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Purpose of additional information for consultation

This additional information document supports the Health and Safety at Work Strategy Consultation document, providing further background information on how the draft Strategy was developed and stakeholder feedback received so far. This document is not required for informing submissions but may be useful for a more in-depth understanding of the draft Strategy.

Purpose of the Strategy and the consultation

The Ministry of Business, Innovation and Employment (MBIE) and WorkSafe have developed a **draft Health and Safety at Work Strategy** based on research and insights from many people and organisations. This Strategy covers the whole **health and safety at work system** – that is, everything that contributes to safe, healthy workplaces including the people, organisations and environment.

The Strategy targets issues that cannot be fixed by legislation or a single organisation alone, but that need people across the system to work together.

How the Strategy will influence the system

The Strategy will influence all parts of the system to drive improvements. This table outlines how it will influence different participants.

System participants	How the Strategy will influence
Direct influence	
Unions, worker representative groups	<ul style="list-style-type: none"> Guides strategic decisions about where to focus efforts for better health and safety outcomes for workers. Provides a platform for tripartite¹ approaches to sector-wide issues.
Industry and sector groups	<ul style="list-style-type: none"> Guides strategic sector-level decisions about where to focus efforts for healthy and safe work. Provides a platform for creating and strengthening cross-sector approaches to improve health and safety outcomes. Provides a guide to strengthen leadership and accountability.
Health and safety specialists	<ul style="list-style-type: none"> Helps guide strategic decisions about where to invest effort in lifting capability within the health and safety specialist sector and across persons conducting a business or undertaking (PCBUs). Provides a guide to strengthen leadership and accountability.
Government	<ul style="list-style-type: none"> Guides regulators and government agencies to take a stronger leadership role in getting better health and safety outcomes. Provides a guide to strengthen leadership and accountability.
Indirect influence	
Workers and communities	<ul style="list-style-type: none"> Influences PCBUs to provide better tools, skills, and opportunities for workers to be engaged represented and to participate in making their work healthier and safer.
Businesses/PCBUs	<ul style="list-style-type: none"> Influences sector level shared goals and visions for managing risk better, which can shape decision making. Provides a guide to strengthen leadership and accountability. Improves connections to others working across the sector to share knowledge, advice and innovations.

¹ Between Government and its agencies, workers and their representatives, and businesses and sectors

Background to the Strategy

Why do we need a Strategy?

New Zealand’s level of work-related harm is still high by international standards

Although progress has been made in recent years to improve health and safety, New Zealand’s **level of work-related harm remains high** by international standards. Over the last five years, more than 250 people were killed and almost 2,000 seriously injured at work². It is estimated that around 600-900 people die every year from **work-related ill health** with many more living with health conditions caused by their work.ⁱ

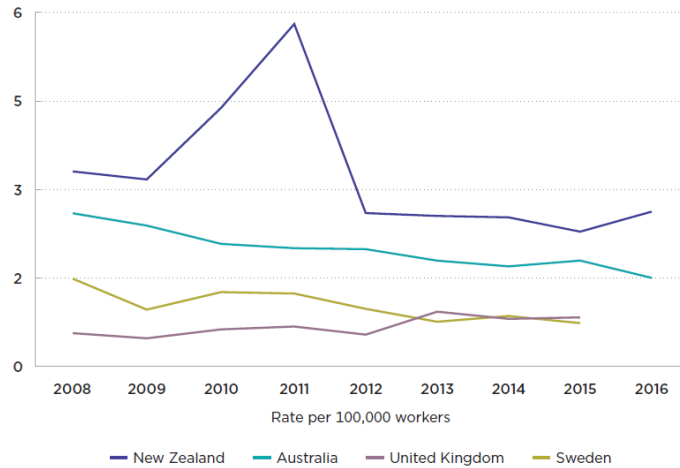


Figure 1: International comparison of fatal work-related injury rates (per 100,000 workers)ⁱⁱ

Work-related deaths, injuries and ill health create a significant and lasting **cost to the economy**. While the total social and economic cost of work-related injury and ill-health has been estimated at \$3.5 billion a year,ⁱⁱⁱ much of this cost is made up of lost productivity. This includes through absence from work and costs associated with reprioritisation, recruitment and reallocation of effort^{iv}. The toll of work-related harm is also paid by the **families and communities** of people affected by these often life-changing events.

Further, the risk of illness and injury may increase as the economy grows and changes. The system needs to be **responsive** to shifts in economic activity, which requires health and safety to be front of mind for businesses and government when thinking about growth and productivity.

New Zealand faces specific challenges that have a direct impact on the country’s health and safety performance. Some of these challenges include addressing health and safety issues related to our greater proportion of small and medium sized enterprises (SMEs) and higher risk industries and sectors.

Some **population groups** are at greater risk of harm, such as Māori, Pasifika, migrants, older workers, and youth. For example, Māori workers are 44% more likely to be seriously injured at work than the general population.

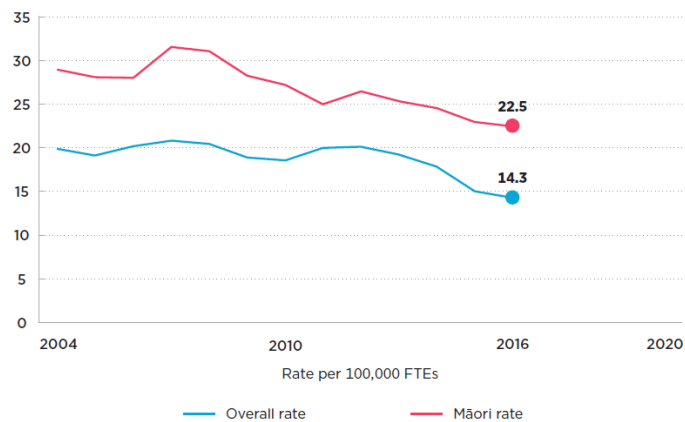


Figure 2: Serious non-fatal work-related injury – Māori and overall rates^v

² Injury and ill-health levels are harder to compare internationally.

Further work is needed to build on progress

In 2012, the **Independent Taskforce on Workplace Health and Safety** reviewed New Zealand’s health and safety at work system in response to the Pike River disaster. The Taskforce called for an urgent, sustainable step change in harm prevention activity and a dramatic improvement in outcomes. It recommended **major reform** of health and safety legislation and the establishment of an independent regulator. This informed the creation of the Act and WorkSafe.

The Taskforce identified thirteen **prerequisites** for a high-functioning health and safety at work system, including:

- Good, workable law
- An effective primary regulatory agency
- Major hazard facilities are effectively regulated
- Incentives that are effective levers for good practice.

Significant progress has been made since that time to **strengthen** these aspects of the system through the government response to the Taskforce’s report, *Working Safer*³, notably:

- The creation of WorkSafe as a strong primary regulator
- One overarching piece of work health and safety legislation (the Act) with higher penalties for key offences, new duties on business leaders, and new tools to improve compliance (e.g. enforceable undertakings)
- Beginning an ongoing regulatory reform programme to review the full range of work health and safety regulatory settings and create a coherent, proportionate regulatory framework
- The first set of new regulations made under the Act (2015 – 2017), including regulations for major hazard facilities
- A new High Hazard Unit in WorkSafe.

These changes have put in place a strong **foundation**, creating the conditions to lift New Zealand’s health and safety performance by setting strong base expectations, obligations and responsibilities. Completing and implementing the **regulatory reform programme** will be critical to improving and maintaining the effectiveness and credibility of the system.

However, not all the challenges in the system are able to be addressed through legislation, regulation or enforcement alone. The Taskforce also identified prerequisites for a high-functioning system in relation to:

- Genuine and effective worker participation
- Strong, visible leadership
- A robust level of capacity and capability
- High quality data and measurement
- A national culture that is more risk aware
- Work-related health is taken seriously
- SMEs have easy access to useful information
- Population groups at greater risk are targeted effectively
- Tripartism throughout the system.

The system has been making sustained progress in these areas as well. Achieving these things requires **working together** and **helping each other across the system** to improve the system’s **capability**, including making sure people have the attitude, skills and knowledge to meet their duties under the Act and regulations. Work is already underway in a number of areas throughout the system, including WorkSafe, to lift our performance in these areas. However, there is a significant opportunity to **coordinate, support and align** this work towards a **common goal**. This is where the Strategy fits in.

³ See **Appendix** for further detail about progress to date

The Act sets clear requirements

One of the recommendations of the Taskforce was that a Health and Safety at Work Strategy should be developed and owned by the Minister of Workplace Relations and Safety. This was in response to the need for clearer system direction and to support alignment across players in the system.

The Act requires that a Strategy be developed which:

- sets out the Government’s overall direction in improving the health and safety of workers
- addresses significant capacity or capability issues in the work health and safety at work system
- takes account of ACC’s injury prevention priorities
- is developed jointly with WorkSafe and in consultation with stakeholders and regulatory agencies.

In addition to the Act’s requirements, the Government at the time agreed that the Strategy would:

- have its performance measured with a transparent evaluation process
- take a system wide approach and connect with existing strategic plans
- address issues associated with high risk populations.

Process for developing the draft Strategy

MBIE and WorkSafe have developed the draft Strategy with a range of stakeholders from the health and safety at work system, informed by research and previous Strategy evaluations. This has included running a series of workshops with core stakeholders and regulators, additional research, and further testing with a wider range of stakeholders.

Our approach to developing the draft Strategy has been:

- **tripartite**: including government, unions, and business representatives in the development and testing of the draft Strategy
- **focused** at the system level: ensuring that discussions have been focused at a high level to create a system vision and to support alignment
- **focused at supporting system ownership**: developing the Strategy so that key participants in the system feel ownership of it and can see how it aligns.

The draft Strategy

Vision



Why this vision

Good health and safety supports the wellbeing of workers and is good business. Work contributes to a person’s health and wellbeing when it is stimulating and potential **risks are managed well**. When a person is well and feels safe they are more likely to be productive and engaged. The costs of poor health and safety are often not just paid by individuals but also their whānau and communities.

Good health and safety reduces the economic cost of work-related deaths, injuries and ill-health. Keeping people healthy and safe at work is not a trade-off with profitability, but is **fundamental** to the strength and productivity of New Zealand’s economy.

In 10 years we want New Zealand’s rates of work-related harm to have decreased significantly to world class health and safety levels. To achieve this, the people and organisations within the health and safety at work system need to be capable of managing three types of risks – acute, chronic and catastrophic.

Type of risk	What we want to see in 10 years’ time
Acute risk – causes work-related deaths and injuries	<ul style="list-style-type: none"> • New Zealand to be a world-leader in terms of work-related injury rates. This means more than halving the current rates of death, serious injury, and injuries that result in significant time away from work. • An increased focus on the types of injuries that have a significant human cost. • At risk workers – particularly Māori and Pasifika workers – are no longer over-represented in injury statistics.
Chronic risk – causes work-related ill-health and disease	<ul style="list-style-type: none"> • New Zealand to demonstrate increased understanding of, and ability to manage, work-related health risks, including mental health and psychosocial factors. • There is evidence of reduced exposure to health risks, and workers at greater risk – particularly Māori and Pasifika workers – are not disproportionately exposed.
Catastrophic risk – major events with the potential for significant acute or chronic harm	<ul style="list-style-type: none"> • No catastrophic events occur, and precursor incidents are managed appropriately. • Robust monitoring and management practices can be seen operating wherever catastrophic risks exist.

Goal 1: A system focused on what will make the biggest impact



Why this goal

We need to ensure the system is focused in the right areas. What has the biggest impact will be different for each business.

Fatalities, serious injuries and health risks are crucial to reduce. Risks can also have other significant impacts on workers, or others, such as time away from work.

The general **duties** contained in the Act are performance-based, so they support innovation and provide flexibility. But this can result in a need to ensure that there is **balance** in the focus, effort and cost of managing risks.

We need to ensure that the **effort** going into managing specific risks is **proportionate** to the harm they cause. For example getting a better balance in managing acute, chronic and catastrophic risks.

We also need to ensure that the system works for everyone. Lifting outcomes for groups more likely to face harm or barriers to implementing good health and safety practices is likely to have a significant impact for achieving a well-functioning and adaptive health and safety at work system.

One way that Government is focusing on what will make the biggest impact is through ACC and WorkSafe’s joint *Reducing Harm in New Zealand Workplaces – An Action Plan 2016-19*. This action plan sets an overarching framework to guide the development and delivery of evidence-based injury and harm prevention programmes. It targets sectors and harms that make the largest contribution to work-related fatalities, harm and ill health. It also focusses on key cross-sector risks that affect a broader range of sectors and businesses.^{vi}

What people have told us so far

- We need a more balanced approach. Some minor risks are over managed for reasons that include a lack of capability, poor support, and a lack of guidance.
- There needs to be greater focus on, and support for, at-risk workers.
- There needs to be greater focus on high risk or poor performing businesses and sectors.
- SMEs face specific challenges in developing the capability and capacity to appropriately manage risks.
- We need to be able to address emerging risks, such as those resulting from changes in technology, demographics and the economy.
- There is insufficient visibility and understanding of some types of work-related health risks, including mental health, fatigue and psychosocial factors such as bullying and violence at work.
- We need to shift from a ‘she’ll be right’ attitude to embracing health and safety practices.
- We need to shift the perception from being about ‘red tape’ to a focus on saving lives and reducing significant harm.
- The returns from investing in health and safety are often longer-term and harder to measure. We need new measures that take account of these wider social and economic benefits.

In ten years New Zealand will have:

- A significant reduction in fatalities, serious injuries and work-related ill-health, including reducing disparities between groups of workers.
- Good health and safety risk management practices integrated as part of doing business well.
- Businesses recognise and prioritise the wellbeing and health of their workers, not just their safety.
- SMEs and high risk sectors that are able to manage their risks effectively, and all businesses protect workers at the greatest risk of harm.

- Businesses and workers have a clear understanding of risks with the potential to cause harm (including health risks), and appropriate controls are in place - proportionate to the risk.
- Those who create risks are well positioned to manage them responsibly, and failure to do so will see them held to account.
- Preventing chronic harm is treated with the same priority and commitment as preventing acute harm, including mental health and other work-related psychosocial risks.

What we know

We are making progress in focusing on what will make the biggest impact. The overall proportion of employers spending “significant time and resources on work safety regulation” increased between 2012 (44%) and 2016 (71%).^{vii} This effort appears to be going to the right kinds of activity, including making significant changes to their health and safety practices (49% in 2016/17, up from 34% in 2015/16 and 24% in 2012/13).

Of those employers who had made significant changes to their health and safety systems in 2017 the four most common changes were developing policies or systems (75%), training of workers, including inductions (63%), risk management (53%) and how the business involved workers in health and safety (49%).^{viii}

Some workers will be at greater risk of harm, while some businesses will have greater challenges in managing risk well. The system needs to support both these groups so that they are able to get **better health and safety outcomes**, and to support business **performance** (e.g. by reducing the impacts of poor health and safety on productivity). The system also needs to ensure that people consider the wider **economic and social impact** of their business’s health and safety outcomes, and take this into account when managing risks.

For some businesses and organisations non-workers will be a significant focus for their health and safety systems, such as schools.

Spotlight: Work-related health

We need to make sure we are focusing on health as much as safety. Health risks have historically received much less attention than worker safety.

Each year an estimated 600 to 900 people in New Zealand die from diseases associated with their work. Psychosocial work-related risks⁴, including bullying, violence and mental health issues also likely affect a wide range of people.

The social and economic costs of work-related ill-health are estimated to be around \$2.4 billion annually.

To do better, we will need:

- everyone to take a long-term, integrated view of work-related health
- system leaders, including Government, business and unions, to play a role in building and sharing up-to-date and relevant information and knowledge
- regulators to be capable of having an appropriate focus on work-related health
- businesses to build in a focus on health within their systems, and processes
- businesses to put in place effective interventions and controls that prevent worker exposure to work-related health risks
- improved specialist work-related health capability
- government action to support a coordinated approach to raise awareness and support behaviour change.

WorkSafe’s strategic plan for work-related health^{ix} is a key lever for increasing the focus on work-related health, including mental health.

⁴ Psychosocial work-related risks relate to the design, organisation and management of work, and its social and environmental context, that can cause psychological, social or physical harm. Psychosocial hazards include, but are not limited to, stress, violence and other workplace stressors.

Impact priority 1: Ensure all businesses have proportionate and effective risk management

Good health and safety is about **effective risk management**. We need to ensure that the **effort** going into managing risks is **proportionate** to the harm they cause. **Good risk management** means having clarity about all the risks in the business, and managing them in a **systematic** way. This includes poorly managed risks, such as work-related health and psychosocial risks.

Achieving a sustained reduction in risk requires a **culture that reinforces and promotes the value of good health and safety**, celebrates those who do well and holds people to account for not meeting minimum standards. A positive health and safety culture encourages a common and **accepted way of working to manage risk**. It informs a shared understanding about working practices, risk tolerance and the response to accidents and near misses.

What we know

A high proportion of employers have systems and processes in place, with 79% of businesses having processes in place to identify, assess, manage and review their business's main health and safety risk and hazards in 2016/17. Over 80% of employers agreed that "having good health and safety systems is good for your business".^x

However while most businesses have systems in place these may not be proportionate, effective or focused on the right activities. In 2017 only 61% of businesses agreed or strongly agreed that their health and safety processes were in proportion to the actual levels and types of risks faced by the business, 15% strongly disagreed or disagreed, and 17% were neutral.^{xi}

Almost 40% of businesses agreed or strongly agreed that most of the time and resources that they spend on health and safety in the last financial year was on administration, processes, or equipment that had no real impact on keeping workers healthy and safe, compared to 31% who disagreed and 24% who were neutral.^{xii}

Examples of what is currently happening in this area

- Embedding the new hazardous substances regime.
- Regulatory reform programme underway to review remaining regulation and create a coherent, effective and proportionate regulatory framework.
- Creation of WorkSafe as primary regulator, supported by increased resources and investment in capability.
- Enhanced research, evaluation and regulatory intelligence to target WorkSafe regulatory activity.
- Enhanced education and engagement activity (interpretive and Good Practice Guidelines, fact sheets, case studies, risk management tools and industry-specific information).
- Education and engagement programmes by WorkSafe in regulatory requirements and ways to manage risk well (including how to manage specific hazards).
- SafePlus a voluntary health and safety performance improvement toolkit for businesses.
- WorkSafe has produced Healthy Work – a ten-year strategic plan for work-related health.

Impact priority 2: Support business with greater need

We need to ensure that all businesses are able to deliver good health and safety outcomes efficiently and effectively regardless their size or the risks that they face.

SMEs

SMEs represent around 490,000 enterprises in New Zealand, employing around **600,000** workers. SMEs are more likely to face financial and resource **constraints**, and to have **informal** management and worker representation practices.

The Independent Taskforce on Health and Safety outlined a number of key challenges for SMEs in managing health and safety. Resource constraints, less formal management styles and limited access to external support were identified as key issues through the Taskforce. Progress has been made to provide more support to SMEs through the delivery of tailored education, guidance and best practice advice. However, further work is still needed to ensure all SMEs can get sector relevant health and safety support that aligns with their context and the sectors they operate in.

In 2017 businesses with over a hundred employees spent on average fewer hours a year per employee on health and safety than businesses with fewer employees (12 compared to between 23 and 27 hours). However the cost per employee was relatively similar for all businesses (\$700 to \$830). Only 59% of businesses with fewer than 20 employees agreed that health and safety processes were in proportion to the actual levels and types of risks faced by their business compared with 75% of businesses with 100 or more employees.^{xiii}

We need to ensure that the capacity and capability challenges that face SMEs do not impact their ability to put good health and safety into practice. This means making sure SMEs understand what good health and safety looks like in their context. Tailored information and support is needed so SMEs have the clarity and confidence to put good health and safety into practice. More sector specific support is needed to assist SMEs on health and safety.

High risk sectors

Several sectors account for a large proportion of work-related harm in New Zealand. Key sectors for WorkSafe include agriculture, forestry, construction and manufacturing. The transport, postal and warehousing sector is also an area of emerging concern. In addition the Harm Reduction Action Plan identifies the Healthcare and Social Assistance sector as a significant contributor to severe injuries.

Some sectors and businesses have **greater or more complex risks** due to the nature of the work they do, and will need an extra focus on the processes to manage these risks (for example major hazard facilities). Some businesses and sectors are currently not **managing their risks well**, and this is contributing to high rates of harm.

In 2017, across all industries, the average time spent on health and safety was 18 hours a year per employee. Higher risk industries spend more time and money than lower risk industries. Mining spent the most time and money per employee (75 hours and \$3,700), followed by construction and electricity/gas per employee (66 and 55 hours, and approximately \$2,500 and \$2,300). After that were transport, agriculture and manufacturing (26, 22, and 22 hours, and costs ranging from approximately \$700 to \$1,200) per employee.^{xiv}

We need to ensure that the health and safety at work system supports high risk sectors to lead health and safety improvement, as well as develop and embed best practice health and safety tailored to the needs of workers and businesses in these sectors. Effective risk management must underpin how these sectors operate.

There have been signs of high risk sectors taking action to lead health and safety improvement. As an example, sector led health and safety bodies in the forestry, construction and agriculture sectors are providing a catalyst to build health and safety leadership in these sectors.

While health and safety leadership in the high risk sectors is growing, further work is needed to embed sustained changes in attitudes, behaviours and practices in these sectors. This requires businesses and workers prioritising and taking action to improve health and safety performance in these sectors.

The forestry sector is an example where stronger sector leadership is starting to show early signs of progress, with a high proportion of employers prioritising and investing in health and safety.

Improving performance in these sectors will mean shifting attitudes and cultures, as well as lifting capability to ensure people know how to manage risks effectively.

Examples of what is currently happening in this area

- A strengthened High Hazards Unit in WorkSafe, including investment in specialist high hazard capability.
- Development of tailored guidance and support for the high hazards sector (Codes of Practice, interpretive and good practice guidelines).
- Increased sector leadership in some higher risk sectors.
- Empowering and enabling medium risk businesses to manage their health and safety risks. Broad-reach tools and resources co-designed in collaboration with representative businesses:
 - WorkSafe’s Around the Block interactive tool
 - Case studies/videos tailored for SMEs
 - Roadshows engaging with SMEs on health and safety.

Impact priority 3: Support workers with greater need

We need to ensure that the system works for everyone. Lifting outcomes for groups more likely to face harm is likely to have a significant impact for achieving a well-functioning and adaptive health and safety at work system.

Māori

Māori workers are over-represented in injury statistics – the most recent figures show that Māori are 44% more likely to suffer a serious non-fatal injury, the largest gap since 2006-08 (52%).^{xv} Māori workers are also over-represented in high risk occupations, have lower education levels (such as lower literacy), and poorer health, all factors that contribute to greater risks of workplace harm.

We need to ensure that Māori workers are not at greater risk of injury and illness at work. This requires that the health and safety at work system meets Māori needs, such as developing appropriate models of engagement, participation and representation, as well as ensuring workplaces support Māori workers' wellbeing.

Māori are more likely to have temporary and precarious employment arrangements than average, increasing their risks of harm. Workers in precarious employment tend to carry out the most hazardous work, work in poorer conditions with less control over their work, and are less likely to receive training. As they may be less inclined or able to take sick leave, minor injuries and illnesses can become aggravated.^{xvi}

Workers at greater risk

We need to ensure that the health and safety at work system meets the needs of workers at greater risk of harm (such as Pasifika, migrants, younger and older workers). Similar to Māori, these groups are at greater risk though factors associated with employment and financial status, education levels (such as lower literacy), and/or health.

Young workers (15-24), and older workers (over 65) have the highest incidence of work-related injury claims (137 and 124 per 1,000 full-time equivalent employees (FTEs) respectively, compared to 107 for the overall population). Pacific workers are 20% more likely to make a work-related injury claim.^{xvii}

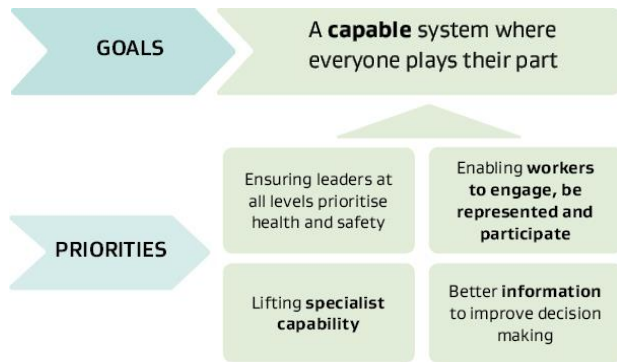
Valuing and supporting diversity in the workplace is also a contributor to psychosocial wellbeing through building inclusive and culturally competent workplaces.

There is a need to undertake more work to understand the challenges and barriers that workers at greater risk experience at work and the approaches that are effective in overcoming these.

Examples of what is currently happening in this area

- WorkSafe's Maruiti 2025 strategy sets targets to improve work health and safety outcomes for Māori, including Te Ao Maruiti health and safety forestry learning pilot in Ruatoria, focused on increasing the role of workers in improving health and safety in the forestry sector.
- 'Puataunfo Come Home Safely', an initiative involving government and non-government agencies to support workplace health and safety among Pacific workers.
- Delivery of health and safety literacy and numeracy training (WorkSafe and Tertiary Education Commission).

Goal 2: A capable system where everyone plays their part



Why this goal

Lifting our health and safety performance requires **everybody to play their part** – from

Government to businesses, workers and unions. Roles and responsibilities across the system must be **integrated** and **aligned** so everyone is clear about how they can work together, and what levers are available to influence change. They also need the **right capabilities, resources and support for the role they play**.

While the **primary duty** to manage risks sits with the PCBU, getting better outcomes will require **everyone**, from workers and business through to sectors and unions, using their **influence, expertise and insights**. The new Act included clear requirements for businesses to proactively identify and manage risks. These include a new ‘due diligence’ duty on officers (directors and chief executives) to make sure business and organisations meet their primary duty of care, and stronger worker participation provisions.

In ten years New Zealand will have:

- Everyone in the system understands their role and accountabilities in improving health and safety at work, and how this links in with others’ roles and accountabilities.
- Roles and expectations are appropriate, and are matched by the ability to fulfil them. Responsibilities are not inappropriately pushed down within an organisation.
- Government sends the right message and leads by example, and integrates health and safety into direct operations, such as procurement.
- People and organisations share information to support each other to play their part effectively and efficiently.
- People who engage contractors and suppliers set an example and exert influence across sectors and supply chains.

What we know

The range of roles is not clear

A high proportion of workers and employers agree that workers have a very big responsibility for health and safety (80%). However, just 59% of workers and 54% of employers agree that top management has a very big responsibility, highlighting that there is still some way to go before health and safety is seen as a responsibility shared by everyone.^{xviii}

Most employers understand their legislative requirements

In 2016/17 most employers were somewhat confident (48%) or very confident (27%) that the business understood its obligations under the Health and Safety at Work Act 2015^{xix}.

What people told us

- There are a range of interlinked capabilities required for good health and safety
- Everyone has a role in the system, but different levels of ability to influence health and safety.
- Sometimes responsibilities are delegated to people unable to fulfil them, such as expecting workers to manage risks that are beyond their control.
- There is a need to better integrate health and safety within businesses and sectors and across the economy, such as through supply chains.
- Sectors collectively have a key role to drive the behaviour of businesses within them and this role requires strengthening.
- Government and organisations that engage significant numbers of contractors can influence the behaviour of others through procurement, supply chains and other incentives.

Capability priority 1: Ensuring leaders prioritise health and safety and are able to manage risks

Why this is a priority

Leadership is important for **prioritising** and **resourcing** health and safety, **integrating** health and safety objectives into wider processes, and **supporting** a good health and safety culture. Leadership is required from Government and its agencies, sectors, businesses, and workers and their representatives.

We need to ensure:

- Leaders across the system prioritise worker health and safety (e.g. integrate health and safety objectives into their overall strategic direction, resourcing decisions and culture).
- Leaders see the value of health and safety to business, whether this is through improved productivity and worker wellbeing, being an employer of choice, maintaining their social licence, or meeting best practice standards.
- Leaders have strong accountability and clear responsibilities for health and safety, holding each other to account.
- Tripartite leadership throughout the system, including worker representatives and unions taking a leadership role.
- Leaders use influence across sectors and supply chains, and use their networks to create ‘learning systems’ by sharing success, failure and best practice.
- Government proactively models good health and safety practice, (e.g. as a large employer and through wider government priorities and processes such as procurement).

What people told us

- Leadership at all levels of the system and within businesses is important to health and safety.
- Tripartite leadership is a fundamental requirement of a high performing system.
- There is variable leadership within the system, and there is room to strengthen the capability and focus of senior leaders, sector leadership bodies, and regulator/government agency coordination.
- Managing health and safety risks needs to be driven by strategic leaders within businesses, not just operationally.
- Leadership at a sector level is important in influencing change within individual businesses.
- Regulators need to continue to improve co-ordination of their activities.
- Government and public sector agencies have a responsibility to set an example through their health and safety and procurement practices, and should demonstrate best practice.

What we know

There is variable leadership within the system, and capability needs to be strengthened

New Zealand’s sector level leadership is generally fragmented although there are some good examples of emerging sector leadership driving change.

In 2016, 72% of employers reported they were highly motivated to comply with all health and safety regulations. However, only 63% of employers put health and safety in their top three most important work/business considerations.

Almost 60% of workers and 54% of employers said that top management had a very big responsibility for health and safety, but only 49% agreed that their boss praises and rewards workers for acting safely.^{xx}

Examples of what is currently happening in this area

- Establishment of the Business Leaders’ Health and Safety Forum, who have grown to over 300 Chief Executives, including all core public service agencies.
- Development of the Canterbury Rebuild Safety Charter.
- Set up of sector health and safety leadership groups (Forest Industry Safety Council, Construction Safety Council, Agriculture Health and Safety Leaders’ Group).
- Development of the health and safety functional lead for the core public service, with potential to expand to other parts of the state sector.

Capability priority 2: Enabling workers to engage, be represented and participate in making their work healthier and safer

Why this is a priority

Effective worker engagement, representation and participation is fundamental to **effective risk management**. It helps create **workplace cultures** that support good health and safety, and business performance. A genuine **commitment** to involve workers at all levels is critical to create healthier, safer and more engaged work and workplaces.

We need to ensure:

- Leaders understand the value of involving their workers to create healthy and safe systems of work, and ensure this happens in a meaningful way.
- Workers and their representatives play a key role in the management of risk evaluation and control, and receive the training and support they need to do this.
- All workers are able to participate, engage and be represented, with support to enable this in smaller and remote businesses.
- Workers are empowered to say ‘no’, have permission to make changes, and have no fear of speaking out about risk.
- Workers are clear about how their feedback has been responded to or addressed.
- There are specific resources dedicated to supporting and improving worker engagement, participation and representation.

What we know

Evidence highlights that effective worker engagement, participation and representation requires:^{xxi}

- Regulatory measures that support worker engagement, participation and representation rights.
- Leadership, commitment and support from employers and managers.
- Engagement of regulatory inspectors and their commitment to a participatory approach for worker engagement, participation and representation.
- Workers to support their health and safety representatives.
- Competent representatives who can influence health and safety.
- Effective training, information and support, including trade union support.
- Consultation and communication between worker representatives and the workers they represent.

What people told us

- Workers often have the knowledge and solutions on how to stay safe, so enabling the workers’ voice to inform practice is crucial. This does not mean making health and safety a worker responsibility or focusing on worker behaviour. It requires leaders to ensure the workers’ voice is heard.
- It is essential to have the input of worker representatives on managing health and safety across the system.
- Good health and safe practice by workers should be recognised by those who hire them, including through pay scales/contracting arrangements, and recognition of skills and expertise.
- Sufficient time and resources need to be allocated for workers and managers to engage on health and safety. Representatives need support to develop capability.
- WorkSafe should talk more with workers and representatives, including at a site level.

Worker engagement is currently not always two-way

In 2016, 79% of workers said they always had a say in decisions that affect their health and safety. 81% of employers said they always involved their workers in decisions.

But only 53% of workers said their boss always gives feedback on how they have considered workers’ input, while 79% of employers said they always let their workers know how their views have been considered.^{xxii}

There are a lack of formal systems for worker participation

In 2015/16, 51% of employers said they had a “formal system” for employees to participate in managing health and safety.^{xxiii}

The nature of work is changing

The way we work will continue to change, with technology and globalisation changing working relationships. Our workforce will also become more diverse and older. These changes mean that work health and safety risks are will change with new technology and new or more precarious and flexible ways of working. Extended supply chains will mean workers managing the same work and risks may be working for multiple employers and in multiple employment relationships.

Examples of what is currently happening in this area

- Development of WorkSafe’s Good Practice Guidelines and Interpretive Guidelines for worker engagement, participation and representation.
- Worker engagement, participation and representation (WEPR) assessment tool for WorkSafe Inspectors enables Inspectors to assess and report on WEPR on particular worksites.
- Transition training for health and safety representatives to understand and exercise their roles and functions under the Act.
- Strengthened Act and WEPR regulations.
- The SafePlus tool, which helps businesses improve their health and safety, including WEPR.
- Increasing survey data measuring WEPR, including the Attitudes and Behaviours Survey and the National Survey of Employers.

Capability priority 3: **Lifting specialist capability** so that everyone can access the specialist knowledge, tools and services they require

Why this is a priority

For risks to be well managed, people need to be able to access **specialist skills** when they need them. So we need to focus on the **accessibility** and **quality** of specialist advice, services and tools, and ensure workforce capability development.

We need to ensure:

- There are services, tools and people with the right capabilities to support Government, businesses and workers to develop appropriate systems to manage acute, chronic and catastrophic risks well.
- The specialist health and safety workforce has the capability and capacity to advise businesses of all sizes on managing risks effectively.
- Increased professionalisation of the health and safety community and the development of professional programmes.
- Businesses understand the specialist capability they require and are able to source it, including for SMEs.
- Gaps in the health and safety profession’s capability are managed, including addressing limited specialist services and difficulty replacing specialist positions including in the education system.
- The educational system and framework around health and safety competency is strengthened with risk concepts embedded in relevant training and education.
- Frameworks for developing capability are designed and shared among sector bodies, unions and regulators.

What we know

To act safely, businesses and workers must have the capability to know what ‘safe’ and ‘healthy’ is, and how to ensure this. Specialist advice and support is a key way of developing this capability.

There is a significant variation in the capability of some practitioners and professionals due to a range of factors, including professional pathways, and the availability and relevance of tertiary education. Only 27% of professionals agreed that professionals in New Zealand were as competent and qualified as their overseas counterparts.^{xxiv}

Almost 50% of health and safety professionals and practitioners are not clear what standards they are subject to and what is expected of them.^{xxv}

Primary demand for advice is focused on compliance – over 85% of businesses had compliance driving their demand for professional services. The demand for strategic advice is lower than the demand for compliance advice.^{xxvi}

What people told us

- The availability of specialist professional advice, tools and services is vital for businesses and others involved in the health and safety at work system. But this often relies on understanding what is needed and what is available.
- SMEs often have fewer choices and a greater need to get external advice and support. Often they do not have the ability to choose appropriate advice and can end up with over-engineered, substandard, or expensive solutions.
- There are capability gaps for some key health and safety professions and practitioners.
- Health and safety skills, particularly risk awareness and management, need to be built into education programmes. Often it is too late to develop these skills through work alone.

Examples of what is currently happening in this area

- Establishment of the Health and Safety Association of New Zealand (HASANZ) – a representative body for health and safety professionals.
- Development of a best practice generalist accreditation framework to lift and maintain the standard of health and safety professionals.
- Targeted Review of Health and Safety Qualifications, and Unit Standards review.
- Development of robust competency frameworks and a register of health and safety professionals.
- Development of a free online health and safety literacy and numeracy module to build basic skills and awareness of risks, led by the Tertiary Education Commission and WorkSafe.

Capability priority 4: Better information to improve decision making

Why this is a priority

Good quality and timely information is crucial to identify **risks** and understand the **drivers** of harm. Mechanisms for **sharing** information across the health and safety at work system need to be strengthened to support **better risk management practices** including **evaluation and alignment** of effort.

Despite improvements, the current approach to collecting and analysing data is still fragmented, causing confusion and inconsistent interpretation of the risks and harm. The Strategy’s **performance framework** will improve the quality of information, and will support the sharing of information, lessons and innovation by identifying the key measures required to assess system performance.

We need to ensure:

- A long-term plan to improve the quality of data and knowledge across the system.
- The right data and analysis is available to support people and organisations to measure and focus on what matters.
- Researchers, Government, sectors, businesses and unions share insights and work together on research, evaluation, data and intelligence projects.
- Information on emerging risks and best practice is shared effectively and provides a robust base to inform interventions.
- A performance framework that goes beyond the existing target of a 25% reduction in fatalities and serious injury by 2020, and sets targets across all strategic priorities and outcomes, with a particular focus on health.

What we know

In 2013, the Independent Taskforce on Workplace Health and Safety noted their “profound unease” about the quality of New Zealand’s health and safety data.^{xxvii} Although the quality and usefulness of injury data has improved since then, there are still gaps and issues for work-related health and catastrophic risk – complex areas with unique information challenges.

To ensure we can set targets and measure progress we need a step change in how information is collected and interpreted, shared and used across the system.

Health data comes with particular challenges

Most work-related diseases cannot be monitored in the same way as injuries because of the long latency period between exposures and symptoms (often decades). Also in most cases it is impossible to determine if the illness is work, or not work-related (notable exceptions are asbestosis and mesothelioma caused by asbestos) and most diseases can have multiple causes, including non-work causes. As a result, measuring work-related disease relies on estimates based on population studies. Monitoring progress in work-related health requires a strong focus on monitoring exposures, rather than monitoring diseases.

What people told us

- Data, analysis and intelligence are crucial to targeting health and safety risks, identifying emerging risks, and informing risk management practices.
- In addition to having information the system needs to be adaptive and self-improving. This involves responsiveness to intelligence about new risks and threats, and developing innovative solutions.
- There are gaps in information sharing between businesses and sectors.
- There is a need to develop lead (rather than lag) indicators to improve management of health-related and catastrophic risks.
- Work-related health presents a number of challenges and will require a different approach to measurement and target setting.
- Innovation does not have to mean high-tech or high-cost developments, but could involve simple changes such as changing how work is organised.

The health and safety at work system interacts closely with other systems. There is an opportunity to work **with other sectors**, such as health and transport, to enhance understanding on areas of common interest. This priority area also includes supporting the system to **share** what is working **between sectors and firms**, co-developing capability.

Examples of what is currently happening in this area

- A cross-government Injury Information Working Group, with a subcommittee focussed on addressing issues relating to work-related injury.
- Timelier reporting of progress towards the 2020 injury reduction target – supported by additional WorkSafe analytical data.
- A growing body of evidence from academic research and survey development – inclusion of health and safety questions in the StatsNZ Business Operations Survey, alongside the Health and Safety Attitudes and Behaviour Survey and Service Excellence Survey run by WorkSafe.
- Development of risk exposure surveys to inform approaches to work-related health (baseline results expected in 2019).

Performance Monitoring Framework

Understanding the Strategy’s impact on how the system is doing

We need a **comprehensive measurement framework** to track the performance of the health and safety at work system, and the Strategy’s impact over time. This framework will include a balanced suite of **indicators** measuring attitudes and behaviour, **lead** and **lag** indicators of harm, and **qualitative** and **quantitative** assessments.

What we want to monitor	How it will be monitored
Vision – are we improving the wellbeing of all workers through healthy and safe work?	<ul style="list-style-type: none"> Proposed and potential measures in Table A
Goal <ul style="list-style-type: none"> Is the system focusing on what will make the biggest impact? Priority groups – are we seeing better outcomes for: <ul style="list-style-type: none"> Māori? Workers at greater risk? Small and medium sized businesses? High risk sectors? 	<ul style="list-style-type: none"> Proposed and potential measures in Table B
Goal <ul style="list-style-type: none"> Are we building a capable system where everyone plays their part? Priority areas – are we seeing improvements in: <ul style="list-style-type: none"> Leadership? Worker engagement, participation and engagement? Specialist capability? Information? 	<ul style="list-style-type: none"> Proposed and potential measures in Table C
Impact of Strategy – is the Strategy helping to: <ul style="list-style-type: none"> Align direction across the system? Enable coordination between people in the system? Identify capability gaps and opportunities? Improve system measurement? 	<ul style="list-style-type: none"> Regular assessment and monitoring by the Strategy’s governance group (indicators to be developed)

The performance framework will evolve alongside the Strategy to ensure we put in place the right indicators. It will require new measures and data sets to be created, and as the system matures the framework will become more comprehensive. **Targets** will be set during the term of the Strategy, replacing existing targets. This will give us time to ensure we put the right measures and targets in place.

Where possible, indicators will be broken down by industry, employer size, ethnicity, age, and gender to provide more context and track progress for the four priority groups.

Developing the performance monitoring framework

The framework will include measures of **attitudes and behaviours** for each priority area, to demonstrate how activity in these areas is affecting social attitudes, **risk management**, and **roles** and **influence** across the system.

The measures included in the framework will enable system participants to **align** their activity and **track** their contribution to the Strategy’s goals. In some cases these measures will need to be developed. A stronger focus

on performance will increase **accountability** and provide incentive to improve the quality of data and information across the system.

Measuring progress towards the vision

The framework will include indicators of progress towards the Strategy’s vision of improving the wellbeing of all workers through healthy and safe work. Progress will be measured using indicators of:

- Acute risk – work-related deaths and injuries
- Chronic risk – work-related ill health and disease
- Catastrophic risk – major events with the potential for significant acute or chronic harm.

Indicators of acute harm are the most readily available of the three, drawing from the existing Serious Injury Outcome Indicators^{xviii} and ACC injury data.

The primary indicator could be based on exposure to work-related health risks, rather than disease rates because of the complexity of work-related health, for example ill-health conditions have multiple causes and long latency periods.

Similarly, catastrophic events are complex and can occur across a broad range of industries. The indicators of catastrophic risk could focus on the presence of robust process safety practices, and identification and response to precursor events.

Table A – vision outcome measures

Strategy outcome	Proposed measure	Proposed indicator	Availability and timeframe
All New Zealanders are healthy and safe at work	Fewer work-related deaths and serious injuries	Fatal and serious injury; high-impact (notifiable) injury; injuries resulting in significant time away from work	Official statistics and injury data (currently available)
	Better work-related health	Exposure to and management of work-related health risk factors	Forthcoming exposure and health surveys (from 2019)
	Prevent catastrophic harm	Process safety practices; precursor events and response	To be confirmed

Measuring progress towards the Goals and Priorities

The framework will help show how changes in attitudes, behaviour and actions in each priority area are supporting progress towards the Strategy’s Goals. This will allow people to see how their activities contribute to system outcomes.

Table B –measures for focusing on what will make the biggest impact

Impact priorities	Proposed assessment	Likely mechanism
Ensure all businesses have proportionate and effective risk management	Self-reported risk management capability, behaviour and proportionality	Extensions to existing surveys
Support businesses with greater need: high risk sectors and SMEs	To be developed as part of Table A measures	
Support workers with greater need: Māori and other workers at greatest risk		

Table C – Building a capable system where everyone plays their part

Capability priorities	Proposed assessment	Likely mechanism
Overall capability	Self-reported risk management capability	Extensions to existing surveys
Leadership	Assessment of how leaders at all levels prioritise health and safety outcomes	Extensions to existing surveys
Worker engagement, participation and engagement	Attitudes and behaviour of workers and employers, presence and effectiveness of worker engagement, participation and representation practices	Extensions to existing surveys
Specialist capability	Accessibility and quality of specialist advisory services, and overall workforce capability	Extensions to existing surveys
Information	Improved collection, use and sharing of information across the system	Qualitative assessment as part of Strategy progress reporting

How the performance framework will be used

Once the framework is in place, we expect performance to be reported annually to Government and the public.

The framework will also provide a guide that system participants can use to align their own strategic and performance frameworks, and demonstrate how their activities contribute to health and safety outcomes. For example this framework will inform WorkSafe’s strategic planning and accountability documents.

Developing the framework will play an important role in achieving the Priority Area 4: Information. Gaps and improvements identified through the development of the framework will guide this programme of work. This will contribute to and guide the evaluation of the effectiveness of the Strategy.

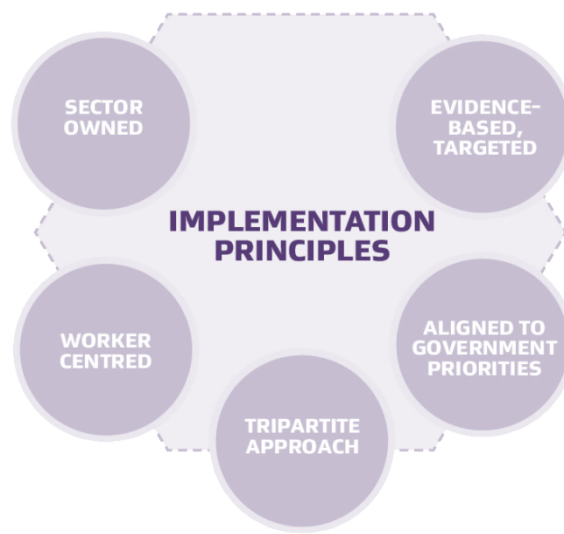
Implementation

Developing the implementation plan

The draft Strategy is focused on supporting and enabling the system to improve performance in key capability areas by providing a shared set of common goals and a framework.

We have developed high-level principles to inform the implementation of the Strategy. These principles will ensure that actions developed under the Strategy will deliver sustained change that is led by all system participants.

Principles for implementing the Strategy

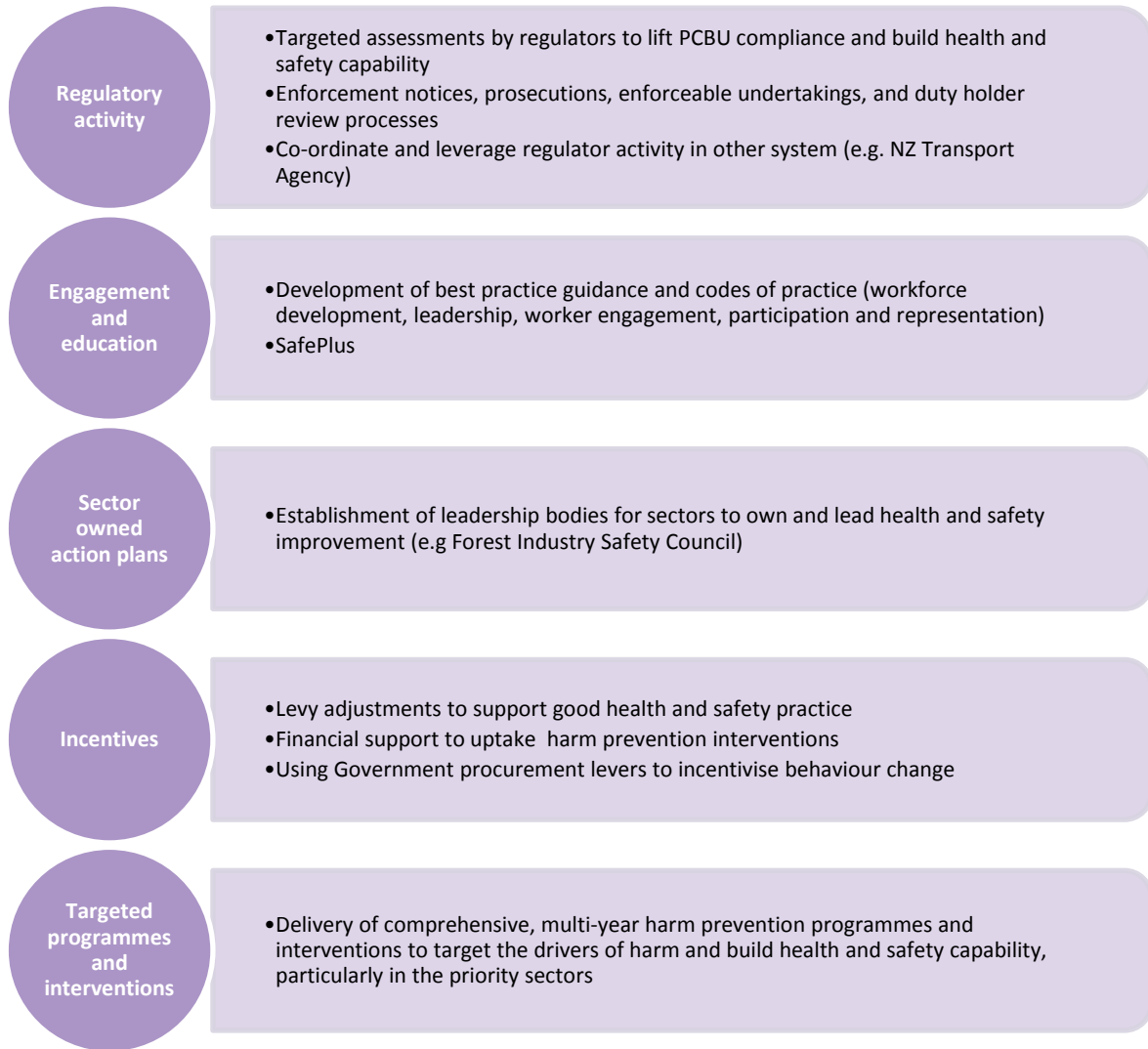


We will use feedback from the consultation process to develop our implementation approach and the actions that will be delivered in the priority areas.

The Strategy’s 10-year timeframe enables a staged approach to implementation, including developing actions throughout the lifetime of the Strategy.

Getting the right mix of levers to put the Strategy into action will be critical. Our view is that a combination of levers will be needed to deliver the scale of change signalled in the Strategy.

Potential levers



The first steps in the implementation plan will involve:

- **Direction setting:** Ensuring that the range of plans and actions across the system are aligned to the Strategy
- **Delivering current aligned activities:** Ensuring the delivery of programmes of work that are already underway and are aligned to the Strategy.

As the Strategy’s implementation progresses, further actions will be developed.

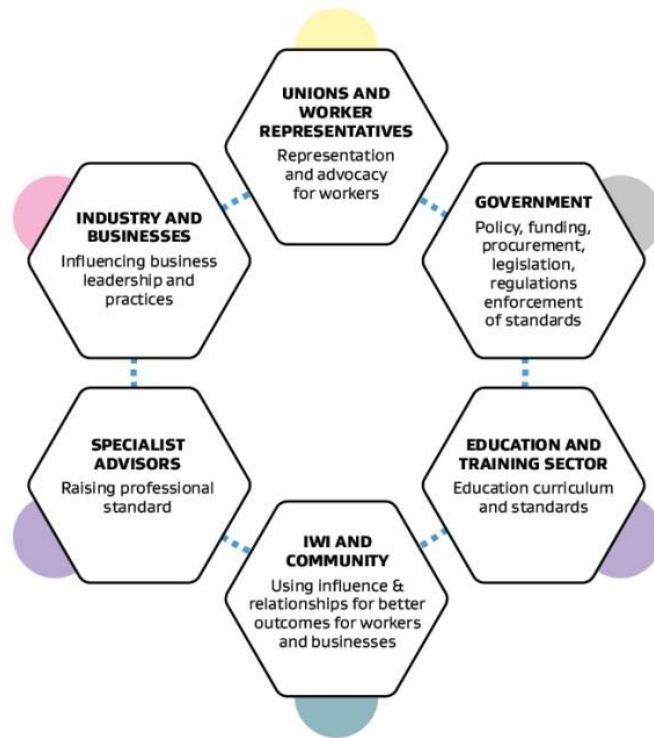
Governance and accountability

We propose a joint tripartite governance group of representatives from each part of the system, including health and safety specialist and expert groups, to oversee the delivery of actions against the Strategy. This would help achieve the ownership, including tripartite governance, important for the Strategy’s success. The Strategy governance group would regularly assess progress against the performance framework.

Actions

Consultation feedback on what would make the biggest difference in each of the Priority Areas will be used in developing any actions flowing out of the Strategy. Delivering sustained health and safety change requires all system participants using their levers to collectively drive performance. We propose that actions are developed relevant to each Priority Area and Priority Group.

The actions would make use of the various levers available to participants in the system. Examples of these levers include:



A sector-owned approach would help to provide the leadership and ownership needed to deliver the Strategy’s ambitious vision. Champions from across the system could lead actions, helping to ensure activities are responsive, intelligence-led and owned by the sector. These champions would include sector leaders, who could offer wider expertise, wider reach and influence, and enhance coordination across the system.

Monitoring and reporting

Monitoring of the Strategy and its impact will be based on the performance framework. This monitoring will give the Strategy governance group, the Government and the public a way to assess the Strategy’s impact. It will also give system participants an indication of the difference they are making.

It is expected that performance will be reported annually, and that reporting will become more comprehensive as the system matures and the performance framework develops. This will inform future reviews of the Strategy over its 10 year lifetime.

Appendix - Further Information on the Health and Safety at Work System

Regulatory framework and reforms

Significant progress has been made to strengthen the Health and Safety Regulatory framework. There is an ongoing programme of regulatory reform to further strengthen the system.

Legislation	Health and Safety at Work Act 2015 - Sets general duties - Sets overarching regulatory framework					
Regulatory reform – first phase	General Risk and Workplace Management 2016					
	Worker Engagement, Representation & Participation 2016					
	Infringement Offences and Fees 2016					
	Major Hazard Facilities 2016	Asbestos 2016	Hazardous Substances 2017	Petroleum Exploration & Extraction 2016	Adventure Activities 2016	Mining Operations & Quarrying Operations 2016
Regulatory reform – ongoing	Health and Safety in Employment Regulations 1995		Pipelines 1999		Pressure Equipment, Cranes and Passenger Ropeways 1999	
	Geothermal Energy 1961	Amusement Devices 1978	Spray Coating 1962		Lead Process 1950	
Post implementation review	Mining Operations & Quarrying Operations 2016		Petroleum Exploration & Extraction 2016		Adventure Activities 2016	

Role of WorkSafe – as a system leader and primary regulator

WorkSafe has an important role in supporting businesses and workers to put the health and safety regulatory framework into practice. It does this by ensuring that all duty holders have the support to meet the expectations and obligations set out in the framework.

WorkSafe has strong statutory functions, powers and accountability mechanisms to drive health and safety improvement. WorkSafe is responsible for leading the transformation of health and safety in New Zealand, including:

- **Implementing the Act and regulations** – enforcement, education and engagement to create the right incentives and accountability in the system.
- **Influence and facilitation** – leveraging key contributors (workers, business, sectors, government) in the health and safety at work system, using their influence and insights to support an integrated approach to health and safety.
- **Harm prevention** – leading the delivery of multi-year sector and cross-sector programmes (using evidence of where harm is occurring across the system to inform interventions) and embedding system enablers (e.g. worker engagement, participation and representation, workforce development, leadership).
- **System performance** – monitoring and research at a system level and reporting on the overall performance of the system, including progress in building system capability.

Connections to other systems

Health and safety outcomes are **impacted on and influenced by** other systems and priorities. Each of these systems will have unique **levers** for influencing and contributing to outcomes. The Strategy provides a platform to clarify how and where these systems need to align.

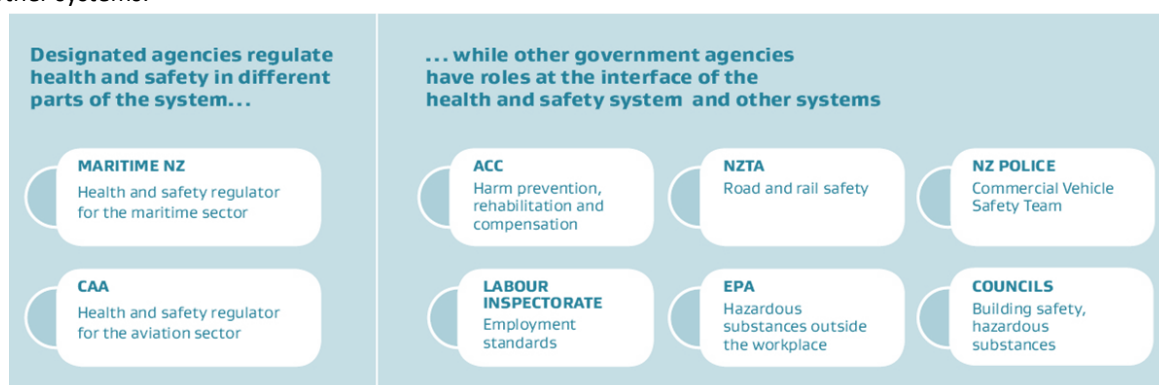
For example, the transport system’s investment in roading can best support transport objectives that enhance health and safety outcomes. In the primary sectors, the downstream impacts of new activities can be considered, for example in forestry.

Wider external factors (economic, social, technology, environmental) influence how the system functions and how all groups in the system work to create healthy and safe work. It is critical that the system keeps pace with the changing world, responding to emerging trends and the new health and safety challenges and opportunities they create.

The diagram below sets out some of the **key connections** to other systems, and the government agencies with lead responsibility for the policy in these areas:

Employment standards Quality work Outcomes for at risk workers e.g. youth, migrant, elderly	LABOUR MARKET MBIE	Construction sector outcomes Occupational regulations	CONSTRUCTION MBIE
Mental health Injury and illness prevention & rehabilitation Accident compensation	HEALTH ACC MoH	Forestry sector outcomes Agriculture sector outcomes	PRIMARY INDUSTRIES MPI
Entry to labour market Literacy/numeracy H&S skills & knowledge	EDUCATION MoE TEC NZQA	Hazardous substances (environmental and public health outcomes)	ENVIRONMENT MFE EPA
Work related harm on roads Harm across transport sector	TRANSPORT MoT NZTA	Energy safety	ENERGY MBIE WORKSAFE

Other government agencies have **regulatory roles** at the interface of the health and safety at work system and other systems:



Progress on the implementing the Taskforce’s prerequisites for a well-functioning system

The 2013 Independent Taskforce on Health and Safety identified 13 prerequisites for a well-functioning system. This table summarises progress on strengthening the system in these areas.

Prerequisites for a well-functioning system	What has been happening to address this?
<p>1. Good, workable law</p> <ul style="list-style-type: none"> • Law makes clear to duty holders what their legal duties are and holds them to account and is comprehensive in its coverage. 	<ul style="list-style-type: none"> ➤ A new Act (the Health and Safety at Work Act 2015). ➤ Embedding the new hazardous substances regime. ➤ First set of new regulations (2015 – 2017). ➤ Regulatory reform programme underway to review remaining regulation and create a coherent, effective and proportionate regulatory framework.
<p>2. An effective primary regulatory agency</p> <ul style="list-style-type: none"> • A new primary regulatory agency with the mandate and resources to be visible and effective. • The regulator provides certainty on how to comply. • Effective collaboration with other agencies on effective harm prevention, taking a tripartite approach. 	<ul style="list-style-type: none"> ➤ Creation of WorkSafe as primary regulator, supported by increased resources and investment in capability. ➤ Enhanced research, evaluation and regulatory intelligence to target activity. ➤ Enhanced training and capability development for the inspectorate and other frontline staff. ➤ Strengthened relationships with other regulators and delivery agencies (ACC, Maritime NZ, Environmental Protection Authority, Civil Aviation Authority). ➤ Enhanced education and engagement activity (interpretive and Good Practice Guidelines, fact sheets, case studies, risk management tools and industry-specific information).
<p>3. Genuine and effective worker engagement, participation and representation (WEPR)</p> <ul style="list-style-type: none"> • WEPR is a valued part of the health and safety at work system. • Workers are involved in developing, implementing and monitoring health and safety systems. • Workers can participate through effective representation, including unions. 	<ul style="list-style-type: none"> ➤ New duties on PCBUs in the Act to have effective engagement and participation practices. ➤ New regulations: Worker Engagement, Participation and Representation (2016). ➤ Worker engagement is a key part of WorkSafe’s Healthy Work Strategic Plan and the joint ACC-WorkSafe Harm Reduction Action Plan. ➤ Education and guidance for PCBUs and workers on effective engagement. ➤ Transition training for Health and Safety Representatives (HSRs).
<p>4. Strong, visible leadership</p> <ul style="list-style-type: none"> • All people and organisations are able to influence what happens in workplaces. • Strong health and safety capability among managers. • Workplace culture prioritises health and safety. • Industry bodies promote good health and safety. 	<ul style="list-style-type: none"> ➤ New sector-based business leadership groups, e.g. Business Leaders’ Health and Safety Forum. ➤ Establishment of sector specific health and safety leadership bodies in priority sectors (e.g. Forest Industry Safety Council, Construction Safety Council, Agriculture Health and Safety Leaders’ Forum). ➤ Development of the health and safety functional lead for the state sector. ➤ Development of the joint ACC-WorkSafe Harm Reduction Action Plan.
<p>5. A robust level of capacity and capability</p> <ul style="list-style-type: none"> • The education system supports the development of higher levels of awareness of health and safety risks. • Access to comprehensive, high-quality guidance and standards that are fit for purpose and easy access to quality specialist advisers. 	<ul style="list-style-type: none"> ➤ Education and engagement programmes by WorkSafe in regulatory requirements and ways to manage risk well (including how to manage specific hazards). ➤ Targeted Review of Health and Safety Qualifications and the Unit Standards review - ensuring robust health and safety qualifications. ➤ Establishment of the Health and Safety Association of New Zealand (HASANZ) and the delivery of the register of health and safety professionals. ➤ SafePlus – a voluntary health and safety improvement toolkit.

Prerequisites for a well-functioning system	What has been happening to address this?
<p>6. Incentives that are effective levers for good practice</p> <ul style="list-style-type: none"> • A mix of positive incentives and deterrents to encourage compliance with minimum standards and improvement in performance. • The incentive regime is designed to overcome any potentially perverse effects, such as non-reporting to avoid consequences. 	<ul style="list-style-type: none"> ➤ A primary regulator (WorkSafe) investing in proactive education and prevention. ➤ The new Act allows for new tools to lift performance - e.g. enforceable undertakings. ➤ Higher penalties apply for main offences. ➤ ACC is designing its approach to implementing its Economic Incentives Strategy, which aims to use a range of incentives more effectively to drive health and safety performance improvements.
<p>7. High-quality data and measurement</p> <ul style="list-style-type: none"> • Robust, comprehensive and integrated system for collection, monitoring and reporting workplace injury and disease data. • Timely identification of signals and trends among the working population, and across types of work and workplace. • Better intelligence on health and safety risk concentrations, the causes of workplace injuries and illnesses, and the effectiveness of interventions. 	<ul style="list-style-type: none"> ➤ Development of improved official indicators of work-related injury – as part of the Serious Injury Outcome Indicators (Statistics New Zealand). ➤ Establishment of the cross-agency Injury Information Working Group ➤ WorkSafe’s improved notification system and SWIFT analytical data. ➤ Reporting and analysis against the target to reduce serious and fatal injury rates by 25% by 2020. ➤ Stronger capability in regulatory intelligence, research and evaluation has been put in place in WorkSafe.
<p>8. A national culture that is more risk aware</p> <ul style="list-style-type: none"> • New Zealand’s culture is intolerant of preventable harm and supports positive perceptions of health and safety. • New Zealanders have a high awareness of potential risks at work and are proactive in managing them. • Recognition and support for health and safety means workplaces no longer accept low standards, dangerous practices and inadequate systems. 	<ul style="list-style-type: none"> ➤ Development of national campaigns to raise health and safety awareness (e.g. WorkSafe’s HomeTime campaign). ➤ Delivery of targeted education and engagement initiatives to raise awareness of good health and safety (risk management, leadership, worker engagement, participation and representation).
<p>9. Work-related health is taken seriously</p> <ul style="list-style-type: none"> • Work-related health is front and centre of New Zealand’s health and safety at work system. • Strong government leadership sets ambitious targets and drives a programme of change to improve work-related health outcomes significantly • Capability and awareness across government and business, in the health system and among the public supports the effective control of workplace exposure to health risks. 	<ul style="list-style-type: none"> ➤ WorkSafe has produced Healthy Work – a ten-year strategic plan for work-related health. ➤ A new survey of exposure to work-related health risks (baseline results expected early 2019). ➤ Work-related health has been included in Ministry of Health surveys and datasets. ➤ Asbestos regulations (2016). ➤ Increasing focus on, and resourcing of, work-related health throughout WorkSafe’s functions (assessment, education and engagement). ➤ Delivery of the work-related health programme, Clean Air. ➤ Increased research on the causes and impacts of work-related ill-health. ➤ Work with the tertiary sector to influence course curriculums to reflect work-related health concepts and approaches.

Prerequisites for a well-functioning system	What has been happening to address this?
<p>10. Major hazard facilities are effectively managed</p> <ul style="list-style-type: none"> • A comprehensive and systematic framework for managing workplace health and safety risks in major hazard facilities. • Future focused, and involves mapping major hazard facilities and prioritising them by risk. • Identify new and emerging potentially catastrophic risks, and responding appropriately. • Regulatory approach to major hazard chemical storage and processing facilities is updated. 	<ul style="list-style-type: none"> ➤ New regulations (2016): Major Hazard Facilities; Petroleum Exploration and Extraction; Mining Operations and Quarrying Operations. ➤ New High Hazards Unit in WorkSafe, including investment in specialist high hazard capability. ➤ Strong engagement across government and with businesses and sectors on managing catastrophic risk. ➤ Development of tailored guidance and support for the high hazards sector (Codes of Practice, interpretive and good practice guidelines).
<p>11. SMEs have easy access to useful information</p> <ul style="list-style-type: none"> • Information and advice are accessible and tailored to SMEs. • Regardless of source, it allows owners, managers and workers in SMEs to address workplace health and safety in a way that is fit for purpose and proportionate. 	<ul style="list-style-type: none"> ➤ Empowering and enabling medium risk businesses to manage their health and safety risks. Broad-reach tools and resources co-designed in collaboration with representative businesses: <ul style="list-style-type: none"> - WorkSafe’s Around the Block interactive tool - Case studies/videos tailored for SMEs - Roadshows engaging with SMEs on health and safety.
<p>12. Population groups at greater risk are targeted effectively</p> <ul style="list-style-type: none"> • Activity is targeted towards the high risk population groups that are overrepresented in injury, illness and fatality rates. • Action is taken to change unacceptable workplace health and safety practices and improve outcomes. 	<ul style="list-style-type: none"> ➤ WorkSafe’s Maruiti 2025 strategy sets targets to improve work health and safety outcomes for Māori, including the delivery of the Te Ao Maruiti forestry learning pilot in Ruatoria. ➤ <i>‘Puataunoho Come Home Safely’</i>, an initiative involving government and non-government agencies to support workplace health and safety among Pacific workers. ➤ Delivery of health and safety literacy and numeracy training (WorkSafe and Tertiary Education Commission).
<p>13. Tripartism throughout the system</p> <ul style="list-style-type: none"> • Tripartism is reflected in engagements between the Government and its agencies and peak representatives of employers and workers, and in governance of the regulators. • The regulator, employers and unions work together to improve health and safety outcomes. • Representatives of employers and workers are engaged in the development of regulations and guidance. 	<ul style="list-style-type: none"> ➤ Constructive engagement between MBIE and WorkSafe, the Council of Trade Unions (NZCTU) and Business NZ – including the development of the draft Health and Safety at Work Strategy. ➤ Engagement with the NZCTU on the development of guidance material and programmes, including WEPR. ➤ WorkSafe’s board includes members from a range of backgrounds, bringing union, worker and business perspective to governance.

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