

## **Final Submission on the Health and Safety at Work Strategy 2018-2028**

### **Who we are**

HASANZ is the umbrella organisation for workplace health and safety professions in New Zealand. It is an incorporated society that was launched on 10 September 2014. HASANZ represents ten diverse organisations with a shared purpose – to raise professional standards to provide healthier and safer workplaces for New Zealanders. We promote excellence in workplace health and safety practice. Our founding member organisations include:

- Australian/New Zealand Society of Occupational Medicine (ANZSOM)
- Human Factors and Ergonomics Society of New Zealand (HFESNZ)
- Maintenance Engineers Society of New Zealand (MESNZ)
- NZ Institute of Hazardous Substances Management (NZIHSM)
- New Zealand Institute of Safety Management (NZISM)
- NZ Occupational Health Nurses Association (NZOHNA)
- NZ Occupational Hygiene Society (NZOHS)
- New Zealand Safety Council (NZSC)
- Physiotherapy New Zealand (Occupational Health Group) (PNZ)
- Occupational Therapy New Zealand (OTNZ).

This submission contains some high-level comments on the draft Health and Safety at Work Strategy (The Strategy). Some of our members have also made their own, more detailed submissions.

### **Submission Summary**

HASANZ supports the draft Health and Safety at Work Strategy in principle. It sets a clear direction and encompasses the key impact priorities that will drive performance improvement across the system. As the peak body for professional health and safety organisations our part in the system is the development of capability and capacity for the professional health and safety disciplines, and through that capability the enhancement of system performance. To truly improve health and safety in New Zealand workplaces, a variety of support and guidance is required, including from professional disciplines - we recognise that there is inequity of access to such support across the system. We believe everyone, whether in a demand, supply or support role needs to develop, or have access to, relevant capability and capacity to improve health and safety performance.

In recognising our place in the system, we would like to lead the workforce development activity for professional health and safety disciplines. This would mean being involved in the development of the workforce development plan, and taking ownership of the key actions that are identified in respect of building capability and capacity in the professional health and safety workforce.

## **Comments**

### **1. We need to be future focused, recognising the changing world of work**

To develop a capable system we not only need everyone to play their part, we also need to be cognisant of the dynamic nature of work. The Strategy would be enhanced with a greater recognition that over the 10 years to 2028, the world of work will change and we need to be conscious of this changing context. We need to lift capability to manage the current risks our workers and workplaces face - and we need to anticipate the future and build the necessary capability to meet that need. Now is the time for innovation, for future focus and for the courage to imagine a new world of work to prepare for it.

### **2. We need to lift the capability of all professional disciplines that impact the system**

We are in full agreement that there is a need to lift the capability and capacity of the professional health and safety disciplines. HASANZ members provide competent reliable and current advice to support those creating or exposed to risks to anticipate, understand, monitor and manage them. The notion of professional health and safety capability is a justifiably broad concept that encompasses those working in health and safety related roles (e.g. Health and Safety Generalists, Occupational Health Nurses, Occupational Hygienists, Human Factors Professionals and Ergonomists), as well as those who impact the health and safety system more indirectly (for example General Practitioners, Educators, Government Policy Advisors). All professionals across the system need the ability, and motivation, to enhance and maintain their capability to support effective work-related health and safety. We welcome clarification of this point in The Strategy.

### **3. We need innovative and flexible development opportunities**

We need to build a more responsive and sustainable system that can deliver future capability and capacity to serve the market. Our members encounter many constraints when building and maintaining their capability. This is impacting the pipeline of professionals that are available to business now and in the future. The core competencies for each professional discipline have been defined but these are not always reflected in the existing courses and development opportunities that are available in New Zealand. The existing mechanisms to develop, change or alter course material are not sufficiently flexible. In a system where 'bums on seats' is a key measure of whether an academic programme can continue, or can be developed at all, the small New Zealand market requires a rethink of its approach to capability building. We need different ways to build capability – including through apprenticeships, internships and vocational (practical) tertiary level programmes - closer collaboration with the education sector (including academic institutes, skills and training organisations) is required. The Strategy should recognise the need to think innovatively and identify partnerships on an international scale in order to support enhanced access to relevant development. Health and safety professionals need the ability to demonstrate their capability through the collection of a variety of different courses, development programmes and training, from multiple providers. Such a combination of courses and activities should be a recognised way to have built competence over time – and therefore have the ability to be recognised by a NZ institution. We suggest supplementing this approach with access to skills internationally through the immigration skill shortage process.

### **4. Build business awareness of the professional support available**

We would like to see the strategy focus on building consumer awareness about the types of professional support that is available. This could be achieved through the integration of health and safety concepts within existing training (for example in trades courses, leadership training,

governance training). This will require training providers, educationalists and academics who are proficient and competent in health and safety, as well as the support of a wide range of professional bodies (e.g. Institute of Directors, Employers and Manufacturers Association).

## **5. Support leaders to integrate health and safety into normal work**

The notion of leaders recognising health and safety risks and issues, and attending to them is critical to performance improvement. Support leaders, at all levels to embed health and safety into their normal work and standardise management practices and systems. Refocus the actions that suggest leaders need to prioritise health and safety, to a focus on integration.

## **6. Support representatives with ongoing development opportunities and a learning community**

Effective worker engagement creates an opportunity to lift capability, and that through lifted capability workers and their representatives will be better supported to engage – and to support those in the workplace. Health and safety representatives have a specific role, and many have volunteered for that role because they have an interest in the subject area and a genuine desire to make a difference. We believe there needs to be a way to further develop these champions of change. The existing programmes for training health and safety representatives are good but not sufficient. There is no clearly defined pathway from the role of a health and safety representative into the professional health and safety disciplines. The mechanisms that do exist often have barriers to entry in terms of cost, time and academic pre-requisites. A clear pathway would not only create a pipeline of resource but would also bolster the capability of representatives in the workplace for the benefit of those they represent. In addition, there are few options available for ongoing development and support. The development of a community of practice for health and safety representatives would provide a support mechanism, enable communication and sharing between representatives across the system, and help to identify key development opportunities and needs.

## **7. Support workers with ongoing development opportunities**

If all workers are to play a meaningful and influential part in health and safety they need the knowledge, skills and tools to do so. Currently, a worker that wants to develop key health and safety skills and knowledge has very few options. Meaningful risk management starts with a foundational platform of knowledge and skills. There is a need to enhance the opportunities workers have to develop and build their risk management capability.

## **8. Ensure equity of access to support for all**

Undertake risk led research to understand why there is inequity of access to support for those facing greater risks and those more vulnerable to exposures. This will enable the more efficient targeting of resources, and a clearer picture of nature of improvements that are required. Access to support is impacted by range of aspects, and while the targeting of support towards SMEs may appear to have merit, focusing only on business size is too narrow. SMEs are not a homogenous group. There is variation not just in size, but in terms of maturity (both business cycle maturity and health and safety maturity), in terms of resource availability, and in terms of risk profile and need. Revise this impact priority to reflect a stronger focus on ensuring equity of access to support across the system – with an underlying prioritisation of this support based on risk. This would help to better target resources and would necessarily require consideration of the broader attributes of accessibility.

Access to advice could be moderated through the lifting of business owner and worker capability. Integrating health and safety into existing training for key “at risk” disciplines and professions would develop workers and leaders that already have the fundamentals of health and safety when they enter the workforce - and when they set up their own business enterprises. We suggest that there are a number of ways to build such capability, for example:

- Defining the basic knowledge and skill requirements for leaders and workers in health and safety management as well as the key competencies for the management of critical risks in each sector – and importantly, how to build and develop these.
- Working with training providers and skills organisations to integrate consistent methodologies and standards for health and safety risk management in to existing courses.
- Lifting capability amongst providers of services to business to broaden access to competent advice and support. This will include accountants, human resource organisations, the legal fraternity, banks and insurance companies. Those organisations interact with a range of business types and sizes and build relationships that can be leveraged.

## **9. Better understand and map the health and safety system**

Map the multiple health and safety communities of practice and system synergies that exist in NZ. There is no overall picture of the purpose of each group, where they are located, who they advocate for and support, and the activities they are undertaking. This will better enable the identification and sharing of learnings across the system to more efficiently build on existing good practice.

## **10. Reorient goal one to clearly focus on risk**

We agree with the impact priorities that target the management of risk both for those in greatest need, and those at greatest exposure risk. We consider that a collaborative and agile approach, focused on building capability to anticipate, understand, monitor, manage and respond to risk would secure the biggest impact across the system. We suggest that goal one should be reoriented to better reflect this more targeted intent around proportionate and effective health and safety risk management. This would also enable the natural expansion of the strategy to other parts of the health and safety system - and to those adjacent systems that impact on the health and safety system (e.g. education and health).

## **11. Establish bold governance arrangements to support a more agile system**

Build stronger and more integrated governance networks that comprise key decision makers in the health and safety system – together with those that directly impact it (education, health, etc). The governance networks will be able to ensure better problem anticipation, response and system capability. They must necessarily comprise decision makers (CEOs or equivalent) who have the ability to change and refocus resources within their purview for the benefit of the health and safety system. This would also ensure closer alignment of this strategy with other strategies and actions being undertaken across the broader system. For example, the Mental Health Review and ACCs targeted financial incentives programme.

## **12. Better information means a focus on the future as well as the past, and on understanding success as well as failure.**

To be better informed, we need better data, better information and better intelligence. This will enable predictive modelling and analysis to inform targeted interventions and actions, and will support us to define where the areas of emerging and unknown risk are – in the acute, the chronic and the catastrophic harm areas. With growing awareness that health and safety is not just about the absence of failure, but the presence of capacity and resilience, this should be reflected in The Strategy. Develop more mature indicators that can help us to understand how resilient the health

and safety system is. We would support the development of an index of resilience (ability to anticipate, respond, adapt and recover) in order to provide a far richer story of performance.

### **13. Map catastrophic harm potential**

We are pleased to see a focus on catastrophic harm in the monitoring of performance. Catastrophic harm potential exists in a broader range of situations than indicated in The Strategy. Those with a higher level of regulatory oversight (e.g. major hazard facilities) are arguably more likely to have good resources and better control of risk than those below the legal thresholds to be classed as a major hazard facility, or that have risks that are not captured in the major hazard requirements. Therefore, we do not believe that the proposed indicators of precursor events or process safety practices is sufficient to monitor performance in this area. We suggest that you map the existing landscape to identify the catastrophic harm potential across the system, and that measures of performance are then linked to the more complete picture of risks of this nature.

### **Concluding remarks**

Thank you for providing the opportunity to comment on the draft Health and Safety at Work Strategy. We applaud the work undertaken to bring together the various components of the health and safety system into a cohesive and powerful focus for change. We support in principle the draft strategy, and we welcome the opportunity to play our part in creating a future that has safe, healthy work for all.

For any questions in relation to this submission, please contact [info@hasanz.org.nz](mailto:info@hasanz.org.nz).

Yours sincerely,



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