



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:

Steve Nevin

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

☐ Individual ☒ Organisation

Name of organisation: Fonterra - Major Capital Projects

3. *Region

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

4. *Respondent category

- | | |
|--|---|
| <input checked="" type="checkbox"/> Employer | <input type="checkbox"/> Not in paid employment |
| <input 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 type="checkbox"/> 50-99 employees |
| <input type="checkbox"/> 6-9 employees | <input checked="" 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 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 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?

NB From a construction activity perspective:

- Perception lower "valued" and lower skilled workers have higher exposure and the associated demographic breakdown within this group i.e. higher levels of ethnic population. Evaluation commentary from one of our projects identified:

"The scaffolding community in New Zealand appears to have a somewhat one-eyed view about the risks they take and the conditions they put up with, which are justified as being part of the Kiwi mindset. Part of the current mindset may be due to the (apparently low) level of esteem in which the trade is held by other trades in the construction industry, and which seems to inform scaffolders' own self worth".

- Aging work force is very relevant. Evaluation commentary from one of our projects identified:

"With the demise of the old style apprenticeships, the erosion of employers' authority through modern labour laws, and the changing social norms of contemporary society, a fundamental change has occurred in the industry that has created a substantial imbalance in its demographics, which are strongly skewed towards older workers. The present employment strategy, which favours a labour only contract arrangement between workers and businesses, is creating the risk that in 5 to 10 years time there will be an extreme shortage of skilled New Zealand construction workers. The shortfall will undoubtedly attempt to be filled with cheap, unskilled imports from Asia, the Pacific, and South America, and will reintroduce many of the problems this project is currently experiencing, including language and literacy difficulties, low levels of risk aversion, and poor quality work outputs".

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?

NB From a construction activity perspective:

- Aging workforce strategies need to be identified and implemented

- Further evaluation of why older work personnel have a higher representation (compared to Australia / UK) needs to be further explored

- Exploration of an integrated strategy for managing the loss of competency in various trade disciplines is required

Regulatory framework

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

Linkage to leadership is critical and currently not strong - Director Due Diligence an example

COP's good in principle but Regulator unresourced to develop / maintain

Construction industry is heavily contractor / sub contractor tiered i.e. well removed from employer / employee relationship - legislation needs updating to cater for this

Agree with application of risk assessments activity. This needs to be balanced with the separation of high risk activities - these require the identification of clear black and white controls - yes has the potential to stem innovation however reduces the poor application of "risk assessment" and cost reasoning out of appropriate controls. If well resourced by the Regulator, regular review with industry can cater for innovation and provide a learning forum.

Application of risk assessment, construction methodology reviews, work method statement reviews seen as just being part of good planning processes. Where this has not been occurring found that poor overall activity planning is also occurring

There is a need to bring designers / consultants more strongly into the regulatory framework however this needs to sit within a supporting systems approach. Identifying what a designer for example "must do" without a change control system associated with a project has limitations re actual value

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

As above

Regulators' roles and responsibilities

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

Paragraph 94 Workplace Health and Safety Council

- Agree has limited visibility - not that familiar with their activity
- Does not appear to be positioned to influence stakeholders

Paragraph 104 No Fault ACC system impacts on workplace health and safety outcomes and how effectively activities contribute

- No litigation and associated support for a non blame culture positive - employers influence will vary
- Incident data based so can get overdrawn into incident frequency focus (i.e. low severity focus only)
- Programmes (WSMP / Partnership Programme) initially provided step up for organisations however see strong audit reactive activity. Utilised as a "HS Management System" by organisations rather than direct ownership (i.e. leadership expectation become tick box, lack of focus on cultural development, blurred focus re high risk activity
- Some confusion how DOL / OSH proactive activity sits within ACC injury prevention

Paragraph 110 Comment on Regulators capacity / capability

- Unable to maintain / develop COP's
- Lack up to date technical skill sets
- Caught in reactive activity only
- Resourcing and strategy appears limited

Paragraph 113 Comment on Regulators able to provide level playing field

- Agree with Taskforce comments re light presence (reactive based normally), interactions are variable (noting some have been very positive) and inconsistently delivered

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

Believe single focused organisation a more likely effective approach. DOL / OSH appear to have been allocated additional activities (HSNO / Electrical Regulations) historically with limitations re integration anyway - one organisation would provide a better internal framework for managing these developments and externally provide a more cohesive picture / source of contact

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?

NB From a construction activity perspective:

Our experience agrees with some of the impacts suggested by the Taskforce - lack of clarity of duty holders, workers not comfortable raising concerns, unplanned activity and reduced worker participation. Additional impact includes the reduction of skilled work force - evaluation commentary from one of our projects identified:

"The problem with the industry's current employment strategy is that it favours human ñ oriented styles of learning that emphasise interpersonal experience rather than system ñ oriented styles that focus on codifying and reusing knowledge. That is to say, in its relentless pursuit of cost-cutting and margin squeezing, firms rely on the prior knowledge and experience of its subcontractors, since they are owed no obligation for training or up skilling, and place little emphasis on their own staff training and development, which is perceived as a cost with a marginal payback.

Since competence is characterised by broad conceptions of knowledge based on both formal theory (study) and on practical skills or work, the most likely outcome of the current contractual arrangements is that the industry will lose the majority of its competent workers through natural attrition. Without an integrated strategy for managing this loss of competence, the construction industry in New Zealand will be left with the choice of employing expensive local unskilled labour, or cheap imported unskilled labour since it has no mechanism for developing its own universally competent workforce".

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

- Framework needs to cater for varying worker engagement options

- Setting statutory maximum number of work hours is appropriate but has to be carefully thought through. Our experience is that the option of requiring a detailed Fatigue Management Policy with specific content coverage has been more beneficial. previously had set hours and engaged organisations identified that they would adhere to these but was not the reality. The hours that a scaffolder could physically work prior to impairment would be different to that of a welder - maximum hours can not everyone in together. There is definitely demand by a casual work force to work as many hours as possible (especially project based activity and located away from home) ignoring any health / safety implications

- Our experience in project management of a variety of contractor organisations with varying workforce arrangements has been the establishment of a dedicated project health and safety framework that is issued with any tenders. This has often provided a level playing field for all parties - this has been evolving re its content through a number of projects but offers an option of approach

Worker participation and engagement

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

Agree there is reduced opportunities for contracting and labour hire workers to engage in workplace health and safety issues under the current framework.

Interestingly noted the Task Force reference to the London Olympics safety performance - UK Unions would prescribe that project activity undertaken using a unionised workforce were linked to the positive outcomes, while the activities using a contracted / casual workforce were not

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

Our experience has included the development of "culture surveys" and "climate surveys" to start to gain double loop feedback from engaged workers. Believe this has contributed to engagement of a varied workforce

Leadership and governance

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

NB From a construction activity perspective:

- Critical that they are involved and model "the way we do things around here"
- Managers anxiety around the HS performance they are responsible for is reduced by focusing on compliance standards, which alienates trades and assigning blame on individuals for accidents because accepting the role the manager plays in creating the HS performance would threaten the bureaucratic structures and control systems of organisations
- As long as safety remains a low priority relative to task completion, volatility and erosion of safety standards persist
- Trades people's perceived low status on sites, their own internal low self esteem, their history of not being able to significantly influence change leads to fatalism around accidents (they expect to be injured) - senior manager leadership is critical to moving this perception within organisations / projects
- Senior personnel are unaware of the impact of their decision (or delay in decision) making to the work force
- Senior managers feel safer with numbers - similar to production - preference is to be lag indicator incident rate focused as it is easier to deal with rather than putting energy into developing lead indicators that are strong levers for change but more challenging to define
- Senior managers find direct engagement with the workforce often difficult - feelings of being exposed re knowledge / competency on specific work activities and believing the requirement to provide an answer or solution
- Senior managers forgetting the importance of modelling to their direct reports and over focusing solely on being "seen" on the shop floor

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?

Framework needs to demand a more direct engagement of Directors / Senior Leaders in their health and safety governance role

Provide guidelines to support these roles and provide direction on key areas of focus (e.g. safety modelling, building zero tolerance for fatality risks, development of lead indicators for change, mature incident management systems, rigorous risk assessment and so on)

Build Senior Leaders capable of undertaking safety conversations with the workforce and have formal expectations to do so. These would involve one on one discussions between senior managers and workers in a semi structured format focusing on the individuals safety beliefs. This gains insight into the persons / team culture and their understanding of risk - it offers the opportunity to explore the individual's personal thinking around safety

Development of mentor programmes

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)?

NB From a construction activity perspective:

- This question is relevant to capacity / capability to do the job as well as to do the job safely. Evaluation commentary from one of our projects identified:

"It is becoming clear over the course of this survey, that those organisations that place an emphasis on technical skills are also those who have a more developed health and safety culture. There is a definite correlation between skilled performance and health and safety maintenance, but whether this is causal or simply relational remains to be proved.

In the meantime, it would make sense for clients who are committed to health and safety, to ask their contractors to provide information on their corporate values, corporate beliefs, common problem solving methods, and common working practices including staff selection and training practices. This may help alert clients to potential barriers to effective performance, including both technical and health and safety outcomes".

- Another key learning has been the importance of supervisor capacity / capability:

"Most of the supervisors who were observed were under considerable strain, and suffering from a lack of information (re plans and/or scheduling), or resources (e.g. clerical support, labour, pastoral support), or understanding of their roles as managers, rather than as technical subject matter experts. This is not a new phenomenon and has been reported on anecdotally within the industry and internationally in the academic literature for many years (e.g. Dowell & Wexley, 1978; Kerr, Hill, & Broedling, 1986; Longenecker & Liverpool, 1988; Serpell & Ferrada, 2007). (No 3)"

"It is apparent that several supervisors model themselves on an earlier generation of supervisors who operated within a significantly different social paradigm. Analysis of current supervisor behaviours strongly suggests they are basing their style of leadership on the outdated Theory X model, which includes minimal formal communications and a narrow span of control at every level (Wikipedia, 2011). This type of leadership used to work in the largely non-technocratic, monoculture of yesteryear, but is no longer effective in the modern, multicultural, technologically advanced social milieu.

This is because of a number of factors, including the effect that follower demographics have on the perceptions of leadership (Chong & Thomas, 1997), and whether the leadership style is more Performance oriented i.e. towards forming and reaching group goals, or Maintenance oriented, i.e. towards preserving group stability (Misumi & Peterson, 1985, p. 199). According to Chong & Thomas, these cause problems for the modern supervisor, because the meaning of a leader's behaviour may be ambiguous, since the interpretations culturally made by followers may not match the leader's intention" (1997, p. 279)"

Believe this is a critical area for focus and includes basics such as - how to manage and run meetings through to modelling behaviours. The London Olympics safety review identified this also as a key learning

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

NB From a construction perspective:

- Specific focus on the supervisor role and its development within the health and safety framework

- Unit Standard based training has been beneficial in our experience but can take a path of being focused on completion and funding rather than whether the specific courses are delivering what is required - perhaps minimum course content standards for specific courses could be relevant for unit standard development and internal organisation training programme development

- Agree that NZ education system (including schooling) offers an untapped opportunity - this is linked into changing the national psyche and development of risk assessment concepts. Literacy levels especially relevant impact re construction activity

- HS Professional alliance explored further as per the Workplace Health and Safety Strategy

- With the potential shortage of "skilled personnel" in trade fields further work is required to ensuring competency levels are identified and maintained

Incentives

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

- Investment into health and safety results in improved business performance - "if you want to have value from people you have to value them first"
- Our most successful contractor organisations have articulated the above following project activity and growth
- Incentives (levies / discounts) are an added outcome
- Evaluations undertaken on our projects have indicated a very low level of reward / recognition within organisations - partly linked to the NZ cultural psyche of celebrating success versus "blowing your own trumpet"

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

- As a principal have been well placed to support contractor organisations with external resources etc - in line with this programmes such as subsidised support to small / medium businesses re low cost consultancy in the UK as outline by the Task Force may have merits for further exploration
- Star rating systems have previously been used within NZ. Ensuring maintenance / resourcing of the assessment process critical aspect. Have experienced positive movement re NZ based national CPNZ (external Contractor Pre Qualification process) and the commitment of organisations for improvement (from a system perspective)

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)?

Experience to date:

- As a Principal recognise the ability to influence associated supply chains. Alignment of work with like minded organisations has occurred but can be sporadic as market / business performance demands intervene for various reasons. A key learning for an organisation is to decide whether to influence or fully manage their supply chain - our experience is that influencing although a slower and more demanding process is more likely to achieve genuine ownership for safety within the supply chain
- Some organisations are willing but have limitations resource wise to do so (experienced through the initial attempted establishment of a "Client Group" prior to NZ recession impacts)
- Interestingly the Task Force identified that 60% of the workforce are managed by 3% of the NZ organisations - would appear to be an opportunity to influence a large part of the workforce through dedicated group of employers
- If Government Procurement can be developed and consistently applied would have a positive impact
- in the construction arena work has previously been undertaken by CIC (Construction Industry Council) specifically around procurement ("Principles of Best Practice" Jan 2006)and offers options for further exploration
- As mentioned previously in this submission document, have experienced positive movement re CPNZ (external Contractor Pre Qualification process) and the commitment of organisations for improvement (from a system perspective). Having committed Principals to drive engagement and manage / support the resulting outcomes will turn the dial

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?

As above

Major hazards

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

As described by the Task Force summary on this topic - very weak. Influencing factors include a driving focus on lower severity incident reduction, legislative erosion of associated regulations and limited governance / monitoring resourcing

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

From our experience:

- Development of double loop learning within organisations so that systems can be rightfully challenged (The concept of double-loop learning (DLL) in which an individual, organization or entity is able, having attempted to achieve a goal on different occasions, to modify the goal in the light of experience or possibly even reject the goal. The concept of single-loop learning (SLL) is the repeated attempt at the same problem, with no variation of method and without ever questioning the goal - Argyris & Schon). A key area for application of double loop learning relates to incident investigation and exploring systemic failure
- More rigorous application of facility registration and safety case application
- Regulator capacity / capability to monitor
- More defined expectation of performance / requirements for these types of hazards the better to reduce varying risk assessment application

Health and hazardous substances

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

NB From a construction perspective:

- From project activity the following feedback was identified:

"The suggestion is made here that clients and contractors could collaborate to provide workers with subsidised access to specialist industrial health professionals who know what long-term symptoms to look for. The idea is that if workers' health is routinely and actively audited then doctors could be used to both heal and educate workers about risks they may not otherwise be aware of".

"Although many workers on site do not speak English, most are fluent and literate in their own language. The suggestion is made here that manufacturers and suppliers of hazardous materials be requested to supply MSD sheets in languages other than English. Given that most materials suppliers have international connections, this should not be a significant task. Languages on site other than English include, Tongan, Samoan, Portuguese, and Tagalog (Filipino)".

The challenges identified here relate to accessing information on hazardous substances and the ability to explore potential exposure further if required

- Maintaining "Building Files" associated with assets so that a record of harmful substances is maintained (as outlined in the CDM UK regulations) provides the opportunity to control exposure to workers when undertaking changes or deconstruction

- Introduction of HSNO has been complex and challenging but positively awakened awareness of risks. Believe there is still further opportunity to identify key (product) focus areas of compliance.

- Further exploration of initiatives identified by the Occupational Health Plan 2013 (as per Task Force commentary) would be appropriate. Comments in this submission re single focused regulatory organisation still applicable

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

As above

Small to medium-sized enterprises

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

NB Construction based perspective

- Below are two pieces of commentary taken from project evaluations:

"Not only are a lack of physical and personnel resources a barrier to effective health and safety cultures, it is clear that knowledge resources that include detailed information and plans, as well as practical advice to inexperienced workers are also important. It is suggested that contractors be strongly encouraged to provide as complete a resource inventory as possible including information resources, for their workers as soon as possible. This may require contractors to expend more effort on up front detail planning than they are used to, which of course has implications for costs to the client".

"In spite of the lack of resources that many sub contractors experience, some of them are their own worst enemies in regard to looking after their equipment. Abandoned gear, poorly maintained equipment, and engines that run out of fuel are not infrequent occurrences around the site. All of these limitations have a demoralising effect on individuals and result in reduced trust between managers and workers, and between workers themselves".

Definitely strong planning is an essential requirement for an SME - whether from a business or safety performance perspective. Will find organisations at either end of the scale but more likely not to be in the upper end.

- Principal payment systems can have a large impact on SME outlay requiring them to carry financial burden or cascade it down through sub contractor tiers - this impacts on resourcing for safety

- Agree that tick box compliance is occurring. Our experience many SME's struggle with moving away from generic content - especially so if strong support / monitoring from the engaging organisation is not present (i.e. no feedback)

- On a positive note SME's have the strong potential to influence their safety culture positively due to their size as often operating like a family unit - guidance for areas to focus on would be beneficial

- IRD has a "Small Business" Unit which i believe was reasonably successful at bringing organisations into legislative requirements. Always a fine line between education and compliance but there is no reason that a similar concept could not be explored re health and safety management - based on lessons learned

- Is SME focus better to be risk orientated re target for resourcing and support (e.g. those organisations involved with fatality risk)

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?

As above

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?

Our learnings include:

- Undertaking international literature review to identify best performing construction statistics. unable to do so within NZ, resulting outcome was to attempt to move away from incident rate focus as considerable variance.
- As outlined by the Task Force - improved data collection / utilisation / monitoring opportunity exists
- Unions can also be a valuable source of fatality / incident information
- Clarity over what is worth measuring (the old adage what is measured gets done) would be a valuable exercise
- Definite need for movement into lead indicator measurement based upon relevant levers for a business to bring about necessary safety performance change. There is numerous information associated with this activity but further guidelines would add value and move an organisation from creating a menu of activity to monitor to measuring what will actually make a difference which can be difficult to recognise
- Shared learning systems within industries or wider offer an enhancement opportunity

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

As above

Our national culture and societal expectations

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

Our experience includes:

- Yes, believe our NZ culture does influence our workplace - the focus is reversing the cycle so that workplaces are influencing external activity in our daily lives. Building habits within the workplace (and the understanding what is involved in doing this) is a step forward
- Change control process should be a systematic consideration for inclusion in the health and safety framework. Our experience of encouraging innovation highlighted the need to strengthen controlled and timely decision making resources / processes
- On large projects the establishment of a dedicated "Community" involving key stakeholders focusing on how individuals relate has provided an opportunity to challenge culture / societal expectations

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

As above

Other factors

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

As mentioned in this submission there is a real need to move to focusing on how personnel engage with each other - again highlighting "if you want to have value from people you have to value them first". It is so easy to focus purely on system activity but there is a real need to push ourselves forward into double loop learning activity and providing the soft skills to communicate and challenge our approaches to safety

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

Although partially covered in the Task Force discussion paper would highlight the opportunity to further explore safety in design and what that really means for organisations - from buildability to operability. Our experience to sourcing assessment processes for such activities have usually involved research and utilisation of overseas information (e.g. CHAIR system for construction risk assessment)

Other comments

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

Thank you to the Task Force for such a wide ranging coverage of issues for consideration

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.