



Strategic Review of the Workplace Health and Safety System

Submission template

This template can be used to make a submission to the Independent Taskforce on Workplace Health and Safety. The template does not limit the length of your answers, and you can attach documents to supplement your answers if you wish. Alternatively, you can use the on-line questionnaire to make a submission, which can be found at www.hstaskforce.govt.nz. The on-line questionnaire restricts the length of your answers to about 300 words per question.

Please refer to the taskforce's consultation document, *Safer Workplaces* before completing this template. The consultation document can be found at www.hstaskforce.govt.nz

About you

* Indicates mandatory questions

1. *Your full name:

2. *Is this submission on behalf of an individual or an organisation?

☐ Individual ☒ Organisation

Name of organisation:

3. *Region

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Northland | <input type="checkbox"/> Whangarei | <input checked="" type="checkbox"/> Auckland |
| <input type="checkbox"/> Waikato | <input type="checkbox"/> Bay of Plenty | <input type="checkbox"/> Gisborne |
| <input type="checkbox"/> Hawke's Bay | <input type="checkbox"/> Taranaki | <input type="checkbox"/> Manawatu-Wanganui |
| <input type="checkbox"/> Wellington | <input type="checkbox"/> Marlborough | <input type="checkbox"/> Nelson |
| <input type="checkbox"/> West Coast | <input type="checkbox"/> Canterbury | <input type="checkbox"/> Otago |
| <input type="checkbox"/> Southland | <input type="checkbox"/> Overseas | |

4. *Respondent category

- | | |
|--|---|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Not in paid employment |
| <input checked="" type="checkbox"/> Manager | <input type="checkbox"/> Occupational health nurse |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Health and safety practitioner |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Employee representative | |

5. *Which type of industry do you manage, own a business in, or work in?

- ☐ Agriculture
- ☐ Forestry
- ☐ Fishing
- ☐ Mining
- ☒ Manufacturing
- ☐ Electricity, Gas, Water and Waste Services
- ☐ Construction
- ☐ Wholesale Trade
- ☐ Retail Trade
- ☐ Accommodation and Food Services
- ☐ Transport, Postal and Warehousing
- ☐ Information Media and Telecommunications
- ☐ Financial and Insurance Services
- ☐ Rental, Hiring and Real Estate Services
- ☐ Professional, Scientific and Technical Services
- ☐ Administrative and Support Services
- ☐ Public Administration and Safety
- ☐ Education and Training
- ☐ Health Care and Social Assistance
- ☐ Arts and Recreation Services
- ☐ Other Services

6. *Size of business that you own / manage or work for?

- | | |
|--|---|
| <input type="checkbox"/> Self employed | <input type="checkbox"/> 20-49 employees |
| <input type="checkbox"/> 1-5 employees | <input checked="" type="checkbox"/> 50-99 employees |
| <input type="checkbox"/> 6-9 employees | <input type="checkbox"/> 100+ employees |
| <input type="checkbox"/> 10-19 employees | |

7. Gender

☒ Male ☐ Female ☐ Other

8. Age

- | | |
|--------------------------------|---|
| <input type="checkbox"/> 15–24 | <input type="checkbox"/> 45–54 |
| <input type="checkbox"/> 25–34 | <input checked="" type="checkbox"/> 55–64 |
| <input type="checkbox"/> 35–44 | <input type="checkbox"/> 65+ |

9. Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> NZ Maori | <input type="checkbox"/> Asian |
| <input checked="" type="checkbox"/> European | <input type="checkbox"/> Middle Eastern/Latin American/African |
| <input type="checkbox"/> Pacific Island | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Other European | <input type="checkbox"/> Do not wish to indicate |

10. Your contact details

Phone number(s)

Email address:

Please tick the boxes below as appropriate

☒ I consent to my submission being placed on the Independent Taskforce on Workplace Health and Safety website

☒ I would like my name withheld from publication (submissions from individuals only)

Please note that your name and contact information, including any personal information, is being collected so that the Independent Taskforce on Workplace Health and Safety can publish the names of people and organisations who or that made submissions, follow up with a respondent if any submission needs clarification, and for the general purposes of the Strategic Review of the Workplace Health and Safety System. The Independent Taskforce on Workplace Health and Safety is the intended recipient and holder of the information and can be contacted at PO Box 3705, Wellington, New Zealand. In accordance with Privacy Principle 7, you have the right to access and correct any personal information you provide.

Submission template questions

Please answer the following questions and feel free to attach any supporting documents.

If you are completing the template on paper, please feel free to add other pages but make clear which questions your answers refer to. **If you are completing the template electronically** and need more space for any of your answers, please write the rest of your answer into another document, making clear which question your answer refers to, and attach it when you send your completed submission template to us. The answer fields below hold approximately 430 words.

Who gets hurt, killed or suffers from ill-health or disease as a result of work?

1. What do you think is driving the differences in health and safety outcomes for different demographic groups?

I think there are several issues which combine here to give us the poor outcome. Primary among these will be the "she'll be right" / "can do" attitude inherent in our culture. The Kiwi way is to get on and get the job done which in itself is a laudable attitude. However when this is combined with a lack of knowledge or understanding of the inherent risks of the job then the consequences of something going wrong are likely to be significant. The other factor here is the macho element. Being attentive to safety issues and risks can be seen by some demographic groups as being soft. Not something that real men do. Finally it would appear that the industries with the poorest stats are those which employ the highest level of low or poorly skilled workers yet are inherently more risky occupations anyway. From a risk management perspective this is the worst combination so the subsequent accident outcomes should not be unexpected.

2. What changes are needed to the workplace health and safety framework to improve outcomes for demographic groups with higher than average rates of injury and illness?

Given the attitudinal issues noted above, I think it is going to be very difficult to change the workforce without a significant education campaign combined with tighter regulation. A good example would be the success of the anti drink-driving campaigns of the last decade. I'd suggest very few people would now decide to drive knowing they had consumed too much alcohol compared to 10 or 15 years ago. It is simply no longer socially acceptable. That is the sort of mind shift which is required for Workplace H&S. However it needs to occur within a tighter regulatory framework which has real consequences (to both employer and employee) for failure to comply. The Approved Code of Practice concept does not have the same gravitas as a regulation. COPs tend to be seen more as guideline documents in my view and as they are generally prepared by industry groups they will inevitably try to produce a lowest cost outcome (where this fits with the basic "all practical steps" requirement of the Act is questionable). A notable exception here are the ACOPs prepared by Responsible Care NZ which provide accurate and detailed information on compliance with Hazardous Substances legislation.

Regulatory framework

3. What do you think the challenges are with the current health and safety regulatory framework?

As above,. Approved COPs are no substitute for regulation, unless there is also some requirement to add demonstration of compliance to the COP eg, by third party audit and certification. A good example would be the Responsible Care NZ Prince® Accreditation scheme.

4. How do you think the health and safety regulatory framework could be improved?

By replacing a number of Approved COPS with more specific and targeted regulation or by addition of a requirement to have a company's COP compliance audited and verified by an independent third party similar to the Building Warrant of Fitness requirements or Location Test Certification requirements under HSNO.
The inspectorate should be expanded preferably by the recruitment of experienced H&S professionals who are given a clear remit with regard to Enforcement Policy along the lines of that used in the U.K. See <http://www.hse.gov.uk/pubns/hse41.pdf>.
Their role should be principally one of advisor followed by enforcer not the other way round.

Regulators' roles and responsibilities

5. How effective are the regulators in influencing workplace health and safety outcomes?

Relatively ineffective. Their input generally occurs after the event and does little to improve prevention. The outcomes of any investigations are not widely disseminated to the wider industry sector to increase awareness and understanding.

6. How could the regulators' roles and responsibilities be changed to improve their effectiveness in influencing workplace health and safety outcomes?

See 4 above.

New Zealand's changing workforce and work arrangements

7. What impacts are New Zealand's changing workforce and work arrangements having on health and safety outcomes?

NZ has a very high SME employment level (97% work in organisations <20 staff). There also appears to be a trend to shift work and part time work. For large sections of the workforce the work week now covers 7 days. Combine this with the high percentage of staff with English as 2nd language means there is potentially a lot of employed people working long hours who may not fully understand the risks and hazards associated with their job.

8. What changes to the health and safety framework, if any, are needed as a result of the changing workforce and work arrangements?

Worker participation and engagement

9. How effective do you think worker participation is in improving workplace health and safety in New Zealand?

Currently relatively ineffective.

10. What improvements can be made to worker participation in workplace health and safety so as to get better workplace health and safety outcomes?

This question assumes more participation will lead to better outcomes. I'd like to see the evidence to support this argument. In most organizations decision making power rests with management. Participation cannot lead to better outcomes unless the participant has authority to make decisions. Hence increased worker participation seems pointless.

Leadership and governance

11. To what extent do directors and other senior leaders provide effective leadership and governance of workplace health and safety?

In direct proportion to the extent that they are aware of their statutory obligations and are morally / ethically committed to do the right thing.

12. What improvements can be made to directors' and other leaders' participation in workplace health and safety, so as to get better workplace health and safety outcomes?

Directors and boards need to be aware of their collective and individual responsibility to provide a safe and healthy workplace for their staff.

At a governance level directors/boards must set policy and also monitor performance against that policy.

Capacity and capability of the workplace health and safety system

13. To what extent do firms have the capacity and capability to effectively manage workplace health and safety issues (including through accessing external resources)?

I suspect this is highly variable and declines rapidly with the size of the organization. Few SMEs would have the capacity to engage a dedicated H&S person on staff. Engaging consultants is possible but expensive especially for small firms. Using the services of industry associations is an option if the firm is a member.

14. What options are there for improving firm level capacity and capability to deliver better health and safety outcomes?

Possibly through the development of cluster groups or sector networks. Possibly through some form of incentive eg tax credit for cost of training, consultants etc.

Incentives

15. How effective are existing financial and non-financial incentives in improving workplace health and safety outcomes?

Current financial incentives are of limited value. Benefit from ACC experience rating system are marginal at best. Punitive fines for major non-compliance via the courts are generally targeted at companies not individuals although recent cases appear to be moving towards individual responsibility.

16. How could incentives be better used to improve workplace health and safety outcomes?

In the 2011 Annual Report ACC paid \$613M in claims on the Work account and another \$342M on the Earners account. It's not hard to see how a small improvement in H&S performance would impact these costs. Incentives should be targeted at educating directors, management and staff at all levels on how to improve H&S in their businesses.

Influencing health and safety outcomes beyond one's own workplace

17. How successful are government, industry, corporate or other potentially influential bodies in influencing health and safety outcomes beyond their own workplaces (for example through influencing their suppliers, counterparts, and competitors)?

The ability to influence is directly related to the size of the organization. The bigger they are the more influence they have over their suppliers particularly. However I doubt if a suppliers safety performance is a significant factor in procurement decisions relative to price, product availability and logistics etc.

18. What could be done to get government, industry, corporate or other potentially influential bodies to exert greater influence on improving workplace health and safety outcomes beyond their own workplaces?

Very little. The core message has to be targeted at individuals to ensure they understand their inherent responsibility to keep themselves and all of their employees safe while they are at work.

Major hazards

19. How strong is New Zealand's current approach to regulating major hazards?

20. What improvements to the regulation of major hazards would lead to better health and safety outcomes?

Health and hazardous substances

21. What are the most significant challenges to managing occupational health risks and exposure to hazardous substances?

The biggest challenge is to ensure everyone involved with hazardous substances is aware of the specific risks of the substance and knows the correct way to manage those risks.
Communicating those details through product labels, Safety data sheets, emergency procedures etc is a complex task.

22. What changes could be made to the existing health and safety framework to reduce the harm caused by occupational disease and ill-health?

Possibly by increasing the requirement / frequency of health monitoring in industries where specific occupational diseases are known to occur.
Alternatively some form of financial incentive for implementation of Wellness programmes.

Small to medium-sized enterprises

23. What workplace health and safety challenges are specific to the self-employed and small-to-medium enterprises?

Lack of knowledge re H&S issues. Lack of resources to devote to H&S. Lack of interest.

24. What improvements could be made to the workplace health and safety framework, and its implementation, to ensure that it's effective for self-employed and small-to-medium sized enterprises?

Vastly increased inspectorate resource primarily charged with assisting SMEs to improve their performance.

Measurement and data

25. To what extent are New Zealand's workplace injury and occupational disease data collection mechanisms conducive to robust monitoring, investigation and comparative analysis?

26. What opportunities are there for improving data collection, integration and reporting?

Our national culture and societal expectations

27. Do you think New Zealand culture influences our workplace health and safety outcomes?

Yes. See response to question 1.

28. What might we do to improve our culture relating to workplace health and safety?

See answer to question 2.

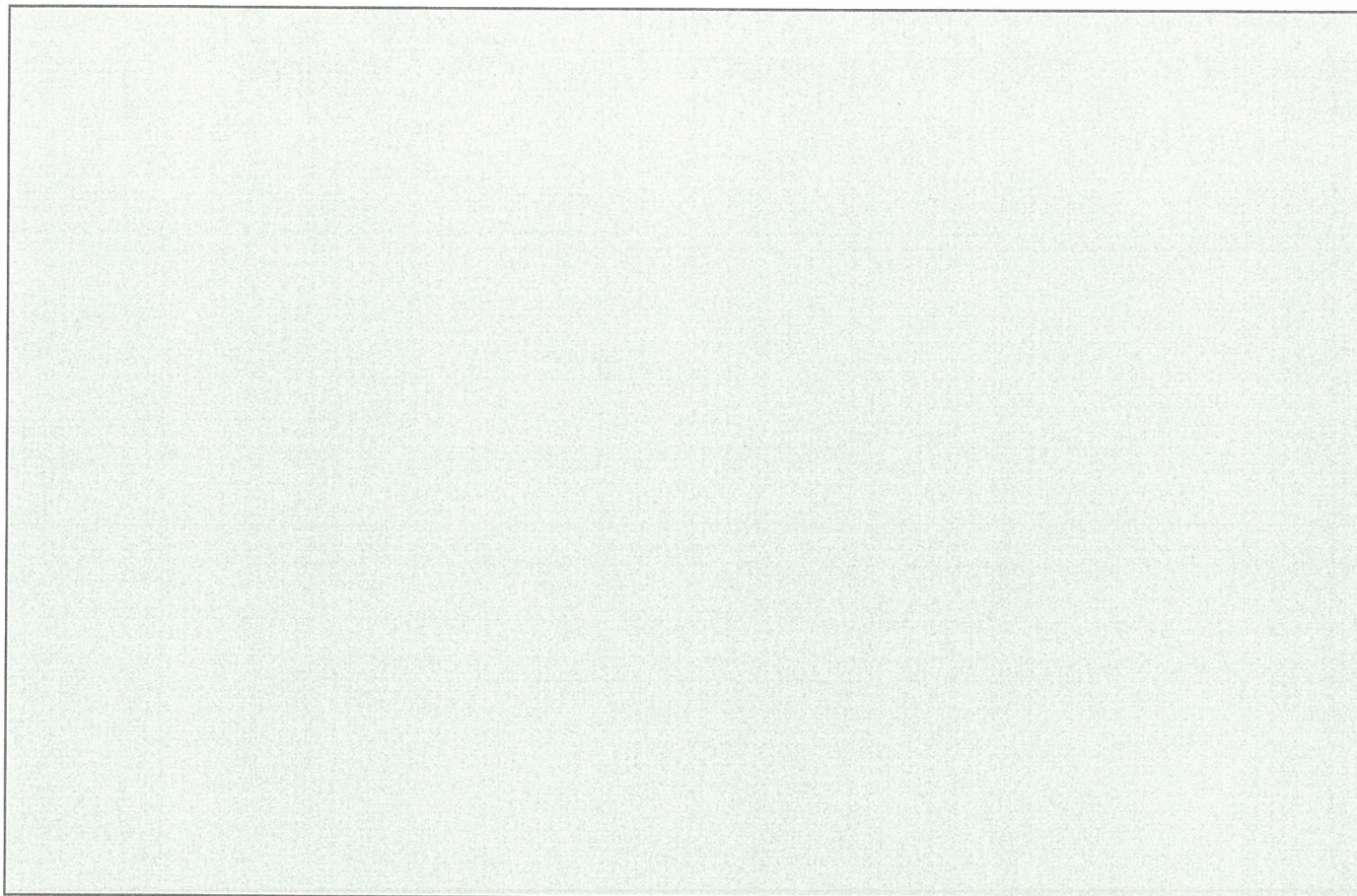
Other factors

29. Are there any other factors (not already covered) that influence workplace health and safety outcomes in New Zealand?

30. Do you have any other suggestions for how to improve workplace health and safety outcomes in New Zealand?

Other comments

31. Are there any other comments that you would like to make?



Please send your completed submission to secretariat@hstaskforce.govt.nz (preferred) or post it to: Submissions, Independent Taskforce on Workplace Health and Safety, PO Box 3705, Wellington 6140. We would appreciate it if you could get your submission to us as early as possible, but at the latest, you must get your submission to us by **5pm, Friday 16 November 2012**. If you are sending your submission to us by mail, you should put it into the post by 5pm, Wednesday 14 November 2012.