

Safer.
Healthier.
Together.

An Action Plan 2016–2019



This Plan meets the legislative requirements for a joint Injury Prevention Action Plan between ACC and WorkSafe New Zealand. It also includes programmes to address harm in the area of work-related health. Published July 2016

Reducing Harm in New Zealand Workplaces.



Fact:

We need to
target of a 25%
workplace
serious injury

Partnering for Injury and Harm Prevention

achieve the
% reduction in
fatalities &
injuries by 2020.

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Our Vision:

“Working together
will get everyone
who goes to work,
home healthy & safe.”

Our Vision is to ensure that everyone who goes to work comes home healthy and safe. This Plan outlines how ACC and WorkSafe are working together to help mums and dads, brothers and sisters, sons and daughters, come home healthy and safe, every day. We know that work-related fatalities and harm from work-related injuries and health issues have a huge business cost, and a high impact on both the ACC scheme and the health system. The direct costs, such as employers' lost-time injury and human capital costs, are at least \$3.5 billion each year. Work-related health costs are harder to determine, but are significantly higher. Poor health and safety practices also reduce productivity. Designing safety into business practices increases innovation and improves quality and efficiency. However, the real and significant toll of our poor health and safety performance is paid by the families, friends, co-workers and communities of those who are killed, seriously injured or harmed at work.

Board Chairs

WorkSafe's mandate is to achieve safer outcomes in the workplace. We aim to do this by targeting our activity through an intelligence-led analysis of the risk of fatalities and serious harm, taking a high engagement approach with key workplaces, stakeholders and agencies, carrying out credible, transparent and proportionate enforcement activity, and educating people about effective risk management.

ACC aims to reduce the incidence and severity of injuries to improve the quality of life of workers in New Zealand. We concentrate our effort on working in partnership with businesses and stakeholders to target high-cost and high-volume injuries.

Our agencies each have unique skills, influence, incentives and tools, but there is also a significant overlap in our respective activities and aims. It is the effective combination of our capabilities and how we will work together that will enable us to have the biggest impact on

achieving positive health and safety outcomes in New Zealand.

In recognition of this we are building the foundations of a trusted and collaborative working relationship with each other. This Plan is another critical step forward in our partnership.

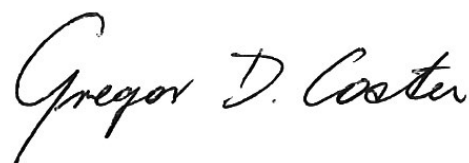
The Plan uses (and continues to build) our collective data and evidence base to take an innovative and holistic approach to tackling the causes of injury. It will use data, research, evaluation and partnerships with others to design interventions that have the greatest chance of success.

From this Plan, stakeholders will see a coordinated and consistent approach from us and have a clearer understanding of what we want to achieve, how we will work together and with them, and which agency is doing what and why.

Dame Paula Rebstock,
ACC Chair



Professor Gregor Coster CNZM,
WorkSafe Chair



Part One: Introduction

The history of the Plan

In 2012 the Government established the Independent Taskforce on Workplace Health and Safety to review whether the New Zealand workplace health and safety system remained fit for purpose. One of the issues the Taskforce found was a lack of effective coordination between government agencies in relation to workplace health and safety.

Stakeholders responding to the Taskforce identified the need for strong alignment between ACC and the health and safety regulator. They were concerned there was inconsistent messaging from the agencies on what 'good' looks like; a lack of coordination and alignment in activities, which reduced the effectiveness of injury prevention; and missed opportunities to partner with business.

In its response to the Taskforce (the Working Safer Blueprint), and through new health and safety legislation¹, the Government has required ACC and WorkSafe to develop an Action Plan for Reducing Harm in New Zealand Workplaces (the Plan). The Government wants strong connections between WorkSafe and ACC to ensure that businesses receive consistent and clear messages from both agencies about how to prevent injuries and harm. Further, a joint approach will reduce duplication in activities, making the most of the Government's and levy payers' investment in injury prevention.

The Plan

ACC and WorkSafe: Working together, and working to our strengths

ACC and WorkSafe both have responsibilities for workplace injury and harm prevention. While there are some small differences in focus, both

agencies share the goal of reducing workplace fatalities and serious injuries.


Both agencies have experience working in partnership with business on injury and harm prevention activities, and undertaking education activities. Each agency also has valuable data, intelligence and information critical for successful injury and harm prevention.

ACC has a range of economic incentives available to encourage changes in workplace health and safety behaviour, such as levy discounts and products. Its injury prevention activity outside the work area gives it an understanding of how to approach injuries that cross a range of areas in people's lives. It has broad reach into businesses and communities, including through its injury prevention management consultants and business customer relationship managers. Through ACC's broader injury prevention focus beyond the workplace, it can also influence cross-cutting programmes, for example those targeting a reduction in alcohol- and violence-related injuries.

WorkSafe performs the role of both educator and enforcer and has system leadership responsibilities for workplace health and safety. It has a number of inspectors who proactively engage with and educate businesses, as well as undertake enforcement activity. It uses a range of other functions and skills, which include an educational function (developing formal standards, guidance and other tools), capability-building in the system, maintaining partnerships with other regulatory agencies and providing technical experts on various areas in health and safety.

The effective combination of the skills, influence, incentives and tools of both agencies will have the biggest impact in supporting us to achieve health and safety targets.

¹ WorkSafe New Zealand Act 2013



We all have a role to play in keeping our workplaces safe. Collective action by government, business and workers is essential to ensure the success of the new health and safety system.

The biggest improvements will come when people in workplaces manage risks effectively and agencies work together to contribute to injury prevention and a positive health and safety culture.

The benefits of working together have already been demonstrated. In the past two years we have been working together in a number of areas: Safer Farms, the Canterbury Rebuild Safety Charter, Safety Star Rating and workshops with the manufacturing and construction sectors. We have built the foundations of a trusted and collaborative working relationship.

We know we still have room for improvement, not just in how we work together but in how we work together with others. This Plan provides an opportunity to continue to enhance our working relationship, improve outcomes, and work more effectively with our stakeholders.

Part Two:

The Intent of the Plan

An ambitious but essential target has been set

The Government has set a target of reducing serious injuries and fatalities in the workplace by at least 25% by 2020.

For this target to be realised everyone will need to be involved and support the changes required.

ACC and WorkSafe are key parts of the workplace health and safety system, and other government agencies such as the Ministry of Business, Innovation and Employment, Maritime New Zealand, the Civil Aviation Authority of New Zealand and the Environmental Protection Authority also have critical roles to play.

However, government agencies cannot do it alone. Where businesses create risks as part of their activities, they must lead the charge in managing the risks. Good health and safety is about making sure we all take the right steps to keep ourselves and our workmates safe and healthy at work.

We must also reduce work-related disease rates – they are significantly higher than severe injury rates. We have targeted asbestos-related diseases and are currently working on other work-related health baselines.

How we will know the Plan has succeeded

Outcomes sought

The programmes in the Plan, individually and collectively, will reduce severe injuries, fatalities and work-related health issues.

Working together

We will know we have succeeded when:

- a) we understand each other's strengths, and use them effectively to achieve greater reach and impact
 - b) there is clear accountability, meaning there is no unnecessary duplication or confusion (among either agencies or stakeholders) about who is doing what and why
 - c) we acknowledge and support activities individual to each other
 - d) the programmes outlined in the Plan encourage leadership and ownership of health and safety risks by businesses.
 - e) We work with businesses and workers to share information on the causes of risks and the design of evidence-based interventions.
-

*Part Two:***The Intent of
the Plan cont...**

Working smarter

We will know we have succeeded when:

- a) the programmes in the Plan, individually and collectively, have an impact on severe injuries, fatalities and work-related health issues
- b) our joint data sets are more consistent, allowing for efficient tracking and analysis of severe injuries; we continue to understand work-related health data and engage in work-related health reporting
- c) our interventions are based on research, evaluation, stakeholder insights and other information on what works
- d) monitoring and evaluation are key parts of each programme and we have the courage to pull out of programmes that are not working, and learn from this
- e) there are well-established processes, for effective disciplines in and governance of investment decisions.

Targeting risks

We will know we have succeeded when:

- a) we are targeting the areas of highest risk for fatalities, severe injuries and work-related health issues
- b) we have a suite of programmes that provide for broad coverage and impact and that support businesses, workers and agencies effectively to deliver on the Government's targets.

What the Plan covers

The Plan reflects all the programmes that ACC and WorkSafe are undertaking in the next three years.

The Plan covers:

- where we have chosen to target activity and why
 - why each programme is important and what outcome it will achieve
 - what stage of development each programme is at and what we have done so far
 - what we plan to do during the three years of the Plan
 - how each programme will be funded and the source of funding for each programme
 - which agency is leading each programme, and why
 - which other people we would like to partner with on each programme
 - how each programme will be monitored and evaluated as it progresses.
-

What is not included in the scope of the Plan

Many programmes in the Plan will impact on all businesses and sectors – including the extractives, petroleum and major hazard facilities sectors – and will involve a combined effort from ACC and WorkSafe.

Catastrophic events

However, the prevention of catastrophic events in high-hazard sectors (and in some areas of hazardous substances), which can cause large numbers of fatalities and severe injuries, is a particular focus for WorkSafe.

Catastrophic events are of high consequence and have significant societal and community importance, but the probability of their occurring is low. The focus of the Plan is on those injuries and harm occurring day to day in New Zealand businesses. WorkSafe will continue to lead work on high-hazard sectors alongside the work in this Plan.

WorkSafe spends a significant amount of its resources and efforts working with these sectors on process and safety management to prevent catastrophies such as the Pike River mine disaster.

Health and Safety at Work Strategy

The Plan is not the Health and Safety at Work Strategy.

The current workplace health and safety strategy is Working Safer: A Blueprint for Health & Safety at Work (the Working Safer Blueprint). The Minister for Workplace Relations and Safety is required to publish a new Health and Safety at Work Strategy by April 2018 under section 195 of the Health and Safety at Work Act 2015.

The Ministry of Business, Innovation and Employment and WorkSafe jointly will be developing the Strategy on behalf of the Minister. This is likely to be broader and more comprehensive in focus, and will involve a wider range of participants in its development, including ACC and other government agencies. The Strategy is required to take account of ACC's injury prevention priorities.

This Plan is an important contributor to, and is consistent with, the Working Safer Blueprint, and must be consistent with any new strategy developed.

Part Three:

The Focus of the Plan

Workplace fatalities are trending down, and are on track at this stage to meet the Government's 25% reduction target. This is due to progress in the construction, agriculture and forestry industries. However, it is critical that we are not complacent. We must make sure that this change is sustainable and continues to trend down. The incidence of severe injuries and work-related health issues is proving more difficult to improve, so we will take a different approach to targeting our collective effort to make a significant difference in these areas. In particular, we know from New Zealand and overseas experience that in some of the sectors we have focused on significant improvements are only seen after a number of years. This means we need to think more broadly and innovatively to target areas of risk.

A new approach to targeting our effort

Sector focus

In the past few years most effort has been placed on four industry sectors – construction, manufacturing, agriculture and forestry. These are the sectors with the greatest number of fatalities and severe injuries. They also have significant work-related health issues. It is critical that we continue to focus here and work with the partnerships and relationships we have built in these areas.

We know that by focusing on these sectors alone we will not meet the wider government targets. To meet the target of reducing severe injuries to workers by 25%, and to ensure that as many businesses and workers as possible benefit from our efforts to help keep them safe, we need to broaden our approach.

We will do this by focusing on risks that are common to many sectors, and on system-wide

workplace issues that need to be addressed (see the sections below).

The healthcare sector has been identified as a new and important sector to focus on in this Plan. This is because there is already a relatively high number of injuries in the sector (particularly focused on body stress, slips, trips and falls and work-related health). An increasingly ageing population is also placing more and more pressure on the healthcare sector. Given this, and both the interrelationships between a safe healthcare workforce and patient safety, and the interactions ACC has with the healthcare sector, we believe ACC must lead an increased engagement with this sector.

Focus on cross-cutting risks

Along with the high-risk sectors there are other sectors where certain risks are common. For example, in the transport, postal and warehousing sector, as well as the retail and wholesale trade sectors, body stressing and slips, trips and falls make up the majority of injuries.

Part Three:

The Focus of
the Plan cont...

The mechanisms of injury are likely to be similar in these lower-risk sectors, so it is more efficient to focus on the common risks in sectors than to take a sector-by-sector approach.

We believe that the way we can have a greater impact is to target interventions to these cross-cutting risk factors.

These include:

- **body stress:** muscular stress caused by lifting, carrying, twisting and putting down objects and repetitive movements
- **working in and around vehicles:** this programme covers the most common causes of injury and fatalities in relation to vehicles identified in data, research and through our engagements. It relates to severe injuries, harm and fatalities mainly in relation to the use of tractors, utes, trucks, forklifts, quad bikes and mobile machinery while working. It does not include risks associated with work-related travel on public roads, which is covered under the Safer Journeys Action Plan
- **slips, trips and falls:** this focuses on the risk of falls from any height and the management of slip and trip risks
- **clean air:** an estimated 600–900² people die each year from work-related diseases; approximately 60% of these fatalities are caused by exposure to airborne substances such as dust, silica, agri-chemicals, asbestos, welding fumes and solvents. In 2010 the majority of exposures occurred in the high-risk sectors. However, exposure also occurs in industries outside the high-risk sectors. A cross-cutting programme will achieve greater reach and impact.

The Plan signals that with regard to cross-cutting interventions, work is in the early stages and more analysis and engagement is needed to refine our approach.

Systems focus

The Working Safer Blueprint found a number of factors critical to good health and safety performance in other countries, and likewise critical if health and safety performance is to be improved in New Zealand. These are:

- effective safety governance and worker participation
- customer-focused and accessible education on what good practice looks like
- meaningful incentives
- a competent workforce
- quality professional advice.

The Plan contains a number of programmes that seek to make improvements in these areas in New Zealand workplaces.

For example:

- **General Education and Awareness Raising** will achieve greater awareness of the need for change, what businesses and workers need to do, and what effective risk management looks like, in a range of circumstances (i.e. low- and high-risk, small and large businesses)
- **Workforce Development and Safety Leadership** will support leaders, managers and workers to have the skills and knowledge to manage health and safety risks, and ensure there are competent professional advisors to support them

² Anonymous (2010). *Work-Related Disease in New Zealand. The state of play in 2010*. Wellington: Ministry of Business, Innovation and Employment

Part Three:
The Focus of
the Plan cont...

- **Worker Engagement and Participation**
will ensure that businesses and workers understand the important role that workers play in managing health and safety; the systems, processes and practices needed for effective participation; and how we focus on at-risk workers
- **Economic Incentives:** research demonstrates that appropriate incentives improve health and safety performance by removing or minimising barriers that prevent businesses adopting good practice. We have established a programme that will explore the role of incentives (both financial and non-financial) and how they might support other programmes in this Plan and encourage business leaders to be innovative in their health and safety practices.

The above may be delivered through other parts of the Plan. However, some areas like Workforce Development and Safety Leadership are programmes in themselves and will take a more holistic approach to influencing and working with a broad range of stakeholders.

High incidence businesses

Our data shows that a relatively small number of a few hundred businesses are responsible for a significant proportion of severe injuries and fatalities. For example, in the 2014/15 financial year, 100 firms accounted for approximately 20% of all severe injuries³. Many of these businesses are large. Some of these businesses may perform better than others in their sector, some may not. However, given their high incidence of severe injuries we believe it is worthwhile partnering with these businesses to support them in bringing injuries down.

We will identify where there are commonalities among these businesses and use a partnership approach to support them in reducing injuries, by working with them either individually or via sector, sub-sector, supply chain or regional approaches. Supporting these businesses to lead and manage risks, from senior management to workers on the ground in large and complex environments, will be critical to the success of this work. Wider programmes in the Plan such as Economic Incentives and Workforce Development and Safety Leadership might be some ways of supporting this (see below).

Work-related health

Work-related health is a key focus of the Plan for the next three years. Deaths from work-related health issues are ten times higher than deaths from injuries. We know that that 600–900⁴ people die from work-related diseases each year.

Work-related health is often overly focused on medical conditions rather than awareness of exposure and simple prevention measures. There are often a lack of obvious cause and effect and a delay in health effects that make it difficult to get good data and information, including a good understanding of the human cost. An increasing focus on general worker health and wellbeing aims to reduce the risk of lifestyle-related health conditions, such as obesity and diabetes, and improve productivity, engagement and attendance at work. While this work is valuable, this Plan focuses on the management of potential work-related health risks (i.e. health and safety protection) so that people do not die of work-related diseases, or develop serious but non-fatal work-related health conditions.

³ Combined ACC and WorkSafe data

⁴ Data provided by ACC

Part Three:
The Focus of
the Plan cont...

Focus areas for the Plan

Risk-based programmes

Sectors

Focus on 5 sectors:

These programmes focus on key injury risks in sectors that represent 52% of the severe injuries in New Zealand.

5

1. Agriculture
2. Construction
3. Forestry
4. Manufacturing
5. Healthcare & Social Assistance

Cross-Cutting

Focus on 4 cross-cutting risks:

Areas where the risk is across multiple industries. The programmes will focus initially on high-risk and medium-risk industries (where appropriate) and then spread across all industry groups affected by the risk.

4

1. Slips, Trips and Falls
2. Working in & around Vehicles
3. Body Stressing
4. Clean Air

Systems change programmes

Systems Change

3 areas to support all businesses to reduce injuries:

3

1. Education & Awareness

Working with small businesses
General Education & Awareness Raising
Safety Star Rating

2. Incentives

Economic Incentives

3. Enabling

Workforce Development & Safety Leadership
Worker Engagement & Participation

Key Focus

Other key focus areas:

2

1. Increasing our focus on work-related health
2. Working alongside businesses with high injury & harm rates

Monitoring and evaluation framework and programme

Part Three: The Focus of the Plan cont...

WorkSafe is developing a strategic plan that sets the long-term direction and approach for how work-related health will be improved. As priority risks and potential interventions are identified within this plan, they will be captured and reported as part of the Reducing Harm in New Zealand Workplaces Action Plan. Wherever appropriate, interventions will be proposed for funding from ACC, WorkSafe or jointly, dependent upon suitable business cases.

The Plan is focused on the recognition that work has the potential to be harmful to workers' health and, in certain circumstances, health issues may increase the risk of safety incidents. When potential health risks are poorly controlled, workers may become unwell or develop ill-health from their work activities or environment. For example:

- excessive exposure to workplace noise may lead to noise-induced hearing loss

- exposure to solvents may lead to occupational asthma
- excessive workload pressures may lead to work-related stress.

As part of the Plan and the work-related health strategic plan, WorkSafe and ACC will consider opportunities to work in partnership on:

- areas where there is a clear impact on the ACC scheme from work-related health, such as through noise-induced hearing loss and asbestos-related disease
- impairment issues, such as those associated with drugs, alcohol or fatigue, which may more broadly impact on the ACC scheme, and are therefore of interest to ACC. Other areas of focus for ACC, such as family violence, may impact on people's health and their ability to work but are outside the

Examples of work-related health risks and health-related safety risks

* Note: Risks from health issues are specific to the tasks, situations and work environments in which they exist; this list is not meant to imply that they are risks in all circumstances.

WORK-RELATED HEALTH RISKS 'Effects of work on health'					HEALTH-RELATED SAFETY RISKS 'Effects of health on work'			
Chemical Risks	Biological Risks	Psycho-social Risks	Ergonomic Risks	Physical Risks	Sensory Risks	Impairment Risks	Mobility Risks	Incapacity Risks
Asbestos	Blood-borne viruses	Bullying	Manual handling	Noise	Colour vision deficiency	Fatigue	Physical frailty	Poorly controlled diabetes
Silica	Animal viruses	Excessive workload	Shift work	Vibration	Reduced visual acuity	Stress or mental distraction	Bone and/or joint conditions	Poorly controlled heart disease
Pesticides Bacterial infection	Bacterial infection	Lack of autonomy	Job design	Radiation	Reduced hearing capability	Drugs/alcohol consumption	Severe obesity	Poorly controlled high blood pressure

Part Three:
The Focus of
the Plan cont...

scope of this Plan. However, ACC will ensure consistency between programme areas and look for opportunities to increase reach or effectiveness

- c) better recording, research and baselining of work-related health issues, including their impacts on the ACC scheme.

We will amend these plans to reflect any programmes as they are further developed.

How programmes interact

The cross-cutting and systems change programmes focus on areas that affect many businesses in New Zealand.

Where these programmes intersect with other sector-based programmes (for example Working in and around Vehicles in the civil construction sector and Body Stressing in the manufacturing sector), we will decide on the most effective and efficient approach to take.

Data, research and evaluation programme

A crucial focus for our work under the Plan is ensuring that we have good data on injuries and the causes of injury.

Currently, ACC collects data and information about claims. This information is then analysed by WorkSafe, and data on notifiable injuries and fatalities is added to increase the reliability of the data and expand the data set. This often takes considerable time.

Over the next three years we will explore whether we can better align the two data sets consistent with privacy obligations. This will allow us to monitor and analyse injuries more easily. We will also consider better ways of recording, researching and baselining work-related health issues.

WorkSafe is also carrying out a greater analysis of incidents so we can better understand the causes of injury.

Once we have data on injuries, we want to ensure that any interventions we undertake are based on the best evidence on what works to address the causes of injury. This evidence will be based on research, evaluation, stakeholder insights and what we know of prevention activity.

We will also share the aggregated data, research, evaluations and other information we have with businesses and other stakeholders so that they can understand where and why injuries are occurring and what steps might work in addressing them. We will also monitor and evaluate interventions so that we can adjust or stop them early where they don't work, and replicate interventions that are successful.

Part Three:
The Focus of
the Plan cont...

To do this we will:

- ensure that each initiative has a clear monitoring and evaluation plan
- use and continue to refine the return-on-investment criteria
- develop a joint research and evaluation programme of work that not only focuses on individual programmes but enables us to continue to build our evidence base on what prevention activities work.

We will also adopt a common evaluation framework called the Consolidated Framework for Implementation research.⁵ This framework can be used to guide the formative evaluations of interventions, and provide information about what works, where and why. It also enables us to utilise established evidence in the design phases of programmes.

This framework offers an opportunity to develop more tailored interventions, an awareness of likely implementation issues and a means of adapting interventions in order to achieve sustainable and embedded change.

5 Damschroder, Laura, J. et al. (2009) *Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science*. *Implementation Science* 4:50

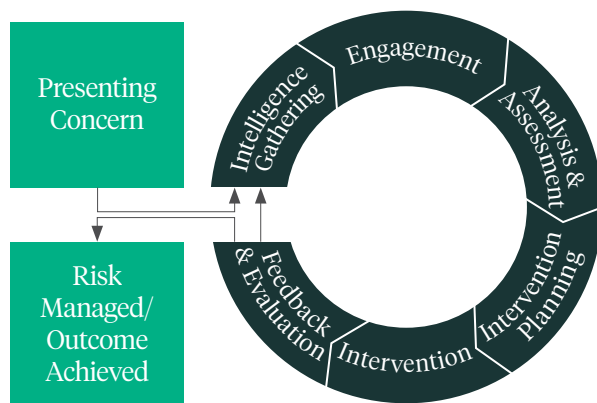
Part Four: How the Plan will work

How we will approach our work under the Plan

To deliver on this work, ACC and WorkSafe need a way of developing and thinking about issues together. We have agreed to use an approach that requires strong evidence and early engagement with stakeholders when exploring an issue.

Using this approach will help us to:

- use evidence to clarify the problem we are trying to resolve
- identify our stakeholders and customers
- ensure that when we invest in changes to reduce injuries we are then able to monitor and evaluate the outcomes.



The Plan captures the current stage of each programme in a continuum from presenting concern, where the first evidence of a specific issue arises, through to the point where an intervention (an activity designed to change behaviours or support behaviour change that is delivered through a project within a programme) has been implemented, risks are being managed and outcomes are being monitored.

If evidence gathered does not support the continuation of interventions, or if a significant amount of further work is required, some of the interventions that are in the very early stages may be removed, phased differently or redesigned. This approach will be iterative throughout the phases of development. In addition, over the three years of the Plan new programmes may be included if those programmes address identified priorities. We will be clear on our websites when programmes are removed or included in the Plan.

In summary the approach involves:

- ACC and WorkSafe agreeing on factors contributing to the high rates of severe injury and work-related ill-health (based on our combined data, operational intelligence, experience and surveys), and testing and socialising these with stakeholders
- ensuring that we achieve a 'balanced programme' of effort i.e. we focus on sectoral, cross-cutting and system-wide activities so we can achieve our targets efficiently and effectively
- developing an engagement strategy to partner with businesses and workers that encourages leadership by the sector and clarifies how we will engage with the sector (for example with the Forest Industry Safety Council and the Canterbury Rebuild Safety Charter)
- working with stakeholders to develop a shared programme of work to address identified issues, and which encourages industry leadership of projects and the interventions within them
- ensuring that the programme makes the best use of our combined available levers

Part Four:

How the Plan will work cont...

(education, incentives, disincentives, enforcement and engagement), and that industry action is based on evidence of what interventions do and do not work

- monitoring and evaluating the effectiveness of interventions, making early decisions on when to cease or change tack where necessary, and understanding and replicating what works.

The choice of lead agency

ACC will lead programmes in the following circumstances:

- where the identified injury is seen in other ACC prevention areas, and where ACC has broader experience and knowledge to apply (for example, Slips, Trips and Falls is linked to ACC's work in older adult falls as well as falls around the home); and/or
- the injury can affect a person not just at that point in time but later in life outside the work context (for example, body stress); and/or
- the area might not be a significant area of focus for WorkSafe but does have a significant impact on the ACC scheme (for example, musculoskeletal gradual process injuries); and/or
- ACC may have other levers, channels or influence it can use specific to that sector/issue from the broader activities it undertakes (for example the healthcare sector).

WorkSafe will lead all other programmes.

Even where one partner leads a programme there may be projects under that programme that are undertaken jointly or by the other agency. For example, ACC will lead Slips, Trips and Falls but WorkSafe will still run a falling

from heights project. WorkSafe may lead a programme that works with businesses with high incidences of harm; however, ACC will lead a programme on economic incentives under this.

Where any programme involves assessment or enforcement activity, WorkSafe will lead this element of the programme to ensure clarity that WorkSafe is operating as a regulator, and this will be funded by WorkSafe.

When interventions or projects are designed under each programme the comparative advantage of each agency will be considered when determining which agency is accountable.

Governance framework, operations and funding

Each agency will retain its own management structure and accountability to its Board and Minister. To support coordination between the agencies, ACC and WorkSafe share a board member. The Boards own the Plan, and there will be regular monitoring of and reporting on individual programmes and the overall Plan to the Boards, to ensure that the benefits are being realised and where they are not that steps are taken to stop or change programmes or interventions within them.

The Government expects WorkSafe and ACC injury and harm prevention programmes to be largely funded via the ACC Work Account. WorkSafe has some direct funding for injury prevention programmes, and it is expected that the combination of the direct funding and ACC funding will enable WorkSafe and ACC to undertake prevention, education and related culture change activities.

*Part Four:***How the Plan
will work cont...**

Funding agreed joint activities from the ACC Work Account ensures that businesses are only levied once for injury prevention and supports the effective and efficient use of employer levies for workplace injury prevention interventions.

We have developed an investment framework that sets out processes for allocating funding to programmes whether they are funded directly by WorkSafe or ACC.

The process is:

- a) the ACC and WorkSafe Boards agree on the strategic case through the Plan that sets the desired outcomes from the investment based on the risks and liabilities to the ACC scheme for ACC, and for WorkSafe based on reductions in severe injuries and also fatalities and harm. Both Boards allocate their funding to injury prevention for a three-year period, taking into account past performance. The Boards receive quarterly updates tracking the performance of the Plan against the agreed investment
- b) where money is paid by ACC for programmes, the Injury Prevention Design and Delivery Committee (within ACC but attended by WorkSafe for specific workplace initiatives) considers programme-level business cases (for example, manufacturing, forestry) that establish the anticipated benefits of the investment. The programme business case is developed jointly by both agencies and the Committee's decision-making ring-fences the funding for the programme. The programme-level business case sets time-bound contestable funds available for lower-level business cases to bid for.
- c) the Injury Prevention Governance Group, comprising senior leaders of both organisations, considers project-level business cases that sit within the programme agreed by the Injury Prevention Design and Delivery Committee. The Governance Group supports joint ownership of benefits' realisation by ensuring that the decision-making for project funding is overseen by both agencies and ensuring the use of the appropriate agency with comparative advantage. It also ensures no duplication of effort across the agencies. The project-level business cases can be undertaken at any time during the period covered by the programme business case. Where ACC funding is provided for projects, business cases must meet the ACC return-on-investment requirements, and all business cases whether funded by ACC or WorkSafe must include monitoring and evaluation to provide assurance that the benefits intended are realised.

There is also an Injury Prevention Working Group, comprising senior managers from both organisations, responsible for the successful implementation of the Plan. The Group ensures that resources are coordinated across both organisations and that projects developed under the Plan are evidence based, target the right risks and meet the agreed quality standards.

Part Four:
How the Plan
will work cont...

Governance Framework				
GOVERNANCE BODY		ACC and WorkSafe Boards	Injury Prevention Design & Delivery Committee for ACC investment WorkSafe Senior Leadership Team (SLT) for WorkSafe investment	Injury Prevention Governance Group
	Fund/ Budget Established	ACC workplace safety programme WorkSafe operating budget	Programme-level investment envelope	Project budgets
FINANCIAL MANAGEMENT	Account-ability for Investment	Chief Customer Officer (ACC) Chief Executive/SLT (WorkSafe)	Portfolio Manager (ACC) WorkSafe SLT member	Programme leads/governance (ACC & WorkSafe)
	Level of Delegation	Board	Chief Customer Officer (ACC) WorkSafe SLT member	Chief Executive (WorkSafe)/ WorkSafe SLT member Chief Customer Officer (ACC)
	Quality Assurance	Chief Risk and Actuarial Officer (ACC) WorkSafe SLT	Injury Prevention Strategy Manager (ACC) WorkSafe SLT member	Project governance (WorkSafe and ACC)
BENEFITS' REALISATION	Account-able for	Plan outcomes	Workplace safety programme outcomes	Programme delivery outcomes
	Monitoring & Reporting	Quarterly Board reports Working Safer progress reports	Programme performance reporting	Project and delivery portfolio reporting from the monitoring and evaluation framework

Focus on 5 sectors:



1. Agriculture	pg 20
2. Construction	pg 24
3. Forestry	pg 28
4. Manufacturing	pg 32
5. Healthcare & Social Assistance	pg 36

Fact:

52%

These 5 sectors represent 52% of severe work-related injuries in New Zealand.

32%

These 5 sectors represent 32% of fatalities in New Zealand workplaces.

The Fact is...

2,100

Agriculture accounted for over 2,100 severe injuries in 2014.

\$75m

The approximate cost of these injuries to the ACC scheme is \$75 million per annum.

35

Between 2010 and 2014, 35 farm workers were killed in work-related accidents.



Working together with Agriculture

This programme is in the **analysis and assessment phase**, although some projects under it are further advanced. This work is led by **WorkSafe**.

Why we are doing this. Between 2010 and 2014 there were 35 fatalities within the agriculture sector. ACC received 2,187 severe injury⁶ claims in 2014. These injuries cost an estimated \$75 million per annum⁷ to provide treatment and rehabilitation services as well as compensate the injured workers for lost wages. The cost of fatalities, severe injuries and work-related disease has significant impacts on workers, families and their communities.

What we know

Agricultural workers and their families are vulnerable to high injury and fatality rates and exposures that increase the risk of certain diseases. The most common mechanisms for serious non-fatal injuries⁸ and fatal injuries in the agriculture sector are:

- tractors
- agricultural machinery (including vehicles)
- livestock
- falls.

Agricultural workers are also vulnerable to diseases (particularly a range of cancers) caused by exposure to airborne substances such as dust and organic materials, pesticides, herbicides and insecticides, as well as environmentally associated cancers to which outdoor workers are vulnerable, dependent on the type of farming production.

The focus of research addressing health and safety in agriculture has been on understanding the causes of fatalities and severe injury rates and the barriers to improving work-related injury and health outcomes. It is clear from the research that the key challenges to making change in this sector include:

- the number of small businesses and the geographical spread of businesses across New Zealand (more than 50,000 farms). This makes it hard to reach people with information and undertake cost-effective interventions that have a broad impact
- low demand for safety training and gaps in delivery
- a belief in the sector that high injury and fatality rates are an acceptable part of the job and that regulation in this area is an unwarranted interference in this way of life
- difficulties in establishing coordinated leadership across the sector (including different types of production) essential to leading change
- under-reporting of work-related injuries and work-related health risks (for example exposure to pesticides and fertilisers) within the sector.

6 Combined ACC, WorkSafe, and Statistics New Zealand data
7 ACC accident claim data

8 Serious non-fatal injuries is based on/includes customised Statistics New Zealand data that is licensed by Statistics New Zealand for re-use under the Creative Commons Attribution 3.0 New Zealand licence



5 Sectors:

Working together
with Agriculture
cont...

What has happened so far

WorkSafe and ACC have established a Safer Farms project, which has delivered:

- a motivation and awareness marketing campaign with the aim of promoting conversations about health and safety in rural communities and within the rural media
- the development of tools and guidance to support the sector
- content, information and training workshops in the sector
- engagement with the sector through a range of forums
- children's educational tools to be used in schools.

While severe injury and fatality rates have not decreased, the project is in its early phase and there has been some shift in awareness of and attitudes toward health and safety. This shift is necessary to ensure that future interventions are successful. Any reduction in fatality and severe injury numbers will only occur if the farming community takes ownership of the risk.

The next phase involves capitalising on the gains of the first phase and developing a more focused and targeted range of interventions, focusing on encouraging leadership and ownership of health and safety by those in the sector.

The Quad Bike Safety Action Group has been established with industry and WorkSafe representatives.

ACC has partnered with Farmstrong, a project focusing on improving the mental health of farmers, to increase its reach into the agricultural community.

What we're going to do about it

In the next year we will:

- evaluate the Safer Farms project
- build on existing networks and relationships in the sector to support a more comprehensive industry network of leaders who will address health and safety across the sector (similar to the Forest Industry Safety Council)
- build on current education and information interventions, focus on the leadership of health and safety, address training and capability, explore how technological interventions (in particular ergonomics design for health and safety) could be employed to reduce injury, and support better risk management practices
- continue to work with the sector to reduce quad bike fatalities and severe injuries.



5 Sectors:

Working together
with Agriculture
cont...

Outcomes sought

We will know we have succeeded when:

- reductions in severe injuries and fatalities are evident and sustained
- the agriculture sector and key industry leaders come together, step up and drive further gains in health and safety
- a sector-wide approach is taken that demonstrates shared responsibility for health and safety on the farm and beyond the farm gate
- the provision of and demand for training by those working in the sector increases and learning culture improves
- stakeholders receive targeted and fit-for-purpose information that meets their needs and is delivered in a way that best reaches them
- the shared understanding of the risks in the sector is greater and the practices for managing them accepted
- raising awareness moves toward embedded behavioural change.

Deliverables and funding

<i>Who is responsible?</i>	WorkSafe will take the lead on this programme
<i>Who else is involved?</i>	ACC, industry bodies, social partners and key players in the sector
<i>When it will be delivered</i>	A multi-year programme of work will be developed and delivered during the life of this Plan
<i>How it will be monitored & evaluated</i>	A formative evaluation of the projects within the programme will occur in 2016. A process and outcome evaluation will be conducted in the third year of the programme
<i>Source of funding</i>	Joint

The Fact is...

3,600

Construction accounted for over 3,600 severe injuries in 2014.

\$100m

The approximate cost of these injuries to the ACC scheme is \$100 million per annum.

38

Between 2010 and 2014, 38 construction workers were killed in work-related accidents.



Working together with Construction

This programme is in the **analysis and assessment phase** and is led by **WorkSafe**.

Why we are doing this. Workers in construction are exposed to a large number of risks. Between 2010 and 2014 there were 38 fatalities in the construction sector. In 2014 the construction industry accounted for 3,647⁹ severe injuries, with an approximate cost to ACC of \$100 million¹⁰ per annum. These severe injuries represent significant costs for business in lost productivity. While progress has been made in sector leadership, and fatalities have decreased, there is still much work to be done to reduce severe injuries.

What we know

Key injury mechanisms in the construction sector include exposure to asbestos and other dusts;¹¹ working in and around vehicles, falls from height, being hit by falling objects, body stress, slips, trips and falls, and noise-induced hearing loss. Residential construction and specialised trades have the highest rates of severe injury in this sector.

The key causes of severe injury in this sector include a failure to account properly for risks in day-to-day activities and to integrate risk management into the business, a poor understanding of the value of health and safety (in particular a concern that it will hamper productivity), patchy worker participation and training, a limited understanding and management of work-related health, mixed management of health and safety through supply chains, and dangerous machinery not being supervised and managed appropriately.

WorkSafe and ACC have conducted workshops with the sector to test the problems identified and confirm the causes. Stakeholders confirmed the issues above and reinforced the need for shared data on the causes of injuries, improved training, more relevant and accessible tools and support a broader reach of communications (developed and delivered with the sector), a focus on incentives for good practice and more consistent enforcement.

What has happened so far

There has been a range of activities to date, including:

- **a focus on health and safety in the Canterbury rebuild:** the Canterbury Rebuild Safety Charter was established in 2013. It is a partnership between industry, unions, WorkSafe and ACC; it aims to build industry leadership, capability and commitment to health and safety, thereby reducing injuries and fatalities. The Charter has focused on attracting and supporting signatories to measure and improve their Charter performance, develop leadership at all levels and improve worker engagement in health and safety. WorkSafe has also increased its inspectorate and assessment capabilities and activity in Canterbury. WorkSafe's rebuild programme has had a particular focus on work-related health and vulnerable workers as well as providing targeted guidance material and events in relation to risk areas
- **Preventing Falls from Height campaign:** since 2012 the health and safety regulators (Department of Labour/WorkSafe) have been implementing a campaign to reduce falls from height in the construction sector, particularly in residential construction.

9 Combined ACC, WorkSafe and Statistics New Zealand data
10 ACC accident claim data

11 WorkSafe New Zealand Construction Sector Environmental Scan that includes WorkSafe fatality data and Navigatus Consulting's (2014) 'Occupational Disease from Exposure to Airborne Agents'. Overall fatalities from airborne exposures were estimated to be 20 times higher than fatalities resulting from accidents in 2010



5 Sectors:

Working together
with Construction
cont...

This has involved the development of guidance and factsheets, a number of proactive assessments by WorkSafe inspectors and promotion of the issues through trade articles, roadshows and speaking events with the sector

- **guidance on critical risks:** WorkSafe has produced a range of information materials on critical risks in construction, followed up with trade breakfasts and industry engagements. WorkSafe has also implemented the Clean Air campaign in this sector
- **the development of government procurement guidelines:** WorkSafe supported the Ministry of Business, Innovation and Employment in developing construction procurement guidelines for public sector agencies to encourage a greater focus on how suppliers address workplace health and safety in construction projects
- **Think Safety First:** ACC has developed a set of critical risk cards and wider resources for the construction industry
- **the Construction Safety Council:** this has been established and will play a key leadership role within the sector. WorkSafe and ACC will continue to partner with the Council to understand how we can work together to reduce severe injuries and fatalities. The Council launched ConstructSafe in April 2016 to build capability among workers and site managers. It is anticipated that over time this will develop and grow to reflect the diverse construction industry.

What we're going to do about it

We are currently evaluating our activity in this sector to see what has worked, what hasn't, and why. This includes undertaking an evaluation of:

- the Canterbury rebuild programme. A key part of this will be to understand whether injuries have reduced as well as what might have occurred in relation to injuries and fatalities in the rebuild without the intervention¹²
- the Preventing Falls from Height campaign. Early results show a slight increase in non-severe accidents relating to falls, but markedly fewer severe accidents, with a reduction in costs to the ACC scheme
- the usefulness and accessibility of our Absolutely Essential Health and Safety Toolkit for Small Construction Sites.

In the next year we will:

- continue to build and deepen relationships with industry groups and key players
- work with stakeholders to develop a comprehensive, multi-year intervention programme
- leverage the new legislation to raise awareness of effective risk management
- explore a wider range of educational tools, products and channels, based on a clear understanding of the different customers in the sector and the best ways to reach them
- continue to focus on supporting businesses to manage airborne contaminants through the Clean Air programme.

During years two and three the multi-year intervention programme developed in year one will be implemented and evaluated.

12 International evidence suggests that there is upward pressure on injury rates in a recovery. This finding has been observed in many countries and UK research found that these effects were clearest in construction and manufacturing. (see www.hse.gov.uk/research/rrhtm/rr386.htm)



5 Sectors:

Working together
with Construction
cont...

Outcomes sought

We will know we have succeeded when:

- reductions in severe injuries and fatalities (regardless of economic conditions) are ongoing and sustained
- key leaders in the construction sector take the lead in health and safety, and there is greater shared responsibility throughout the supply chain
- workers and supervisors have the demonstrated skills to work safely
- there is a greater awareness of airborne contaminants in this sector, and an increase in the use of measures to prevent exposure
- there is better supervision and practice around the use of dangerous machinery, as evidenced by fewer severe injuries and fatalities in these areas
- the industry moves to effective hazard identification and risk management, with a focus on addressing the risks that matter within businesses and across the supply chain
- data and research on the causes of injury and effective interventions are shared between agencies and firms to enable more informed discussions of why health and safety is important.

Deliverables and funding

<i>Who is responsible?</i>	WorkSafe will take the lead on this programme
<i>Who else is involved?</i>	ACC, industry bodies, workers, the Business Leaders' Health and Safety Forum and BusinessNZ
<i>When it will be delivered</i>	<ol style="list-style-type: none"> 1. A multi-year programme is designed in 2016 2. Evaluation of the Canterbury rebuild programme to be completed in 2016 3. Delivery of collateral to support the new Health and Safety at Work Act by September 2016 4. Delivery of interventions as identified in the multi-year programme and evaluated from June 2017 to June 2019
<i>How it will be monitored & evaluated</i>	<p>Evaluation of current activity is underway</p> <p>Formative evaluation of problems identified will be completed in the development of the multi-year programme of work</p> <p>Evaluation of the multi-year programme of work will be completed</p>
<i>Source of funding</i>	Joint

The Fact is...

140

Forestry accounted for over 140 severe injuries in 2014.



23

Between 2010 and 2014 23 forestry workers were killed in work-related accidents.

\$8m

The approximate cost of these injuries to the ACC scheme is \$8 million per annum.

Working together with Forestry

Forestry is in the **analysis and assessment phase** and is led by **WorkSafe**

Why we are doing this. Twenty-three forestry workers were killed at work between 2010 and 2014 and a further 144 workers had severe injuries in 2014,¹³ with an estimated cost to ACC of \$8 million per annum.¹⁴ These deaths and severe injuries have a significant impact on families and the forestry sector.

What we know

In 2014 high levels of community, political and industry concern resulted in an Independent Forestry Safety Review.

The Review found that multiple layers of ownership and contractual relationships and competing economic tensions had led to a lack of coordinated leadership on health and safety issues. There was also limited communication and engagement with workers, between crews, and across the supply chain; deficiencies in initial and on-the-job training for high-risk work; and mixed capability in supervisors. On the government side there was a lack of good data and information on forestry injuries; there were gaps in standards and guidance; and the regulator needed to focus more on understanding the causes of injury to enable it and the sector to target areas of concern appropriately.

What has happened so far

In response the Forest Industry Safety Council was formed. The Council comprises all interested industry associations within forestry, workers and unions, WorkSafe and ACC. This group is working on taking forward the challenge set by the Review's 11 recommendations and the Government response.

Safetree, a website containing a range of educational tools, guidance and support, has also been launched. This initiative, developed

by the sector, ACC and WorkSafe is now being managed by the sector.

This work, including the focus on leadership within the sector, has seen a drop in fatalities and severe injuries. However, it is critical that we continue to support the sector to ensure that recent gains are maintained, particularly given the expected increase in logging in the near future.

What we're going to do about it

- WorkSafe and ACC will continue to help the Forest Industry Safety Council to develop its strategic plan and initiatives with participation on the Council, Operations Group and Technical Advisory Groups, and through monetary support. In particular, through 2016 we will ensure that the sector makes the most of the opportunities presented by the new law to further improve coordination and cooperation across supply chains and senior leadership, as well as improve worker participation and engagement.
- WorkSafe will continue to develop information and data sets on severe injuries, causes of severe injuries, attitudes and behaviours, and share these with the sector.
- WorkSafe is revising its approach to assessment and intervention in consultation with commercial and small forestry operators, with the aim of improving our interactions with the sector. Throughout the



5 Sectors:

Working together with Forestry cont...

three years of the Plan we will continue to refine our approach based on evidence we gather in this way, including field research in 2016 to better understand what contributes to a reduction in severe injuries and fatalities.

- WorkSafe is developing a new approach to the high-risk small-scale forestry sector, which is forecast to grow. The approach is being developed with industry, and will focus on intelligence gathered in the inspection programme, increasing the safety influence through the supply chain, and targeted community and communication campaigns alongside Safer Farms.
- The Government signalled that the regulations relating to forestry would be reviewed after the new law was passed. The timing of this is unclear, but it is likely to occur during the three years of this Plan. WorkSafe will contribute to this review and at that time will also review the Approved Code of Practice for Safety and Health in Forest Operations.

Outcomes sought

We will know we have succeeded when:

- reductions in severe injuries and fatalities are ongoing and sustained regardless of economic conditions
- the industry continues to lead health and safety in its sector, and makes progress on the recommendations of the Independent Forestry Safety Review Panel
- there is effective cooperation and coordination around health and safety through supply chains. In particular:
 - supply chains enable the forest block to be managed safely
 - people are clear about their responsibilities
 - contractual arrangements support health and safety outcomes
- the industry moves from hazard identification and mitigation to effective risk management, with a focus on addressing the risks that matter
- WorkSafe provides relevant and effective assessments, tools and guidance (developed with the sector), and understands and shares information on injury causes, statistics and behaviours
- workers and supervisors have the demonstrated skills to work safely.



5 Sectors:
Working
together with
Forestry cont...

Deliverables and funding

<i>Who is responsible?</i>	WorkSafe will take the lead on this programme
<i>Who else is involved?</i>	<p>The Forest Industry Safety Council is responsible for developing and delivering a strategic plan and initiatives under the Plan (WorkSafe and ACC will be contributors as part of the Council)</p> <p>WorkSafe will lead the programme that relates to the operations of the regulator</p>
<i>When it will be delivered</i>	This programme of work is currently underway and is planned for delivery in 2016/17 with a three- to five-year horizon
<i>How it will be monitored & evaluated</i>	<p>The small-scale forestry initiative will be evaluated in 2016/17</p> <p>Part of the forestry programme will be evaluated as part of a wider evaluation of the Māori Strategy</p> <p>An outcomes evaluation of the forestry programme will be undertaken in 2019/20</p>
<i>Source of funding</i>	Joint

The Fact is...

4,500

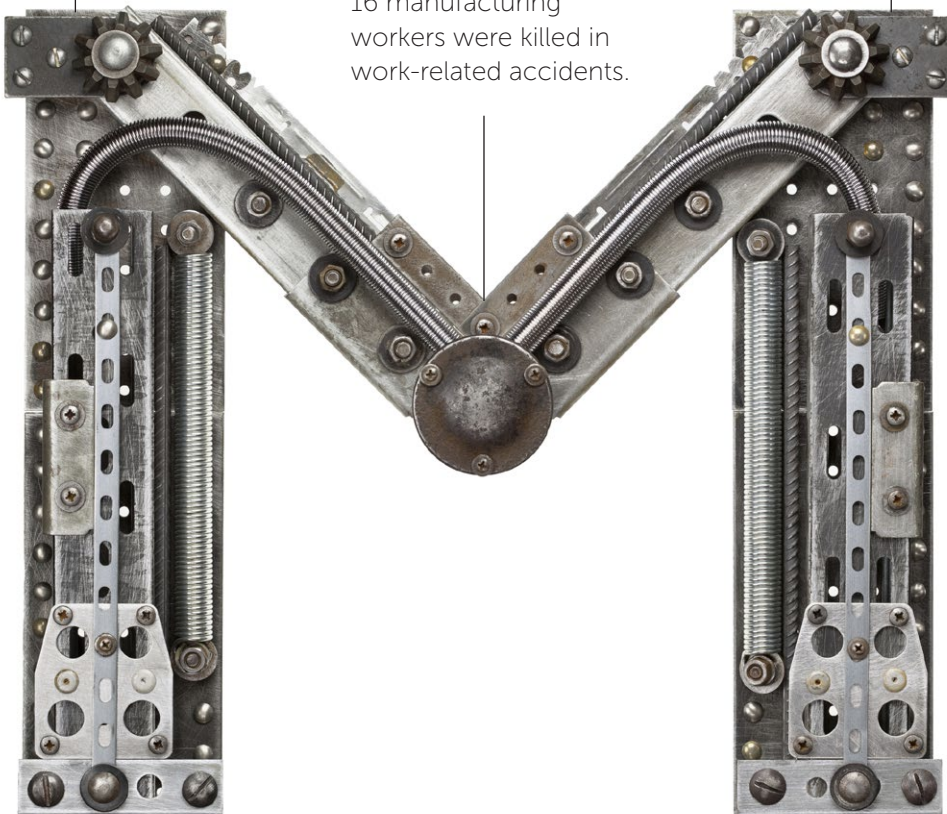
Manufacturing accounted for over 4,500 severe injuries in 2014.

\$85m

The approximate cost of these injuries to the ACC scheme is \$85 million per annum.

16

Between 2010 and 2014, 16 manufacturing workers were killed in work-related accidents.



Working together with Manufacturing

This programme is in the **intervention planning phase** and is led by **WorkSafe**.

Why we are doing this. The manufacturing sector employs 10%¹⁵ of New Zealand's workforce and is a significant contributor to our economy. Between 2010 and 2014 16 people were killed at work and in 2014 workers sustained 4,535¹⁶ severe injuries. This has a huge impact both on workers and their families and on the productivity of the businesses involved. In 2014 the impact on the ACC Work Account from severe injuries in this sector was approximately \$85 million. This includes treatment, rehabilitation and costs. There are also significant productivity costs for businesses due to time lost through injury.

What we know

The manufacturing sector is made up of 21,000¹⁷ businesses. These businesses are diverse not only in terms of activity, size and cultural representation, but in terms of how severe injuries and health issues are caused. We need to understand further the injury profile across the sector, and specifically within small businesses that employ a significant number of workers, to understand where the risk of severe injury occurs for individual workers.

People who work in the manufacturing sector face both health and safety work-related risks.

Work-related health risks include exposure to airborne substances such as asbestos, silica, wood dust, welding fumes and solvent fumes. These exposures can result in cancer and cardiovascular and respiratory diseases.

Work-related safety risks can result in fatalities, severe injuries and/or the development of non-fatal diseases. These work-related safety risks include falling objects, moving vehicles and machinery and tool use.

Eighty-two percent of severe injuries occur within three industries: food and beverage (50%); metal products (24%); and wood and paper processing (8%).¹⁸

What has happened so far

WorkSafe has undertaken a range of activities in this sector. A deliberate focus has been on completing inspections on the safe use of machinery. This has been broadened to include the development of a range of educational tools and guidance materials on manufacturing issues. Building on this, a mixed approach of inspection and education is underway raising awareness of noise-induced hearing loss, airborne contaminants and working around vehicle risks within the sector. The annual national roadshows have supported, and will continue to support, the delivery of key messages as will a range of sector engagements with industry. These include speaking at various industry conferences and trade expos.

In 2015 ACC and WorkSafe ran workshops to present the key risks and problems that had been identified and to test with the sector its views on the issues. The workshops also discussed potential areas to strengthen and improve in order to better address the risks identified. The workshops identified the importance of:

¹⁵ Statistics New Zealand Linked Employer Employee Data annual data
¹⁶ Combined ACC, WorkSafe and Statistics New Zealand data

¹⁷ Statistics New Zealand data
¹⁸ ACC accident claim data



5 Sectors:

Working together
with Manufacturing
cont...

- **strengthening leadership:** to improve leadership capabilities and practice at all levels of business
- **strengthening technical capability:** to improve the capabilities of managers and workers to understand and manage health and safety in the workplace
- **improving motivation:** to motivate managers and workers towards improved workplace health and safety outcomes.

A Safer Manufacturing intervention programme was then developed between ACC and WorkSafe to address the issues raised. Funding was also approved in principle for a five-year programme of work.

What we're going to do about it

The Safer Manufacturing programme will be delivered in three phases. Each phase will design and deliver detailed interventions identified with the sector.

- Phase 1, delivered by 2017
 - support the introduction of the new legislation with new tools, case studies and other information specific to manufacturing and its risks
 - work with a small number of businesses (or a sub-sector) that are willing to take leadership in piloting a mix of interventions that will reduce severe injuries and fatalities (findings will also inform phase 2)
 - complete the detailed design and development of a range of products and interventions that will enable phase 2 to be delivered. These will also reflect the findings from any pilot studies and other programmes as relevant.

- Phase 2, delivered in 2017/2018
 - implement products and interventions completed in phase 1. It is anticipated that several interventions will be identified. When and how these will be delivered will be established with the sector.
- Phase 3, delivered in 2019/2020
 - an evaluation of interventions specific to phase 2 will begin. It is anticipated that this will take place over multiple years to ensure there is a sustained change in behaviour and culture, and to adjust, replicate or stop interventions as needed
 - an evaluation of the full Safer Manufacturing programme.
- We will also continue to engage with the sector and build industry and sub-sector leadership groups and sponsors on health and safety.
- We will work with other programmes and incorporate best practice to deliver the outcomes that contribute to our strategic responses.

Outcomes sought

We will know we have succeeded when:

- interventions reduce the frequency and/or severity of injuries and these reductions are sustainable
- leaders within the manufacturing sector have the support (such as training, mentoring and education) they need to carry out effective health and safety governance
- the manufacturing sector and key industry leaders take the lead in health and safety and there is a greater shared responsibility among all players throughout the supply chain



5 Sectors:

Working together
with Manufacturing
cont...

- improvement in the Health and Safety Attitudes and Behaviours Survey results in specific engagement with health and safety matters
- workers and supervisors/managers have the demonstrated skills to work safely
- targeted industries adopt more effective risk management practices and demand and use newer, safer technologies
- accessible information and tools are provided by the regulator and industry; information and tools allow workers and businesses to understand risks clearly and make effective changes to health and safety practice.

Deliverables and funding

<i>Who is responsible?</i>	WorkSafe will take the lead on this programme
<i>Who else is involved?</i>	ACC, industry associations, workers, the Business Leaders' Health and Safety Forum, BusinessNZ and other key industry players
<i>When it will be delivered</i>	Phase 1 delivered by June 2017 Phase 2 delivered in 2017/18 Phase 3 delivered in 2019/20
<i>How it will be monitored & evaluated</i>	Formative evaluation of each intervention or phase will take place throughout this programme to ensure that outcomes and changes in behaviour are trending in the right direction A full evaluation of the success of this programme will take place in 2019/20
<i>Source of funding</i>	Joint

The Fact is...

1,900

Healthcare and social assistance accounted for over 1,900 severe injuries in 2014.

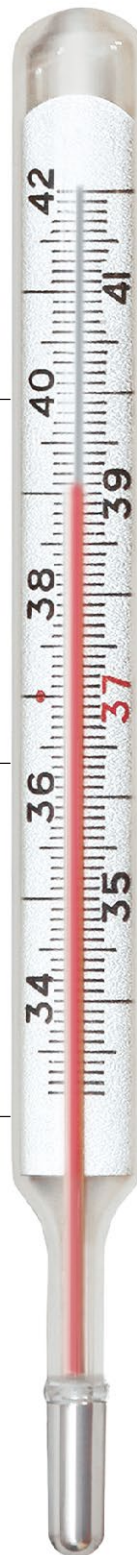
\$35m

The approximate cost of these injuries to the ACC scheme is \$35 million per annum.

11

Between 2010 and 2014, 11 healthcare and social assistance workers were killed in work-related accidents.

The majority of these fatalities occurred in the Canterbury earthquakes.



Working together with Healthcare & Social Assistance

Healthcare and Social Assistance is in the **engagement phase** and is led by **ACC**.

Healthcare and Social Assistance focuses on severe injuries sustained by workers in healthcare settings such as hospitals and residential care facilities.

Why we are doing this. The effective management of the risk of injury to workers in the healthcare sector not only benefits the workers, their families and the businesses with which they are involved, but also reduces the risk of injury to people in their care. A hazard that creates a risk of injury for a healthcare worker (such as a slippery floor in a hospital hallway) will create the same risk to a patient. That patient may be less able to recover quickly from the injury due, for example, to their age.

New Zealand's population is ageing, with 23% of the population expected to be over 65 by 2038 (currently 14% are over 65). The ageing population will place more demands on this sector, therefore increasing the risk of injury unless good management practices are put in place. Healthcare workers are exposed to a number of injury and safety risks, largely due to interactions with patients.

What we know

The majority of severe injuries to workers in the healthcare and social assistance sectors are caused by either patient handling or slips, trips and falls. However, individual sub-sectors (e.g. hospitals, ambulance services and residential care facilities) may face different challenges, such as the risk of injury while caring for patients with drug dependency issues.

The volume and rate of injuries within the healthcare and social assistance sectors are growing for both severe and non-severe injury types. Between 2010 and 2015¹⁹:

- the ACC claim volume increased by 18%
- the ACC claim rate increased from 60 to 66 claims per 1,000 workers
- there was a 6% growth in the workforce.

International literature supports improving safety in healthcare and social assistance through patient handling programmes.²⁰ These programmes have led to a reduction in injuries to workers. Key components of successful programmes are well established within the literature and through case studies.

We know that:

- programmes that focus on a combination of good practice, facility design and ensuring resources are available have resulted in improvements in the ability of healthcare workers to deliver quality patient care safely
- leaders and managers can increase staff engagement in workplace safety by taking ownership of safety across the sector
- staff demographic factors (for example literacy levels and/or the age of workers)

¹⁹ ACC accident claim data

²⁰ Nelson A, et al. 'Development and evaluation of a multifaceted ergonomics program to prevent injuries associated with patient handling tasks' *Int J of Nursing Studies* 43 (2006), pp 717-33



5 Sectors:

Working together with Healthcare & Social Assistance cont...

influence the development and delivery of consistent and safe working practices

- societal changes such as increasing drug use and the increased prevalence of obesity are increasing the risk of injury to workers charged with providing patient care
- some District Health Boards have a significant proportion of the severe injuries, linking them with the High Incidence Businesses programme.

Recent ACC data indicates that violence is an emerging area of risk in the healthcare sector. While the physical injury risk from violence is an issue, the associated harm to mental health (which falls within the Health and Safety at Work Act 2015) also needs to be considered when assessing the impact of violence in the workplace.

What has happened so far

- ACC has established relationships with key stakeholders in the healthcare sector (for example professional and industry associations, District Health Boards, agencies and interest groups) that help us to deliver injury prevention and rehabilitation programmes.
- ACC has implemented projects in both hospital and home-care settings that include the delivery of guidance and practical materials. These are currently being evaluated for their effectiveness and reach.
- ACC is currently engaged with the Residential Aged Care Safety Group's health and safety strategy development. The strategy will identify the key problems of and solutions to improve health and safety performance.

What we're going to do about it

In the next three years we will:

- target the risks connected with patient handling by working with more hospitals, rest homes and other care facilities to support their efforts to lower the risks to their workers
- strengthen health and safety leadership across the sector
- target slips, trips and falls within the sector
- work with sector leaders to understand and address the risk of violence in these workplaces
- develop an intervention programme.

As other programmes within the Plan are developed, especially Workforce Development and Safety Leadership and Worker Engagement and Participation, their activities will be embedded into this programme. There are also links to other programmes such as Slips, Trips and Falls, Body Stress and Economic Incentives. It is also anticipated that as the Work-related Health Strategy develops, the programme will adapt to reflect new data and information on achieving better health outcomes in the healthcare sector.

Outcomes sought

We will know we have succeeded when:

- fatalities and severe injuries are reduced and the reduction is sustainable
- safety, efficiency and quality of care are enhanced for both patients and workers
- hospitals and residential care facilities demonstrate an ability to reduce causal factors in patient-handling and fall-related injuries (we are targeting a 30% reduction in severe injuries in large facilities)



5 Sectors:

Working together with Healthcare & Social Assistance cont...

- there are fewer injuries to patients as a result of improved risk management practices put in place for healthcare and community workers
- safety programmes have provided good returns on investment and are sustainable in the long term.

Deliverables and funding

<i>Who is responsible?</i>	ACC will take the lead on delivering the programme
<i>Who else is involved?</i>	WorkSafe, the Ministry of Health, District Health Boards, the Nursing Council of New Zealand, the Human Factors and Ergonomics Society and other key industry players
<i>When it will be delivered</i>	<p>Programme agreed by December 2016. While the programme is still under development, the high-level deliverables are expected to be:</p> <ul style="list-style-type: none"> • delivery of moving and handling programme from January 2016 to March 2018 • delivery of Slips, Trips and Falls programme from October 2016 to December 2018 • exploratory phase in leadership from October 2016 • exploratory phase in violence from January 2017
<i>How it will be monitored & evaluated</i>	This will be developed as part of any interventions
<i>Source of funding</i>	ACC

Focus on 4 cross-cutting risks:



1. Slips, Trips & Falls	pg 42
2. Working in & around Vehicles	pg 46
3. Body Stressing	pg 50
4. Clean Air	pg 54

Fact:

43%

These 3 physical risks result in 43% of the severe injuries in New Zealand workplaces.

60%

Approximately 60% of work-related-disease fatalities are likely caused by air-related exposure.

The Fact is...

5,600

Over 5,600 severe injuries were caused by slips, trips and falls in 2014.

\$135m

The approximate cost of these injuries to the ACC scheme is \$135 million a year.

18

Between 2010 and 2014 there were 18 work-related fatalities.



Slips, Trips & Falls

Slips, Trips and Falls is in the **presenting concern phase** and is led by **ACC** (the Falls from Height component will be led by **WorkSafe**).

Why we are doing this. Severe injuries from slips, trips and falls is a category of concern in a large number of sectors. Between 2010 and 2014 there were 18 work-related fatalities.²¹ In 2014 there were 2,807 severe injuries from the five identified sectors in this Plan at a cost of approximately \$68 million per annum to ACC. Outside these sectors there were 2,848 severe injuries at a cost of approximately \$68 million per annum to ACC.²² Other key sectors where this is a concern include road freight transport, retail and wholesale trade.

ACC and WorkSafe have identified that slips, trips and falls is one of the top two injury mechanisms across all sectors. Addressing the slips, trips and falls risk factors will result in a significant reduction in absenteeism due to injury.

What we know

Slips, trips and falls claims have increased in both volume and rate per 10,000 workers since 2011. A review of ACC claims made in the 2010-2015 levy years found that slips, trips and falls accounted for:

- 23% of all workplace injuries across all industries
- 30% of ACC's claims liability resulting from workplace accidents
- 27% of severe injuries resulting from workplace accidents
- 10% of fatalities (often falls from height) resulting from workplace accidents.

Evidence suggests that simple, low-cost measures can be effective in managing the risk of injuries from slips, trips and falls (for example, keeping a tidy workplace). Some other risks, such as those involved when working from height, can require more sophisticated approaches to management (for example scaffolding, securing ladders appropriately and using harnesses).

What has happened so far

Since 2012 the health and safety regulator (Department of Labour/WorkSafe) has been implementing the Preventing Falls from Height campaign. This relates to a range of sectors but there has been a particular focus on reducing falls from height in construction, particularly residential construction. This has involved the development of guidance and factsheets, a number of proactive assessments by WorkSafe inspectors, and trade breakfasts and workshops on the issues.

Both ACC and WorkSafe have developed and made available information on managing the risk of injuries from slips, trips and falls in various workplaces and industries, and Assessment Inspectors have also focused on this risk.

²¹ Nine fatalities occurred within high-risk sectors
²² ACC accident claim data

4 Cross-Cutting:

Slips Trips & Falls cont...

What we're going to do about it

In the next three years ACC and WorkSafe will:

- identify causal factors to enable effective interventions for the prevention of slips, trips and falls in sectors identified as at greatest risk
- engage with business leaders to understand the challenges faced by businesses when managing risks associated with slips, trips and falls
- provide tools and education support to increase the capability of businesses to identify and manage the risks that result in slips, trips and falls
- evaluate the success of the Preventing Falls from Height campaign in reducing injury, including whether we continue the campaign or stop it altogether, and if we continue, how we can improve it
- update Preventing Falls from Height guidance and education support.

Outcomes sought

We will know we have succeeded when we have:

- intervened to reduce both fatalities and the frequency and/or severity of injuries from slips, trips and falls. We are aiming for a reduction of at least 30%
 - raised awareness of the impacts of falls and how to reduce the personal risk of falling
 - increased the active management and leadership of risks that cause injuries from slips, trips and falls in New Zealand businesses.
-

4 Cross-Cutting:
Slips Trips
& Falls cont...

Deliverables and funding

<i>Who is responsible?</i>	ACC will lead the overall programme, WorkSafe will continue to lead the falls from height component
<i>Who else is involved?</i>	<p>Key sector and business leaders, and social partners</p> <p>Further stakeholders will be engaged to help us to validate the problem and explore the potential interventions. We will also gauge their levels of acceptance of the programme</p>
<i>When it will be delivered</i>	<p>The Preventing Falls from Height campaign in the construction sector will be evaluated during 2016 and any adjustments planned and implemented by Q4 2017</p> <p>Analysis and overall programme design will be completed in 2016</p> <p>Programme delivery will commence in 2017</p>
<i>How it will be monitored & evaluated</i>	This will be developed as part of any interventions
<i>Source of funding</i>	Joint

The Fact is...

900

Over 900 severe injuries in 2014 were caused by people working in and around vehicles.

\$200m

The approximate cost of these injuries to the ACC scheme is \$200 million per annum.

179

Between 2010 and 2014 there were 179 work-related fatalities.



Working in & around Vehicles

Working in and around Vehicles is early in the **intelligence-gathering phase** and is led by **WorkSafe**.

Why we are doing this. Between 2010 and 2014 there were 179 work-related fatalities and in 2014 there were 916 severe injuries from working in and around vehicles. These fatalities and severe injuries are devastating to families and have a significant impact on businesses involved as well. The cost to the ACC Work Account is approximately \$200 million per annum.²³

This programme looks to understand why there are such significant workplace injuries in and around vehicles and to explore what can be done to reduce the impacts on workers and businesses. As WorkSafe and ACC already partner with the NZ Transport Agency and New Zealand Police to reduce the risks associated with work-related travel on public roads under the Safer Journeys Action Plan, this programme will focus on the risks associated with vehicles off the public road network. Managing the risks around these vehicles while they use the road network between worksites will be done through the Safer Journeys partnership.

What we know

Workplace vehicle-related injuries involving a range of vehicle types occur across a range of sectors. A number of the severe injuries relate to loading and unloading activities and workers falling or jumping from vehicles. Where other programmes provide insights that help reduce the risks around vehicles (for example, the Body Stressing programme addresses the risks associated with loading and unloading vehicles), those insights will be used to develop targeted interventions relating to vehicles.

This programme covers what we know (from our data, research and engagements) are the other most common causes of injury and fatality in relation to vehicles. These include: using vehicles that are inappropriate for certain tasks; insufficient education or training in their use; a lack of proper maintenance and standards (including around

securing loads); unsafe traffic management practices in workplaces (resulting often in hitting victims outside the vehicles); and driver operating errors, particularly operating unsafely on hills and operators being hit by machinery.

Managing these risks can be complex as businesses need to consider not only the vehicles they control on site but vehicles from other business operators that may temporarily visit worksites for deliveries or pick-ups (overlapping Person Conducting a Business or Undertaking).

Severe injuries and fatalities relate mainly to the use of trucks, vans, quad bikes and mobile machinery while working (forklifts have been a particular risk issue in this category). While vehicle issues span a number of sectors, the most common sectors where severe injuries and fatalities occur are construction, manufacturing, agriculture, warehousing and road transport (which includes road freight



4 Cross-Cutting: Working in & around Vehicles cont...

transport, covered in this Plan, and other road and urban transport issues covered by Safer Journeys). Other sectors with which we work, for example adventure activities and forestry, also have risks working in and around vehicles, but of a smaller number.

What has happened so far

Severe injuries and fatalities that occur off-road have been addressed on a sector-by-sector basis using approaches based on engagement, education and enforcement. For example:

- in the agriculture sector Safer Farms has created guidelines that cover agricultural vehicles such as two-wheeled motorbikes, tractors and quad bikes. WorkSafe and ACC have also been working with the sector in relation to quad bike safety
- in the adventure tourism area guidelines have been created for quad bike and all-terrain-vehicle usage
- in manufacturing WorkSafe has been focused on three key areas: safe vehicles, safe workplaces, and safe drivers and operators. WorkSafe has provided education in these areas through national roadshows and the creation of a factsheet on workplace traffic management. The three areas have also been a focus of assessments in the manufacturing area, supported by an inspector assessment tool that was also made available to the industry
- in construction, and as part of the Canterbury rebuild, working in and around mobile machinery was identified as one of the critical risk areas. This led to the development of a suite of educational tools for businesses comprising posters, a factsheet, a toolbox talk, and breakfast sessions. WorkSafe developed inspector assessment tools and short YouTube clips

(used internally but shared externally) for national use. These addressed a number of areas critical to the safe operation of construction vehicles, involving, for example, cranes, concrete pumps, excavators and elevated work platforms.

There has also been the development of guidelines, Approved Codes of Practice and factsheets that are more vehicle specific and pan industry, such as the Approved Code of Practice for Training Operators and Instructors of Powered Industrial Lift Trucks (Forklifts).

What we're going to do about it

Initially we will consider what an intervention programme for working in and around vehicles would look like, and how it could work with other programmes. This would be co-developed with stakeholders over time.

WorkSafe will also continue to focus on this area as part of its normal business-as-usual work.

The NZ Transport Agency's Zero Harm industry group is currently developing a competency framework for vehicle operators in the roading industry. We will work closely with the group to offer support, and see whether what they learn can be used in this broader work programme.

Outcomes sought

Persons Conducting a Business or Undertaking and workers manage the risks from their workplace vehicles to reduce significantly fatalities and severe injuries.

The measures of this success will be further developed as part of the programme.



4 Cross-Cutting: Working in & around Vehicles cont...

Deliverables and funding

<i>Who is responsible?</i>	WorkSafe will take the lead on this programme
<i>Who else is involved?</i>	ACC, Federated Farmers, motor vehicle industry representatives, the Road Transport Association, the Log Transport Safety Council, ports, Rural Contractors New Zealand, Civil Contractors New Zealand, port representatives, the NZ Transport Agency and other key industry players
<i>When it will be delivered</i>	During 2016 we will consider what the intervention programme for working in and around vehicles will look like The strategic programme will be developed in 2017 and implemented from January 2018
<i>How it will be monitored & evaluated</i>	This will be developed as part of any interventions
<i>Source of funding</i>	Joint

The Fact is...

4,200

Over 4,200 severe injuries were caused by body stressing in 2014.

\$140m

The approximate cost of these injuries to the ACC scheme is \$140 million per annum.



Body Stressing

Body Stressing is in the **presenting concern phase** and is led by **ACC**.

Body stressing includes musculo-skeletal injuries that are often associated with manual handling, as well as injuries that occur through repetitive strain.

Why we are doing this. ACC and WorkSafe have undertaken a risk analysis that shows manual handling is in the top two injury mechanisms across all sectors. Body stressing is a significant concern in a large number of sectors. In 2014 there were 1,969 severe injuries in the five identified sectors in this Plan at a cost of approximately \$67 million per annum to ACC. Outside these sectors there were 2,237 severe injuries at a cost of approximately \$72 million per annum to ACC.²⁴ Other key sectors where this is a concern include road freight transport, retail and wholesale trade.

What we know

Body stressing can come on suddenly, or result from cumulative exposure to a task. Body stressing often results from manual handling activities, such as:

- lifting and lowering
- pushing and pulling
- carrying
- repetitive movements.

Body stressing is a complex area of concern as there are multiple contributing risk factors, which can exist both within and outside the workplace. These can be grouped into:

- **organisational factors:** the way work is structured, supervised and processed, and the work environment itself
- **psychosocial factors:** the interaction between social factors and an individual's behaviour both in and out of the workplace
- **individual factors:** personal factors such as age, gender and health

- **biomechanical factors:** task requirements such as awkward postures, heavy loads and repetitive tasks.

Research shows that single interventions such as training people how to lift in a correct manner are ineffective, and a multifaceted approach that addresses multiple risk factors has a greater chance of success.²⁵ A number of risk factors can be eliminated or mitigated by improving the design of workplaces, processes and equipment.

We have identified system-level challenges to addressing body stressing, including:

- reactive and oversimplified approaches
- complex and dynamic risk factors
- attitudes and behaviours regarding risk tolerance.

A growing base of evidence supports engaging workers in a participatory approach to reduce the risk of sustaining injury.²⁶ This also delivers other benefits to businesses such as increased productivity, worker engagement, satisfaction and wellbeing.

²⁴ ACC accident claim data
²⁵ Conlon, F (2014). Literature review to inform Musculoskeletal Prevention Strategy. Accident Compensation Corporation

²⁶ Underhill, E (2013). 'The challenge to workplace health and safety and the changing nature of work and the workplace environment' in *Australian Workplace Relations*, Cambridge University Press, New York, NY, pp 191–208.



4 Cross-Cutting: Body Stressing cont...

What has happened so far

ACC has delivered educational campaigns such as the Discomfort, Pain and Injury Intervention. While it is clear that the intervention increased awareness of the relevant risk factors within workplaces, it did not overcome some of the system-level challenges identified above, such as challenging habitual behaviours and mindsets.

The intervention provided valuable insights into the complexity of the problem that will inform the development of future interventions. The intervention itself achieved varying levels of success at the individual business level; however, collectively it did not have a significant impact on claim volumes and rates.

What we're going to do about it

In response ACC, in collaboration with partners, will undertake work to better understand the problem, with a view to prioritising and investing in the solutions that will deliver the greatest return on investment for the ACC scheme and help us to meet the Government target of a 25% reduction in serious injuries and fatalities by 2020.

A joint programme will be developed with interventions implemented over three years that will:

- increase the awareness and knowledge of business leaders, line managers and workers of practices and resources that prevent body stressing injuries
- increase our understanding of the contributing factors and how they interact
- increase the capability of leaders, line managers and workers to:

- assess and manage body stressing risk factors
- prevent and measure body stressing injuries
- enable opportunities for innovation, training and development
- encourage the use of good design to reduce or eliminate risks from workplaces and work practices.

Outcomes sought

The programme will be designed to:

- improve the identification and management of causal factors resulting in body stressing
- reduce risk by innovative design
- reduce body stressing injury risk by 25% across all sectors through a:
 - 30% reduction in the five high-risk sectors
 - 30% reduction in road freight transport, retail and wholesale trade
 - 15% reduction in the rest of the workplace settings.



4 Cross-Cutting: Body Stressing cont...

Deliverables and funding

<i>Who is responsible?</i>	ACC will take the lead on this programme
<i>Who else is involved?</i>	WorkSafe, industry and worker representatives and subject matter experts
<i>When it will be delivered</i>	Joint programme agreed by September 2016 Programme initiatives to be delivered from December 2017
<i>How it will be monitored & evaluated</i>	A monitoring and evaluation plan will be developed in the intervention planning phase
<i>Source of funding</i>	ACC

The Fact is...

600– 900

600–900 people die each year from work-related diseases, of which over 50% are cancers.



2,500

Over 2,500 of work-related hospitalisations every year are caused by air-related exposures.

60%

Approximately 60% of all work-related fatalities are caused by air-related exposures.

Clean Air

Clean Air is in the **intervention phase** and is being led by **WorkSafe**.

Why we are doing this. An estimated 600-900²⁷ people die each year from work-related diseases, of which over 50% are cancers. Many of these victims have been exposed to airborne substances such as asbestos, silica and wood dust. Approximately 170²⁸ people die from asbestos-related diseases each year, making asbestos exposure the single biggest cause of work-related disease mortality. Asbestos is likely to remain a problem, especially in the next 10 to 15 years as a number of homes are renovated and commercial buildings are earthquake strengthened, demolished or fitted out for modern commercial needs. Non-cancerous respiratory diseases account for a further estimated 18% of work-related disease fatalities, and many thousands of workers develop and live with non-fatal respiratory diseases for years or decades.

What we know

There are mixed levels of knowledge and understanding of how to identify and manage the range of airborne substances in businesses. The latency period between exposure to work-related respiratory risks and diagnosis can be decades, which presents significant challenges for identifying causes and implementing risk control strategies.

There is a range of airborne contaminants that contribute to the burden of disease for workers. Some contaminants can result in neurological, nerve system and cardiovascular system damage, such as solvents and carbon monoxide. The following airborne contaminants contribute to a range of poor health outcomes.

- **Wood dust:** there is a significant association between wood dust exposure and cancers of the airways.²⁹
- **Welding fumes:** exposure to welding fumes is associated with a range of potentially significant health conditions, including asthma, welding fume fever and chronic

bronchitis. There is growing evidence that exposure to welding fumes is also associated with heart disease. Approximately 43% of plant and machine operators and 43% of trades workers report being exposed to smoke and fumes at work.³⁰

- **Asbestos:** is a well known human carcinogen, causing lung cancer, mesothelioma³¹ and other cancers. Asbestosis is the leading cause of work-related cancers and is responsible for an estimated 26% of the overall burden of airborne work-related disease.
- **Pesticides and fertilisers:** exposure to pesticides and fertilisers is the third ranked airborne agent of work-related disease in New Zealand. It is estimated that these risk factors are responsible for 76 fatalities per year. This represents approximately 11% of the burden of work-related disease. Approximately 63% of agriculture and fishery workers report being exposed to pesticides at work.³²

27 Work-Related Disease in New Zealand. The state of play in 2010.

Wellington: Ministry of Business, Innovation and Employment
28 Ibid

29 Lung and sino-nasal cancers

30 Eng, A., et al (2010). 'The New Zealand Workforce Study I: Self-Reported

Occupational Exposures.' *Annals of Occupational Hygiene*

31 Cancer of the lining of the lung

32 Eng, A., et al (2010). 'The New Zealand Workforce Study I: Self-Reported Occupational Exposures.' *Annals of Occupational Hygiene*. Oxford University Press



4 Cross-Cutting: Clean Air cont...

- **Silica:** the exposure and cancer risk from silica has been established particularly in industries associated with heat processes, such as refractory brick works, pottery workers and granite workers. Approximately 75% of trades workers, 56% of agriculture and fishery workers, and 55% of plant and machine operators report being exposed to dust at work.³³
- **Solvents:** exposure to solvents in the workplace has been found to be associated with birth defects in children where mothers have been exposed, and evidence suggests a link between some solvents and types of lymphoma. Approximately 59% of trades workers, 33% of plant and machine operators, and 32% of elementary workers report being exposed to oils and solvents at work.³⁴
- **Carbon monoxide:** exposure from vehicle exhausts, fuel-burning furnaces, coal-burning power plants, small gasoline engines, marine engines and forklifts can lead to workers experiencing symptoms such as headaches, nausea, weakness, exhaustion and dizziness.

What has happened so far

WorkSafe has established a programme of work to:

- increase general awareness of key respiratory risks
- develop its inspectorate capability to engage and educate duty holders on these risks, and enforce requirements where necessary.

The programme has three phases. The first began in February 2015 and has a focus on silica and solvents. It will be evaluated in late 2016. Phase 2 started at the end of 2015 with a focus on wood dust, welding and carbon monoxide. It will be evaluated in mid-2017.

The third phase will begin in mid-2016, focused on agri-chemicals.

WorkSafe is undertaking a number of other significant activities to manage respiratory risks, including:

- running collision repair roadshows and providing factsheets targeted at panel beaters
- implementing and supporting the implementation of a new asbestos regime.

What we're going to do about it

We will continue to implement our programme for wood dust, welding and carbon monoxide and will begin a similar programme focused on agri-chemicals by July 2017.

We will work to further understand the impact of respiratory diseases, specifically in relation to asbestos, and continue to implement the new asbestos regulatory regime.

We will also complete further research on airborne contaminants and use this information to better inform our activities and support businesses in understanding how the risks can be managed.

Outcomes sought

We know that there is a latency of many years (decades) in diseases presenting for workers who do not work in clean air environments. For this reason we will know we have been successful in the longer term when:

- we have achieved our target of a 50% reduction in asbestos-related disease by 2040³⁵
- the rates of illness and death related to exposure to harmful airborne substances have reduced.

³³ *ibid*
³⁴ *ibid*

³⁵ The measurement will be from mesothelioma fatalities



4 Cross-Cutting: Clean Air cont...

We will know that the Clean Air programme has been successful when:

- there is widespread understanding of the risk of exposure to airborne contaminants in a range of workplaces, both internally and externally, and the impacts of these on people
- businesses are managing the risks that cause airborne diseases better
- controls are in place for harmful airborne substances and are embedded into workplaces as business as usual.

Deliverables and funding

<i>Who is responsible?</i>	WorkSafe will take the lead on this programme
<i>Who else is involved?</i>	WorkSafe and ACC will work with partnering agents, businesses and workers
<i>When it will be delivered</i>	<ul style="list-style-type: none"> • Phase 1: the programme for silica and solvents is being delivered and will be evaluated in late 2016 • Phase 2: the programme for wood dust, welding and carbon monoxide will be delivered by July 2016 and evaluated in mid-2017 • Phase 3: the programme for agri-chemicals will begin in mid-2016
<i>How it will be monitored & evaluated</i>	The programme will have ongoing monitoring and will be evaluated as per above
<i>Source of funding</i>	Joint

3 areas to support all businesses to reduce injuries:



1. Education & Awareness pg 60

Working with small businesses
General Education & Awareness Raising
Safety Star Rating

2. Incentives pg 68

Economic Incentives

3. Enabling pg 70

Workforce Development & Safety Leadership
Worker Engagement & Participation

Fact:

#1

Supporting New Zealanders to recognise and value good health and safety practice as part of good business management.

#2

Translating this change in attitude to a change in behaviour/practice.

1. Education & Awareness

Working with small businesses

This programme is in the **intelligence-gathering phase** and is led by **ACC**.

Why we are doing this. For many small businesses the loss of a person due to injury for any period of time can affect productivity severely, as expertise is often concentrated in a few people that the business cannot afford to lose.

Many of the workplace health and safety risks that businesses face, and the ways of eliminating or minimising them, can be the same whether someone is in a large or small business. A range of programmes in this Plan will have benefits for both small and large businesses.

However, New Zealand and overseas experience has shown that small businesses have different needs from larger businesses in terms of the support required from government agencies for health and safety. This programme supports and reaches small businesses by developing approaches that all programmes delivered by ACC and WorkSafe can use to help small businesses understand and manage the risks to their workers.

What we know

Small businesses report that they do not have the resources to dedicate to health and safety, so they often rely on applying common sense. What is clear, from the injury data and the interactions ACC and WorkSafe have had with small businesses, is that taking an active risk management approach is superior to having an over-reliance on common sense. It is also apparent that some small businesses view health and safety as overly complicated or not a priority.

For small businesses their bottom line and employee wellbeing are the main drivers for taking action on health and safety matters.³⁶

A report to the United Kingdom Health and Safety Executive in 2005³⁷ found that, for small businesses, compliance with health and safety regulations was reactive and not a process they continually engaged with. Small businesses believed they were compliant up until the point they were told they weren't. Health and safety

compliance was not part of a decision-making process where options were assessed and costs and benefits weighed. Rather, small businesses attempted to 'make sense' of what they were being required to do. Despite believing they were compliant, many of the small business owners in the study were not able to identify obvious hazards within their workplaces.

What has happened so far

ACC and the Ministry of Business, Innovation and Employment have undertaken market research to improve their understanding of how small businesses approach workplace health and safety. business.govt.nz has also undertaken research in this area, which it has shared with us.

WorkSafe and business.govt.nz have been jointly developing information for small businesses about the changes to the health and safety legislation that came into effect on 4 April 2016. This includes a growing range of tools and resources for small businesses, to help them

³⁶ Navigators customer insights research for ACC, 2015

³⁷ Greenstreet Berman Ltd, 'An evidence based evaluation of how best to secure compliance with health and safety law, Health and Safety Executive', 2005 (www.hse.gov.uk/research/rrpdf/rr638.pdf)

1. Education & Awareness

Working with small businesses cont...

apply the legislative concepts and better understand and manage work-related health and safety risks in a small business context. As part of this WorkSafe has worked closely with the Small Business Development Group to seek insights and test information.

Both WorkSafe and ACC have held regional forums focusing on health and safety matters that have been attended by small business owners, and contributed to small business roadshows.

What we're going to do about it

In the next three years we will:

- improve our understanding of how to support small businesses in understanding and managing their risks in order to improve health and safety outcomes for their workers
- explore and grow additional effective channels to reach small businesses, including considering how we can work with other stakeholders who work with small business (for example, advisors, supply chains, ACC and Inland Revenue channels)
- continue to partner with small businesses to reinforce a common-sense approach to health and safety based on proportional, appropriate and effective risk management
- continue to develop guidance, educational tools and communications messaging specific to small businesses' needs, particularly in high-risk sectors
- explore appropriate incentives to assist and encourage small businesses to improve the health and safety of their workers
- continue to work with the Small Business Development Group and other small business focus groups/avenues to understand needs
- develop design principles to increase the effectiveness of initiatives that target small businesses.

Outcomes sought

We will know we have succeeded when:

- small businesses understand that effective health and safety management is good for business, and a proportionate and reasonable approach should be undertaken to risk management
 - small businesses demand and receive the right support and information to manage health and safety effectively
 - we reach more small businesses as a result of our programme and more small businesses access our health and safety resources
 - the claim rates for small businesses start to decrease.
-

1. Education & Awareness

Working with small businesses cont...

Deliverables and funding

<i>Who is responsible?</i>	ACC will take the lead on this programme
<i>Who else is involved?</i>	WorkSafe, business.govt.nz, the Small Business Development Group and other key stakeholders
<i>When it will be delivered</i>	In 2016 the focus will be on delivering messages and simple tools to small businesses regarding the new legislation The programme and intervention design principles for small businesses will be completed in March 2017
<i>How it will be monitored & evaluated</i>	An evaluation plan for the programme will be developed in the intervention planning phase
<i>Source of funding</i>	Joint

1. Education & Awareness

General Education & Awareness Raising

General Education and Awareness Raising is in the **intervention phase** and is led by **WorkSafe**.

Why we are doing this. The Health and Safety at Work Act 2015 and the Working Safer Blueprint present a once-in-a generation opportunity to raise awareness of the need for change in workplace health and safety practices in New Zealand, and to assist people to understand and implement more effective risk management practices that will reduce work-related injuries and fatalities and ACC claims.

What we know

We need an attitudinal and behavioural shift from purely 'tick-box' or mixed levels of compliance to recognising and valuing good health and safety practice as part of good business management. This change in attitude and behaviour must then translate into changes in practice.

Without the right education and information people may not make this shift, or they may: not comply effectively; over-comply; or listen to advice from professionals, which, in some cases, can reflect inaccurate information.

We could rely on a mix of communications messaging, capability building and inspection and enforcement activities to implement the legislation and attempt to achieve its outcomes. However, it is broadly recognised that these interventions are not as effective if education is not in the mix. Education developed jointly with industry is also likely to achieve greater understanding and buy-in. Evidential research from the UK Health and Safety Executive shows that these approaches are more effective when used in combination.^{38,39}

International examples of successful injury prevention initiatives employing educational material include:

- from 2003 to 2005, the German slips, trips and falls campaign (On the Right Foot), which reduced this type of injury by 20%, saving EUR\$47 million in compensation costs.⁴⁰
- from 1997 to 1999, the Australian back pain campaign (Back Pain: Don't take it lying down!), which reduced this type of injury by 15%, saving AUD\$40 million in compensation costs.⁴¹

While these campaigns were targeted at specific injury types, these examples illustrate the role that educational material can play in reducing injuries and compensation costs.

We know that to get New Zealanders to take notice and treat health and safety seriously, we need to create a platform for change that conveys the impacts of our poor health and safety performance on families, communities, businesses and the economy.

We also know from behavioural psychology that an over-emphasis, for example on high incident rates, can potentially normalise the apparent unsafe behaviour and subsequently make it more likely. So, in addition to creating the platform for change, our approach needs to include practical and positive education on what people can do to get better health and safety outcomes.

38 Institute for Employment Studies (2008). 'What works in delivering improved health and safety outcomes' [prepared for Health and Safety Executive, Research Report 654]. Retrieved 20 August 2015 from: www.hse.gov.uk/research/rrpdf/rr654.pdf

39 Greenstreet Berman Ltd (2005). 'An evidence-based evaluation of how best to secure compliance with health and safety law' [prepared for Health and Safety Executive, Research Report 334, pp 10–14]. Retrieved

20 August 2015 from: www.hse.gov.uk/research/rrpdf/rr334.pdf

40 Institute for Work & Health (2007). 'Can social marketing campaigns prevent workplace injury and illness?' Retrieved 20 August 2015 from: www.iwh.on.ca/at-work/49/social-marketing-injury-prevention

41 Mustard, C. (2008). 'Effectiveness of social marketing campaigns in the prevention of occupational injury, disease and disability.' Retrieved 20 August 2015 from: www.iwh.on.ca/working-paper/wp-345

1. Education & Awareness:

General Education & Awareness Raising cont...

What has happened so far

To date we have:

- implemented a TV campaign called 'Home Time', featuring prominent New Zealand business leaders who are strong health and safety advocates. The aim of this campaign is to create an ongoing platform so the public understands the need for change and why work-related health and safety is important. The featured businesses and their messages are being used in other collateral and educational material to create a consistent and reinforced branding and messaging approach
- developed a wide range of formal Approved Codes of Practice and guidance material to support the new law with stakeholders
- developed with ACC a suite of educational material targeting high- and medium-risk sectors, leveraging the concepts in the new law to support these sectors in addressing key risks and making changes. Where possible we are co-designing educational resources with stakeholders. This supplements the law and formal guidance with accessible educational material targeted at a range of audiences, including small businesses. These resources include factsheets, apps, videos, case studies, toolbox talks, posters, interactive tools and other innovative products.

What we're going to do about it

- WorkSafe will complete any other Approved Codes of Practice and guidance required to support the new law and regulations during the three years of this Plan.
 - In 2016/17 WorkSafe will continue the implementation and further development of the Home Time TV campaign promoting the need for change. With ACC we will continue to develop tools and resources that educate businesses on risk, and leverage the TV campaign to steer businesses towards our educational tools and resources. We will also consider the ongoing need for an overarching campaign on workplace health and safety and how this can continue to provide a foundation for the educational material and messaging related to this Plan.
 - With ACC, WorkSafe will continue to deliver educational collateral and tools relating to the new law until September 2016. After that we will return to our business-as-usual education role, and deliver education on the individual initiatives contained in this Plan.
-

1. Education & Awareness:

General Education & Awareness Raising cont...

Outcomes sought

- Create better understanding among New Zealand businesses and individual workers of the need for change in workplace health and safety practice.
- Encourage more effective health and safety management, and therefore fewer severe injuries and fatalities, through raising awareness of what good practice looks like in relation to:
 - safety governance by senior leaders and therefore better decision-making on health and safety
 - risk management, including the breadth of factors to consider in managing risks (with a particular focus on high- and medium-risk sectors)
 - understanding who has a duty and role to play, and what that looks like, from upstream duty holders to workers on the ground
 - cooperation and management of health and safety between businesses
 - effective worker participation and engagement to manage risks.
- Provide information that meets the needs of businesses (of different risk types and sizes) in relation to understanding the new law.

Deliverables and funding

<i>Who is responsible?</i>	WorkSafe will take the lead on this programme
<i>Who else is involved?</i>	<i>ACC, business.govt.nz, Maritime New Zealand, the Civil Aviation Authority and a broad range of stakeholders including social partners, the Business Leaders' Health and Safety Forum and industry groups</i>
<i>When it will be delivered</i>	<i>Approved Codes of Practice and guidance supporting the new law and phase 1 regulations will be completed by June 2017</i> <i>The suite of educational collateral will be delivered by September 2016</i>
<i>How it will be monitored & evaluated</i>	<i>An evaluation plan for the programme and for key collateral under the programme has been agreed</i>
<i>Source of funding</i>	<i>Joint</i>

1. Education & Awareness

Safety Star Rating

Safety Star Rating is in the **analysis and assessment phase** and is jointly led by **WorkSafe, ACC** and the **Ministry of Business, Innovation and Employment**.

Why we are doing this. The Independent Taskforce on Workplace Health and Safety found that there was real value to be gained from an objective assessment of a business's health and safety systems and their performance. Business leaders agreed that an independent assessment would be of value in procurement processes and that the assessment should go beyond the then-current approach, which encouraged a paper-based compliance regime that did not necessarily reflect the state of practice within the business.⁴²

This suggests that a new approach to assessing health and safety practice, which draws on overseas experience, research evidence and expert opinion, could be developed to provide New Zealand business owners with a tool to help them better understand their businesses' health and safety performance.

What we know

There is a mismatch between workers' and employers' perceptions of what happens in the workplace, with employers more positive about health and safety than workers (Health and Safety Attitudes and Behaviours Survey).

There is a gap between how businesses believe they are performing in health and safety and their actual practices (Deloitte Health and Safety Leadership Survey 2016).

To gain a true view of how a business manages its risks around worker health and safety, a deep-dive assessment methodology should be adopted. This will allow a fuller understanding of how risk is managed from the boardroom to the shop floor.

Reputation is a strong motivator for businesses. Creating a visible link between a business and its health and safety performance may be a mechanism to support ongoing improvement in health and safety practice.

A process that is educational (i.e. that links solutions to identified opportunities) and supportive is likely to be more acceptable and create sustainable change than an approach that is purely compliance focused.

What has happened so far

WorkSafe, ACC and Ministry of Business, Innovation and Employment are currently testing the Safety Star Rating initiative. Its aim is to improve the performance of health and safety in New Zealand workplaces. It is different from many existing health and safety audit schemes and initiatives in the market as it uses a behaviour-based assessment approach and focuses on effective implementation in practice, rather than documented management system policies and procedures. It is not a compliance audit. It has been designed as an improvement tool and educational initiative offering independent guidance on current performance and advice on how to improve.

⁴² The report of the Independent Taskforce on Workplace Health and Safety. April 2013

1. Education & Awareness:

Safety Star Rating cont...

A pilot of the Safety Star Rating initiative is well underway and will continue until June 2016, when it will be evaluated and the findings incorporated into its design. Initial feedback from pilot participants indicates that the assessment experience has been useful and relevant, and that the tailored guidance and recommendations the assessors have been able to provide has been relevant and accessible.

Work is ongoing to determine how the Safety Star Rating initiative might fit in the market.

What we're going to do about it

In the next three years we will:

- evaluate the pilot to determine whether it adds value to businesses and decide whether to proceed or not
- review the outcomes of the pilot of the Safety Star Rating initiative to determine how best to use it within the health and safety system

- conduct any enhancements indicated by the evaluation
- subject to decisions, implement the Safety Star Rating initiative, targeting best-result sectors and businesses, as an injury prevention or a market-led initiative
- assess the opportunity to extend the Safety Star Rating initiative to small businesses.

Outcomes sought

We will know we have succeeded when:

- businesses find value in applying the Safety Star Rating initiative and it is used widely across high- and medium-risk sectors
- there is evidence that the Safety Star Rating initiative is driving continual improvement within businesses
- the Safety Star Rating initiative is used within procurement activity across New Zealand.

Deliverables and funding

<i>Who is responsible?</i>	WorkSafe, ACC and the Ministry of Business, Innovation and Employment are jointly responsible for the Safety Star Rating initiative
<i>Who else is involved?</i>	<i>The Business Leaders' Health and Safety Forum and other key stakeholders</i>
<i>When it will be delivered</i>	<i>A decision on whether to implement the Safety Star Rating initiative will occur in 2016/17</i>
<i>How it will be monitored & evaluated</i>	<i>A monitoring and evaluation plan will be established during the intervention planning phase</i>
<i>Source of funding</i>	<i>Joint</i>

2. Incentives

Economic Incentives

Economic Incentives is in the **intelligence-gathering phase** and is led by **ACC**.

Why we are doing this. Experience in other countries has shown that economic incentives can provide important motivation for businesses to improve their workplace health and safety practices.⁴³ We are investigating a better use of incentives in New Zealand to encourage businesses to adopt practices that will see fewer workers harmed.

As a consequence of recent health and safety reforms, ACC has increased flexibility to design more effective workplace incentive programmes that can be tailored to particular groups and take into account specific market conditions.

What we know

Incentives can increase the motivation to adopt new technology and practices. They can be used in isolation to change behaviours, or to support and accelerate behaviour changes already taking place.

Economic incentives do not have to be in the form of subsidies or discounts; they may add value to a business's reputation by improving its brand.

Incentives can help drive continual improvement by taking a stepped approach (i.e. providing further financial benefits to reward ongoing improvement in health and safety practices).

Behavioural economics is providing new insights into why historical approaches to incentives have not consistently achieved the desired changes in behaviour. Behavioural economics uses insights from psychology and sociology to improve the design of incentives to increase the efficacy of the programme.

What has happened so far

ACC currently has incentive programmes in which business owners provide assurance to ACC that they are meeting certain health and safety requirements in order to receive discounts on their levies. These incentives have provided a mechanism to measure businesses' safety management processes.

ACC has reviewed the return on investment from the current incentive programmes and found that, in general, the levy discounts provided by ACC to businesses exceed the benefits of lower injury rates or reductions in severe injuries in the businesses that have adopted the programmes. These programmes have been in the market for some time, and while they initially stimulated behaviour change the approach adopted is no longer considered the best for driving ongoing improvement.

⁴³ 'Economic incentives to improve occupational safety and health: a review from the European perspective.' European Agency for Safety and Health at Work, 2010

2. Incentives:

Economic Incentives cont...

What we're going to do about it

In the next three years we will:

- align existing levy-adjusted economic incentives with the Health and Safety at Work Act 2015
- engage with businesses to understand how incentives can be best focused to improve health and safety behaviour and practices
- develop a framework to guide how and when to use incentives to stimulate the market to adopt new behaviours or actions
- investigate the use of subsidies and grants to support desired outcomes and innovation.

Outcomes sought

We will know we have succeeded when incentives:

- are grounded in evidence and targeted to where they will have the greatest impact
- support businesses to take individual responsibility for health and safety
- are valued by business customers
- support rehabilitation and return to work for injured workers
- are cost effective and provide a return on investment
- are monitored and evaluated
- change practice that leads to a reduction in workplace severe injuries and fatalities.

Deliverables and funding

<i>Who is responsible?</i>	ACC will take the lead on this programme
<i>Who else is involved?</i>	WorkSafe, the Ministry of Business, Innovation and Employment, the Business Leaders' Health and Safety Forum and other key stakeholders
<i>When it will be delivered</i>	ACC's Economic Incentives strategy will be developed during 2016
<i>How it will be monitored & evaluated</i>	A monitoring and evaluation plan will be established during the intervention planning phase
<i>Source of funding</i>	ACC

3. Enabling

Workforce Development & Safety Leadership

Workforce Development and Safety Leadership is in the **analysis and assessment phase** (although some individual initiatives are further advanced). This is led by **WorkSafe**.

Why we are doing this. Effective health and safety management requires business leaders, managers and workers to have sufficient skills and understanding to identify and manage health and safety risks in their businesses. It also requires professionals with the right capacity and capabilities to advise and support businesses to manage risks. This is critical to achieving higher productivity in the workplace and safer families and communities.

What we know

Our work to date in this area has raised a number of issues involving:

- **workers:** there is a patchy awareness of health and safety risks (both injury- and work-related health risks) among workers. This is caused by: a relatively narrow focus on health and safety education (including vocational training); limited opportunities for training once in the job; and some demographic challenges that include age, low functional language and low literacy and numeracy skills, including issues faced by some of those with English as a second or other language
- **supervisors and managers:** many supervisors and managers also have limited training in and understanding of risk management. This is a particular concern where people are working in high-risk areas or other jobs that can have a significant impact on the health and safety of others
- **senior leaders:** there has been an increasing focus among directors and senior leaders on health and safety. However, safety governance, particularly in large and complex businesses, can be difficult, too often focusing on the wrong areas, without

asking the right questions to ensure safety is managed effectively from the board or senior management to the workers on the ground

- **health and safety advisors and other professionals:** advice from professionals is also of variable quality, and in some areas there is limited access to the expert advice of health and safety professionals. The lack of any requirement for some health and safety advisors to meet standard competence or qualification levels can present difficulties for businesses, including that they might not understand the competency, or otherwise, of their professionals, and they might not know where to seek advice. Businesses do not always seek competent advice externally when needed, or recognise the importance of hiring quality health and safety professionals within their organisations.

What has happened so far

To date we have:

- begun work on a Workforce Development Plan, in conjunction with the Ministry of Business, Innovation and Employment, to identify key gaps and issues in relation to training and educating workers and professionals. We have engaged with workers, the New Zealand Council of Trade Unions,

3. Enabling:

Workforce Development & Safety Leadership cont...

senior leaders, supervisors, businesses and business groups, professionals, and people in the skills and education sector to define the terms of the problem

- worked with sectors such as forestry, construction, manufacturing and agriculture to identify capability and capacity issues in these sectors
- supported both the establishment of the Health and Safety Association of New Zealand – a body of health and safety professionals – and work on a register that enables businesses to access easily and be assured of robust professional advice on health and safety
- partnered with the New Zealand Institute of Safety Management in developing its competency framework for general health and safety advice
- participated in the Targeted Review of Health and Safety Qualifications (see below for more detail)
- collected data and survey information that included insights into training in, education on and understanding of risk management
- worked with the Institute of Directors and the Business Leaders' Health and Safety Forum on guidance for officers and safety governance support for senior leaders
- participated in the development of mining, asbestos and health and safety unit standards.

What we're going to do about it

- Encourage and support a greater focus on understanding workplace health and safety risks in schools to support students as they transition to the workplace.
- Continue to participate in the Targeted Review of Health and Safety Qualifications and Unit Standards, to ensure robust training and qualifications for health and safety. This includes continuing to deliver unit standards needed under the new law.
- Support the Health and Safety Association of New Zealand and other professional bodies in developing robust competency frameworks and a register of professionals, as well as undertaking initiatives to encourage business demand for robust advice.
- Continue to partner with the Business Leaders' Health and Safety Forum and the Institute of Directors to develop guidance and support for businesses on safety governance.
- Continue to develop a Workforce Development Plan, moving from defining the terms of the problem to identifying a number of interventions to address the issues.

Outcomes sought

We will know we have succeeded when:

- senior leaders have the tools and support to lead and monitor effectively the identification and management of health and safety risks in their businesses
- there is a greater understanding of risk management among people entering the workforce
- there is robust (both initial and ongoing) education and training available for

3. Enabling:

Workforce Development & Safety Leadership cont...

- people working in high-risk roles, including training and support specifically targeted at supervisors and managers
- there is a greater take-up of education and training because they have been developed in a way that is accessible and valued by the people they are targeting
- good qualifications and competency pathways exist for health and safety professionals and it is increasingly recognised as a viable career pathway with more people entering these professions as a result
- businesses can easily access robust professional advice, both internally and external to the businesses.

Deliverables and funding

<i>Who is responsible?</i>	WorkSafe will take the lead on this programme
<i>Who else is involved?</i>	<i>These interventions will be delivered by a mix of WorkSafe, the Ministry of Business, Innovation and Employment, the Skills Organisation, the Health and Safety Association of New Zealand and key stakeholders and industry representatives (such as the Institute of Directors and the Business Leaders' Health and Safety Forum)</i>
<i>When it will be delivered</i>	<i>The Workforce Development Plan will be delivered by 30 December 2016 Many of the other initiatives will be completed by late 2016/early 2017 (for example the unit standard work, review of qualifications, safety governance work, register), or will be ongoing through the life of the Plan</i>
<i>How it will be monitored & evaluated</i>	<i>An evaluation plan for the programme will be developed in the intervention planning phase</i>
<i>Source of funding</i>	<i>Joint</i>

3. Enabling

Worker Engagement & Participation

Worker Engagement and Participation is led by **WorkSafe**. Phase 1 is in the **implementation phase** and phase 2 is in the **intelligence-gathering phase**.

Why we are doing this. Workers play an essential role in reducing work-related injuries and ill-health. Workplaces are healthier and safer when workers are engaged and can participate effectively in health and safety matters.

This is because workers “have the most direct interest of any party in health and safety. It is their lives and limbs that are at risk when things go wrong”.⁴⁴ Their experience and knowledge are vital in successfully identifying hazards, assessing risks and developing practical solutions.

What we know

The Independent Taskforce on Workplace Health and Safety found that “worker involvement in health and safety is a critical weak link. It is an aspect of the New Zealand working environment that is too often ineffective and often virtually absent”.⁴⁵

The Taskforce said “There needs to be a major ‘mind-shift’ in New Zealand society and in workplaces. This ‘mind-shift’ needs not only to lead to more opportunities for worker participation but also to set an expectation that everyone in the workplace is responsible for workplace health and safety. Everyone must feel empowered to intervene when they see an unsafe situation”. The need for change is supported by other findings. In a recent survey, only 65% of workers agreed with the statement that “where I work, workers really do make a difference to health and safety”.⁴⁶

Some workers also appear to be more at risk than others. Research shows that older workers, Māori and Pacific Island workers, men⁴⁷ and temporary and migrant workers⁴⁸ are more likely to be injured or harmed at work.

What has happened so far – phase one

Requirements for worker engagement and participation (including via health and safety representatives) were strengthened in the Health and Safety at Work Act 2015. To support the understanding and implementation of the new law, WorkSafe has:

- developed Good Practice Guidelines and Interpretative Guidelines for worker engagement, participation and representation
- developed other educational material, and case studies illustrating what worker engagement, participation and representation can look like in different sectors and businesses (including, with business.govt.nz, some material specifically designed for small businesses)
- supported the development of the health and safety representative unit standard
- in conjunction with the Ministry of Business, Innovation and Employment, provided transition training so that existing health and safety representatives can understand the new law and are able to exercise the full

44 Independent Taskforce on Workplace Health and Safety, Final Report (2013) p 55

45 Independent Taskforce on Workplace Health and Safety, Final Report (2013), p 24

46 From a survey of 3,000 workers in agriculture, forestry, manufacturing, construction and other sectors. 2015 Health and Safety Attitudes and

Behaviours Survey. Similarly, in a smaller sample of 133 CEOs, a quarter rated the effectiveness of their workers’ participation in health and safety as ‘less than good’. Deloitte and the Business Leaders’ Health and Safety Forum 2016 Health and Safety Leadership Survey p 18

47 Independent Taskforce on Workplace Health and Safety, Final Report (2013), p 13

48 At Work, Issue 82, Fall 2015: Institute for Work & Health, Toronto

3. Enabling:

Worker Engagement & Participation cont...

range of their functions

- started to establish WorkSafe's new internal procedures, practices and enforcement approach in relation to worker participation
- begun to gather baseline data on engagement, participation and representation.
- continued to support interventions like 'Puataunofo Come Home Safely', a collaborative initiative with a range of government and non-government agencies, supporting workplace health and safety for Pacific workers.

Phase 1 will continue to December 2016. It will include identifying the best ways to support health and safety representatives in engaging with workers and leaders, and in helping to improve health and safety performance in their businesses. Beginning in early 2017, phase 2 will see the development of a broader worker engagement, participation and representation plan and a set of interventions. This will be done in conjunction with partners and stakeholders, and will be based on evidence and information gathered in phase 1.

What we're going to do about it

In the next few years we will:

- engage with partners and stakeholders to gather more information and insights on what else could be done to support worker engagement, participation and representation, and further develop an intervention plan as part of the Health and Safety Strategy
- support health and safety representatives in engaging with workers and leaders and in helping to improve health and safety performance in their businesses
- ensure that our other programmes (especially sector programmes) have considered worker engagement, participation and representation, and have projects included with them to encourage more effective worker engagement, participation and representation, ensuring these are fit for purpose for the workers involved. We will continue to develop educational material and support (ensuring accessibility to a range of audiences), developing a more interactive part of our website to allow workers to share ideas on good practice
- collect data, research and information on good practice and the use of worker engagement, participation and representation
- as part of WorkSafe's developing Māori Strategy, 'Maruiti 2025', work in partnership with iwi to define the needs of Māori workers, communities and networks. WorkSafe will work to strengthen worker engagement and participation among Māori using kaupapa Māori to reach hearts and minds. This recognises not just that Māori injury rates are higher in some areas, but also that Māori have significant business interests and influence in many high-risk sectors
- evaluate pre-existing interventions targeting at-risk groups, such as 'Puataunofo Come Home Safely', which supports Pacific workers to determine their effectiveness and to ensure that insights and strengths can be shared.

3. Enabling:

Worker Engagement & Participation cont...

Outcomes sought

This work will contribute to reducing work-related injuries and ill-health. The objective is healthier, safer and more engaged workforces to support improved productivity and performance. We will know we have succeeded when:

- business managers and leaders actively seek and are responsive to workers' health and safety issues and suggestions
- workers contribute to the development, implementation and monitoring of health and safety practices at work
- workers participate and engage in a range of ways (including, where requested, via health and safety representatives, unions, or health and safety committees where present)
- all workers at risk are empowered to take responsibility for health and safety, both through their actions and in how they can communicate with the businesses where they work
- health and safety representatives access training, and have the ongoing support they need to carry out their functions confidently
- there is a culture of active collaboration on and shared responsibility for health and safety between businesses and workers
- Māori workplace injuries, ill-health and fatality rates will be equal to or lower than non-Māori rates by 2025.

Deliverables and funding

<i>Who is responsible?</i>	WorkSafe will take the lead on this programme
<i>Who else is involved?</i>	<i>The Ministry of Business, Innovation and Employment, ACC, the New Zealand Council of Trade Unions and the Business Leaders' Health and Safety Forum will be key contributors to the development of the Plan, and could potentially play a role in supporting interventions</i>
<i>When it will be delivered</i>	<i>Phase 1 will continue until December 2016. In early 2017, we will begin to develop a broader Worker Engagement and Participation Plan and set of interventions. This will be done in conjunction with partners and stakeholders</i>
<i>How it will be monitored & evaluated</i>	<i>The effectiveness of this programme will be considered in the evaluation of the General Education and Awareness Programme WorkSafe will monitor and evaluate how it performs its regulatory functions under the Health and Safety at Work Act 2015, including via the Service Excellence Survey</i>
<i>Source of funding</i>	<i>Joint</i>

Plan: *Key Focus*

Other key focus areas:



1. Increasing our focus on
work-related health pg 9
2. Working alongside businesses
with high injury & harm rates pg 78

Fact:

100

In 2014/15, 100 firms accounted for...

20%

of all severe injuries.

2. Working alongside businesses with high injury & harm rates

High Incidence Businesses

High Incidence
Businesses is in the
presenting concern
phase and is led
by **WorkSafe**.

Why we are doing this. A significant proportion of severe injuries in New Zealand occur in a small number of businesses. These include businesses in various sectors. In 2014/2015 approximately 20% of the severe injuries occurred within 100 firms. WorkSafe and ACC will explore the causes of the problems for this group of businesses in order to understand whether more targeted interventions with these firms could lower the incidence of injury.

What we know

WorkSafe and ACC have developed a list of businesses with a high incidence of severe injuries. The list includes the number and types of severe injuries and fatalities as well as the regions in which these businesses operate. ACC also holds experience rating data for these firms. What we know is that these businesses are a mix of both poorer and better performers when compared with other businesses in their sectors.

What has happened so far

- A high-level analysis of ACC's and WorkSafe's severe injury data has been completed.
- WorkSafe has developed a Company Risk Model and Traffic Light Model, which assist in identifying high-risk businesses for assessment by inspectors and monitors change over time to assess whether it influences severe injury rates.
- The Company Risk Model is being piloted in Christchurch. A number of high-incident companies have been chosen for visits to sense-check the data, and then to receive a series of visits over a number of months in order to track any improvements.

What we're going to do about it

We are going to complete a further analysis of the data and information we have on these companies (using assessment information, survey data, experience rating and other interactions we have with these businesses) to identify whether:

- these businesses are performing well in comparison to other businesses in their sectors
- they have common business characteristics or features (for example size, structure, risk, type of worker)
- they fit into other sub-groups (for example sectors, sub-sectors, regions, supply chains)
- we are already working with these firms in relation to our other programmes
- who these businesses are already connected with (associations, groups, influencers, suppliers or ACC's partnership programme).

WorkSafe has identified a number of public sector agencies that will have more focused support through a chief executive group and a working group that is developing a work programme to address issues specific to these agencies.

2. Working alongside businesses with high injury & harm rates:

High Incidence Businesses cont...

Once this analysis has been undertaken, it will be used to determine the best way to partner or work with these businesses in sharing data and information and determining the root causes of the high incidences of severe injury. We will work with them to determine what support they need to enable them to reduce the incidence of severe injury. We may take a range of actions with individual businesses, or groups of businesses, and will consider how we use the full suite of WorkSafe and ACC tools and resources to address issues.

Businesses will have a key role and close engagement will be important to ensure that they are ready and willing to contribute to making any changes identified.

This could involve a range of interventions including assessments and visits, incentives, educational support, working groups on issues, or connecting them with other businesses with similar characteristics but better performance. As this work is very early in development, how and what will be implemented with partners and businesses has yet to be confirmed. It may result in separate programmes of work being developed, or it may be that agreed approaches will be delivered through other programmes in this Plan.

Outcomes sought

We will know we have succeeded when:

- the identified businesses, ACC and WorkSafe have a shared understanding of the causes of severe injuries and the impacts on the businesses and the workers
 - severe injury rates for these businesses decrease over time and the businesses benefit from greater levels of staff engagement and increased retention and productivity
 - the businesses involved share learnings and good practice with other businesses, having positive health and safety impacts on other businesses within their supply chains and through other relationships
 - WorkSafe has an increased understanding of how to identify the businesses that contribute most to severe injuries in New Zealand and support them to make and maintain reductions in severe injuries
 - ACC sees a reduction in claims from businesses with which it partners.
-

2. Working alongside businesses
with high injury & harm rates:

High Incidence
Businesses cont...

Deliverables and funding

<i>Who is responsible?</i>	WorkSafe will take the lead on this programme
<i>Who else is involved?</i>	<p>Businesses, the Business Leaders' Health and Safety Forum, the Health and Safety Association of New Zealand, unions, upstream Persons Conducting a Business or Undertaking, the Institute of Directors and workers will be critical in providing insights to this work</p> <p>As this work develops it is anticipated that specific ACC interventions will be used to deliver outcomes with WorkSafe</p>
<i>When it will be delivered</i>	This programme will complete the analysis and assessment phase in 2016
<i>How it will be monitored & evaluated</i>	This has yet to be determined. All interventions will be evidence based and evaluated for their effectiveness and impact, and will be included in the business case if developed
<i>Source of funding</i>	Joint

Glossary

Glossary

TERM	MEANING
Approved Code of Practice	Approved Codes of Practice are written statements about how WorkSafe expects duty holders to comply with health and safety law. They can be used in court as evidence on whether or not that law has been complied with; and the court can rely on them in determining what is known about a hazard, risk, risk assessment or risk control covered by the Approved Codes of Practice, or what is 'reasonably practicable'
Company Risk Model	WorkSafe has developed the Company Risk Model which is an innovative automated and online evidence-based intelligence risk model and Business Intelligence tool, to help identify and target 'at risk' companies, and support health and safety inspectors through positioning them at the 'Right Site at the Right Time for the Right Reason'
Enforcement	Obtaining compliance with a law or regulation, or carrying out an executive or judicial order, with sanctions for non-compliance
Enforcement agency	An agency with the legal mandate to enforce compliance with a law or regulation
Harm	Physical injury or actual or potential ill effect or danger (see also serious harm)
Hazardous substance	Any substance that has one or more 'hazardous properties' including explosiveness, flammability, human toxicity, corrosiveness and eco-toxicity, or otherwise causes harm to people or the environment on exposure. See Hazardous Substances and New Organisms Act 1996
High hazard	A type of work, industry or area where there is a low probability of failure or adverse event but high or catastrophic consequences should one occur
High risk	The high probability of a serious adverse event
Industry body	An organisation that has a mandate to represent the interests of businesses or workers within a particular industry, for example the Motor Industry Association of New Zealand and the New Zealand Taxi Federation
Regulator	A person or body that has regulatory oversight of a particular industry or business activity
Safer Journeys Action Plan	www.saferjourneys.govt.nz/action-plans
Safetree	safetree.nz
Sector	A part of the economy of a country. For example, the private sector is made up of the corporate sector (firms owned by private shareholders), the personal sector (individuals and their income and expenditure), and the financial sector (banks and other institutions dealing in money)
Serious harm	<p>Serious harm includes:</p> <ul style="list-style-type: none"> • conditions that involve permanent loss of, or temporary severe loss of, bodily functions e.g. from respiratory disease, cancer, poisoning, bone fracture, laceration, crushing • amputation of a body part • burns requiring specialist medical care • loss of consciousness or acute illness from lack of oxygen or ingestion of any substance • any harm that causes the person harmed to be hospitalised for 48 hours or more within seven days of the harm occurring

Glossary

TERM	MEANING
<i>Serious injury</i>	<i>Serious injuries are those that result in hospitalisation and have a high chance of death</i>
<i>Severe injury</i>	<i>Severe injuries are those injuries that result in more than a week off work</i>
<i>Traffic Light Model</i>	<p><i>To support the outcomes of the Company Risk Model, WorkSafe has developed the Traffic Light Model. Key benefits of this tool are:</i></p> <ul style="list-style-type: none"> <i>its ability to measure and monitor the company risk, injury and harm rates and the assessment activity</i> <i>its provision of an effective assessment of business capability via risk monitoring and site feedback. This helps to measure the effectiveness of the assessment practice (Risk Tracking and Traffic Light Model)</i> <i>an outcome that will support the 'Tracking Progress Against Our Target Model' by developing an online, risk-oriented intelligence product for assessments. This will also support the shift from a response-driven practice to a proactive, data-intelligence-driven practice</i>
<i>Working Safer Blueprint</i>	<i>The Government's strategy for improving workplace health and safety performance in New Zealand</i>
<i>Workplace health and safety</i>	<i>The mechanisms, systems and parties involved in achieving and maintaining a state of health and safety in the workplace. Workplace health and safety involves recognising and minimising potential harms, including the risk of injuries and illnesses, and having workplace systems in place to review and audit ongoing risks of harm</i>
<i>Work-related fatalities</i>	<p><i>People in paid employment killed while undertaking work-related activities in New Zealand</i></p> <p><i>Fatalities involving bystanders, people under the age of 15, gradual process injuries, and work-related diseases are excluded</i></p>
<i>Work-related health</i>	<i>The broad view of anything related to work and health. It recognises that work can affect health and health can affect work</i>
<i>Zero harm</i>	<i>A commitment to reduce the incidence of injury and illness within a workplace to zero, or near zero</i>

Have your say:

Comments or questions?

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