

Health and Safety Governance and Officer Assurance

A case study from Ara Poutama Aotearoa
Department of Corrections

Jeremy Lightfoot, Chief Executive



Ara Poutama Aotearoa exists to support a safe and well New Zealand through the care and management of 9,000 people in prison and 30,000 people in the community. Our 10,000 strong workforce and approximately 2,500 partner organisations operate in 160 sites across all parts of the country.

As an organisation without a Board, my Executive Leadership Team and I are Corrections' 'Officers' under the Health and Safety at Work Act, and we have invested a significant amount of time and effort in building our understanding of the duties and obligations we have as Officers.

We are increasingly disciplined at knowing when we need to operate as 'Executive management' and when we need to operate as 'Officers'. We know that when operating as 'Officers', the approach we need to take is one of maintaining a sense of '*chronic unease*' that things may go wrong tomorrow, remaining healthily sceptical when being told that risks appear to be well managed (particularly when we haven't had many incidents reported) and to operating with a '*noses in, fingers out*' mentality.

As Officers, we have commissioned a multi-year change programme designed to improve our health, safety and wellbeing culture, and have put in place systems and practices to ensure that these changes are sustained for the long term.

We had the opportunity to put this to the test this year. COVID-19 presented a unique challenge for us and through this we were able to test what was working well and where there were opportunities for both our system and ourselves, as Officers, to improve.

Reflecting on the progress we've made in our health and safety journey, I believe that we have learnt some key lessons as leaders about what makes the biggest difference in keeping our people safe and well. For us, one of the greatest steps forward was recognising the need to weight the focus of our efforts and attention on risks that, regardless of their likelihood, have a credible potential to cause fatality, permanent or long-term physical or mental harm – our '*critical health and safety risks*'. Given that effective management of critical health and safety risks involves embedding consideration for these risks within our day-to-day decision-making and frontline practice, achieving this state requires a structured whole-of-organisation approach to change.

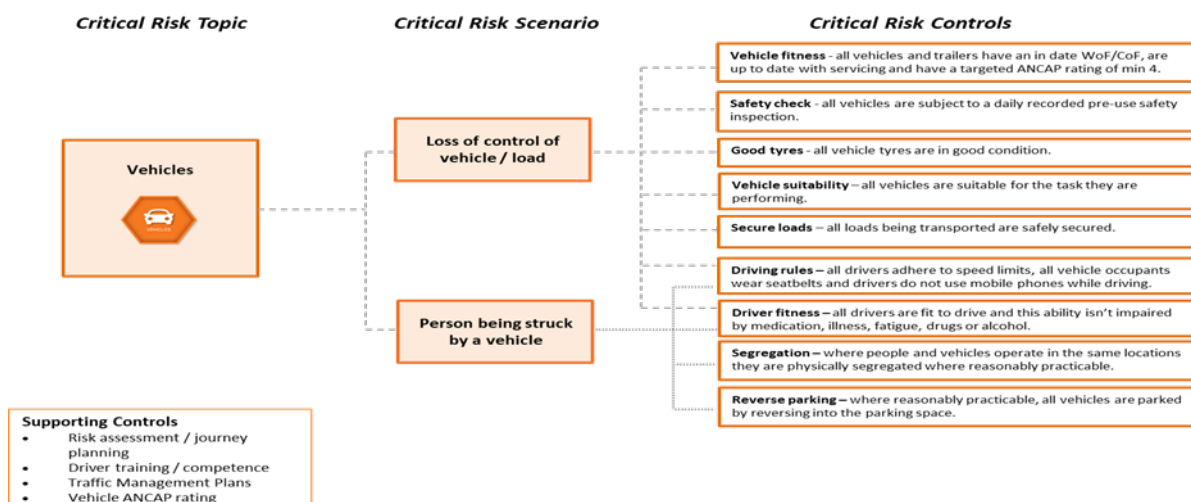
DEFINING AND AGREEING CRITICAL AND SUPPORTING HEALTH AND SAFETY CONTROL REQUIREMENTS

As we assessed the diverse range of operational activities and services undertaken across the Department, we identified 11 critical health and safety risks that our people, those under our management, or our partners could be exposed to.

Because of the importance we place on preventing serious harm, we have set our departmental risk appetite for critical health and safety risks as 'averse', meaning our decision making in relation to these risks is weighted towards their elimination or, if we can't eliminate them, towards minimising them so far as is reasonably practicable using the most effective controls.



To bring these critical risks to life for our people, we have worked to identify the scenarios by which each risk may eventuate in the Department, and the specific good practice critical and supporting controls that are necessary for us to minimise the risk so far as is reasonably practicable.



Ara Poutama's Critical Risk Scenario and Controls for 'Vehicles'

Our focus on critical health and safety risks and controls, and our need to seek assurance about their management, has been instrumental in shifting our agenda onto the things we know really matter when it comes to keeping our people healthy, safe and well. This approach, and the clarity that it brings, is something that I believe has wider benefits outside of health and safety and we are now exploring how a similar approach might be used to inform our approach to non-health and safety business risks and assurance and are working to identify critical business risks and controls.

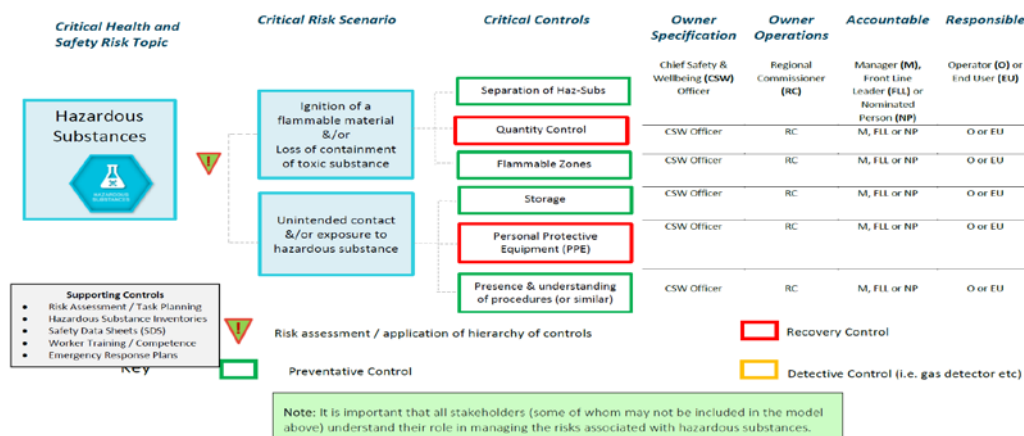


The approach to critical health and safety risks that we have taken requires clarity on what we believe the ‘reasonably practicable’ controls are for each critical risk. Reflecting our risk appetite, our emphasis for ‘critical’ controls is geared towards controls that physically change the risk or protect our people, whilst those controls that emphasise training, awareness or procedures are viewed as ‘supporting’. Our programme will see us documenting the required controls for our critical health and safety risks within 11 formal ‘Critical Control Protocols’ (‘CCPs’), with

key roles associated with each critical control also being confirmed and documented. We’ve realised that two role types in particular are crucial to ensuring critical controls are maintained in a sustainable manner:

- ‘Owner Specification’: the specific senior (Tier 3) role accountable for ensuring a fit-for-purpose process, specification and/or guidance for the critical control is available; and
- ‘Owner Operations’: the specific senior (Tier 3) role accountable for ensuring the critical control is available for operational teams to use in a manner that meets the requirements set out by the ‘Owner Specification’.

The emphasis on the ‘Owner Specification’ and ‘Owner Operations’ role is crucial for us as Officers. We know that effective management of critical risks involves addressing the concept of organisational ‘drift’, where the systems put in place to manage critical risks are slowly weakened over time through a lack of oversight, accountability and effective monitoring. By confirming and documenting the senior roles accountable for specifying and providing critical controls, we will ensure that there is clarity on who is accountable for addressing issues that may arise at an organisational level.



Critical Risk Scenarios, Controls and Key Roles for ‘Hazardous Substances’

Within the CCP, each critical control’s specific objective and mandatory requirements are described, with the supporting process, specification and/or guidance (that the ‘Owner Specification’ is accountable for developing and maintaining) providing necessary detail for the control to be workable by frontline staff.

IMPLEMENTATION AND OPERATIONAL ACCOUNTABILITY OF CRITICAL HEALTH AND SAFETY CONTROLS

Given their significance, all CCPs are approved by myself and my Executive Leadership Team as Officers at our bi-monthly HSW Risk Governance Group (HSWRGG) and then become part of the Department’s formal *Health and Safety Management System* (HSMS). Once approved, accountability for their implementation falls to the most appropriate one of the Department’s five change Portfolios. For some of our critical risks, the identified critical and supporting controls are not yet in place and require investment and

organisational change to embed them. Our role as Officers is to set the sequence of the CCPs via strategic prioritisation of risks and to commission work via our change Portfolios to lead the necessary organisational change. Positively, we have been able to identify several dozen property, asset and people programmes underway that will, with minor tweaks, deliver many of the identified critical controls.

Once the accountable change Portfolio has completed the implementation of the full CCP requirements (to the point that they can be operated on a 'BAU' basis), accountability for their day-to-day application transfers into the operational line. Acknowledgement and acceptance of this day-to-day accountability for critical controls is incredibly important – I am clear that those who create the risks via their operational activities are accountable for those risks being managed as we have agreed, with ultimate accountability for managing critical risks in their business areas sitting with each of my Executive Leadership Team.

ASSURING CRITICAL HEALTH AND SAFETY CONTROLS

An essential aspect of a well-functioning critical risk system is a structured and layered approach to assurance. As Officers, our duty is to *actively verify* that risks are being managed as the Department has agreed they should be. One concept that has helped shift our thinking with regards to health and safety assurance is '*work-as-done v work-as-imagined*' – or the concept that what we imagine from afar is unlikely to be the reality of frontline work. As Officers, we need to move beyond the way we imagine risks are being managed and challenge ourselves to find ways to see how risks are actually being managed – in a way that is curious and explorative, rather than a traditional '*find and fix*' approach that might close down information flow from our people.

Reflecting the importance of critical control assurance, I have approved a multi-layered approach that we are increasingly adopting as a Department. This includes frequent checks and inspections undertaken by frontline supervisors ('*Critical Control Inspections*'), less frequent, but more detailed, assessments undertaken by subject matter experts such as Health and Safety Advisors ('*Critical Control Assessments*'), and focused frontline engagements completed by ourselves as Officers, or other senior leaders, to explore at a general level how critical risks are being managed ('*Critical Risk Observations*').

As Officers, we have committed to each undertake one Critical Risk Observation per month to ensure that we are actively exploring how critical risks are being managed in a '*work-as-done*' nature. Whilst we're only just beginning to apply these approaches, we're already seeing the benefits as Officers – with increasing clarity on the critical controls that are likely to be deemed 'reasonably practicable', clarity on accountability for specific controls and growing insights into the way that critical risks are being managed.

IN CONCLUSION

Our approach to health and safety over the past three years has become increasingly systematic, and our focus on critical risks and controls has been at the heart of this. As Officers, our role is to seek assurance (and remain healthily sceptical) that the Department has clarity on its highest-consequence risks, that these risks are being minimised so far as is reasonably practicable via agreed controls, and to get regular assurance insights on the application of controls. The next steps for us are to continue the development of our Critical Control Protocols, implementing controls via our change Portfolios and ensuring our people understand the importance of only undertaking critical risk-related work when these controls are in place.

For me, COVID-19 has been an important lesson in the importance of foresight and assurance on how low likelihood, high consequence risks are being managed. Ultimately, this is the mindset we need as public sector Chief Executives for our approach to all critical risks – not measuring 'success' based on whether incidents have occurred or not, but rather on whether the necessary controls are known, in place and working effectively. It requires effort and discipline but, ultimately, it will pay dividends in our ability to assure ourselves that we are doing what is necessary to ensure people go home safe and well, every day.