



# The Workplace Health and Safety Strategy for New Zealand to 2015

Rautaki mō te Haumarua me te Hauora  
o te Wāhi Mahi mō Aotearoa ki te 2015

Review Report · December 2009



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ISBN 978-0-478-33394-7  
December 2009  
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## **EXECUTIVE SUMMARY**

### ***Review purpose***

A Department of Labour (the Department) review of the Workplace Health and Safety Strategy for New Zealand to 2015 (the Strategy) was initiated in February 2009. When the Strategy was launched in 2005, Cabinet signalled the need for an operational review to be conducted after three years of implementation.

The key purposes of the review were to:

- determine progress against the Strategy's aims and Framework for Action for the period June 2005 to December 2008
- provide in-depth analysis and conclusions regarding the performance of the Strategy
- provide recommendations for change to improve the effectiveness and efficiency of the Strategy
- establish key priorities for the Strategy to focus future activity.

An additional related purpose was to review the governance, accountabilities and delivery of the Workplace Health and Safety Council (the Council).

### ***Background***

The Strategy is a government framework for action intended to raise awareness about workplace health and safety, coordinate and prioritise workplace health and safety activities across stakeholders and improve the infrastructure that supports workplace health and safety. The vision statement connects workplace health and safety and productivity, recognising how workplace health and safety contributes to improved workplace performance.

The Department provides a progress briefing to the Minister of Labour twice a year and publishes an annual Snapshot of Progress that reports on annual progress and activities. The Strategy also sits within the wider framework of the New Zealand Injury Prevention Strategy (NZIPS), a government initiative to enhance the infrastructure that supports injury prevention activity.

### ***The recession***

Further context for this review is the impact of the global economic downturn on businesses and workplaces. Businesses are cutting costs to drive efficiency and maintain a competitive edge. Recommendations from this review process must necessarily reflect wider government priorities of keeping people in work and minimising compliance costs, while also promoting a baseline investment in health and safety as an essential component of future productivity.

### ***Methodology***

#### ***Focus for the review***

The review effectively sought to answer four questions:

- What progress has been made in workplace health and safety in New Zealand over the last three years?

- What is working well and should be continued or expanded?
- What are the main barriers to achieving healthy people in safe and productive workplaces?
- What should the current and future priorities for workplace health and safety in New Zealand be?

### *Review activities*

In addition to the above questions, the review engagement activities were structured around the four action areas of leadership, capability, knowledge and health and safety infrastructure and were developed to stimulate and inform public contributions to the review.

To ensure a comprehensive and representative assessment of the Strategy's future direction, a range of activities were undertaken to inform the review.

The review engagement activities comprised a series of consultation activities, including public events, consultation with agencies, in-depth interviews with a range of health and safety experts and practitioners and written submissions.

The stock-take of activity provided a summary of known workplace health and safety activities and deliverables since the introduction of the Strategy.

An international survey was completed of health and safety strategies from the United Kingdom, Australia and Singapore.

The Department developed a draft Outcome Monitoring Framework, identifying a set of baseline measures linking activities to results, to give context to all the health and safety activities under way.

The Workplace Health and Safety Council was also reviewed, recognising the Council's leadership role in providing advice to the government about the implementation of the Strategy. The review considered the governance, accountabilities and delivery of the Council.

### ***Findings***

There was a high level of agreement and convergence of views across the diverse range of stakeholders in relation to the four review questions, and this feedback forms the basis of the review conclusions. The stock-take yielded general information about the 'shape and form' of workplace health and safety activity since the Strategy's inception. The international survey underlined the importance of a strategic process for health and safety. The Outcome Monitoring Framework set the basis for future monitoring and measurement of Strategy progress. The Council review highlighted a strong level of support for the Council to continue and develop in its role as an actively engaged peak body.

## **Conclusions**

### *The Strategy is sound*

There is support for the Strategy. Stakeholders from across the sector provided consistent feedback that affirmed the need for the Strategy. At a high level, the Strategy's framework, outcomes and approaches have been affirmed as sound and consistent with leading international strategies from the United Kingdom, Australia and Singapore.

### *There has been progress in workplace health and safety in New Zealand*

The review identified a number of practical and encouraging achievements in the last three years.

### *The Strategy needs clearer direction to focus action*

However, the review revealed widespread agreement that the Strategy needs clearer direction to engage stakeholders at the workplace level. On broader analysis, an implementation gap has emerged between the high-level Strategy framework and concrete action at the workplace, industry or hazard level.

### *There is agreement on the health and safety problems that need fixing*

In relation to the implementation gap, there was collective agreement about the range of health and safety problems stakeholders want to see resolved. This provides fertile context to focus action.

Specifically, the key set of priority issues that emerged included:

- improved focus and delivery for occupational health issues.
- workplace capability, guidance and standards (especially for small businesses)
- sector-based approaches (that is, high-risk industries, industry accreditation)
- competency standards for health and safety professionals.
- worker participation in workplaces, including health and safety representative training.

As evidenced in the findings, several initiatives are already under way responding to these problems, but as also testified by the findings, there is a clear need for stronger coordination, collaboration and communication.

### *The Strategy needs rejuvenation to be more effective*

There was widespread support across all categories of stakeholders to see the Strategy rejuvenated and reaffirmed. International experience and stakeholder feedback strongly point to foundational approaches to rejuvenate the Strategy:

1. Improving stakeholder engagement.
2. Improving cross-agency leadership and coordination.
3. Prioritising a finite set of action areas for collective focus.

### *Improving cross-agency leadership and coordination*

The review identified a clear need for improved government coordination and collaboration. Clarifying the respective roles of the Department and the Accident Compensation Corporation (ACC), improving leadership across designated

agencies (Civil Aviation Authority (CAA) and, Maritime NZ New Zealand (MNZ)) and the enforcement of the Hazardous Substances and New Organisms (HSNO) Act 1996 were specific issues.

In addition, the review identified the public sector health and safety performance as an area in need of renewed leadership. As significant employers, public sector agencies need to be seen to be taking a proactive lead on health and safety.

*An action agenda is needed to fill the implementation gap*

Looking at the review findings as a whole, there is a demonstrable need to fill the implementation gap. There was widespread agreement about the need for clearer direction to bridge the gap between the higher level framework and implementation activities. One practical option would be for the Department to lead the development of a three-yearly national action agenda.

An action agenda could combine government priorities with the Strategy framework to produce a refined and achievable set of action or priority areas that are:

- evidence-based, prioritising and targeting of health and safety activities
- responsive to stakeholder needs and expectations
- time bound and measurable
- based on good law and reducing unnecessary compliance burdens.

Furthermore, an action agenda with agreed targets, three-year timeframe and respective programmes would provide a nimble and flexible approach that could be monitored, reviewed and refined as required.

*New Zealand needs to build and strengthen its monitoring and measurement capacity*

As is often said, it is hard to manage what you cannot measure. The review consistently identified the lack of good data and ways to collect data and measure health and safety indicators (health and safety metrics) as an issue. Poor data and health and safety metrics are an issue at the national, enterprise, industry and hazard levels. While there are areas of progress in building a better knowledge base, priority needs to be given to build and strengthen capacity in monitoring and measurement for workplace health and safety in New Zealand.

*There is support for the Workplace Health and Safety Council*

The Council has been in place for two years and, in this time, has brought its knowledge and working practices to the level required of such a body. However, there are clear indications that the Council needs to take the next step and become an actively engaged peak body with strategic oversight of workplace health and safety in New Zealand.

There is support for the high-level tripartite governance structure of the Council to continue. There is also support for maintaining the high-level strategic focus of the Council, recognising there could be potential to expand the Council's focus and resources to convene sub-groups focused on specific issues or topics.

*There are productivity reasons for getting it right*

New Zealand’s workplace health and safety performance is not where it needs to be. The financial and social cost of this work toll is huge at \$16 billion a year. This cost is too high at any time, let alone in a global economic downturn.

Consequently, reducing the New Zealand work toll of fatalities, injury and illness is doubly important. The Strategy and its future direction should be seen not only as the foundation of New Zealand’s approach to workplace health and safety, but also as a critical component of a productive and resilient New Zealand.

**Recommendations**

The following recommendations are based on the review findings and conclusions.

<b>Review recommendations</b>	<b>Possible action areas</b>	<b>Strategy links</b>
Reaffirm and rejuvenate the Strategy as the rallying point for driving workplace health and safety in New Zealand by:	<ul style="list-style-type: none"> <li>Better engagement on health and safety with small businesses, business leaders and workers.</li> <li>Improving engagement with Māori groups and individuals</li> <li>Better alignment of designated and lead agencies in the public sector.</li> <li>Improved leadership of health and safety through:               <ul style="list-style-type: none"> <li>refining and refocusing the Council</li> <li>supporting a CEO health and safety forum</li> <li>championing public sector health and safety performance.</li> </ul> </li> <li>Clear and action-focused direction for all stakeholders.</li> </ul>	1a 1a 1a 2b, 3b 1b 2c
Develop a three-year national action agenda for workplace health and safety by March 2010 that will be:	<ul style="list-style-type: none"> <li>Improved focus and delivery for occupational health issues.</li> <li>Sector-based approaches (that is, focused on sectors with high rates of injury and disease, industry accreditation) supported with enabling policies and practices.</li> <li>Workplace capability, guidance and standards (especially for small businesses).</li> <li>Competency standards for health and safety professionals.</li> <li>Worker participation in workplaces, including health and safety representative training.</li> </ul>	1c, 2a 2b 3a 1a 2c, 3a
<ul style="list-style-type: none"> <li>a refined and achievable set of action or priority areas</li> <li>evidence-based prioritisation and targeting of workplace health and safety activities</li> <li>responsive to stakeholder needs and expectations</li> <li>responsive to the particular needs of Māori for workplace health and safety.</li> <li>time bound and measurable</li> <li>based on good law and reducing unnecessary compliance burdens.</li> </ul>		

<b>Review recommendations</b>	<b>Possible action areas</b>	<b>Strategy links</b>
Build and strengthen the monitoring and measurement capacity for workplace health and safety.	• Improved monitoring and benchmarking of health and safety performance at a national, sector and enterprise level.	1a
	• National targets for the Strategy.	1a
	• A national health and safety outcome indicators and measures report.	1a
	• Improved capability to identify and assess emerging issues.	1a
	• Improved occupational health surveillance.	1a
Continue the Workplace Health and Safety Council as a high-level tripartite council with strategic oversight of workplace health and safety in New Zealand.	• Reviewed and readjusted Council terms of reference by December 2009.	1a
	• Further consideration of:	
	○ government's role on the Council	
	○ the Council's role in relation to the Strategy	
	○ the range of activities undertaken by the Council	
	○ resourcing and support for the Council	
○ the relationship of the Council to other advisory groups	2c, 3b	
○ strengthened networks of employers, employees and government agencies that the Council members are involved in.		

### *Next steps*

The review report is one step in a phased process. The real work and critical next steps require that the recommendations be picked up and delivered on. As lead agency, the Department will progress the Strategy through the next phases of activity. Now that the consultation and recommendations are complete, the Strategy is moving into an agenda-setting phase.

Whilst the Department will undertake this process in association with the Council, it will be critical to involve and have the support of lead agencies, industry associations, unions and employee groups, workplaces, business leaders, Māori and the wider community.

### *Implementation timeline*

<b>Review and implementation phase</b>	<b>Timeline</b>
Strategy consultation	February–June 2009
Review analysis and recommendations	June–July 2009
Report consideration and sign-off by Minister of Labour	September 2009
Report findings and Minister's decisions disseminated	October 2009
National action agenda setting	By March 2010
National action agenda implementation	2010–2013

## **1. PURPOSE AND STRUCTURE OF REVIEW**

A Department of Labour (the Department) review of the Workplace Health and Safety Strategy for New Zealand to 2015 (the Strategy) was initiated in February 2009. This report summarises the review activities and makes conclusions and recommendations based on the review findings.

When the Strategy was launched in 2005, Cabinet signalled the need for an operational review to be conducted after three years of implementation (SDC Min (05) 11/5 refers). In addition, the review process provided a timely opportunity to take stock of workplace health and safety in New Zealand and ensure we are progressing as effectively, efficiently and innovatively as possible.

The key purposes of the review were to:

- determine progress against the Strategy's aims and Framework for Action for the period of June 2005 to December 2008
- provide in-depth analysis and conclusions regarding the performance of the Strategy
- provide recommendations for change to improve the effectiveness and efficiency of the Strategy
- establish key priorities for the Strategy to focus future activity.

An additional related purpose was to review the governance, accountabilities and delivery of the Workplace Health and Safety Council (the Council) and the scope for further activities it may need to undertake to support the aims of the Strategy.

This review report provides findings and recommendations about the actions needed to enable a practical and constructive improvement to workplace health and safety and the delivery of the Strategy. Current and future priorities are also addressed in these recommendations.

### **1.1 Background**

The Strategy sits within the wider framework of the New Zealand Injury Prevention Strategy (NZIPS), a government initiative to enhance the infrastructure that supports injury prevention activity. NZIPS was launched in 2003 by the Minister for ACC and is led by the NZIPS Secretariat from within the Accident Compensation Corporation (ACC). The Strategy delivers on one of the NZIPS six priority areas: work-related injuries and occupational disease.<sup>1</sup>

The Strategy is a government framework for action intended to raise awareness about workplace health and safety, coordinate and prioritise workplace health and safety activities across stakeholders and improve the infrastructure that supports workplace health and safety.

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<sup>1</sup> Appendix 1 outlines the governance structure for NZIPS and illustrates where the work-related injuries priority area fits into this wider context.

The Strategy's vision – Healthy People in Safe and Productive Workplaces – makes the connection between workplace health and safety and productivity, considering how workplace health and safety contributes to improved workplace performance.

The Strategy also emphasises the benefits of alignment between the Department and other agency activities for workplace health and safety.

The Strategy was launched by the Minister of Labour in June 2005, together with an action plan that outlined actions and deliverables for the Strategy. The Department provides a progress briefing to the Minister of Labour twice a year and publishes an annual Snapshot of Progress that reports on annual progress and activities.

### ***Strategy Framework for Action***

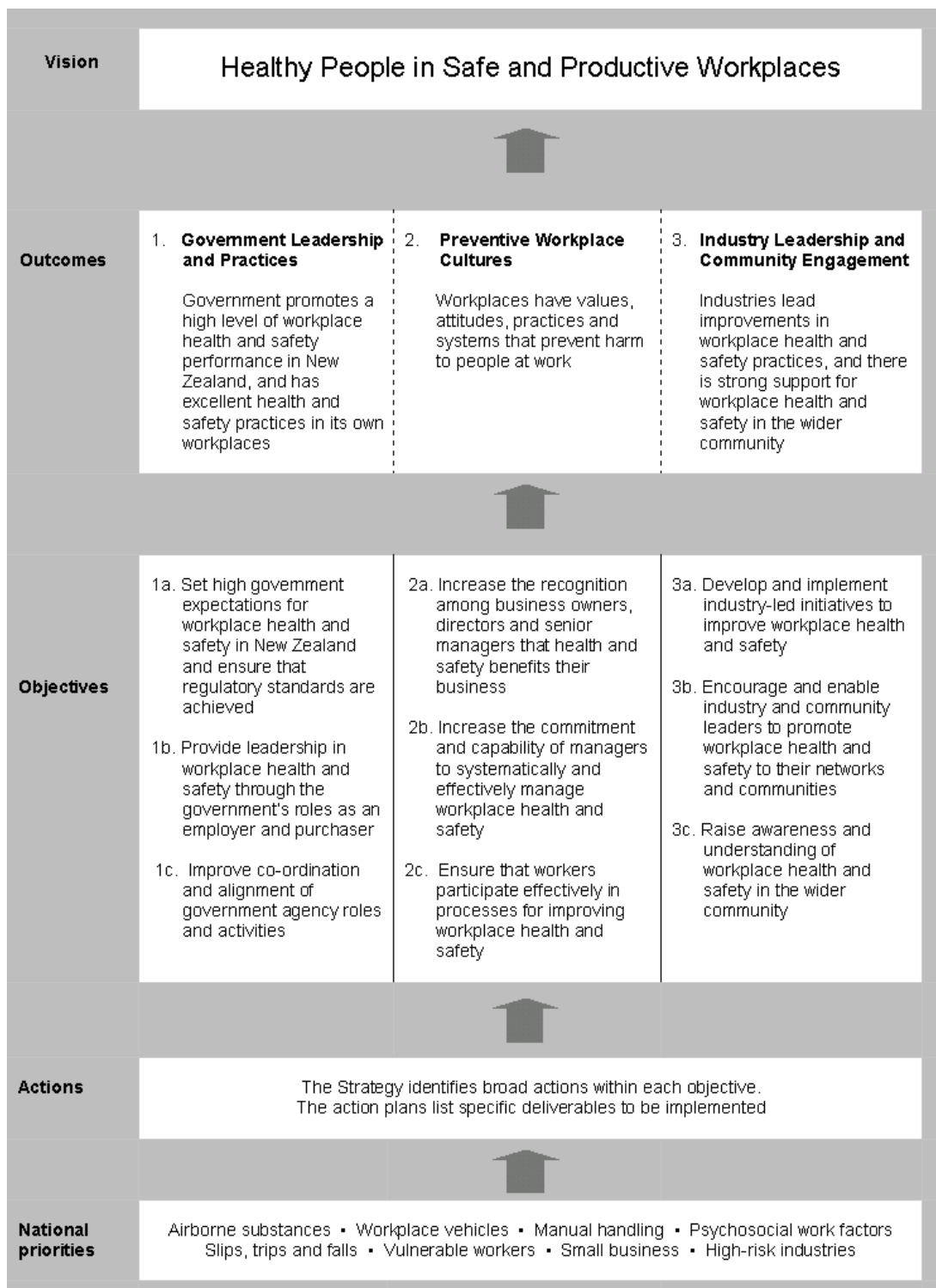
The Strategy Framework for Action outlines three long-term outcomes to contribute to its overall vision of Healthy People in Safe and Productive Workplaces:

- **Outcome 1: Government Leadership and Practices** – This recognises the government's role in promoting a high level of health and safety performance in New Zealand workplaces and leading by example through having excellent health and safety practices in its own workplaces.
- **Outcome 2: Preventive Workplace Cultures** – This recognises that developing workplace cultures will reduce work-related disease and injury. Cultures are enhanced when managers are committed to health and safety, workers and their unions are involved, sound management systems for health and safety are in place and businesses are willing to share information and learn.
- **Outcome 3: Industry Leadership and Community Engagement** – This recognises the importance of industry in improving workplace health and safety. Industry includes employer and industry associations, unions and training providers. Recognised industry and community leaders are also effective change agents and can influence practices within workplaces.

Each outcome is supported by three objectives, and these nine objectives were broken down into 49 actions.

The Strategy also outlines eight national priorities that account for a significant proportion of all work-related diseases and injuries in New Zealand. They also reflect emerging health and safety issues and target groups of businesses or workers who are more at risk. These national priorities (airborne substances; workplace vehicles; manual handling; psychosocial work factors; slips, trips and falls; vulnerable workers; small businesses; and high-risk industries) are intended to be used as a means of focusing the objectives and targeting activities.

## Framework for Action



### The Department's role

The Department plays a dual role in the Strategy through its leadership in facilitating, evaluating and monitoring the progress of the Strategy, and as a prime contributor to the Strategy outcomes via its functions under the Health and Safety in Employment Act 1992 (HSE), Hazardous Substances and New Organisms Act 1996 (HSNO) and Injury Prevention, Rehabilitation, and Compensation Act 2001 (IPRC).

### ***Related reviews***

Several reviews are currently under way in the health and safety and injury prevention sphere of influence:

- ACC Injury Prevention Legislation Review and stock-take of accounts (under way).
- New Zealand Injury Prevention Strategy review (under way).
- Road Safety Strategy 2020 review (under way).
- Department of Labour Workplace Group Business Process and Management Structure Review (under way).
- Reviews of health and safety and injury prevention advisory groups (under way).
- Regulatory reform reviews (signalled by government).

The outcomes of these reviews will have implications for the Strategy, which will need to be able to adapt to a changing health and safety policy environment. The Strategy also needs to support these reviews, particularly the regulatory reform reviews, to ensure the health and safety regulatory framework is fit for purpose, contributes to safe and productive workplaces and does not create an excessive or unnecessary compliance burden.

## 2. STRATEGIC CONTEXT

### *Competitiveness and safety in the recession*

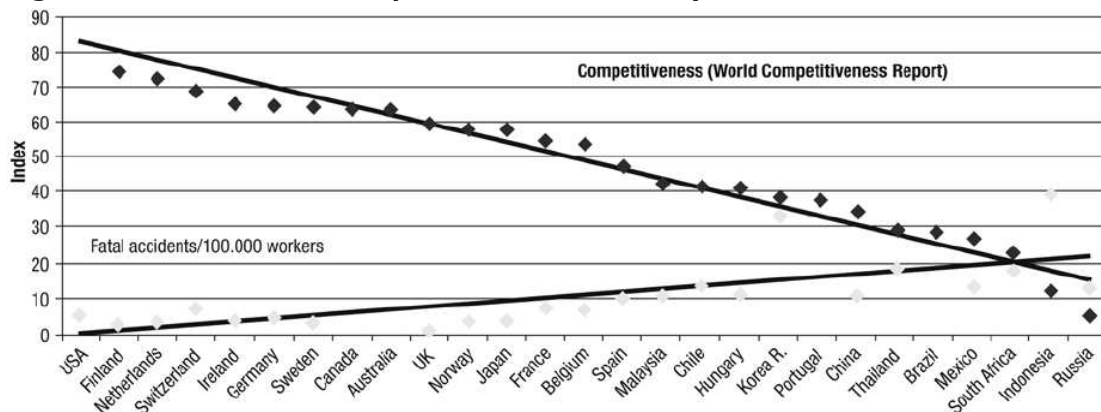
New Zealand is in the midst of a recession, with businesses and workplaces cutting costs to drive efficiency and maintain a competitive edge and with consequent pressure on business leaders to invest less in health and safety.

Health and safety indicators, such as the incidence of workplace injuries, tend to reduce in recessions, as fewer people are in work. If investment in the sector is not maintained, the injury and fatality rates may increase as we move out of the recession. Experience from previous recessions is that health and safety dangers can surface during the recovery period when employment rises in response to improved economic conditions.<sup>2</sup>

New Zealand's workplace health and safety performance is not where it needs to be. Based on 2005 data, the New Zealand Institute of Economic Research estimates the work toll of fatalities, injury and illness costs us \$16 billion a year – or around 10 per cent of gross domestic product (GDP). That takes into account a host of factors including lost quality of life and lost future earnings.<sup>3</sup> This cost is too high at any time, let alone in a global economic downturn. Consequently, reducing the New Zealand work toll is doubly important.

The clear link between competitiveness and safety was illustrated by the International Labour Organisation (ILO) when it plotted the International Institute for Management competitive rankings against its own occupational health and safety rankings (see Figure 1). The rankings show a strong link between high safety and high competitiveness.<sup>4</sup>

**Figure 1: World rates in competitiveness and safety**



Source: ILO, from data by IMD and ILO.

<sup>2</sup> Research Report 386 *Trends and context to rates of workplace injury*, Warwick Institute for Employment Research, 2005, available at <http://www.hse.gov.uk/research/rrhtm/rr386.htm>.

<sup>3</sup> New Zealand Institute of Economic Research, *Volume 1 Risk Landscape*, Report to the Department of Labour, May 2008.

<sup>4</sup> International Labour Office, *Safety in Numbers – Pointers for a global safety culture at work*, Geneva, 2003.

This relationship is further validated at the firm level by United States research that demonstrates the positive link between safety leadership, safety performance and business excellence.<sup>5</sup> Whether viewed at the national or firm level, workplace health and safety is a fundamental influence on New Zealand's economic performance.

The government is responding to the current recessionary environment with moves to minimise government expenditure across the public service, with key priorities to keep people in work and to minimise compliance costs to business.

Recommendations from this review process must necessarily reflect these wider government priorities, while also communicating the importance of maintaining a baseline investment in health and safety as an essential component of future productivity.

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<sup>5</sup> Krause, T.R., *Leading with Safety*, John Wiley & Sons Inc, 2005.

## **3. METHODOLOGY**

### **3.1 Strategy review process**

#### ***Focus for the review***

The review effectively sought to answer four questions:

- What progress has been made in workplace health and safety in New Zealand over the last three years?
- What is working well and should be continued or expanded?
- What are the main barriers to achieving healthy people in safe and productive workplaces?
- What should the current and future priorities for workplace health and safety in New Zealand be?

In addition to these questions, the review engagement activities were structured around four action areas. These action areas are outlined below and were developed to stimulate and inform public contributions to the review.

#### ***Leadership***

Health and safety is everyone's business – government, industry and community – and all need to take a significant role. Similarly, leadership is not solely about how senior a person is. It is also about their commitment and drive – their dedication to ensuring that health and safety is a fundamental part of their everyday business. Leadership is important at governance and management levels, but it is just as important on the shop floor, and that necessitates the active involvement of workers at every level.

#### ***Capability***

Capability involves equipping people and organisations with the necessary skills and confidence and providing the opportunity for them to contribute to improved workplace health and safety. Capability is critical when building healthy, safe and productive workplaces. This applies equally to small and large businesses and is critical to the work of professional groups and government agencies charged with developing health and safety policy.

#### ***Knowledge***

Developing effective systems, processes and policy requires sound knowledge. Knowledge informs leadership and fuels the development and maintenance of capacity in the health and safety sector. Knowledge includes health and safety research, incidence data, occupational health data, international trends, workplace experiences and the accessibility and quality of technical guidance.

#### ***Health and safety infrastructure***

Workplaces do not operate in a health and safety vacuum. There is a legislative framework, a worker compensation and rehabilitation scheme (ACC) and a range of training organisations and standards. In addition, workplaces operate in a wide and dynamic labour market. There are also workplace-specific systems and processes.

In combination, these constitute the infrastructure for health and safety in the workplace. This infrastructure reflects the expectations of government, industry and the community and provides the tools required for the health and safety sector to achieve higher levels of performance.

### **Review activities**

To ensure a comprehensive and representative assessment of the Strategy's performance, a range of activities was undertaken.

The review engagement activities comprised a series of consultation activities, including public events, consultation with agencies, in-depth interviews with a range of health and safety experts and practitioners and written submissions.<sup>6</sup>

The stock-take of activity<sup>7</sup> provided a summary of known workplace health and safety activities and deliverables since the introduction of the Strategy.

An international survey<sup>8</sup> was completed of health and safety strategies from the United Kingdom, Australia and Singapore.

The Department developed a draft Outcome Monitoring Framework,<sup>9</sup> identifying a set of baseline measures linking activities to results, to give context to all the health and safety activities under way.

The Workplace Health and Safety Council<sup>10</sup> was also reviewed, recognising the Council's leadership role in providing advice to the government about the implementation of the Strategy. The review considered the governance, accountabilities and delivery of the Council.

This review report draws the various review activities together to provide findings and recommendations about the actions and future priorities needed to improve workplace health and safety and the delivery of the Workplace Health and Safety Strategy.

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<sup>6</sup> Working Paper *Summary of written submissions*, unpublished report, Department of Labour, Wellington, 2009, and *Key Informant Interviews*, unpublished report, prepared by Litmus for the Department of Labour, Wellington, 2009.

<sup>7</sup> Working Paper *WHSS Stock-take: Detail and progress of activity 2005–2008*, Department of Labour, Wellington, 2009.

<sup>8</sup> Working Paper *Survey of International Workplace Health and Safety Strategies*, unpublished report, Department of Labour, Wellington 2009.

<sup>9</sup> Working Paper *Outcome Monitoring Framework – Document for Consultation*, Department of Labour, Wellington, 2009.

<sup>10</sup> Working Paper *Review of the Workplace Health and Safety Council – summary of interviews*, unpublished report, Department of Labour, Wellington, 2009.

## 3.2 Review engagement activities

### *Public consultation events*

The Department hosted a series of consultation events between 29 April and 5 May 2009 in Auckland, Wellington, Christchurch and Dunedin. The consultation events were attended by 157 people: 60 in Auckland, 35 in Wellington, 33 in Christchurch and 29 in Dunedin (Table 1).

**Table 1: Attendees at public consultation events by type and sector**

<b>Attendees by type</b>	<b>Number</b>	<b>%</b>
Academic	5	3
Employer	64	41
Employee/individual	27	17
Central government organisation	25	16
Industry or employer association	5	3
Industry training organisation	3	2
Local government organisation	7	4
Professional organisation	4	3
Union/employee representative	10	6
Volunteer/not for profit organisation	5	3
Other	2	1
<b>Total</b>	<b>157</b>	<b>100</b>

NB: There were no attendees from Māori or Pacific Island groups.

<b>Attendees by sector</b>	<b>Number</b>	<b>%</b>
Agriculture/horticulture	5	3
Communication services	1	1
Construction	13	8
Education	7	4
Finance and insurance	7	4
Fishing	1	1
Government services	31	20
Health and safety specialists	17	11
Manufacturing	13	8
Medical	10	6
Retail and wholesale trades	15	10
Tourism and hospitality	8	5
Transport and storage	2	1
Other	27	17
<b>Total</b>	<b>157</b>	<b>100</b>

NB: There were no attendees from the fishing or meat processing sectors.

### *Agency consultation*

Core agencies with designated or direct workplace health and safety responsibilities were specifically consulted with and included ACC, Maritime New Zealand (MNZ), Civil Aviation Authority (CAA), Ministry of Transport (MoT), Te Puni Kōkiri (TPK), Ministry of Pacific Island Affairs (MPIA), Ministry of Health (MoH), Environmental Risk Management Authority (ERMA NZ) and Ministry for the Environment (MfE).

Agency consultation was conducted through a three-staged process:

- Stage 1 – scoping workshop.
- Stage 2 – agency submission report.
- Stage 3 – summation workshop.

In addition to consulting with key delivery or policy agencies, consultation feedback was sought from the uniformed services within the public sector. This engagement involved a morning workshop with the New Zealand Fire Service, Department of Corrections, New Zealand Police and Department of Conservation.

### ***Stakeholder interviews***

The Department selected key informants with wide-ranging health and safety expertise and viewpoints, across business, unions, government agencies and others with a role in health and safety. A letter was sent to key informants inviting them to participate in an interview to inform the Strategy's review. Litmus, an independent research consultancy, then contacted key informants to confirm participation and to set up an interview time.

Litmus interviewed a total of 20 key informants, as detailed in Table 2.

**Table 2: Stakeholder interviewees by type**

<b>Stakeholder type</b>	<b>Number</b>
Large employers	4
Industry associations (including industry councils and advisors to business)	4
Unions	3
Government agencies	3
Health and safety practitioners	2
Small and medium enterprises	2
Occupational health expert	1
Academic	1
<b>Total</b>	<b>20</b>

NB: Five of the 20 key informants are also members of the Workplace Health and Safety Council.

Interviews were conducted using a semi-structured discussion guide. The discussion guide was designed to gather responses to the four review questions and four action areas. The guide also allowed for key informants to provide additional comments of relevance to the review of the Strategy.

Interviews were audio recorded, with key informants' permission, to assist with analysis and reporting. Interviews lasted one hour and were conducted in May 2009.

Results were collated on the basis of the four review questions and four action areas and then further analysed according to the sector that key informants represented – business, unions, government agencies and other (such as academic and health and safety practitioners).

### **Written submissions**

Fifty-eight submissions were received from a good representation of sector groups, employee organisations and government agencies. However, there were relatively few submissions from employers and small businesses. Geographically, Wellington was over-represented in the written submissions. Similarly, in terms of sector representation, although submissions were received from a good range of sectors, central government and the health sector were over-represented, and no submissions were received from the financial, retail, tourism or communications and IT sectors, or from Māori or Pacific Island groups.

Table 3 summarises the written submissions by type of individual or organisation, by sector and by geographic distribution. Nearly a third of submissions were from individuals/employees.

**Table 3: Written submissions by type, sector and region**

<b>Submitters by type</b>	<b>Number</b>	<b>%</b>
Academic	2	3
Employer	9	16
Employee/individual	16	28
Central government organisation	9	16
Industry or employer association	10	17
Industry training organisation	2	3
Local government organisation	1	2
Union/employee representative	7	12
Other	2	3
<b>Total</b>	<b>58</b>	<b>100</b>

<b>Submitters by sector</b>	<b>Number</b>	<b>%</b>
Agriculture/horticulture	2	3
Construction	5	9
Cross sector	1	2
Education	4	7
Forestry	3	5
Government services	16	28
Health and safety specialists	8	14
Manufacturing	6	10
Medical	3	5
Meat processing	1	2
Transport and storage	3	5
Other	6	10
<b>Total</b>	<b>58</b>	<b>100</b>

<b>Submitters by region</b>	<b>Number</b>	<b>%</b>
Auckland	16	28
Wellington	18	32
Christchurch	6	11
Dunedin	10	18
Government	7	12
<b>Total</b>	<b>57</b>	<b>100</b>

NB: There was one submission received from Australia.

### **3.3 Stock-take of activity under the Strategy**

The stock-take of activity,<sup>11</sup> undertaken in January and February 2009, provided a summary of known workplace health and safety activities and deliverables since the introduction of the Strategy. The stock-take explicitly made the link to the outcomes, objectives and actions outlined in the Strategy Framework for Action. It was intended as a tool to inform the Strategy review and answers the question: what activities have been undertaken and completed in the first three years of the Strategy?

Activities from each of the three Strategy annual Snapshot of Progress reports were used as the basis for the stock-take. Further progress updates were sought as necessary, either from six-monthly updates provided to the Minister of Labour, or from government agencies directly. Some activities (particularly those reported on over successive years or relating to the same general subject matter) were summarised and combined under general headings.

Tables were developed that mapped workplace health and safety activities and deliverables to the associated objectives and actions of each of the Strategy's three outcomes. Activities that related to more than one outcome therefore appeared in more than one table.

### **3.4 Survey of international workplace health and safety strategies**

A desktop survey of health and safety strategies<sup>12</sup> from three international jurisdictions (the United Kingdom, Australia and Singapore) was undertaken to investigate any areas of convergence in terms of focus, priorities or approaches. All jurisdictions use performance-based legislative frameworks like New Zealand.

### **3.5 Monitoring and measurement**

As part of the implementation of the Strategy, the Department was tasked with facilitating the identification of a set of valid and reliable indicators for measuring progress towards the Strategy's vision and outcomes. It was envisaged these indicators would complement activity reporting for the Strategy and provide a way to show, over time, whether workplace health and safety is improving, and if so, what works, and if not, what needs to be fixed.

As part of the 2009 review of the Strategy, the Department developed a draft Outcome Monitoring Framework (the Monitoring Framework),<sup>13</sup> identifying a set of baseline measures linking activities to results to give context to all the health and safety activities under way.

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<sup>11</sup> Working Paper *WHSS Stock-take: Detail and progress of activity 2005-2008*, Department of Labour, 2009.

<sup>12</sup> Working Paper *Survey of International Workplace Health and Safety Strategies*, unpublished paper, Department of Labour, 2009.

<sup>13</sup> Working Paper *Outcome Monitoring Framework – document for consultation*, Department of Labour, 2009.

The Monitoring Framework is arranged in a hierarchy, with measures at key points:

- Work toll measures showing overall workplace health and safety performance.
- Measures to show whether there has been improvement to employers' and employees' knowledge of workplace health and safety and their capability to make changes.
- Specific measures showing the effect of activities by all those agencies, businesses, unions, organisations and individuals working to improve workplace health and safety.

The Monitoring Framework is being developed in two phases:

- Phase 1 (completed as part of this review) draws together measures that are already available in existing survey, statistical or administrative data. Pulling these measures together provides an indication of our progress on improving health and safety.
- Phase 2 is longer term and recognises there are gaps that need to be filled. A significant example of this is occupational health.

### ***Draft national outcome indicators and measures report***

Development work has also begun on a national health and safety outcome indicators and measures report.

The report will provide an evidence-based commentary about injuries and fatalities in New Zealand and use a suite of health and safety outcome measures that have already been identified in the Monitoring Framework. The report will support the Department's reporting about activities under the Strategy.

## **3.6 Reviewing the Workplace Health and Safety Council**

The Council was established in 2007 to advise the government on workplace health and safety matters. The Council provides leadership and coordination in health and safety and advice to the government on relevant legislation, standards and policies.

The Council is a high-level tripartite body with membership from the government, employer and employee sectors. It was formed as part of New Zealand's ratification of the International Labour Organisation's Convention on Occupational Safety and Health (155).

Membership of the Council includes the Ministers of Labour and ACC, the President of the New Zealand Council of Trade Unions and the Chief Executive of Business New Zealand. A further four representatives, two each from the business and employee sectors, make up the eight appointees.

The Council has met eight times during its two-year operating period.

The Council was reviewed as part of the wider evaluation of the Strategy, recognising the Council's leadership role in providing advice to the government about the implementation of the Strategy. The Council considered the governance, accountabilities and delivery of the Council.

During April 2009, a series of 12 interviews were conducted with Council members and government officials from the Department of Labour, Statistics New Zealand and ACC. The interview questions sought to ascertain views of the governance, accountabilities and delivery of the Council and how to best structure and arrange the Council in the future.

The interviews were conducted in two ways. Key government officials were interviewed separately and specifically on the review of the Council. The Council members were questioned as part of a longer interview being undertaken for the Strategy review. These interviews considered issues specific to the Council as part of a shorter module of questions at the end of the informant interview.

The interviews were written up as a working paper for the Strategy review,<sup>14</sup> and a summary of the findings, conclusions and recommendations is included in this review report.

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<sup>14</sup> Working Paper *Review of the Workplace Health and Safety Council – Summary of Interviews*, unpublished paper, Department of Labour, 2009.

## **4. REVIEW FINDINGS**

### **4.1 Review engagement**

There was a high level of agreement and convergence of views across the diverse range of stakeholders. The key stakeholder interviews, consultation with agencies, public consultation events and written submissions all generated significant and substantive responses in relation to the review questions.

The full range of stakeholder feedback is summarised in tables on pages 27–29. Complete descriptions of the engagement findings are outlined in Appendix 2.

#### ***What progress has been made in workplace health and safety in New Zealand over the last three years?***

There was a strong sense across most stakeholders that the development and existence of a workplace health and safety strategy was a positive sign of progress. However, most stakeholders found it difficult to attribute progress in workplace health and safety to the existence of the Strategy. At the same time, many people felt that progress could be aligned with the vision and outcomes of the Strategy.

Much of the progress described by stakeholders was local progress and activity in their own workplaces, agencies or industries. These responses provided concrete examples of the Strategy in action and could be interpreted as a sign that people are making the connection between the overarching framework provided by a national strategy and their own workplace experiences.

Stakeholders who viewed the Strategy as still in a planning and early implementation phase believed there had been a moderate degree of progress in the leadership, capability and infrastructure action areas in the past three years.

Nevertheless, some stakeholders believed that little or no progress had been made. Stakeholders who thought the health and safety sector should be in the full implementation phase of the Strategy believed that progress was slow across all action areas.

#### ***What are the main barriers to achieving healthy people in safe and productive workplaces?***

There were extensive and comprehensive responses from stakeholders in relation to the barriers facing workplace health and safety in New Zealand.

Overall, there was strong agreement across all categories of stakeholders that the Strategy needed to provide greater direction and focus to ensure higher levels of activity.

In terms of leadership, there was acknowledgement that the Department had improved its engagement with industry, and there was support for this to continue.

Capability was generally considered as an important vehicle for driving positive change. However, there was broad agreement that there were unmet training needs amongst managers, supervisors and health and safety representatives. Professional competency of health and safety practitioners and inspectors also emerged as an area in need of attention.

There was also extensive comment made about the number of out-of-date health and safety standards and guidelines, as well as the gaps in New Zealand's health and safety data, at both the national and workplace level. Stakeholders were also in agreement that there was confusion between the respective roles of the Department of Labour and ACC.

***What should the current and future priorities for workplace health and safety in New Zealand be?***

There was almost total agreement that the Strategy needs to be rejuvenated to provide concrete direction and focused action. There was strong support for the Department to play a strong leadership role with workplaces and across government agencies. There was also support for the government to continue its recent momentum around stakeholder engagement. Occupational health and psychosocial issues also emerged as clear priorities for the future.

Improving workplace capability through training support, both at the manager level as well as health and safety representatives, was widely seen as an important ongoing priority, as was improving the competency framework for health and safety practitioners.

Stakeholders from all categories supported improving standards and guidance for workplaces. There was strong support from all quarters for improved health and safety surveillance and workplace data, including workplace health and safety metrics so businesses can benchmark their performance.

Improved interagency alignment and coordination was also a recurring priority raised by many stakeholders. Along these lines, there was a consistent desire from stakeholders for the Department and ACC to clarify their respective roles. In a related manner, the balance between incentives and deterrents was a common priority for many stakeholders, albeit with a contrasting range of views on where the appropriate balance lies. In essence, this feedback signals a desire for greater transparency in 'carrot and stick' approaches along the incentives-sanctions continuum.

Some of the identified barriers did not lead to matching suggestions for new priorities. One such discrepancy was the significant number of stakeholders who referred to inadequate resourcing for the Strategy or health and safety generally, while none proposed additional funding be provided.

Similarly, a significant number of stakeholders described deficiencies in various aspects of the Department's role in workplaces, but few suggested changes to the Department's programmes and policies as a priority for change.

***What progress has been made in workplace health and safety in New Zealand over the last three years?***

<b>Leadership</b>	<b>Capability</b>	<b>Knowledge</b>	<b>Health and safety infrastructure</b>
Increased awareness of workplace health and safety.	Improved employee participation and health and safety representative training.	Increased access to (and development of) resources to support health and safety.	ACC levy discount programmes have provided a strong incentive to improve health and safety practices.
Highlighting occupational health and psychosocial issues.	Increased industry-specific initiatives and programmes.	Established forums for recognising and celebrating workplace health and safety successes.	Prosecutions have raised profile of health and safety non-compliance and have acted as deterrents.
Improved collaboration and relationship-building.	Increased level of workplace health and safety in education.	Improved state of health and safety knowledge.	Progress in balancing proactive and reactive inspector functions.
Improved efforts and gains in high-risk sectors, notably forestry, agriculture and mining.	Increased awareness of the links between health and safety and productivity.		
Establishment of the Workplace Health and Safety Council.			
Appropriate leadership in health and safety from the Department, particularly over the last 18 months.			

**What are the main barriers to achieving healthy people in safe and productive workplaces?**

<b>Leadership</b>	<b>Capability</b>	<b>Knowledge</b>	<b>Health and safety infrastructure</b>
The Strategy is not pitched at the right level to encourage engagement across the sectors it is seeking to influence.	There are no reliable competency standards for health and safety consultants and intermediaries.	Standards and guidance published by the Department are often incomplete or out of date.	There is confusion about the respective roles of the Department and ACC in the workplace health and safety framework.
The Strategy does not set appropriate directions and goals for health and safety.	Health and safety representatives are unable to take an active role in the workplace.	Businesses cannot access information on causes of accidents or solutions to problems or hazards as they arise.	HSNO enforcement is not integrated, and there are low levels of compliance.
The Strategy is not directed at high-risk sectors/hazards.	There is a shortage of training for managers and supervisors in workplace health and safety.	Businesses cannot access data to benchmark their own performance in health and safety.	The role of industry accreditation/endorsement programmes and processes is unclear.
The Strategy does not pay adequate regard to Māori groups and individuals.	Workplace cultures do not support improvements in health and safety.	There is a lack of health and safety surveillance.	
The Strategy does not give enough emphasis to occupational health and psychosocial issues.	Smaller businesses have difficulty accessing health and safety knowledge and guidance.	Businesses need access to information and resources to promote workplace health and safety internally.	
The Department could take a more active role in leading the Strategy.	There is scope to improve technical capability within the Department.		
Ensure policy initiatives reach the 'coal face'.			



***What should the current and future priorities for workplace health and safety in New Zealand be?***

<b>Leadership</b>	<b>Capability</b>	<b>Knowledge</b>	<b>Health and safety infrastructure</b>
Rejuvenate the Strategy by clarifying its direction and goals, including targeting high-risk sectors or hazards as appropriate.	Improve the utilisation of health and safety representative training.	Improve standards and guidance by maintaining and updating the Department’s standard-setting and guidance material, including sector-specific materials and tailoring for SMEs. This also includes improving the alignment of HSNO, HSE and ACC standards and guidance.	Improve government agencies’ alignment across the Department, ACC, designated agencies and other agencies.
Increase the emphasis on occupational health.	Improve the competency of health and safety consultants and intermediaries.		Maintain the consistent application of the HSE Act in workplaces by the Department.
Affirm and strengthen the Department’s leadership of the Strategy and reinforce it through the Department’s policies and programmes.	Improve business capability and workplace health and safety cultures (especially for managers, supervisors and small and medium-sized enterprises (SMEs)).  Implement health and safety education programmes in schools and for Pacific and migrant workers.	Improve health and safety surveillance and workplace data including causation data, particularly health and safety metrics, that workplaces can use to benchmark their performance against.	Maintain an appropriate balance between incentives and deterrents. This priority was characterised by contrasting preferences for an increased role for incentives by employers and ensuring appropriate levels of inspection of workplaces by employees and unions,

## **4.2 Stock-take of activity**

The stock-take yielded general information about the shape and form of workplace health and safety activity since the Strategy's inception, and the following observations were made based on that information.

### ***More activity under Government Leadership and Practices outcome***

Analysis of the stock-take entries showed that more than half of the reported workplace health and safety activity has been in relation to Outcome 1: Government Leadership and Practices. There were 123 completed/ongoing activities recorded under this outcome.

There are possibly two explanations for this occurrence. More activity may have occurred in this domain as a reflection of the government's leadership role (and/or a stronger sphere of influence in effecting change in the practices of its own agencies). Alternatively, health and safety activity initiated directly by industry may have been under-represented by the ongoing Strategy reporting process, leading to apparently lower levels of activity under the remaining two outcomes. It is most likely that a combination of both factors was involved.

### ***Strong Department of Labour involvement and leadership***

The stock-take indicated relatively high levels of Department of Labour leadership and involvement, appropriately reflecting the Department's role as guardian of the Strategy. The Department led or had involvement in 67 per cent of the reported activities under Outcome 1: Government Leadership and Practices, 40 per cent under Outcome 2: Preventive Workplace Cultures and 26 per cent under Outcome 3: Industry Leadership and Community Engagement.

### ***Government agencies lead majority of activity***

The diminishing level of departmental involvement reported above in relation to the three outcomes is possibly understandable, given the wide workplace and industry focus of Outcomes 2 and 3. It could be assumed that government involvement is taking a back seat to industry drive and innovation in these areas. However, the stock-take indicated that government agencies led 92 per cent of the health and safety activity reported under the Strategy. This may be due in part to under-reporting of activity from industry and to government agencies' ongoing reporting requirements providing easier access to information about government activity.

Positive industry involvement is still evident in a large number of government-led reported activities, and there are excellent examples of collaborative partnerships between government and industry leaders. There are also a number of significant industry-led initiatives captured in the stock-take including accreditation programmes, training and sector strategies.

### ***National priorities not always visible in reporting***

Stock-take entries explicitly mention ongoing programmes of work relating to airborne substances and vulnerable workers, two of the Strategy's national priorities. The remaining priorities are implicitly represented across a variety of

activities. Because direct links have not been made to the national priorities in the action reporting template, people may assume that work in these areas has languished or received less attention.

For example, the development of the Hazard Handler online tool has a strong link to the national priority for small businesses, because it is designed to help small businesses kick-start their hazard management systems. In addition, the content of the Hazard Handler contributes to several other national priority areas, notably high-risk industry; slips, trips and falls; and manual handling.

### ***Hierarchical structure of the Strategy confuses reporting***

Action reporting under the Strategy has traditionally involved linking workplace health and safety activities to a specific strategy action or actions (and the associated objective and outcome). In several cases, activities cross the boundaries, having relevance to multiple aspects of the Strategy Framework for Action. This illustrates the connectedness of the Strategy in achieving the ultimate vision.

In some cases, activities have been linked generally to an entire objective instead of a particular action under that objective. The effect on the stock-take was to over-represent activity under some of the actions.

This also points to a level of specificity in the Framework for Action that proves too restrictive to support effective reporting on the Strategy's implementation. It may be that the outcomes and objectives provide a sufficient structure for reporting activities in the future.

## **4.3 Survey of international workplace health and safety strategies**

### ***International practice supports a strategic process***

The international survey underlined the importance of a strategic process for health and safety. Instructively, a set of strategic themes, shared by all jurisdictions, emerged from the international examples, specifically the importance of:

- effective regulatory frameworks and enforcement capacity
- improving the skills, competence and guidance for workplace participants
- sector or industry-based programmes
- evidence-based prioritisation and targeting of workplace health and safety activities.

### ***Strategic approaches***

In addition to these strategic themes, a set of foundational approaches emerged to leading workplace health and safety improvements, namely:

- proactive stakeholder engagement and communication
- specific performance targets for the Strategy period
- government agencies 'walking the health and safety talk'
- focusing on workplace culture.

Of particular note, all of the strategies surveyed, with the exception of the HSE UK strategy, have adopted specific performance targets. These targets invariably relate to reductions in work-related fatalities and the incidence of workplace injury.

The Australian national strategy had two targets:

- To sustain a significant, continual reduction in the incidents of work-related fatalities with a reduction of 20 per cent by 30 June 2012.
- To reduce the incidence of workplace injury by at least 40 per cent by 30 June 2012.

These targets were cited as a key factor in positively contributing to the progress of the national strategy. All of the State strategies contained explicit references to the national targets and monitored their respective performance against those targets.

The Singapore strategy set a 10-year target to halve the number of work-related fatalities to 2.5 per 10, 000 workers by 2015. An earlier UK strategy – Revitalising Health and Safety – also included specific targets:

- Reduce the number of working days lost per 100,000 workers from work-related injury and ill health by 30 per cent by 2010.
- Reduce the incidence rate of fatal and major injury accidents by 10 per cent by 2010.
- Reduce the incidence rate of cases of work-related ill health by 20 per cent by 2010.

#### ***Links to the New Zealand Workplace Health and Safety Strategy to 2015***

The Strategy picks up on these international strategic themes and approaches. Consequently, this survey affirms that the Strategy Framework for Action, intervention mix and Strategy principles are consistent with international leading practice.

## **4.4 Monitoring and measurement**

### ***Feedback on the Outcome Monitoring Framework***

Development of the Outcome Monitoring Framework (the Framework) showed that it is still a work in progress, and a full sense of the effectiveness of the Strategy will only show up over time. There are also significant limitations in the available measures, such as the ability to measure occupational health outcomes.

The Strategy review consultation process consistently identified the lack of good metrics about health and safety as a problem, while acknowledging the significant contribution of Statistics New Zealand and ACC data sets to the current state of knowledge about health and safety in New Zealand.

Feedback on the Framework itself was limited. There was explicit enthusiasm for the project, particularly the ability to draw on existing measures and make better use of information already gathered. Others urged the need for caution about

over-surveying of businesses to fill information gaps and noted the Framework's technical complexity.

### ***Progress on measures***

Development of the Framework identified it is possible to agree on key measures that, when taken together, will show whether health and safety is improving in New Zealand workplaces. The process showed that the work toll statistics are essential but are not the only important measures needed to understand overall progress.

A range of measures is already available from existing statistics and surveys. These measures can be collated and presented into a single report that documents progress against measures on health and safety in workplaces.

Review feedback highlighted the value in developing a draft health and safety outcome indicators and measures report that contains the phase 1 Monitoring Framework measures. This would let stakeholders see how a report might look and would give a better basis for assessing its practical value for ongoing monitoring.

## **4.5 The Workplace Health and Safety Council**

All of those interviewed supported the continuance of the Council and had observations and suggestions for how the Council's governance, accountability and delivery could be improved.

### ***Support for the Council to continue***

There was general support for the Council to continue and to develop in its role, recognising it is still at an early stage of delivery. The Council is now at a critical point, and it is timely to review the government expectations of the Council and how these will be reflected in future support.

The Council has been in place for two years and, in this time, has established itself and brought its knowledge and working practices to the level required of such a body. However, there are clear indications from those interviewed, the Department and Council members themselves that the Council needs to take the next step and become a more actively engaged peak body in workplace health and safety.

### ***Matching Council activity to the terms of reference***

Some participants sought a better match between the current Council terms of reference and what it does. Activities not regularly undertaken but that are included in the terms of reference include:

- commenting on strategic accountability documents of government agencies that are delivering services or outputs in the workplace health and safety area
- being consulted on draft Cabinet papers relating to matters of strategic national or international importance for workplace health and safety
- preparing an annual report on the Council's activities and summarising its key findings and recommendations.

### ***Government's role***

Some participants questioned whether the government should be represented at the Council by the responsible Ministers of Labour and ACC or whether it should be represented instead by the relevant senior officials, such as the Secretary of Labour and Chief Executive of ACC.

The Department performs several roles in relation to the Council. These include acting as Council Secretariat and analytical resource, provision of advice about the Department's activities and acting as lead government agency for the Strategy. Some participants felt any changes to the Council would need to be carefully considered to ensure that no conflicts of interest arise for the Department.

### ***New Zealand Injury Prevention Strategy***

The New Zealand Injury Prevention Strategy (NZIPS) is undergoing a five-yearly evaluation, and this will include consideration of the current injury priority areas (which include workplace injuries and occupational disease) and the various governance and advisory arrangements supporting NZIPS. Any changes arising from the evaluation that may impact on the priority areas will need to be considered.

### ***Key issues raised for further discussion***

Six issues emerged from the interviews that require further consideration and discussion. These key issues relate to the Council's governance, roles and functions as set out in the terms of reference for the Council and are addressed in the review's recommendations. The matters requiring further consideration include:

- government's role on the Council
- the Council's role in relation to the Strategy
- the range of activities undertaken by the Council
- resourcing and support for the Council
- the relationship of the Council to other advisory groups
- strengthening the networks of employers, employees and government agencies that the Council members are involved in.

## 5. CONCLUSIONS

### ***The Strategy is sound***

There is support for the Strategy. Stakeholders from across the sector provided consistent feedback that affirmed the need for the Strategy.

At a high level, the Strategy's framework, outcomes and approaches have been affirmed as sound and consistent with leading international strategies from the United Kingdom, Australia and Singapore.

Indeed, a group of key stakeholders saw the development and existence of the Strategy as significant progress for New Zealand health and safety in the workplace.

### ***There has been progress on workplace health and safety***

Whilst a direct attribution to the Strategy is difficult to establish, the review identified practical and encouraging achievements from the last three years, including:

- increased awareness of health and safety, including occupational health
- improved workplace participation as evidenced by 25,000 trained health and safety representatives
- improved 'carrots and sticks'
- high profile prosecutions and increased fine levels under the HSE Act
- new incentives for health and safety practices through the ACC levy discount schemes
- development of industry-led initiatives including:
  - accreditation and training programmes (for example, Operate Safe, Site Safe, Responsible Care)
  - sector strategies (for example, Electricity Engineers' Association, NZ Forest Owners Association, WasteMINZ)
  - emerging CEO health and safety forum.
- improved knowledge base as evidenced by the National Occupational Health and Safety Advisory Committee research legacy and Statistics NZ's national plan for the collection and management of injury prevention data.

### ***The Strategy needs a clear direction to focus action***

The review has revealed widespread agreement that the Strategy needs to provide clearer direction to engage stakeholders at the workplace level. On broader analysis, an implementation gap has emerged between the high-level Strategy framework and concrete action at the workplace, industry or hazard level.

Whilst the vision and outcomes of the Strategy are accepted by stakeholders, there is a recurring sense that there is significant distance between implementation activities and the strategic intent. No single issue emerged to explain this implementation gap; rather, a combination of contributing factors surfaced from the review findings.

These included the need for:

- more clearly defined and publicly stated priority areas for action
- stronger leadership of the Strategy by the Department (building on improved momentum over the last 18 months)
- a monitoring framework (and health and safety metrics) the absence of which has constrained stakeholders' ability to gauge progress and refine activity
- stronger collective ownership of the Strategy across all stakeholders.

### ***There is agreement on the health and safety problems that need fixing***

There was collective agreement about the range of health and safety problems stakeholders want to see resolved. This provides fertile context to focus action.

Specifically, the key set of priority issues that emerged included:

- improved focus and delivery for occupational health issues
- the need for enabling policies and practices that support sector-based approaches (that is, high-risk industries, industry accreditation)
- workplace capability, guidance and standards (especially for small businesses)
- worker participation in workplaces, including health and safety representative training
- competency standards for health and safety professionals.

These problems are not new to government, industry, unions or workplaces, nor do they represent the sum of all problems in workplace health and safety. However, they are significant and need fixing.

As evidenced in the findings, several initiatives are already under way seeking to resolve these problems, but as also testified by the findings, there is a clear need for better coordination, collaboration and communication. This would better leverage scarce resources and energy and enable more demonstrable and substantive progress.

While these problems align neatly to the Strategy framework through its outcomes, objectives and national priorities, the Strategy's implementation requires greater leadership, coordination or direction. Some process or mechanism is needed to fill the implementation gap, translating the strategic intent into action.

### ***The Strategy needs rejuvenation to be more effective***

Based on the review findings and the above discussion, there is widespread support across all categories of stakeholders to see the Strategy rejuvenated and reaffirmed. International experience and stakeholder feedback strongly point to foundational approaches to rejuvenate the Strategy:

1. Improving stakeholder engagement.
2. Improving cross-agency leadership and coordination.
3. Prioritising a finite set of actions areas for collective focus.

#### *Stakeholder engagement*

The existence of the Strategy is explicit recognition that government alone cannot achieve the vision of healthy people in safe and productive workplaces.

All participants have roles and responsibilities in the workplace – government, workers, employers, communities and practitioners. Each participant brings different perspectives, expertise, influence and problems.

However, simply stating everyone has a role does not mean that role is understood, will be taken seriously or will mutually reinforce other participants' efforts.

More effective engagement with stakeholders on the Strategy is a practical means of agreeing the problems and priority areas and encouraging collective action. Several effective engagement methods were identified from international health and safety strategies, including:

- tripartite groups (within the workplace and at the national level, like the Council)
- public pledges of commitment to the strategies' vision or principles
- 'safety week' programmes
- health and safety road shows
- business and workplace advisory seminars
- industry-based steering groups
- interagency consultation.

Specifically, a focused group of stakeholders emerged as wanting to be more effectively engaged with on workplace health and safety.

- **Māori** – The review findings indicated that Māori had not been well engaged with over the first three years of the Strategy. Iwi groups are increasingly significant business players, and Māori workers are over-represented in high-risk sectors (for example, fishing, forestry and construction).
- **Small businesses** – There was extensive feedback on the challenges faced by small businesses, in terms of accessing health and safety information and advice as well as ensuring appropriate, tailored and targeted tools and guidance is available.
- **Workers** – Enabling and supporting active worker participation on health and safety in the workplace was a strong theme from written submissions. Specifically, engaging employers on worker participation was an identified challenge in need of ongoing focus.
- **Business leaders:** The ability of business leaders to influence and champion positive safety cultures within their firms and across their supply chains surfaced in the review findings. The emerging CEO health and safety forum demonstrates the potential in this area.

#### *Improving cross-agency leadership and coordination*

The review identified a clear need for improved government coordination and collaboration. The respective roles of the Department and ACC, improved leadership across designated agencies (Civil Aviation Authority (CAA) and, Maritime NZ New Zealand (MNZ)) and the enforcement of the HSNO Act were specific issues.

Revitalising and refocusing the Strategy government interagency group represents a concrete action to improving this coordination and alignment of effort across government. Likewise, the Council's refined governance role could be an allied improvement flowing from the review.

These actions enable the Department and other agencies to transparently reflect the Strategy's priorities in their individual and shared work programmes.

In addition, the review identified the public sector's health and safety performance as an area in need of renewed leadership. As significant employers, public sector agencies need to be seen to be taking a proactive lead on health and safety.

#### *Prioritising a finite set of action areas for collective focus*

International experience strongly validates the efficacy of developing and promoting a finite promoted set of priorities to focus attention and maintain awareness. The emergent problems identified above provide a pragmatic starting point.

#### ***The Strategy needs to fill the implementation gap***

Looking at the review findings as a whole, there is a demonstrable need to fill the implementation gap. One practical option would be for the Department to lead the development of a three-yearly national action agenda.

An action agenda could combine government priorities with the Strategy framework to produce a refined and achievable set of action or priority areas that are:

- evidence-based
- responsive to stakeholder needs and expectations
- time bound and measurable
- based on good law and reducing unnecessary compliance burdens.

The action agenda would address stakeholders' desire for more demonstrable leadership by the Department and engagement, with enabling of industry-led improvements as well as improved collaboration across government.

Furthermore, the action agenda concept is well validated by international jurisdictions. Strategies from Australia and Singapore utilise action-planning processes as a mechanism to engage and involve multiple stakeholders and build practical agreement on priorities, actions and measures for success.

It is worth noting that, when the Strategy was launched, it was accompanied by an action plan. However, as was highlighted in the stock-take findings, this initial action plan had limitations that constrained its ability to drive strategic activity. It was restrictive and overly detailed (with well over 100 actions), and with only a one-year horizon, represented a year-by-year 'to do' list rather than a strategic plan for action.

An action agenda's priorities would not be overly detailed but rather would be delivered or progressed by work programmes. In short, the agenda would provide the focus and programmes would do the work, enabling greater flexibility of approach and involvement of the right people or agencies as appropriate.

An action agenda would also provide a constructive mechanism to developing national targets for the Strategy. National targets are a hallmark characteristic of international strategies and could provide practical signposts for the action agenda's effectiveness.

Furthermore, an action agenda with agreed targets, three-year timeframe and respective programmes would provide a nimble and flexible approach that could be monitored, reviewed and refined as required.

### ***New Zealand needs to build and strengthen its monitoring and measurement capacity***

As is often said, it is hard to manage what you cannot measure. The review consistently identified the lack of good data and health and safety measures as a problem. Poor data and health and safety metrics are an issue at the national, enterprise, industry and hazard levels.

Health and safety practitioners and agencies, particularly those with a health focus, made extensive reference to the lack of comprehensive or even indicative health and safety surveillance data, resulting in the extent of the problem remaining unknown. Likewise, businesses, industry associations and others expressed a desire for better measures to enable them to benchmark performance and improvements in health and safety over time.

The establishment of Statistics New Zealand's national plan for the collection and management of injury prevention data was considered a positive development in being able to accurately describe the size and scope of the health and safety problem. However, this was qualified with a range of views indicating that considerable room for improvement remains.

The National Occupational Health and Safety Advisory Committee (NOHSAC) and its many reports were widely seen as a positive contribution to New Zealand's state of health and safety knowledge. There was support for this body of knowledge to be more effectively translated into workplace programmes and initiatives.

Practically, development of the Outcome Monitoring Framework has identified it is possible to agree on key measures that, when taken together, can show whether health and safety is improving in New Zealand workplaces. Positively, many of the measures already exist but are poorly communicated. The Framework itself is still a work in progress, and there are also limitations in the available measures, such as the ability to measure occupational health.

Work has begun to collate and present existing measures into a single report that documents progress against measures on health and safety in workplaces in New Zealand.

While there are areas of progress in building a better knowledge base, priority needs to be given to build and strengthen capacity in monitoring and measurement for workplace health and safety in New Zealand.

***There is support for the Workplace Health and Safety Council***

The Council has been in place for two years and, in this time, has brought its knowledge and working practices to the level required of such a body. However, there are clear indications that the Council needs to take the next step and become an actively engaged peak body in the workplace health and safety area, driving the Strategy and taking a lead role in workplaces.

There is support for the high-level tripartite governance structure of the Council to continue. There is also support for maintaining the high-level strategic focus of the Council, recognising there could be potential to expand the Council's focus and resources to convene sub-groups focused on specific issues or topics.

***There are productivity reasons for getting it right***

New Zealand's workplace health and safety performance is not where it needs to be. The financial and social cost of this work toll is huge at \$16 billion a year. This cost is too high at any time, let alone in a global economic downturn. Consequently, reducing the New Zealand work toll and its burden is doubly important.

As illustrated in the strategic context section, economic competitiveness and workplace health and safety are related. This relationship is further validated at the firm level by international research demonstrating the positive link between safety leadership, safety performance and business excellence.

Therefore, whether viewed at the national or firm level, workplace health and safety is a fundamental influence on New Zealand's economic and social performance. Consequently, the Strategy and its future direction should be seen not only as the foundation of New Zealand's approach to workplace health and safety, but also as a critical component of a productive and resilient New Zealand.

## 6. REVIEW RECOMMENDATIONS

The following recommendations are based on the review findings and conclusions.

<b>Review recommendations</b>	<b>Possible action areas</b>	<b>Strategy links</b>
Reaffirm and rejuvenate the Strategy as the rallying point for driving workplace health and safety in New Zealand by:	• Better engagement on health and safety with small businesses, business leaders and workers.	1a
	• Improving engagement with Māori groups and individuals	1a
	• Better alignment of designated and lead agencies in the public sector.	1a
	• Improved leadership of health and safety through:	2b, 3b
• improving stakeholder engagement	○ refining and refocusing the Council	1b
• improving cross-agency leadership and coordination	○ supporting a CEO health and safety forum	2c
• prioritising a finite set of action areas for collective focus.	○ championing public sector health and safety performance.	
	• Clear and action-focused direction for all stakeholders.	
Develop a three-year national action agenda for workplace health and safety by March 2010 that will be:	• Improved focus and delivery for occupational health issues.	1c, 2a
	• Sector-based approaches (that is, focused on sectors with high rates of injury and disease, industry accreditation) supported with enabling policies and practices.	2b
	• a refined and achievable set of action or priority areas	
	• evidence-based	3a
	• prioritisation and targeting of workplace health and safety activities	1a
	• responsive to stakeholder needs and expectations	2c, 3a
	• responsive to the particular needs of Māori for workplace health and safety.	
• time bound and measurable		
• based on good law and reducing unnecessary compliance burdens.		
Build and strengthen the monitoring and measurement capacity for workplace health and safety.	• Improved monitoring and benchmarking of health and safety performance at a national, sector and enterprise level.	1a
	• National targets for the Strategy.	1a
	• A national health and safety outcome indicators and measures report.	1a



## 7. NEXT STEPS

The review report is one step in a phased process. The real work and critical next steps require that the recommendations be picked up and delivered on.

As lead agency, the Department will progress the Strategy through the next phases of activity. Now that the consultation and recommendations are complete, the Strategy is moving into an agenda-setting phase.

Whilst the Department will undertake this process in association with the Council, it will be critical to involve and have the support of lead agencies, industry associations, unions and employee groups, workplaces, business leaders, Māori and the wider community.

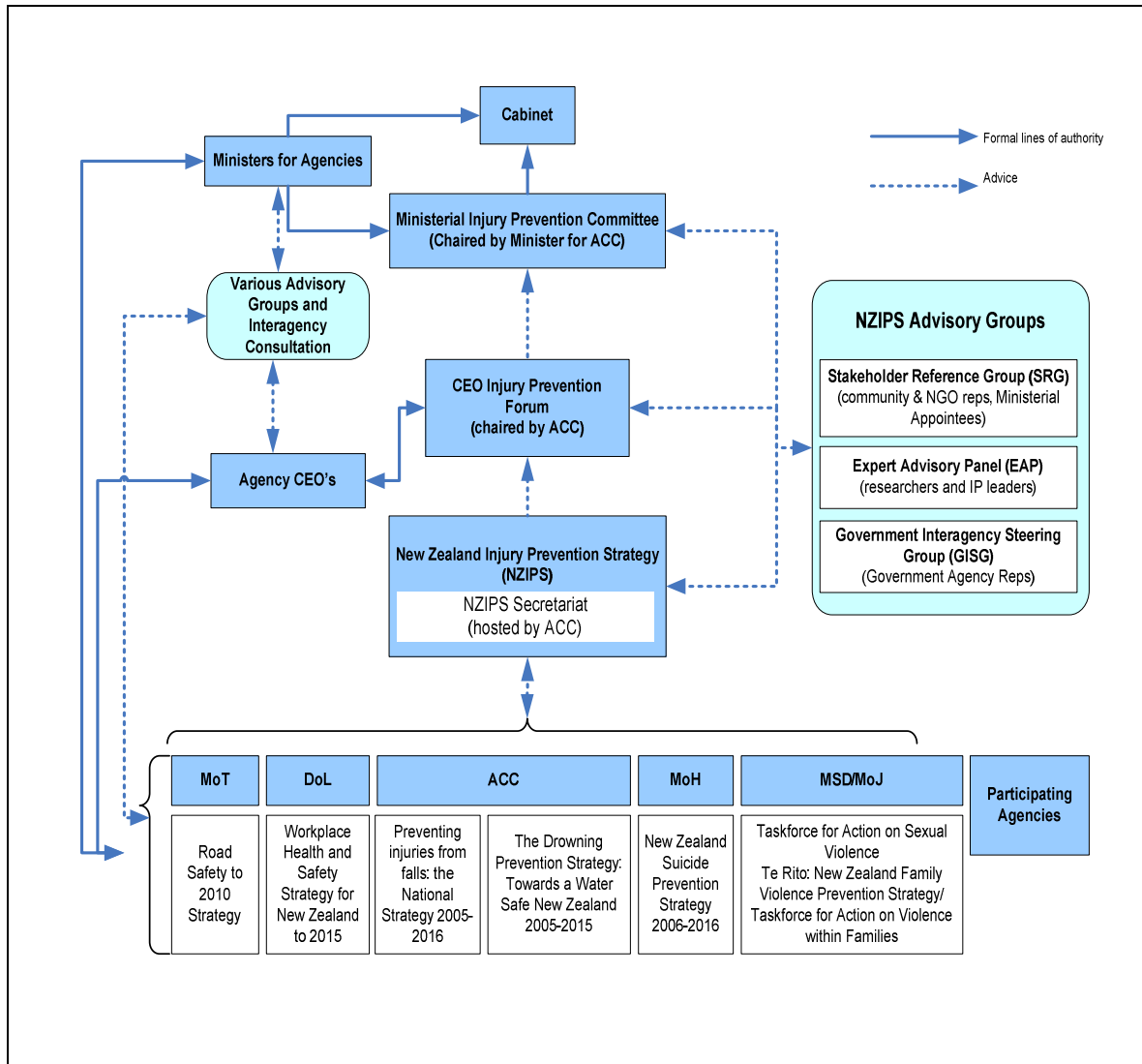
### ***Implementation timeline***

<b>Review and implementation phase</b>	<b>Timeline</b>
Strategy consultation	February–June 2009
Review analysis and recommendations	June–July 2009
Report consideration and sign-off by Minister of Labour	September 2009
Report findings and Minister’s decisions disseminated	October 2009
National action agenda setting	By March 2010
National action agenda implementation	2010–2013

## **8. REVIEW WORKING PAPERS**

- *WHSS Stock-take: Detail and progress of activity 2005–2008*, Department of Labour, Wellington, 2009.
- *Outcome Monitoring Framework – document for consultation*, Department of Labour, Wellington, 2009.
- *Survey of International Workplace Health and Safety Strategies*, unpublished report, Department of Labour, Wellington 2009.
- *Summary of written submissions*, unpublished report, Department of Labour, Wellington, 2009.
- *Key Informant Interviews*, unpublished report, prepared by Litmus for the Department of Labour, Wellington, 2009.
- *Review of the Workplace Health and Safety Council – summary of interviews*, unpublished report, Department of Labour, Wellington, 2009.

# APPENDIX 1: NEW ZEALAND INJURY PREVENTION STRATEGY GOVERNANCE STRUCTURE



## **APPENDIX 2: KEY FINDINGS FROM ENGAGEMENT ACTIVITIES**

### **1. What progress has been made in workplace health and safety in New Zealand over the last three years?**

#### ***Leadership***

##### *a. Increased awareness of workplace health and safety*

There was strong agreement from more than half of the stakeholders that general awareness of workplace health and safety has increased since the launch of the Strategy in 2005 – for both workers and employers. Some saw that health and safety is becoming the norm and more integrated into core business rather than being seen as an additional task. Others noted the role of large business or industry leaders in leading and achieving culture change, in some instances, stating that small businesses are still struggling by comparison. Conversely, there was also a range of feedback that cited the low profile of workplace health and safety in New Zealand as a barrier.

##### *b. Highlighting occupational health and psychosocial issues*

A group of stakeholders indicated that the Strategy has gone some way towards raising the profile of occupational health and disease. However, it was also signalled that an ongoing emphasis on occupational health and psychosocial issues (stress, bullying and fatigue) was needed.

##### *c. Better collaboration and relationship building*

A significant group of stakeholders cited improved collaboration on a number of different levels – between government agencies, between government and industry, within industry and within workplaces (between management and employees). A range of activities were provided as evidence (Puataunoko project, Forestry Safety Culture, Construction Safety Focus Group in Taranaki, partnership reference group forums).

The continuation and expansion of collaboration between government agencies to achieve common goals in the health and safety space and reach a wider audience was a common theme among submissions received from other government agencies.

##### *d. Directing the Strategy at high-risk sectors/hazards*

A small group of stakeholders noted that the Strategy has resulted in improved efforts (and associated gains) in particular high-risk industries, notably forestry, agriculture and construction, among others. ACC's Priority Industry programmes are one example in this regard.

Similarly, the introduction of health and safety best practice guidelines for high-risk areas and leadership by some employers in high-risk industries, including the introduction of senior health and safety roles in some large businesses, was seen as progress and should be continued.

*e. Appropriate leadership in health and safety from the Department of Labour*

A number of stakeholders commented that the Department of Labour should continue leading and working alongside industry to facilitate improved health and safety outcomes. Focus groups and fora such as the safety leadership summit and Construction Safety Focus Group in Taranaki were cited as examples. Specific projects such as that occurring in forestry were also commended.

A small number of stakeholders suggested that the Department needed to take a stronger leadership stance, presenting clear positions on issues rather than taking a more consultative approach.

*f. Establishment of Workplace Health and Safety Council*

The establishment of an overarching strategic high-level body to provide a forum for promoting and discussing health and safety issues was considered to be an important aspect of the progress under the Strategy by some stakeholders.

**Capability**

*a. Employee participation and health and safety representative training*

There was strong agreement that the growth in the number of health and safety representatives to approximately 25,000 and their training was a key area of progress under the Strategy. Consequently, building on the progress made in the area of employee participation was a common theme.

There was strong support for ongoing health and safety representative training. Some stakeholders recommended that this training be expanded to include managers/supervisors and that more funding be allocated. Providing more opportunities for health and safety representatives to be part of a wider network, supporting each other and sharing ideas (beyond training) was also advocated.

A smaller group of stakeholders advocated an expansion of the role of the health and safety representatives to become an integral part of any investigation undertaken by the Department of Labour and to have increased powers in the workplace. There was also a small group of submitters calling for an approved code of practice for employee participation.

*b. Industry-specific initiatives and programmes*

The development of industry-led, government-supported programmes in high-risk sectors – such as FarmSafe, Site Safe, Operate Safe and FishSAFE – were outlined as positive steps. In a related manner, some stakeholders noted initiatives and programmes tailored to the needs of specific high-risk sectors as progress. However, some also qualified this by outlining implementation difficulties, particularly for smaller businesses.

There was a related call by a group of stakeholders to improve capacity in businesses by supporting the encouragement and extension of integrating health and safety through all levels in the workplace, from senior management down.

*c. Workplace health and safety in education*

There was a range of commentary from stakeholders on the value of introducing education programmes targeting school students, Pacific peoples and migrant workers. The importance of ensuring that education and training programmes provided participants with a good grounding in health and safety issues was a common theme. Some noted that industry training and apprenticeships were providing this in some instances and called for it to continue. Other stakeholders outlined the value of introducing health and safety to students while still at school so they are well equipped to become future workers.

A number of stakeholders mentioned basic level on-the-job training in particular industries, with Site Safe commonly cited. Expanding these programmes to encompass managers/supervisors was seen as a way to increase effectiveness.

*d. Making links between health and safety and productivity*

Work demonstrating the links between effective health and safety and higher workplace productivity was cited as progress by a small group of stakeholders.

**Knowledge**

*a. Increased access to (and development of) resources to support health and safety*

There was a strong theme regarding continued information provision to raise awareness and support businesses to meet their obligations. Some focused on the various channels for communication to be expanded, such as the website, contact centre, social marketing campaigns, regular newsletters/updates for business and reality television programmes. Some noted the recent development of electronic options for reporting, risk assessment or training as showing promise.

Others were more concerned with specific topics, with suggestions including:

- wearing of personal protective equipment (PPE)
- HSNO
- the aged care sector
- psychosocial issues
- noise-induced hearing loss.

Information provided by ACC relating to injury prevention and safe return to work for injured employees was also mentioned as successful initiatives. There was also reference made to the increased emergence of individuals and organisations providing workplace health and safety services.

*b. Recognising and celebrating success*

Providing support and sponsorship to health and safety conferences and the annual Safeguard awards helps to raise the profile of health and safety by recognising excellence. Although this was mentioned by only a small number of stakeholders, it is linked to the common theme noted earlier under leadership about raised awareness.

*c. Improved state of health and safety knowledge*

The establishment of Statistics New Zealand's national plan for the collection and management of injury prevention data was considered a positive development in being able to more accurately describe the size and scope of the health and safety problem. However, this was qualified with a range of views indicating considerable room for improvement still remains.

The establishment of the National Occupational Health and Safety Advisory Committee (NOHSAC) and its many reports was widely seen as a positive contribution to New Zealand's state of health and safety knowledge. Some stakeholders noted the wealth of knowledge gained about health and safety from research undertaken by NOHSAC in years past and urged that this knowledge be utilised and expanded on to improve health and safety outcomes.

***Health and safety infrastructure***

*a. ACC levy discount programmes have provided a strong incentive to improve health and safety practices*

Programmes offering a reduction in ACC levies in exchange for evidence of health and safety systems and processes (such as the Partnership Programme, Workplace Safety Management Programme and Workplace Safety Discounts) were seen by a number of stakeholders as being a key mechanism in affecting change in businesses.

However, there was qualified support in this regard, with difficulties for small businesses, a need for expansion to other industries and issues of quality assurance being cited as areas for ongoing consideration.

Building on the incentive effect caused by ACC levy discount programmes was advocated by some stakeholders. Some suggested these should be measured based on the performance of businesses in reducing injury claims over time, not just processes.

*b. Deterrents and profile-raising effect of prosecutions*

There was a range of stakeholder agreement that high profile prosecutions and a higher level of fines have had a positive effect on public awareness and levels of business investment in health and safety. These views suggest that some employers are now starting to take workplace health and safety more seriously.

*c. Balancing proactive and reactive inspector functions*

Feedback about the role of the Department inspectorate covered a range of views.

Some stakeholders felt there should be more advisory visits to business by health and safety inspectors with the aim of suggesting and supporting improvements in practice. However, others felt that more enforcement visits were needed in order to effect change.

## **2. What are the main barriers to achieving healthy people in safe and productive workplaces?**

### ***Leadership***

- a. The Strategy isn't pitched at the right level to encourage engagement across or within the sectors it is seeking to influence*

A group of stakeholders expressed the view that the Strategy was addressed mainly at government agency level – not at sector or hazard level – and, as such, was pitched too high. They suggested that this made the Strategy hard to relate to and to apply meaningfully at the sector level or in individual levels where it is intended to make a difference.

Some suggested that the Strategy could be restructured at a level that is more immediate to those expected to put it into place. Various stakeholders proposed focusing on more sector- or hazard-specific goals or initiatives aimed at more easily identified workplace harms, rather than the current high-level descriptors and goals used by the Strategy.

- b. The Strategy doesn't set appropriate directions and goals for occupational health and safety*

In general, there was agreement on the broad outcomes sought by the Strategy, but some commented that there was a lack of more clearly stated objectives or directions to achieve change.

Some proposed the Strategy be phrased as one or more targets or measurable changes in outcomes that agencies and businesses could measure progress against.

Others asked for more direction-setting or priorities in terms of the wide range of activities described in the Strategy.

- c. The Strategy isn't directed at industries/sectors with high rates of injury and disease*

Feedback from some health and safety specialists and researchers commented that the Strategy is not having an impact on accident and rates of injury and disease because it is trying to be all things to all people, rather than targeting industries/sectors with high rates of injury and disease. They argued that only by reorienting the Strategy towards industries/sectors with high rates of injury and disease would the Strategy make the best use of scarce resource and have the greatest impact on accident and injury rates.

- d. The Strategy doesn't pay adequate regard to Māori*

Te Puni Kōkiri made extensive submissions on the need for the review of the Strategy to engage more directly with Māori groups and individuals.

*e. The Strategy doesn't give enough emphasis to occupational health and psychosocial issues*

This was one of the most commented on aspects of the Strategy. There were comments from most categories of stakeholders, but particularly from health and safety professionals and unions.

It was commonly stated that, although there was already some emphasis on occupational health and psychosocial issues in the Strategy, there needs to be more, as a better reflection of where the hazards and harms are located.

Health and safety professionals commented that the Strategy needs to be recast to place more emphasis on occupational health hazards for it to be effective.

There were extensive reference to the prevalence and significance of psychosocial hazards and the impact they have on all aspects of health and safety practices, and, even more significantly, workplace cultures in support of health and safety.

*f. The Department of Labour needs to take a more active role in leading the Strategy*

The important leadership of the role of the Department in leading the Strategy was commented on indirectly or in passing in many submissions. Whilst no stakeholders suggested the Department of Labour was not the best agency to lead the Strategy, some were critical of the level of leadership shown by the Department and its management. Others suggested there needs to be better alignment between the Department's programmes and interventions and the goals of the Strategy.

The discontinuation of 'OSH' as a brand name was also seen by some as adding to a perceived drop in visibility of the Department.

*g. Ensure policy initiatives reach the 'coal face'*

Employees and unions suggested that inspection rates and the resourcing of the health and safety inspectorate had fallen to an unsatisfactory level and that this, in turn, undermined the impetus for employers and others to make improvements in health and safety practice and engage with the Strategy.

## **Capability**

*a. There are no reliable competency standards for health and safety consultants and intermediaries*

Many businesses, employer organisations and health and safety consultants noted the business challenges in accessing reliable advice on health and safety management, the appropriate hazard controls and the requirements to meet their legal duties. This was particularly the case with respect to small and medium-sized enterprises (SMEs).

The absence of a reliable accreditation process for consultants to benchmark themselves against and businesses to use as they purchased consultancy services was a related and significant impediment to businesses accessing necessary

knowledge and/or services in health and safety. This view was reflected by a number of industry groups and specialists.

*b. Health and safety representatives are unable to take an active role in the workplace*

A group of stakeholders said that, although there had been a great deal of progress in the ability of health and safety representatives to take an active role in the workplace over recent years, there was a danger that this would not be fully utilised if there was not more encouragement for employers and representatives themselves to make more of employee participation processes in workplaces.

Some felt this encouragement could be by legislation or other means (such as an approved code of practice) while others proposed incentives and positive messaging to encourage employers to make more use of employee participation.

*c. There is a shortage of training for managers and supervisors in workplace health and safety*

A lack of capability at the enterprise level amongst managers and supervisors was pointed out by some stakeholders. This barrier was seen as an impediment to, among other things, employee participation and effective hazard management in workplaces.

There was extensive comment on the need for managers and supervisors in businesses to have access to useful and concise education and training to make them more conversant and comfortable with their health and safety management responsibilities.

Others suggested that the training barrier for managers and supervisors is with the education and training programmes outside the workplace, with gaps in tertiary, secondary and other forms of training.

*d. Workplace cultures do not support improvements in health and safety*

There was clear recognition across all stakeholders of the need to improve workplace health and safety cultures for any sustainable improvement to workplace health and safety. Some suggested that New Zealanders, and therefore workplaces, have qualities that can work against a positive health and safety culture and that, to make progress, the Strategy would need to provide additional emphasis on encouraging the workplace attitudes and practices that will sustain positive health and safety cultures.

*e. Smaller businesses have difficulty accessing health and safety knowledge and guidance*

There was extensive reference to the difficulties of SMEs in gaining access to meaningful health and safety knowledge and guidance. Some suggested that there need to be new materials produced specifically to meet the needs of SMEs, and others emphasised the need to improve their access to health and safety information.

*f. Capability within the Department of Labour*

There was a range of comments on the lack of technical health and safety expertise in the Department of Labour and issues relating to the skills and sustainability of the inspectorate. There was related feedback from some stakeholders on the inadequate resourcing of government agencies working on health and safety, especially in relation to HSNO enforcement.

**Knowledge**

*a. Standards and guidance published by the Department of Labour are often incomplete or out of date*

There was extensive comment on this subject from all categories of stakeholders, but there was particular comment from several employers and health and safety practitioners. Issues raised included a lack of up-to-date guidance and fragmentation across HSNO, HSE and ACC standards and guidance.

*b. Businesses cannot access information on causes of accidents or solutions to problems or hazards as they arise*

Related to a perceived lack of standards and guidance, some employers in particular referred to a need for timely information to be made available on the causes of accidents as they are made known to the Department and on the steps that employers and others could take to manage hazards in response to this knowledge.

*c. Businesses cannot access data to benchmark their own performance*

There was extensive comment on the lack of data on occupational safety and health performance. Businesses expressed most interest in being able to access data that would allow them to benchmark their own performance.

*d. There is a lack of health and safety surveillance*

Health and safety practitioners and agencies, particularly those with a health focus, referred to a lack of comprehensive or even indicative health and safety surveillance data, resulting in the extent of the problem remaining unknown.

In a related manner, there was a sense from stakeholders that there was a lack of evidence-based interventions and acknowledged need for improved decision-making around research priorities and funding.

*e. Businesses need access to information and resources to promote workplace health and safety internally*

A common theme from stakeholders was a failure of the Strategy to engage at the workplace level. Employers and others referred not only to the structure and content of the Strategy in that respect, but also to a lack of resources for individual workplaces to base their own health and safety promotions and programmes on. They said that failure to provide materials in support of this work created a barrier to progress and prevented the Strategy from being more positive and proactive.

## **Health and safety infrastructure**

- a. There is confusion about the respective roles of the Department of Labour and ACC in the framework*

The respective roles of the Department of Labour and the injury prevention functions of ACC within the legislative framework were the subject of a considerable number of comments. Several stakeholders referred to the confusion between the two organisations and some inconsistency of approaches and resourcing.

This issue is significant given the number of stakeholders that said the administration of health and safety legislation by the Department provided the foundation on which the Strategy is built.

Further to this, some said that low levels of enforcement by the Department of Labour undermined the Strategy and provided a disincentive for businesses to improve workplace health and safety.

- b. HSNO enforcement is not integrated and there are low levels of compliance*

The issue of HSNO enforcement emerged from consultation across government agencies and some industry associations. Enforcement capacity, uncoordinated guidance and legislative complexity were seen to undermine progress in health and safety.

- c. The role of industry accreditation/endorsement programmes and processes is unclear*

Some commented that there was confusion concerning the place of industry accreditation programmes such as Site Safe or Operate Safe in the health and safety framework. There was some uncertainty expressed concerning the place of these programmes and the Department's, ACC's and individual employers' ability to maintain their own health and safety management initiatives.

### **3. What should the current and future priorities for workplace health and safety in New Zealand be?**

Three priorities for leadership of the Strategy stood out:

- a. Rejuvenate the Strategy*

There was consistent feedback that suggested there is a need to clarify the Strategy's direction and goals, including targeting high-risk sectors or hazards as appropriate.

- b. Increase the emphasis on occupational health and psychosocial issues*

- c. Department of Labour to show more leadership*

Almost all stakeholders indicated a support for the Department to affirm and strengthen its leadership of the Strategy and reinforce it through the Department's policies and programmes.

## **Capability**

Increasing capability was suggested as a priority area by many stakeholders. Three key priorities emerged:

### *a. Improved utilisation of health and safety representative training*

There was extensive positive comment on what has already been achieved through health and safety representative training and employee participation processes implemented in New Zealand workplaces in recent years.

Numerous stakeholders said that there is a need to ensure the good work is not lost, but rather better utilised in workplaces. The priorities were therefore described as enhancements or refinements rather than new initiatives. They tended to be suggested by unions or employees. Unions in particular said it was a priority to complete development of an approved code of practice for employee participation.

### *b. Improved business capability and workplace health and safety cultures (especially for managers and supervisors and SMEs)*

Businesses and employer groups also commented extensively on the need to improve health and safety capability in workplaces. Their suggestions focused particularly on the need to increase the availability and quality of health and safety education and training for supervisors and managers, as well as increasing its inclusion in pre-employment training and education.

Other areas seen as a priority to improve capability within businesses were better supporting SMEs and improving workplace health and safety cultures, including a move away from a compliance culture view.

### *c. Improving the competency of health and safety consultants and intermediaries*

There was considerable feedback from stakeholders, particularly health and safety practitioners, about the need to improve cross-discipline communication on workplace health and safety. In a related manner, improving the competency of health and safety consultants and intermediaries, including the technical health and safety expertise within the Department of Labour, was identified as a current priority.

## **Knowledge**

Two clear priorities emerged for building sector knowledge in occupational health and safety:

### *a. Improve standards and guidance*

There was widespread agreement that the Department needs to give priority to maintaining and updating its standard-setting and guidance material, including sector-specific materials and tailoring it for SMEs. This also included improving the alignment of HSNO, HSE and ACC standards and guidance.

*b. Improve health and safety surveillance and workplace data*

Stakeholders strongly agreed that there should be improved surveillance and data on occupational safety and health, and causation data, including metrics that workplaces can use to benchmark their performance against.

***Health and safety infrastructure***

Three broad priorities emerged for maintaining the health and safety regulatory framework:

*a. Improving government agencies' alignment*

Better aligning ACC's, designated agencies' and other agencies' health and safety programmes with those of the Department of Labour, including HSNO enforcement

*b. Department of Labour consistency in the workplace*

Stakeholders felt that there should be a focus on maintaining the consistent application of the HSE Act in workplaces by the Department of Labour.

*c. Maintaining an appropriate balance between incentives and deterrents*

Maintaining an appropriate balance between incentives and deterrents was a recurring theme, although this priority was characterised by contrasting preferences. Employers and associations indicated an increased role for incentives and employees and unions wanted to ensure appropriate levels of inspection of workplaces.

