebook, etc. siphon off a lot more time than we think. While on average it takes almost half an hour to return to our original tasks after an intrusion, with more demanding projects, regaining the same level of focus and productivity takes even longer.



Supporting
Positive
Futures

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Christchurch

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New Zealand

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Auckland Spinal
Rehabilitation Unit

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Otahuhu, Auckland 1640
New Zealand

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info@nzspinaltrust.org.nz
nzspinaltrust.org.nz

Nigel Cox
Head of Recreation
Christchurch City Council
Level 5, Anthony Harper Tower
P.O. Box 73 054
Christchurch

18th Nov 2019

Dear Mr Cox,

Last Saturday afternoon (16th Nov) I was beside the diving pool at Jellie Park when a young teenage girl appeared to hit the water awkwardly when diving. I didn't see the actual incident but I did witness the lifeguard's immediate response and the actions of the entire lifeguard team afterwards.

I work for the New Zealand Spinal Trust at the Burwood Spinal Unit and am involved in the treatment and rehabilitation of people with spinal injuries. So whilst I know quite a lot about treatment of and recovery from spinal injury, it is fair to say that I don't know any more than anyone else about what a good initial emergency response should look like. However, it seemed to me that the response on Saturday by your emergency response team was of the highest quality and professionalism.

The number of new spinal cord injuries coming through the Burwood Spinal Unit each year is reasonably constant but the proportion of those injuries that are classified as being 'incomplete injuries' is increasing. An incomplete injury means that some signal is still getting through the injured spinal cord and it means that a person will likely still have at least some sensation and possibly movement below the level of their injury. Having an incomplete spinal cord injury can make a big difference in a person's quality of life as well as increasing the chances of further recovery and obviously the more incomplete the injury, the better. It is likely that the main reason for this increase in incomplete injuries is the improvement in the quality of initial emergency responses and improved techniques to immobilize the injured neck or spine. On Saturday I was impressed to see right from the start of the incident, the first lifeguard taking great care to immobilize the girl's neck even whilst still in the middle of pool. Thereafter considerable care was taken without haste by all involved.

We obviously all hope that this young girl will not need services of the Burwood Spinal Unit but regardless, it is clear she has been given the best possible chance of minimising the impact of this accident thanks to the outstanding actions of the Jellie Park lifeguard crew.

Yours sincerely

A handwritten signature in blue ink, appearing to read "A Hall", is written over a light blue circular stamp.

Andrew Hall
National Programme Manager
New Zealand Spinal Trust
ph: 021 439 781
email: andrew.hall@nzspinaltrust.org.nz



30 January 2020

Sharon Butt
Health and Safety Manager
Christchurch City Council
PO Box 73016
Christchurch 8154

Dear Sharon

Accredited Employers Programme – Annual Audit

ACC is pleased to confirm that Christchurch City Council has again met the annual audit requirements for the Accredited Employers Programme at the tertiary level. This level applies for the cover period 1 April 2019 to 31 March 2020 and will continue to apply until completion of the next annual audit.

A copy of the latest Claims Data Summary report is enclosed for your information.

We look forward to assisting and supporting you in any way we can over the next year.

Annual audit date for 2020/2021

A copy of the annual audit requirements will be emailed to you three months prior to your annual audit completion date of 1 February 2021. This means that the audit should occur in January 2021.

Please contact Sandy Ho your Employer Compliance Advisor on 09 822 5874 if you have any questions or concerns.

Yours sincerely

Cheryl Robertson
Risk Sharing Operations Manager
Business Customer Operations

cc Toko Morrell, Business Customer Solutions Partner



Accredited Employer Programme Injury Management Audit Report

Christchurch City Council
January 2020

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Conformance to the programme standards set out in the audit tool should not be relied on to satisfy compliance with legal and other obligations of the employer. It is the responsibility of the individual employer to be satisfied that these legal and other obligations are met.

Within the standard there are three measurable levels of performance:

primary = Programme entry level requirements	
secondary = consolidation of good practice	
tertiary = continuous improvement, best practice framework	no shading

Shading used throughout the standards indicates the levels as above.

The employer needs to meet the primary level requirements as detailed in each section of the standard to gain entry to the ACC Accredited Employer Programme, and continue to meet these requirements in subsequent annual audits to remain in the ACC Accredited Employer Programme.

Business and audit details

Name of business:	Christchurch City Council
Contact person:	Sharon Butt
Telephone:	03 941 5472
Email:	Sharon.butt@ccc.govt.nz
Date(s) of audit:	13 & 14 January 2020
Audit completion date:	14 January 2020
Location(s) of audit:	Civic Offices, 53 Hereford Street, Christchurch
<p>Summary of workplace information:</p> <p>This report summarises the findings of a routine annual ACC AEP audit carried out for the Christchurch City Council. The audit was commissioned by ACC in their letter dated 2 December 2019. This Letter confirms this as an injury management only audit, with one site chosen for the audit, the main civic offices. An audit plan was developed, and the audit progressed as planned and the required elements were confirmed as implemented.</p> <p>The City Council employs around 3000 staff across all its activities providing Council services for the benefit of the community in the Christchurch area. Some 1500 staff are based in the Civic offices in the centre of Christchurch. The balance of the staff are spread around the 50-60 sites in Christchurch or the Banks Peninsula areas.</p> <p>There are a number of people working for the Council that belong to the PSA, Etu or AWUNZ Unions. The Council is not sure exactly how many belong to each one but it is thought about 38% of staff are union members.</p> <p>There is a variety of hazards that staff face in the work that they do. Most of the staff are dealing with the public and therefore there is always potential for issues to arise there. Those in the dog control unit are dealing with dogs, often on the loose and in all terrains. The building inspectors are regularly at buildings and building sites, exposed to a wide range of hazards there. Others are dealing with rod maintenance and other outside work. Again, there are hazards with traffic, the weather and the work being done.</p> <p>The health and safety system for the Council is in its new form, available to all staff on the intranet. There is a new Health, Safety & Wellbeing page, accessed from the front page. The ability to post messages on the home screen was demonstrated.</p> <p>There have been no Worksafe interactions in relation to staff that work for the Council though on occasion there have been issues related to contractors.</p> <p>The Council uses Well NZ as their third-party administrator providing a full claims and rehabilitation service for the Council. The ACC letter lists nine claims and the files were reviewed on the computer navigating through the TPA's claims management system to find the required information.</p> <p>Two focus group sessions were held, one being a management group and an employee group from the Civic offices.</p> <p>From the list of nine claimants, three of the people made themselves available for interview and were interviewed in person. Access to the people resulted in the audit taking up part of a second day to complete.</p> <p>The net result of this audit is that the Council have demonstrated that they meet the requirements of this audit programme. It is recommended therefore that they continue in the programme at the tertiary level.</p>	

AEP current status

☐ Is this an initial audit? (tick as appropriate) ☒ Is this a renewal audit? (tick as appropriate)

Recommendation to ACC

Based on the audit I recommend that this business:

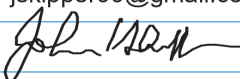
☒ has successfully met the requirements of the Accredited Employer Programme Injury Management audit at the following level:

☐ Primary ☐ Secondary ☒ Tertiary

☐ was unsuccessful in meeting the requirements of the Accredited Employer Programme Injury Management audit.

Note: The final decision regarding the level of conformance to the Accredited Employer Programme tool will be made by ACC.

ACC-approved auditor

Name: John Skipper	
Company name: Telarc Ltd	
Postal address:	PO Box 28901
City:	Auckland
Phone number:	0800 004 004
Email address:	jskipper99@gmail.com
Auditor signature:	
Date:	17 January 2020

Summary of results

10.	Cover decisions	Primary
11.	Entitlements	Secondary
12.	File management	Primary
13.	Administration and reporting	Primary
14.	Complaint and review management	Primary
15.	Development of rehabilitation policies, procedures and responsibilities	Tertiary
16.	Assessment, planning and implementation of rehabilitation	Tertiary
17.	Rehabilitation outcomes, return to work and follow-up procedures	Tertiary
18.	File reviews and case studies, confirmation of injury management procedures in action	Tertiary
19.	Case study interviews	Primary
20.	Focus group interviews; confirmation of safe systems and injury management in action	Primary
20.	Number of focus groups	Two

Note:

- Primary level is the maximum level that can be achieved for Elements 10, 12, 13, 14, 19 and 20
- Secondary is the maximum level that can be achieved for Element 11
- Element 15 has only Primary and Tertiary requirements

INJURY MANAGEMENT PRACTICES REQUIREMENTS

The employer will:

- **Demonstrate clearly an established**, systematic approach to claims administration and case management.
- This means from the time of injury, the employer will provide seamless support to enable an injured employee to remain at work safely, return to work early, and/or to achieve maximum independence.
- Ensure there is regular monitoring and review of injury management to determine whether the audit standards are being met and maintained and to encourage continuous improvement towards better practice.

An integrated injury management system will provide feedback into robust injury prevention initiatives and will eventually be able to demonstrate a reduction in the human and economic impact of workplace injuries.

If a third party is subcontracted to the employer, their participation in the audit process will be noted and the employer will receive confirmation from ACC of the approval of the use of the selected Third-Party Administrator (TPA)*.

If a TPA is used, it remains the final responsibility of the employer according to The Agreement to ensure that the AEP standards are met and maintained.

Elements

10. Cover decisions
11. Entitlements
12. File management
13. Administration and reporting
14. Complaint and review management
15. Development of rehabilitation policies, procedures and responsibilities
16. Assessment, planning and implementation of rehabilitation
17. Rehabilitation outcomes, return to work and follow-up procedures
18. File reviews and cast studies; confirmation of injury management procedures in action
19. Case study interviews
20. Focus group interviews; confirmation of safe systems and injury management in action

Element 10 – Cover Decisions

Objective The employer has evidence that systems have been implemented for making workplace injury cover decisions that comply with the legislation and include review rights.

Details of requirements	Verified by	Achieved Yes/No
1. There are claims lodgement systems in place for workplace injury claims.	1. A claims lodgement procedure.	Yes
2. There is a system in place for making timely work-related cover decisions that comply with the legislation.	1. Procedures to determine whether an injury is work-related.	Yes
	2. Evidence that cover decisions comply with the legislation.	Yes
	3. Evidence that any delayed cover decisions meet legislative requirements (where applicable).	Yes
3. Cover decisions are confirmed in writing and include review rights according to the legislation.	1. Evidence that cover decisions are confirmed in writing and include review rights.	Yes
	2. Evidence that all declined cover decisions are confirmed in writing, state the reasons for declination and include review rights (where applicable).	Yes
	3. Evidence that efforts are made to discuss unfavourable or revoked cover decisions with the employee prior to written notification.	Yes
4. Cover decisions are made by a designated person/s with knowledge of the legislation and more than 12 months' claims management experience.	1. Evidence that a trained and/or experienced, designated person/s determines cover for work-related injuries according to the legislation.	Yes
	2. Evidence that a selection of cover decisions on claims are reviewed at least annually for accuracy and compliance against legislative requirements (where applicable).	Yes
	3. Procedures for making cover decisions are reviewed when there is a material change to legislation or personnel.	Yes
5. All employees are informed of the claims lodgement procedure.	1. Evidence that information is readily available to all employees (e.g. notifications, publications, posters or similar staff communications).	Yes
	2. Evidence employees are made aware of the claims lodgement procedure annually.	Yes
	3. Evidence employees are made aware of, and have access to, the ACC Code of	Yes

V3 – April 2019

Details of requirements	Verified by	Achieved Yes/No
	Claimants' Rights when the cover decision is made.	
	4. Employees can inform service providers of their employer's Accredited Employer Programme status (e.g. identification cards, brochures, or introductory letters).	Yes
6. There is a system in place for the transfer of claims that are not the responsibility of the employer (e.g. non-work related claims or those belonging to another employer received in error).	1. Transfer procedures meet any guidelines and directives issued by ACC.	Yes

Summary of Element 10:

- ☒ It is recommended that this employer has successfully met the requirements of Element 10 at the following performance standard:
- ☒ Primary Primary is the highest level of achievement for this element.
- ☐ It is recommended that this employer has *not* met the requirements of Element 10.

Comments:

Well NZ has a full and complete manual, covering all the requirements for claims and injury management, including for cover decisions. The Council have a copy of this document. Previously the Council had their own full set of policies and procedures. Much of this has been withdrawn, where it overlaps with the Well NZ document. Well NZ is tasked with keeping up to date with legislation in this area and making changes as require.

Work relatedness is confirmed by the manager and through completion of a work injury report, loaded online. The cover decision is then worked out by Well NZ, in line with the legislation and then passed to the Council as a recommendation. Well NZ then send out the letter to the claimant.

Where there is a declined decision, the claimant is contacted and has this explained, before the letter goes out. There is provision also for extensions to timeframes usually in situations where more information is required.

Well NZ has an audit programme. This includes reviews of files, with a sample rate of 1% per employer per year. For the Council, four claim files were reviewed in 2019. No issues are noted.

Staff have information provided to them at induction. There is information provided annually, with the latest information available this week and about the same time each year. There is a policy against emailing or posting to each person. The information is set up on the intranet and is the top item on the list when people log on each day. It slowly drops down the list and off the screen as other announcements are made but remains on the news list. There is also information on the Health, Safety & Wellbeing page. There is at least one noticeboard per floor and the board on level six was looked at. Employees have a wallet card, produced between the Council and Well NZ.

If claims are received by the Council that do not belong to them, these are passed onto ACC by the Council.

Critical issues: None

Improvement recommendations: None

Element 11 – Entitlements

Objective The employer has evidence that procedures have been implemented for ensuring entitlements are assessed and paid in an accurate and timely manner, and that injured employees are notified of entitlements in compliance with the legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to ensure injured employees are aware of their entitlements and how to apply for them.	1. Notification procedures.	Yes
	2. Evidence that information on entitlements is easily accessible to all employees (e.g. Intranet, fact sheets, and brochures).	Yes
	3. Evidence that information on entitlements is provided with accepted cover decisions.	Yes
2. There is a system in place to screen new claims to determine priorities for management (e.g. a triage procedure or similar).	1. Screening procedures (or similar).	Yes
3. There is a system in place to contact injured employees and undertake an initial needs assessment* that is consistent with the screening procedure. (Not applicable for “medical-fees-only” claims.)	1. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor* within three working days of receipt of injury notification*.	Yes
	2. Evidence that needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Evidence that managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
4. There is a system in place for accurately assessing eligibility to all entitlements according to the legislation.	1. Assessment procedure that considers the range of entitlements available.	Yes
	2. Evidence that all entitlement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence of confirmation to advise injured employees where more than the statutory minimum is being paid (where applicable).	Yes
	4. Evidence that attempts are made to contact the injured employee to discuss unfavourable, cancelled or suspended entitlement decisions before they receive written notification.	Yes
	5. Procedures that explain how to confirm the accuracy of assessed entitlements.	Yes

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Details of requirements	Verified by	Achieved Yes/No
	6. Evidence that assessed entitlements have been confirmed for accuracy at least annually.	Yes
5. There is a system in place to assess entitlement to weekly compensation and abatement according to the legislation.	1. Procedures to calculate and pay weekly compensation and abatement according to the legislation.	Yes
	2. Evidence that weekly compensation and/or abatement decisions are confirmed in writing and include review rights according to the legislation.	Yes
	3. Evidence that earnings details, medical certificates and calculation sheets are maintained on all files where weekly compensation is paid or considered.	Yes
	4. Evidence that copies of calculation sheets are sent to injured employees.	Yes
	5. Evidence of indexation increases (where applicable).	N/a
	6. Evidence that staff responsible for calculating and paying weekly compensation have participated in training on the assessment and payment of weekly compensation within the previous 24 months.	Yes

Summary of Element 11:

<input checked="" type="checkbox"/>	It is recommended that this employer has successfully met the requirements of Element 11 at the following performance standard:	
<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/> Secondary Secondary is the highest level of achievement for this element.
<input type="checkbox"/>	It is recommended that this employer has <i>not</i> met the requirements of Element 11.	
Comments:		
All claimants with an accepted claim get a standard fact sheet regarding entitlements they may apply for. Well NZ screens applications and determines what will be paid.		
Managers either enter injury reports online or get these immediately they are logged into the system. Information is then passed onto Well NZ, with little or no delay, but in all cases in less than 2 working days. The initial needs assessments for those with complex claims is to occur within a further two working days of notification. These are completed by Well NZ.		
Checks on entitlements are in place by Well NZ. All entitlements must be checked and confirmed prior to being accepted into the computer system. The Council is involved with decisions about significant amounts. Checks are part of the audits noted above. All files are checked at closure and as part of the hand back process.		
Compensation is calculated from the previous four and 52 weeks of earnings. This information provided by the Council payroll office. For most staff the earnings do not change as they are on salary. The 80% rate is calculated. There is an expectation that staff can have this topped up out of sick leave or annual leave, which it appears most do.		
No claims have been indexed this year, so 11.5.5 is not applicable.		
Payroll staff provided evidence of training in January 2019, for seven people.		
Critical issues: None		
Improvement recommendations: None		

Element 12 – File management

Objective The employer has evidence that procedures have been implemented to ensure work-injury claim files are managed and administered in a way that complies with all appropriate legislation.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage the collection and release of information on a claim.	1. Procedures explain what information is to be contained on a claim file and how files are to be securely stored.	Yes
	2. Procedures include reference to any applicable Privacy Acts and Health Information Privacy Codes and are included in consent forms.	Yes
	3. Evidence of a written explanation to employees who are required to sign a consent form.	Yes
	4. Evidence of signed consent forms to enable information to be collected and/or released.	Yes
2. There is a system in place to manage claim information appropriately and securely.	1. A secure storage area restricted to designated personnel.	Yes
	2. Evidence that individual claim information is kept separately from other employment-related information (e.g. personnel files).	Yes
	3. Evidence that all claim information is amalgamated upon closure of a claim into one master file.	Yes
	4. Files not requiring transfer at the end of the claims management period are not destroyed, are held securely and are accessible to ACC on request.	Yes
3. Claims contain running sheets* summarising the management of the claim. <i>(Not applicable for “medical-fees-only” claims.)</i>	1. Evidence that running sheets are maintained on files (either hard copy or electronic).	Yes
4. There is a system in place to transfer claims to ACC (e.g. claims handback, reactivated claims).	1. Procedures explain how to transfer claims and <ul style="list-style-type: none"> include the requirement for claims to contain a transfer summary and current rehabilitation plan (where applicable); and include notification to the injured employee, ACC and any other parties actively involved in the management of the claim; and 	Yes

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Details of requirements	Verified by	Achieved Yes/No
	<ul style="list-style-type: none"> include a review of payment accuracy and rehabilitation prior to transfer; and require sign off by a designated senior person; and conform with any guidelines and directives issued by ACC. 	
5. Private information is managed appropriately.	1. Evidence that checks are undertaken on files to ensure only individual claim related information is held. Checks must be undertaken at handback, referral to a specialist, request from the injured employee, at review or when the file is being released externally.	Yes
	2. There are procedures in place for managing and reporting identified privacy breaches to ACC monthly.	Yes
	3. Evidence to show that privacy breaches are managed in accordance with procedures (where applicable).	N/a

Summary of Element 12:

<input checked="" type="checkbox"/>	It is recommended that this employer has successfully met the requirements of Element 12 at the following performance standard:
<input checked="" type="checkbox"/>	Primary Primary is the highest level of achievement for this element.
<input type="checkbox"/>	It is recommended that this employer has <i>not</i> met the requirements of Element 12.
Comments:	
Files are managed by the TPA and they manage these electronically. The Council state that they have almost nothing in terms of injury management documentation (in the past they had complete files). They are likely to have an ACC45 and some medical certificates plus the odd copy of a return to work plan and some monitoring sheets. These are copied to the TPA on a regular basis and the official file they hold is complete. It is noted that specified and approved Council employees can access and see their claims information by logging into the TPA system.	
There is a requirement that people sign consent forms where they have more than medical fees only claims. There is reference to the health information privacy code and the privacy act within this area.	
Closed claim files remain with the TPA and are held electronically for an indefinite period.	
There are running sheets on all files which show all interactions with the claimant or activities undertaken in the course of their treatment.	
There is a process to hand claims back to ACC at the end of the claims management period. The Council is in the full self-cover programme, with 48 months plus the current year claims management period. In the last year there have been none handed back to ACC.	
Privacy is covered in procedures and was discussed during the audit. Neither party has any privacy breaches noted and so therefore 12.5.3 is not applicable.	
Critical issues: None	
Improvement recommendations: None	

Element 13 – Administration and reporting

Objective The employer has evidence that an electronic reporting system has been implemented that holds all appropriate data and allows the timely and accurate reporting to ACC as required by The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is an electronic reporting system that contains all data required by ACC that is reported in a timely and accurate manner.	1. The programme used to record ACC data: <ul style="list-style-type: none"> is backed up to the employer's information technology standards is technically supported (e.g. by employer's IT department or vendor supplying programme) has documented procedures which conform to ACC's data specifications. 	Yes
	2. Procedures include the requirement for reports to be submitted within 5 working days of month end and cleared by the third week of each month in a format specified by ACC.	Yes
	3. Reporting responsibilities are defined for leave and sickness.	Yes
	4. Evidence of systems in place to check the accuracy of data.	Yes
	5. Evidence that the accuracy and timeliness of data reported to ACC is monitored and managed according to procedures.	Yes
2. Electronic systems are secure and access is only available to designated personnel.	1. Evidence that electronic systems: <ul style="list-style-type: none"> are restricted to designated personnel have security that meets the requirements of the Privacy Act 1993 (or any applicable Privacy Acts) and Health Information Privacy Codes have a Digital Certificate for data transmission. 	Yes
3. There is a system in place to identify and manage issues of inappropriate claiming or fraud.	1. Procedures to identify and manage issues of inappropriate claiming or fraud.	Yes
	2. Fraud identification procedures include: <ul style="list-style-type: none"> prompt contact with ACC to seek advice; and the requirement for any investigation to be managed independently from the injury management process. 	Yes

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Details of requirements	Verified by	Achieved Yes/No
<p>4. There is a system in place to liaise with, and notify ACC regarding:</p> <ul style="list-style-type: none"> Fatal claims, serious injury claims or claims of a sensitive, complex or prolonged nature* Changes in the employer's injury management operation or injury management personnel. 	<p>1. Evidence that a liaison and notification procedure exists and that there is a designated "single point of contact" responsible for ACC notification and examples (where applicable).</p>	Yes

Summary of Element 13:

<input checked="" type="checkbox"/>	It is recommended that this employer has successfully met the requirements of Element 13 at the following performance standard:
<input checked="" type="checkbox"/>	Primary Primary is the highest level of achievement for this element.
<input type="checkbox"/>	It is recommended that this employer has <i>not</i> met the requirements of Element 13.
Comments:	
There are documented procedures for data administration and reporting. This is managed by WellNZ who holds the digital certificate for the Council. Reports are sent to ACC on a monthly basis and ACC confirm by email that they have received the data. The data file for November 2019 was received clean by ACC as evidenced in an email dated 2 December 2019.	
Fraud was discussed. Both parties understand what might constitute fraud and how this might be handled or managed. This includes contact with ACC in the first instance. There have been no examples of fraud in the last year.	
There remains a single point of contact between the Council and ACC particularly in relation to fatal, serious or sensitive claims of which again there have been none.	
Critical issues: None	
Improvement recommendations: None	

Element 14 – Complaint and review management

Objective The employer has evidence that procedures have been implemented to manage complaints* and reviews* arising out of injury management that comply with the legislation and the requirements of The Agreement.

Details of requirements	Verified by	Achieved Yes/No
1. There is a system in place to manage complaints.	1. Complaints management procedure includes: <ul style="list-style-type: none"> how complaints are raised how the complaint will be managed process and timeframes to carry out the review of the complaint process for escalation consideration of The Code. 	Yes
	2. Records of complaints (where applicable).	N/a
	3. Evidence that options for informal resolution* are used in the first instance/as early as possible (where applicable).	N/a
	4. Evidence that work injury disagreements include consideration of all relevant information (e.g. medical, employee and employer information).	Yes
	5. Evidence that management of the complaint process is completed in line with the procedure (where applicable).	N/a
2. There is a system in place to manage formal reviews.	1. Procedure to manage formal reviews includes: <ul style="list-style-type: none"> consideration of The Code compliance with legislation and The Agreement how reviews are raised/requested how reviews are managed process and timeframes for processing reviews. 	Yes
	2. Records of formal reviews (where applicable).	Yes
	3. Evidence the review procedure is completed in line with the documented procedure (where applicable).	Yes
3. Employees are aware of the complaints management procedure,	1. Evidence of information provided to employees (e.g. notifications, publications, posters or similar).	Yes

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Details of requirements	Verified by	Achieved Yes/No
The Code and their rights of review and appeal.	2. Evidence that employees have been advised of their rights and obligations in relation to the employer and ACC.	Yes
4. There is a designated senior person/s responsible for complaints management.	1. A designated "complaints manager"* (not the initial decision-maker, case manager or source of the complaint) and their contact details are readily available to all employees (e.g. notifications, publications, posters or similar).	Yes
5. There is a system in place to evaluate the outcomes of complaints and reviews to identify any opportunities for improvement every 12 months.	1. Evaluation procedure that includes consideration of all relevant information.	Yes
	2. Evidence of evaluations occurring annually or when a decision is overturned (where applicable).	Yes

Summary of Element 14:

- ☒ It is recommended that this employer has successfully met the requirements of Element 14 at the following performance standard:
- ☒ Primary Primary is the highest level of achievement for this element.
- ☐ It is recommended that this employer has *not* met the requirements of Element 14.

Comments:

There is a documented complaints management procedure. The Head of HR is the designated Complaints Manager. In the last year there have been no complaints logged and so 14.1.2, 14.1.3 and 14.1.5 are not applicable.

One claimant has lodged two reviews in the last year, the only reviews for the year. Both relate to the decision to decline the claim and both have resulted in the decline decision being quashed. The Council have subsequently done further investigation work after each decision and based on additional specialist information have returned to much the same conclusion again after the first decision. The claim is still open, and the claimant is getting assistance as there is now a plausible injury and causation scenario.

All employees get information in their induction pack when they first work for the Council. Information is provided again each year. The Council have a policy against broadcast emails. Instead they put the information on the intranet and as each person logs on they are shown the information on the screen under latest news. This has happened within the last few months. Claimants get information with fact sheets at the time decisions are made about their claims. There is also some information on noticeboards.

There is a process to review the outcomes of complaints and reviews. Well NZ have their system and those for the Council are covered at the quarterly meetings. The latest of these was held on 18 December 2019.

Critical issues: None

Improvement recommendations: None

Element 15 – Development of rehabilitation policies, procedures and responsibilities

Objective The employer has evidence that policies and procedures have been documented and implemented to promote a supportive workplace environment so that workplace-based rehabilitation following an injury becomes the usual course of action whenever possible.

Details of requirements	Verified by	Achieved Yes/No
1. There is a commitment to timely rehabilitation.	9. There is a documented commitment to timely rehabilitation that: <ul style="list-style-type: none"> is current, dated and signed by a senior manager is widely accessible in the workplace is included in staff induction includes the objectives and responsibilities for rehabilitation was developed in consultation with nominated employee representatives and union (if applicable) recognises the employee's right to support, advice and representation from, health and safety representative or other nominated employee's representative (e.g. colleague, friend, family, union). 	Yes
2. There is an implemented system in place to provide rehabilitation and safe and early return to work (or support to remain at work) following injury.	1. Rehabilitation procedures include: <ul style="list-style-type: none"> responsibilities of the employee, union (if applicable), health and safety representatives and management early return to work expectations opportunities for return to work duties* responsibilities for monitoring and follow-up recognises the employee's right to support, advice and representation from the employee's union (if applicable), a health and safety representative or other nominated employee's representative (e.g. colleague, friend, family). 	Yes
	2. Rehabilitation resourcing responsibilities are designated at senior management level.	Yes
3. There is a system in place to provide rehabilitation opportunities for employees with non-work injuries.	1. A statement of commitment supporting rehabilitation opportunities for employees with non-work injuries.	Yes

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Details of requirements	Verified by	Achieved Yes/No
	2. Procedures explain how to support rehabilitation opportunities for employees with non-work injuries.	Yes
	3. Procedures outline the roles and responsibilities for supporting employees with non-work injuries (e.g. management, employees and union and other nominated employee representatives, rehabilitation facilitator).	Yes
	4. Evidence of employer supporting the rehabilitation of employees with non-work injuries (where applicable).	Yes
4. Workplace rehabilitation is managed by a designated and trained or experienced person(s).	1. The designated ACC AEP case manager has at least: <ul style="list-style-type: none"> 24 months workplace rehabilitation experience; or a tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or is working under the direct, close supervision of someone who meets the above requirements (e.g. within a subcontracting relationship with a TPA). 	Yes
	2. Roles and responsibilities of claims management personnel are defined, and covered for leave and sickness.	Yes
5. Designated personnel, line managers, union (if applicable) and health and safety representatives are involved in rehabilitation, and have an understanding of supporting safe and early return to work (or support to remain at work) following injury.	1. Designated management responsibilities for rehabilitation are assigned at each work site.	Yes
	2. Evidence of training for those with designated rehabilitation responsibilities (or similar awareness programme).	Yes
	3. Evidence of training or refresher sessions (or similar awareness programme) within the previous 24 months.	Yes

Summary of Element 15:

<input checked="" type="checkbox"/>	It is recommended that this employer has successfully met the requirements of Element 15 at the following performance standard:	
<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/> Tertiary This element has only Primary or Tertiary requirements.
<input type="checkbox"/>	It is recommended that this employer has <i>not</i> met the requirements of Element 15.	
Comments:		
Rehabilitation is included in the main health and safety policy document. It sets out expectations that those with injuries will be supported, that relevant persons will be consulted, and that people will get back to work and within any restrictions they have expeditiously.		
There are rehabilitation responsibilities set out for managers as the primary rehabilitation persons on staff, in association with the Well NZ case manager and external Occupational Therapists. Senior managers are assigned responsibility for the oversight and resourcing of the programme.		
Well NZ is provided claims management services for those employees with non-work injuries that elect to have their injuries managed in this way.		
The Health & safety Manager attends the AERG meetings (recent topics covered include difficult claims and mental health) plus has undertaken other safety training. There is the Discomfort, Pain and Injury Coordinator, previously acting as Case Manager when the Council self-managed also having a role in overseeing the programme and its effectiveness. Both have records of ongoing professional development.		
Critical issues: None		
Improvement recommendations: None		

Element 16 – Assessment, planning and implementation of rehabilitation

Objective The employer has evidence that procedures have been implemented that support safe, early and sustainable return to work (or support to remain at work) for injured employees, or maintenance at work where early intervention support is identified. Procedures ensure timely and appropriate rehabilitation is provided in an open, consultative manner and in line with agreed procedures.

Details of requirements	Verified by	Achieved Yes/No
1. Individual action plans are developed following the initial needs assessment to provide the initial rehabilitation direction.	1. Evidence that action plans* specific to the injured person are developed within 14 days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Evidence that action plans specific to the injured person are developed within seven days of injury notification and are reviewed and updated every 14 days until the cover decision is made.	Yes
2. Where the need for rehabilitation is identified, individual rehabilitation plans are developed in consultation with relevant parties and are based on legislative requirements.	1. Evidence that individual rehabilitation plans* include: <ul style="list-style-type: none"> goals actions to be taken responsibility for actions timeframes (based on expected recovery timeframes) agreed outcomes resulting from discussions with employees. 	Yes
	2. Evidence that individual rehabilitation plans, specific to the injured person are: <ul style="list-style-type: none"> developed in direct consultation* with the injured person within a maximum of 21 days of the cover decision developed in direct consultation with key stakeholders (e.g. line manager and union and health and safety representatives) (where applicable) consider any relevant workplace* health and safety issues (e.g. the safety of other workers). 	Yes
	3. Evidence that rehabilitation plans specific to the injured person are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes
3. Rehabilitation plans are monitored, reviewed and updated at agreed timeframes for the duration of	1. Evidence that the responsibility for monitoring and timeframes for reviews are specified in the rehabilitation plan.	Yes

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Details of requirements	Verified by	Achieved Yes/No
rehabilitation, to accurately reflect current rehabilitation interventions.	2. Evidence of the employer monitoring rehabilitation progress monthly on active claims.	Yes
	3. Evidence of weekly monitoring by direct consultation with employees rehabilitating in the workplace.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes
4. Return to work is assessed for potential hazards to prevent injury aggravation.	1. Examples that the work environment where the employee will work has been considered in terms of hazards or risks that may affect them.	Yes

Summary of Element 16:

- ☒ It is recommended that this employer has successfully met the requirements of Element 16 at the following performance standard:
- ☐ Primary ☐ Secondary ☒ Tertiary
- ☐ It is recommended that this employer has *not* met the requirements of Element 16.

Comments:

Action plans are required within seven days of injury notification. These are completed by the Well NZ Case Manager. The action plans require updating at least every 14 days till a cover decision is in place and a rehabilitation plan (if required) is completed.

Rehabilitation plans are required within 14 days of the cover decision being made. These are in writing and require the signature from the claimant. Individual rehabilitation plans have review rights. Plans are updated as required.

Weekly monitoring is carried out by the persons manager but may also include input from an OT. The Case Manager also records all interactions with the claimant.

Hazards associated with a return to work are considered as part of the rehabilitation planning and on the weekly monitoring sheets.

Critical issues: None

Improvement recommendations: None

Element 17 – Rehabilitation outcomes, return to work and follow-up procedures

Objective The employer has evidence of procedures that have been implemented to review claim files and rehabilitation and to consider other options for rehabilitation as appropriate.

Details of requirements	Verified by	Achieved Yes/No
1. Rehabilitation and return to work objectives and goals for the organisation are developed.	1. Documented objectives/goals and a plan to achieve these.	Yes
	2. Evidence of annual review and update of objectives/goals to ensure they remain relevant, in consultation with key parties.	Yes
2. There is a system in place for the review of rehabilitation plans that continue beyond the agreed initial outcome date or non-progressive rehabilitation.	1. Procedures for the review of rehabilitation plans that continue beyond the initial outcome date or for non-progressive rehabilitation.	Yes
	2. Evidence of review of on-going rehabilitation cases (e.g. intervention options, medical case review, pain management) that includes: <ul style="list-style-type: none"> how the outcome date was calculated barriers to successful outcome consideration of rehabilitation options. 	Yes
	3. Evidence of initiation of relevant vocational and medical assessments (where applicable).	N/a
3. There is a system in place to consider the range of vocational rehabilitation* options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	1. Procedures give guidance on the range of vocational rehabilitation options, as expressed in the legislation, when a return to work in the pre-injury job is not an option.	Yes
	2. Evidence of consideration of rehabilitation options.	Yes
	3. Evidence of initiation of relevant initial occupational assessment (IOA) and initial medical assessments (IMA) (where applicable).	N/a
4. Providers support rehabilitation and return to work (e.g. general practitioners, specialists etc.).	1. Evidence that medical providers are given sufficient information about the workplace to support their assessments.	Yes
	2. Evidence of collated information sent to the medical providers to support their assessments.	Yes

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Summary of Element 17:

- ☒ It is recommended that this employer has successfully met the requirements of Element 17 at the following performance standard:
- ☐ Primary ☐ Secondary ☒ Tertiary
- ☐ It is recommended that this employer has *not* met the requirements of Element 17.

Comments:

The Council have objectives and targets, which form part of the higher-level documentation. This information and the objectives are subject to annual review and update. It is noted though that the extent to which the objectives change is limited. They are to an extent more good intentions at a policy level rather than specific actions that are measurable, and a recommendation is made.

Rehabilitation plans are subject to review at the time milestone dates are reached, when there is additional or new medical information or if the claimant is not making the expected progress. One of the claim files reviewed has an updated rehabilitation plan.

There are opportunities for vocational rehabilitation if required but this has not been the case in the last year and so 17.2.3 and 17.3.3 are not applicable at this time.

Where required medical providers are sent copies of files or part files to assist with their investigations. These are printed out from the Well NZ system and privacy checked prior to release.

Critical issues: None

Improvement recommendations:

17.1.2: The objectives set down are broad statements of intent rather than an action plan with time limitations and an expectation they will change each year. These should be looked at again in this light.

Element 18 – File reviews and case studies, confirmation of injury management procedures in action

Objective The employer is able to confirm and validate claims and injury management procedures through the review of all selected files and case studies.

Details of requirements	Verified by	Achieved Yes/No
1. Cover decisions.	1. ACC45s.	Yes
	2. Timely cover decisions that comply with legislation.	Yes
	3. Cover decisions include review rights.	Yes
2. Entitlements.	1. Managers/supervisors forward workplace injury reports to the injury management advisor within three working days of receipt of injury notification.	Yes
	2. Needs assessments are carried out by the injury management advisor within two working days of receipt of the work injury report.	Yes
	3. Managers/supervisors forward workplace injury reports to the injury management advisor within two working days of receipt of injury notification.	Yes
	4. Evidence of referrals based on needs assessments.	Yes
	5. Entitlement decisions are confirmed in writing and include review rights.	Yes
	6. Signed consent forms (ACC45 sufficient for medical-fees-only claims).	Yes
	7. Medical certificates cover all periods of incapacity. Where gaps are identified on claims with continuous incapacity, evidence of approval of entitlements is provided.	Yes
	8. Calculation and abatement sheets are maintained on all files where a request for weekly compensation is received and a copy is sent to the injured employee.	Yes
	9. Written confirmation to advise injured employees in all situations where more than the statutory entitlement is paid (where applicable).	Yes
3. File management.	1. Claim files only contain injury-related information.	Yes
	2. Running sheets are held on all files that are more than medical-fees-only costs.	Yes

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Details of requirements	Verified by	Achieved Yes/No
	3. Files contain all claim activity, weekly compensation calculations and any other information relevant to the management of the claim.	Yes
4. Assessment, planning and implementation of rehabilitation.	1. Action plans are developed within 14 days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	2. Action plans are developed within seven days of injury notification and that are reviewed and updated every 14 days until the cover decision is made.	Yes
	3. Rehabilitation plans are developed in direct consultation within a maximum of 21 days of the cover decision.	Yes
	4. Rehabilitation plans are developed in direct consultation within a maximum of 14 days of the cover decision.	Yes
	5. The responsibility for monitoring and timeframes for review are specified in the rehabilitation plan.	Yes
	6. Evidence of monthly monitoring and review of rehabilitation progress.	Yes
	7. Evidence of employer involvement in monthly direct consultation monitoring and review of progress for employees unable to return to work.	Yes
	8. Evidence of weekly direct consultation monitoring and review of progress for employees rehabilitating in the workplace.	Yes
5. Rehabilitation outcomes, return to work and follow-up procedures.	1. Evidence of review of on-going rehabilitation cases.	Yes
	2. Evidence of monthly reviews of on-going rehabilitation cases.	Yes
	3. Evidence of actions taken following review, including scheduled case meetings, consultative review or entitlement updates.	Yes
	4. Evidence that individual rehabilitation plans are updated to reflect the status of rehabilitation, i.e. milestone completion or new rehabilitation requirements.	Yes

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Summary of Element 18:

<input checked="" type="checkbox"/> It is recommended that this employer has successfully met the requirements of Element 18 at the following performance standard: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Tertiary <input type="checkbox"/> It is recommended that this employer has <i>not</i> met the requirements of Element 18.
Comments:
The ACC letter lists nine claims for review. The files for these were provided by Well NZ on the computer for review in detail.
All files have an ACC 45 that relates to that single event and the files are clear of non-injury or other injury information. Cover decisions have been made in all cases and according to the legislation and in time.
The work injury reports are entered online, and a copy sent to Well NZ within two days. They carry out the initial need's assessment within the next two days, for those claims that have lost time initially. Six of the nine claims did not involve time off initially (or at all) and did not need an initial needs assessment. Of the three that did two occurred within two days and one was two days late.
Referrals are made as required to a range of medical providers. There are letters to them and reports from them on files.
Seven of the nine claims required a consent form to be signed, at some point and these were completed. One file has an updated consent as the claim has gone past one year.
Entitlements are determined by Well NZ and confirmed in writing to the claimant. There have been no declined entitlements, though it is noted the practice is to notify persons their entitlements will cease as of a certain date once they are cleared for normal duties.
Compensation has been paid for seven of the claimants. This is calculated from the payroll earnings information and includes abated rates when a person returns to work on reduced hours. Short and long terms rates apply. Claimants get 80% as the entitlement but can top this up from other leave. There are medical certificates to cover all periods that compensation is paid.
Action plans were required on six of the nine claims and all within seven days. Two claims required updated action plans, and these were completed within 14 days of the last plan.
Individual rehabilitation plans were required on six of the nine claims. These were completed within the 14 days of the cover decision for four of the claims. One had no lost time at all and the other had no incapacity for some time. One had an individual rehabilitation plan but no action plan as the decision to cover was made early.
Monitoring notes are on file where claimants are back on an early return but not cleared.
There is provision to update rehabilitation plans as required, with two claims having updated plans.
All files have case notes. There are copies of all correspondence. Return to work plans involve external Occupational Therapists. All but one of these claims is closed.
Critical issues: None
Improvement recommendations: None

Element 19 – Case study interviews

Objective The employer is able to confirm and validate safety and injury management procedures in action through interviews with employee / management / case manager / union or other employee support person (where applicable).

Details of requirements	Verification	Achieved Yes/No
1. The injury was reported and recorded in the accident or injury register (or similar).	1. Interview with employee and manager or supervisors.	Yes
2. The injury was investigated by designated staff and included input from the injured employee and the manager or supervisor.	1. Interview employee and manager to confirm involvement.	Yes
3. Hazard management, injury prevention and training issues arising from the injury investigation were reported, action was taken and issues communicated to staff (where applicable).	1. Interview with employee, manager or supervisor and health and safety manager (or similar).	Yes
	2. Evidence of feedback from the injury investigation into hazard management (where applicable).	Yes
4. The employee was aware of the claims lodgement process or where to find information about the process.	1. Interview with employee.	Yes
	2. Employee identification card (or similar).	Yes
5. The employee was informed of the cover decision (including review rights) and entitlements (where applicable) were paid in a timely manner.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
6. Contact between the injured employee and the workplace was maintained throughout the period of incapacity and continued for the time while on alternative duties.	1. Interview with employee, manager and injury management advisor (case manager, case coordinator).	Yes
7. Employee responsibilities to participate in the rehabilitation process were understood.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
8. The employee was aware of the complaints management process and how to formally question a decision.	1. Interview with employee to confirm understanding.	Yes
9. Rehabilitation needs were assessed according to the needs of the injured employee.	1. Interview with employee, injury management advisor.	Yes
10. The employee was given the opportunity to include a support person throughout the rehabilitation process.	1. Interviews with employee, manager, injury management advisor and employee representative (as appropriate).	Yes

V3 – April 2019

Details of requirements	Verification	Achieved Yes/No
11. Consultative rehabilitation meeting(s) took place for the duration of incapacity.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
12. Selected work within the medical restrictions was discussed, agreed on and documented in a signed rehabilitation plan.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
13. Monitoring and review of the rehabilitation plan was agreed on and responsibilities were assigned.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes
14. Evidence of completed case study interview employee declarations (or n/a if no case studies are requested).	1. Completed case study interview declarations where case studies are requested.	Yes
15. Confirmation that, where the standard requires it, the rehabilitation plan was negotiated via direct consultation.	1. Interviews with employee, manager and injury management advisor (case manager, case coordinator).	Yes

Summary of Element 19:

<input checked="" type="checkbox"/>	It is recommended that this employer has successfully met the requirements of Element 19 at the following performance standard:
<input checked="" type="checkbox"/>	Primary Primary is the highest level of achievement for this element.
<input type="checkbox"/>	It is recommended that this employer has <i>not</i> met the requirements of Element 19.
Number of case studies undertaken:	
Three	
Positions and interests of those interviewed to support employee's perspective:	
Claimant	
Positions and interests of those interviewed to support employer's perspective:	
TPA Case Manager, Health and Safety Manager, Wellness Coordinator	
Comments:	
Three of the listed claimants made themselves available to be interviewed. Each signed the consent form and was happy to be interviewed without a support person.	
They each detailed the circumstances that lead to their injury, that it was reported, and they went for medical treatment. None thought the injury was preventable (one a reaggravation of an existing condition). One event has seen equipment for the job changed and the third has not resulted in any changes.	
Each received a cover letter and other information. Where there was time off, they were paid compensation at the rate they expected. Medical and other costs were met.	
Communication was maintained with the workplace and with the Case Manager throughout. One experienced some difficulty finding alternative work, with a supervisor that was not fully committed to the process. The other two were very happy with the return to work process.	
Each felt the process was good and they had been well looked after, with speedy attention to their needs and access to medical treatment. None could offer any suggestions for improvement.	
Critical issues: None	
Improvement recommendations: None	

Element 20 – Focus group interviews; confirmation of safe systems and injury management in action

Objective The employer is able to confirm and validate hazard and risk management systems and subsequent injury management systems through management and employee focus groups.

Details of requirements	Achieved Yes/No
1. What constitutes a hazard or risk in the workplace?	Yes
2. The process for hazard and risk identification.	Yes
3. The process to assess hazards or risks.	Yes
4. #The hierarchy of controls to manage these hazards and risks.	Yes
5. Event reporting and recording requirements.	Yes
6. Event investigations and designated responsibilities.	Yes
7. Responsibilities for corrective actions.	Yes
8. Involvement and participation of workers in health and safety matters and how union and other nominated employee representatives participate.	Yes
9. Involvement and participation of other workers (e.g. contractors) in health and safety matters (where applicable).	Yes
10. Emergency procedures.	Yes
11. Roles and responsibilities in the AEP.	Yes
12. How to lodge a claim and access rehabilitation support.	Yes
13. #The collection and storage of work and non-work claim information in relation to the Privacy Act 1993 and the Health Information Privacy Code 1994.	Yes
14. The complaints and review processes.	Yes
15. Awareness of entitlements being medical, social and vocational.	Yes
16. #Understanding of the key roles and responsibilities in rehabilitation (e.g. the roles of the case manager, injured employee, team manager and union* and other nominated employee representatives).	Yes
17. #Understanding of rehabilitation and support from management.	Yes

#While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

Summary of Element 20:

<input checked="" type="checkbox"/>	It is recommended that this employer has successfully met the requirements of Element 20 at the following performance standard:
<input checked="" type="checkbox"/>	Primary Primary is the highest level of achievement for this element.
<input type="checkbox"/>	It is recommended that this employer has <i>not</i> met the requirements of Element 20.
Number of focus group interviews undertaken: Two	
Positions and interests represented in the employee focus group(s): Animal Management Officer, Recruitment Administrator, Community Facilities Coordinator, Heritage Advisor, Lead Test Analyst. All are health and safety representatives in their areas.	
Positions and interests represented in the management focus group: Technical Services & Design Manager, Operations Manager - Regional Parks, Head of Regulatory Compliance, Manager – Business Support, Manager Planning & Delivery – Transport, Team Leader – Commercial Building Inspectors, Head of Community Support, Governance & Partnerships, Head of Human Resources.	
Comments:	
Examples of hazards and aspects of risk were covered by each of the groups. There is a good understanding of issues that can cause harm. These vary considerably based on the nature of work that is undertaken in the various business units. All have a duty to report and to stick to the rules.	
Emergencies were discussed. There are evacuation drills at the Civic Offices and at the other sites. Assisting the public from the buildings is a consideration. There are wardens and a muster point to go to. Emergencies other than fire were discussed, especially earthquakes but also angry and aggressive members of the public, which is a growing concern.	
Each Unit or Group has a health and safety committee, made up of elected/voluntary representatives and management people. The meetings are considered to be productive. There are hazard management projects on the go. There is also a Council wide committee involving senior management. All meetings within the Council are now to include a segment on safety.	
In the event of an injury, damage or near miss, a work injury report is required. These are files electronically and automatically go to the health and safety people. There are investigations carried out. The Council is considered to be proactive in the management of events and the required actions.	
When a claim is lodged all understand the Council is managing the process, with Well NZ acting as coordinator and facilitator of the process. Compensation was discussed with all agreeing that 80% is the rate of compensation but this can be topped up. A range of entitlements that may be paid was also given. All agree the Council is paying the costs.	
There is an early return to work programme, and all consider there are alternative duties available.	
There is an understanding there is a review process and the claimants have rights. Neither group has the fine detail, but they all know who to ask. The review process involves external review people.	
The management session was very positive, with managers confident in their understanding of safety and their role in keeping the workplace safe.	
Critical issues: None	
Improvement recommendations: None	

ACC Accredited Employer Programme Summary — (redacted ELT HSW Report
September 2019) – Attachment “B”

1.1 ACC Accredited Employer Programme Background

- 1.1.1 The Accredited Employers Programme (AEP) was developed in 2001 to allow financially secure businesses to take on the role of ACC for workplace injury claims and rehabilitation.
- 1.1.2 The intention was businesses would provide a better experience for injured workers at a lower cost. This would encourage workplaces to drive health and safety improvements.
- 1.1.3 The Council opted into the ACC Partnership Programme (ACCPP) at entry level (primary) achieving two step changes by 2002 to tertiary status as an accredited employer (AE) and has sustained that level since. This means that the Council agree to act on behalf of ACC for our employee's work-related injuries/illness associated costs, known as “Full Self Cover Plan” under the accredited employer programme for a nominated claims management period. *Note: The “Full Self Cover Plan” does not include non-work health, injury or illness management.*
- 1.1.4 From 2001 multiple amendments were made to the Injury Prevention, Rehabilitation and Compensation Act driving a greater focus on injury prevention as a primary function and a greater focus on rehabilitation particularly face to face claimant meetings. Over the following decade there was increased awareness of the impact of work related gradual process and mental trauma claims not only to the employer but society. Additionally the HSE Act Amendment in 2003 introduced a new definition for hazards relating to behaviours in the workplace and associated conditions of physical or mental harm.
- 1.1.5 The Council reviewed their Claims and Injury Management administration & support in 2018, which at that time was a shared model of administration with Wellnz, Injury, Claims Management Administration specialists. Analysis confirmed it was more beneficial to contract full administration of Claims and Injury Management to Wellnz, instead of the mixed model practiced. A review of the 2018-2019 year found the Council achieved the recommendations from that review administratively and continued to achieve a total cost avoidance of \$287,000. The Council has also achieved;
 - Tertiary Accreditation
 - Change management objectives
 - Claims costs have decreased by 19.82%
 - Weekly Compensation total costs have decreased by 15.13%
 - Weekly compensation costs per claim show a reduction of 17.98% over a 4 year average
 - The average cost per claim has reduced under the management of Wellnz to \$1005.00, 39.35% decrease on the 4 year average
 - Direct management of employees' workplace injuries
 - Return to work outcomes are 4 x greater than ACC's current results
 - Access to rehabilitation, health and wellness providers throughout New Zealand

1.2 **ACC's review and proposed enhancement of the Accredited Employer Programme –**
Note: full report 2 September 2019

- 1.2.1 The Programme has had little development over the last 18 years, ACC has engaged with AEP employers to understand the key challenges with the existing programme to determine how to enhance it.
- 1.2.2 The draft proposal is to put responsibility on AEP employers to meet the measures of an external standard and take full responsibility for the audit administration for the Safety Management Practices part of the accredited criteria. The proposal indicated achievement of ISO45001 (which is set to replace the existing AS/NZS4801) that the Council currently aligns with at Tertiary level.
- 1.2.3 In addition to this Council will still need to continue to meet the other components of Certification and Claims and Injury Management. To meet the certification criteria our Third Party Administrator must also meet the requirements and ACC will audit Councils;
- **Systems, performance and quality** aspects both at entry and on ongoing basis. In the enhanced Accredited Employers Programme (AEP), there will be a robust accreditation process to ensure the programme is positioned as the 'best of the best', as an accredited employer ACC expect Council to be providing injury claims and rehabilitation equal to, or better than, ACC.
 - **Evidence of improvement** will include identifying how we intend to get from where we are now to where we want to be e.g. improvement goals and initiatives. ACC also expect to see evidence of worker participation in the development of improvement plans.
 - **Financial strength** ACC will evaluate if Council is financially capable and can meet entitlement claims. They will ensure the Council has adequate finances and can look after a worker if they get injured. They don't expect any changes to the current state for this component
 - **Health and Safety Systems** They will require confidence that Council has appropriate health and safety systems in place. This will be *assessed by an external body rather than ACC*.
 - **Worker voice** to gain an understanding of the level of engagement, trust and support the workforce has in their workplace. The Council must demonstrate appropriate systems to understand worker experience.
 - **Evidence of an enhanced programme, the workers voice will be an influencing and active component of accreditation.** Understanding what is happening on the ground from the worker perspective helps to build a robust assessment of an Accredited Employer's (AEs) performance.
 - **Demonstrate evidence they have appropriate channels in place to collect the voice of our workers**, and that workers are engaged and participate in the identification and implementation of improvement initiatives.
 - **Improvement framework** Council must evidence a commitment to continuous improvement through documented actions for:



- Injury prevention and organisational capability
- Injury, claim and rehabilitation management,
- Worker participation
- **Create and deliver on a high-level information framework** which includes;
 - Current state (where we are now)
 - Improvement goals (where we want to be)
 - Improvement initiatives (how we'll get there)
 - Take an in-depth look at the improvement framework

1.2.4 **ACC will expect the Council;**

- **To be the 'best of the best'**, Council will need to continually look at our performance and identifying opportunities for improvement. ACC will need to see evidence of commitment and improvement to ensure our continued participation in AEP.

9. Health, Safety and Wellbeing Dashboard Report

Reference / Te Tohutoro: 20/134081

Report of: Sharon Butt, Health and Safety Manager, Sharon.butt@ccc.govt.nz

General Manager: Brendan Anstiss, General Manager Strategy and Transformation
brendan.anstiss@ccc.govt.nz

1. Brief Summary

- 1.1 Inform the Health, Safety and Wellbeing Committee of Council of health and safety events or risk affecting Council staff and contractors; and
- 1.2 Provide the Committee with oversight of the Council's Health, Safety and Wellbeing (HSW) Dashboard - (Attachment A)

2. Officer Recommendations

That the Health, Safety and Wellbeing Committee:

1. Receives the Health, Safety and Wellbeing Dashboard Report and quarterly dashboard (Attachment A).

3. Health, Safety and Wellbeing Dashboard - January 2020 (Attachment A)

- Health Safety and Wellbeing Training for Managers has fallen marginally from 90% to 89% achieved. Staff Health Safety and Wellbeing Induction training remains at 87% completion. Overall training stands at 88% completion. This is considered reasonable given turn-over within the organisation (at any one point in time).
- There were 194 events reported in this quarter with a monthly average of 78
- There were 3 LTI's in the last quarter resulting in a current LTIFR 12 monthly average of 0.80.
- Reported Abuse, Threat and Assault events has decreased by 33% this quarter (from 49 to 33)

Attachments / Ngā Tāpirihanga

No.	Title	Page
A ↓	Health Safety and Wellbeing Dashboard - January 2020	71

In addition to the attached documents, the following background information is available:

Document Name	Location / File Link
Not applicable	

Confirmation of Statutory Compliance / Te Whakatūturutanga ā-Ture

Compliance with Statutory Decision-making Requirements (ss 76 - 81 Local Government Act 2002).

(a) This report contains:

- (i) sufficient information about all reasonably practicable options identified and assessed in terms of their advantages and disadvantages; and

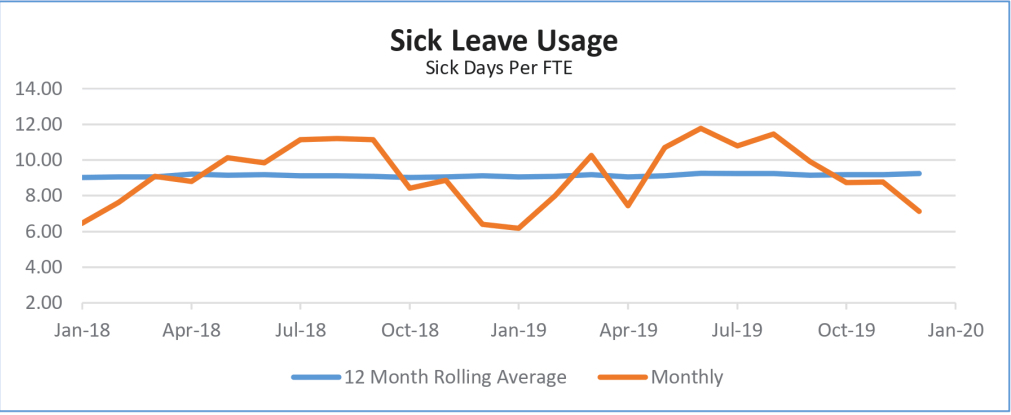
- (ii) adequate consideration of the views and preferences of affected and interested persons bearing in mind any proposed or previous community engagement.
- (b) The information reflects the level of significance of the matters covered by the report, as determined in accordance with the Council's significance and engagement policy.



WELLBEING

ACTIVITIES

- A 'Mindfulness for Beginners' course was piloted, successfully evaluated and will be made available to all staff in 2020
- A presentation on the 'Five Ways to Wellbeing' was given at the Senior Leaders Forum
- Developing a 'Mental Health Training for Managers' session, which includes a toolkit on 'Lets make mental health part of the conversation'
- '12 Days of Christmas' - videos published of healthy messages and tips from staff to their colleagues



NOTIFIABLE EVENTS & LOST TIME INJURIES

NOVEMBER 2019 - JANUARY 2020

Employees

- **Lost Time Injury 3/12** - Hurt shoulder and arm whilst lifting an inflatable boat (Recreation, Sports & Events). The employee was undertaking a two person job on their own. A reminder to undertake a risk assessment beforehand and to follow procedures was issued. Other Team Leaders have also issued process reminders to their teams and will monitor compliance. Employee advised to rest for 4 days.
- **Lost Time Injury 4/12** - Moving an e-scooter in the basement car park, when it fell over and hit them on the ankle, causing a cut (Information Technology). Facilities Management issued a reminder to all staff on ensuring the correct storage of e-scooters and bikes within the car parking area. Employee initially required first aid treatment but the wound then became infected. Antibiotics were required and resulted in an allergic reaction and 7 days off work.
- **Lost Time Injury 8/12** - Strained back and neck whilst trying to hold motor scooter steady in windy conditions (Transport). Scooter users will ensure to undertake a dynamic risk assessment of activities and drive to the conditions of the road. Employee required 1 day of rest.

Contractors

- **Notifiable Event 22/11** - A confirmed case of Legionnaires Disease of a Temporary Agency Worker who had been working at a Council facility. A review by an external specialist has been completed and management are currently reviewing the recommendations. Worker was hospitalised for 3 days and is now fully recovered.
- **Notifiable Event 13/12** - A worker was injured whilst undertaking road landscaping works. They were operating a thermal steam unit when the hose burst and caused burn injuries to the arm. They also suffered a broken hand after losing their balance and falling to the floor. A second thermal unit has been removed from operation, as a precaution, until the investigation is complete.
- **Notifiable Event 13/1** - Asbestos containing material was disturbed and resulted in exposure to two workers. An investigation recommended improvements in communication between the contractor, site engineers and Council.
- **Notifiable Event 15/1** - A worker was operating a digger when they struck overhead cables with the digger bucket and damaged power lines. An investigation recommended a review of risk assessment practices and procedures.