Safety Star Rating Pilot Onsite Assessments

KEY TECHNICAL FINDINGS

NOVEMBER 2016
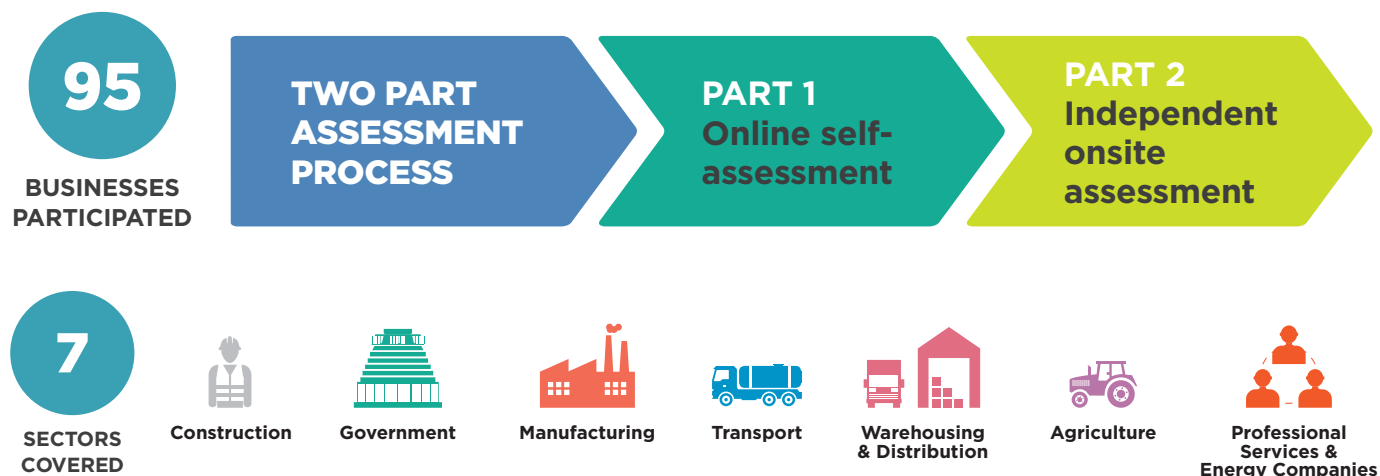

WORKSAFE
NEW ZEALAND | MAHI HAUMARU AOTEAROA

acc

MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

CONTENT

INTRODUCTION

The Safety Star Rating (SSR) is proposed to be an injury prevention initiative to help lift performance of workplace health and safety in New Zealand. The pilot checked how well businesses performed against best practice health and safety standards and provided businesses with guidance and advice on how to improve.

Between November 2015 and June 2016, 95 business took part in the pilot to test the effectiveness, relevance and value for money of the proposed initiative.

95 BUSINESSES PARTICIPATED

TWO PART ASSESSMENT PROCESS

PART 1 Online self-assessment

PART 2 Independent onsite assessment

7 SECTORS COVERED

Construction | Government | Manufacturing | Transport | Warehousing & Distribution | Agriculture | Professional Services & Energy Companies

The SSR standards cover concepts such as leadership and worker engagement, risk awareness and risk management, and continual improvement. They were developed with industry from internationally accepted good health and safety practice and are designed to be best practice in health and safety performance. This means the SSR standards go beyond legal compliance to focus on what is needed to support continual improvement.

During the pilot each business completed an online self-assessment exercise against the standards, and 38 businesses also participated in an independent onsite assessment against the same standards (undertaken by independent assessors from the cross government agency SSR Programme). Businesses were given a rating (between 1 and 5 reflecting increasing levels of performance) for each standard and received an overall performance rating. They also received recommendations and guidance on how to improve.

This key technical findings report summarises the health and safety performance from the 38 onsite assessments during the pilot – by SSR standard and individual sector. It identifies high performance against the SSR standards and key areas where businesses need to improve. The report focusses on what was found during the SSR pilot assessment rather than any changes individual businesses may have made after the assessment.

An independent evaluation on the SSR pilot effectiveness, relevance and value to business will also be published by the SSR Programme team.

The SSR Programme team will now consider options for how the proposed SSR tool could be used in the market and complete the design refinement work based on the pilot evaluation and these technical findings.

The Minister for ACC and the Minister for Workplace Relations and Safety, and the ACC and WorkSafe boards will decide on the next steps for SSR.

KEY FINDINGS

While the findings in each assessment are specific to the individual organisation, a number of themes emerged across the onsite assessments.

SSR PILOT PERFORMANCE FINDINGS BY SECTOR

Number of businesses (vertical axis: 0–7)

Categories: 1. Significant Improvement Required | 2. Improvement Required | 3. Meets Standard | 4. Good Performance | 5. High Performance

Legend: ● Construction ● Government ● Manufacturing ● Transport ● Warehousing ● Agriculture ● Professional services & Energy companies

LEADERSHIP

GOOD PERFORMANCE

61% of businesses exceeded the standard for senior leaders' commitment
Senior leaders cared about their workers and demonstrated a commitment to invest and improve health and safety.

89% of businesses had senior leaders and managers who spoke directly with workers
Senior leaders and managers were visible and engaged in one-on-one conversations with workers to discuss health and safety issues.

76% of businesses exceeded the standard for reintegration of workers
Businesses had reintegration processes to support employees to return to work for work and non-work related illness or injuries.

WORK-RELATED (OCCUPATIONAL) HEALTH

OPPORTUNITY TO IMPROVE

84 % of businesses were provided with recommendations to improve

Businesses did not generally identify all work-related health risks that workers were exposed to. This included the identification of:

> **Work-related health risks:** biological, psychosocial (bullying, lack of autonomy), physical (vibration, noise) ergonomic (shift work) and chemical (solvents, asbestos, silica dust, welding fumes).

> **Health-related safety risks:** impairment (fatigue, stress), incapacity, sensory and mobility (physical frailty).

Many did not understand the extent of workers' exposure to noise, silica dust, stress or fatigue (e.g. the number of workers exposed and the levels of exposure). Personal Protective Equipment (PPE) was at times the only control and more effective controls to prevent harm such as local exhaust ventilation for hazardous dust and welding or solvent fumes were not implemented.

RISK MANAGEMENT

OPPORTUNITY TO IMPROVE

92% of businesses had recommendations to improve how robustly they checked the effectiveness of risk controls

Businesses did not always check that controls were understood or effectively implemented by employees and contractors. This included checking whether procedures were followed or controls such as local exhaust ventilation were effective. Businesses did not conduct necessary workplace exposure monitoring or health monitoring (e.g. for noise, silica dust, fatigue).

58% of businesses were provided with recommendations to improve their review of risk management activities

Businesses did not always review the effectiveness of activities such as incident reporting systems, contractor management or training programmes. Good practice or industry guidance was not used to check that risks were identified, assessed or controlled appropriately.

74% of businesses had recommendations to improve their emergency management.

Businesses did not always identify or practise for emergencies that could arise during work activities (eg. work at heights, entry into a confined space, offsite or lone work). Businesses could strengthen the coordination with other parties (e.g. neighbours, contractors or clients) to improve emergency management.

WORKER ENGAGEMENT

OPPORTUNITY TO IMPROVE

89% of businesses had workers who were aware of their right to cease work that was unsafe.

Workers may not always take action. Businesses should actively encourage them and foster an environment where all workers felt comfortable to stop work that could result in harm.

82% of businesses had recommendations to improve all workers' involvement in health and safety activities

Businesses did not adequately consider contractors and temporary/labour hire employees. Contractors, temporary and night shift workers were not always

represented at local or national health and safety meetings. Businesses could also improve all workers involvement in procurement activities, reviews of health and safety performance and decision-making.

CONTINUAL IMPROVEMENT

OPPORTUNITY TO IMPROVE

47% of businesses could improve alignment of health and safety objectives to their risk profile

Business's health and safety objectives or goals were not always linked to the risk profile of the business.

74% of businesses could improve their use of lead indicators

Many businesses focused mainly on lag indicators (e.g. injury rates). Businesses could improve by developing leading indicators that were better aligned with their risk profile and the achievement of their health and safety objectives and vision.

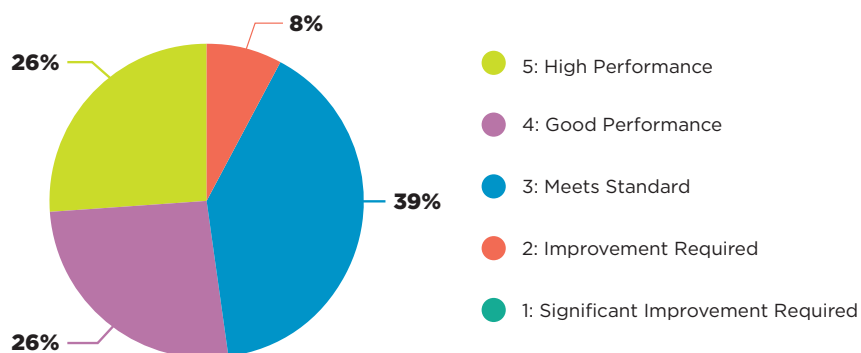**53% of businesses had recommendations to improve communication**

Communications should be tailored to workers' needs. Businesses should monitor the effectiveness of communications and check for understanding. There could be better sharing of lessons learned (e.g. incidents).

KEY FINDINGS
BY STANDARD

STANDARD 1: RISK PROFILE AND PRIORITISATION

This standard focused on how well senior leadership teams understand their business's risk profile, and prioritise their actions as a result.

- 5: High Performance
- 4: Good Performance
- 3: Meets Standard
- 2: Improvement Required
- 1: Significant Improvement Required

Most organisations met or exceeded this standard while 8% required improvement.

GENERAL FINDINGS

Most organisations in the pilot are led by senior teams who understand the risk profile of their business. Safety risks were generally understood but senior leaders could strengthen their understanding of work-related health risks. Risks associated with other parties such as contractors, were sometimes not recognised.

Some organisations did not have a clear understanding of their risk appetite or risk tolerability, making it unclear as to how senior leaders made informed decisions. Most organisations developed and prioritised their actions; however there was not a clear link or alignment between the prioritised health and safety actions and the business's risks.

Higher performing organisations had senior leaders who had a robust understanding of major and minor work-related health and safety risks. These organisations demonstrated a clear alignment between their understanding of risks and the prioritisation of actions.
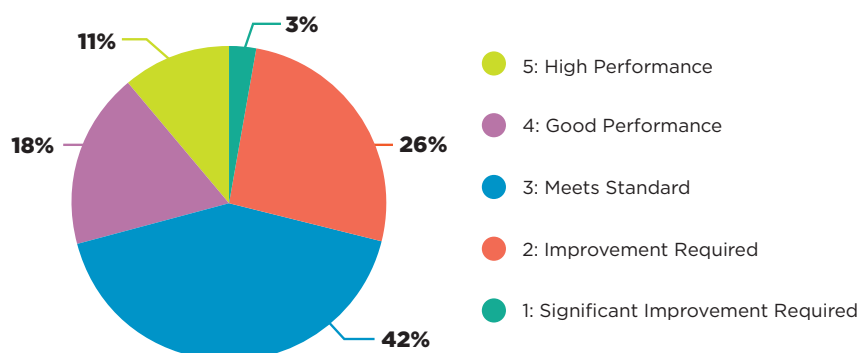
OPPORTUNITIES FOR IMPROVEMENT

> **Develop an understanding of risk appetite, risk tolerability or risk acceptability to inform decision-making** at senior leadership level.

> **Improve the understanding of work-related health risks and factor these into their risk management planning.** Work-related health risks need to be considered and prioritised in a similar way to safety risks. For some organisations a more robust risk management programme needed to be developed to identify, assess, control and monitor work-related health risks.

> **Better understand the health and safety risks to the business from other parties such as contractors, neighbouring businesses and customers.**

> **Ensure that there is a clear alignment** between prioritised health and safety actions and the business's risk profile.

> **Ensure senior leadership and health and safety decision-makers schedule time to engage with frontline staff** to understand risks at different levels in the business. Consider initiatives such as senior leaders taking safety walks and engaging directly with workers and managers to reinforce senior leaders' understanding of their organisation's risk profile and the effectiveness of controls.

> **Senior leaders should use industry or good practice guidance and information to check that existing and emerging risks have been identified and are appropriately controlled.**

The percentages in the pie graphs have been rounded to the nearest whole number. Standards 1, 5 and 11 total 99% and Standards 4 and 7 total 101%.

STANDARD 2: VISION AND GOALS

This standard focused on how businesses, with workers and representatives, develop a health and safety vision and goals.

Pie chart legend:
- 5: High Performance — 11%
- 4: Good Performance — 18%
- 3: Meets Standard — 42%
- 2: Improvement Required — 26%
- 1: Significant Improvement Required — 3%

29% of organisations did not meet this standard.

GENERAL FINDINGS

A number of organisations in the pilot have a health and safety vision and their workers were aware that their organisation was committed to their health and safety. Higher performing organisations had effectively engaged with their workers and communicated their health and safety vision to the point that workers could clearly articulate it. In other organisations workers could discuss important aspects of their organisation's health and safety vision in their own words even if they were unsure of specific wording.
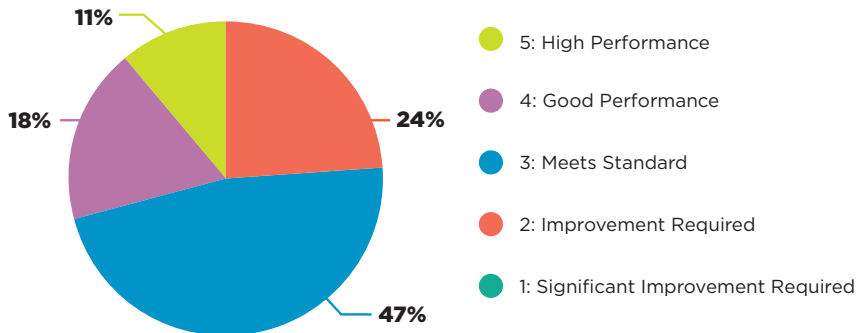
Organisations needing improvement did not include work-related health in their vision or goals or did not engage with workers while developing their vision. Poor performing organisations had not developed clear health and safety objectives or goals or they were not aligned to the business risk profile. Some organisations could better involve and consult with frontline workers and health and safety committees in their health and safety planning, including the development of health and safety goals and objectives.

OPPORTUNITIES FOR IMPROVEMENT

> **Improve workers involvement in the design and roll out of health and safety vision** to improve engagement and ownership.

> **Do not conflate wellness activities with work-related health risk management.** 'Work-related health' and 'wellbeing' should be clearly defined so the business understands how it prioritises activities that protect worker health and those that promote health and wellbeing.

> **Ensure SMART health and safety objectives/goals are developed and that there is alignment with the business's risk profile**. Objectives should be well understood by the business and support the achievement of the business health and safety vision.

> **Make sure work-related health objectives/goals and performance indicators consider work-related health risks.** Consideration should be given to both:

> Work-related health risks - biological, psychological, physical, ergonomic and chemical

> Health-related safety risks - impairment, incapacity, sensory and mobility.

> **Improve understanding of how to use lead indicators** to effectively monitor progress towards achieving the health and safety vision and objectives/goals

> **Develop leading indicators that are aligned with the business risk profile and health and safety objectives/goals** and inform a business on how it is tracking against its management of work-related health and safety risks. For example, scores from audits of Permits to Work, numbers of dust/noise reduction initiatives implemented, participation rates in health monitoring programmes or numbers of workers exposed to fatigue/hazardous dust/noise.

STANDARD 3: RESOURCING AND COMPETENCE

This standard focused on how well businesses allocate resources to achieve their health and safety objectives.

- 5: High Performance
- 4: Good Performance
- 3: Meets Standard
- 2: Improvement Required
- 1: Significant Improvement Required

11%
18%
24%
47%

24% of organisations did not meet this standard.

GENERAL FINDINGS

While a number of pilot participants sufficiently planned and allocated resources to manage safety risks, this was not always the case for work-related health risks. The reasons varied but included a lack of understanding and inadequately prioritising actions to mitigate work-related health risks.

Workers were generally well trained and had a good understanding of their roles and responsibilities. In businesses with lower performance, a lack of role clarity among workers and health and safety representatives has an impact on working effectively. For some, the lack of available resources resulted in workers being exposed to risks. This included training and financial resources or personnel to resolve maintenance issues.
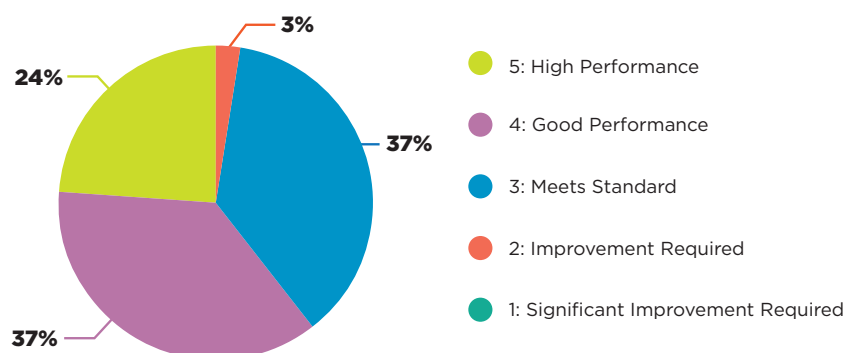
Most organisations considered the health and safety performance of contractors in procurement decisions. Higher performing organisations included it as a criteria in the decision-making process. Others required a more robust consideration of health and safety in procurement processes (e.g. for the selection of contractors, material or services).

OPPORTUNITIES FOR IMPROVEMENT

> **Ensure resource allocation and planning decisions align with the risk profile of the business and support the achievement of health and safety goals/objectives and vision.** Businesses should consider formalising procurement processes to include consideration of health and safety objectives. Formal reviews could be undertaken after projects to evaluate performance and inform future procurement decisions.

> **Ensure that roles and responsibilities are clearly defined and communicated to workers and that workers are competent to perform roles without harm to themselves or others.** Businesses should regularly check to ensure that workers including contractors are competent to perform their roles. This could include developing a system to measure and track the competency of both workers and contractors, and identify skill gaps.

> **Involve workers and contractors in the planning and allocation of resources for health and safety.** Involving health and safety representatives in specific tasks could support their understanding of risk management and provide workers with greater ownership over health and safety procedures.

> **Ensure the health and safety performance of contractors is assessed as part of the procurement process.** In some cases, a pre-qualification process for contractors is appropriate, and in all cases contractors should be fully inducted onto working sites.

> **Improve all workers involvement in procurement activities.**

STANDARD 4: SENIOR LEADERS' COMMITMENT

This standard focused on the extent to which senior leaders demonstrated their commitment to health and safety.

Pie chart legend:
- 5: High Performance
- 4: Good Performance
- 3: Meets Standard
- 2: Improvement Required
- 1: Significant Improvement Required

Chart values: 3%, 37%, 37%, 24%

Most organisations met this standard with 61% exceeding it.

GENERAL FINDINGS

The majority of pilot participants performed well in this standard. Workers in organisations where senior leaders are visible and engaged with frontline staff in the workplace viewed their senior leaders as committed to health and safety.

Higher performing organisations were more likely to have senior leaders who are highly responsive and reacted positively to concerns from workers, were visible to frontline staff, clearly communicated expectations and encouraged all workers and managers to be leaders in health and safety. A number of organisations were led by senior leaders who demonstrated a reasonable understanding of the business's risks and prioritisation of actions.
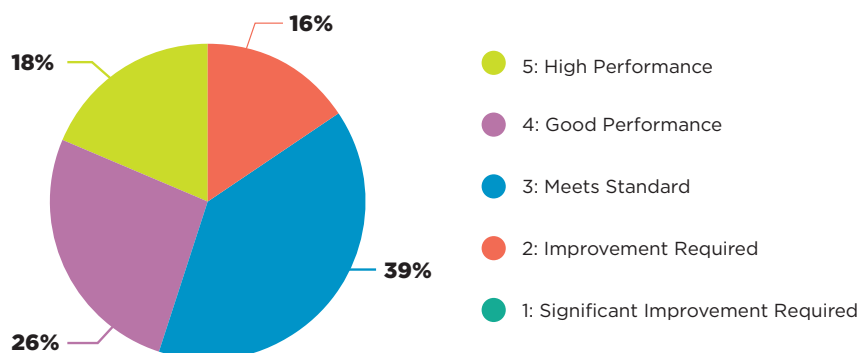
Higher performing organisations integrated health and safety into their business strategy and used it to grow their business. Senior leaders and managers could articulate the benefits that good health and safety performance had on business performance. This commitment resulted in these organisations refusing work if their health and safety practices or workers' safety would be compromised i.e. projects with budget allocations that restricted risk controls or sites with poor traffic management.

OPPORTUNITIES FOR IMPROVEMENT

> **Increase the visibility of senior leaders in health and safety activities,** such as through scheduled and ad hoc visits to workplaces. These could be used as a leading performance indicator. Time should be scheduled for senior leaders to engage with frontline staff and promote clear health and safety messages.

> **Ensure that senior leaders focus on work-related health as well as safety when engaging with workers.** It is important for conversations and messaging from senior leaders to include consideration of work-related health. The business could monitor the engagements related to work-related health and those related to safety.

> **Ensure that senior leaders are informed of health and safety issues that exist within the business.** Senior leaders should have an understanding of incidents or potential near misses that have occurred across the business.

> **Encourage managers to attend health and safety training and workshops to keep up to date with health and safety good practice.**

> **Seek ways for senior leaders to participate in health and safety leadership initiatives across and beyond their sector.** Involvement in initiatives or events in other organisations or industry forums could be a way to share best practice and benchmark to improve health and safety performance.

STANDARD 5: COMMUNICATION AND ISSUE RESOLUTION

This standard focused on how well businesses (with workers and representatives) communicate on health and safety matters.

- 16%
- 18%
- 26%
- 39%

- 5: High Performance
- 4: Good Performance
- 3: Meets Standard
- 2: Improvement Required
- 1: Significant Improvement Required

Majority of organisations met or exceeded this standard, while 16% of organisations needed to improve.

GENERAL FINDINGS

Most organisations communicated health and safety matters with workers and health and safety representatives well. Communication mostly takes place at staff meetings, such as toolbox talks, pre-start meetings, or health and safety meetings.

Common barriers for effective communication included worker diversity in language, literacy and culture, and ensuring that all workers (shift or offsite) received communications. Higher performing organisations worked to overcome these barriers through language and literacy training programmes, targeted health and safety communication campaigns and using more visual based communications including in training documents. Higher performing organisations understood the effectiveness of communication, tailored communication to meet the needs of workers and checked that workers received and understood information.

Processes were in place to request, collect and respond to feedback from workers. However, the effectiveness varied. There were barriers to the effective reporting of issues from workers for various reasons including time constraints, complex reporting systems, or a lack of awareness of what to report and the benefits of reporting. Some organisations had inadequate processes for dealing with disputes and require more robust processes to ensure workers are kept informed and involved with decision making processes and the outcome of investigations.
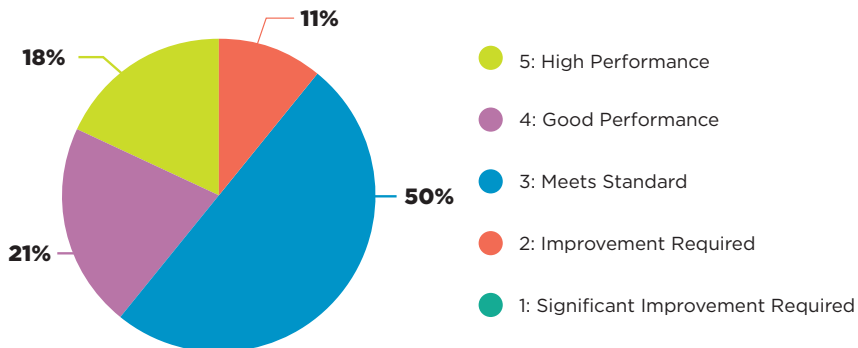
Most organisations worked to recognise and reward good health and safety behaviour. Typically, this was done through formal or informal recognition such as awards.

OPPORTUNITIES FOR IMPROVEMENT

> **Encourage and facilitate reporting from workers on near-misses, incidents and accidents through easy to use reporting mechanisms.** This should include a system for employees and contractors to provide suggestions. Workers should be given feedback on how issues raised have been resolved and actions to be taken.

> **Recognise and reward good health and safety behaviour.** Develop a formal mechanism for this and consider offering incentives as positive reinforcement. Organisations should ensure processes are formalised and routinely used to ensure workers are recognised for their efforts and are encouraged to share success and good practice across the organisation.

> **Ensure that reward and recognition programme reinforces behaviours that are aligned with the business's vision and health and safety objectives.**

> **Facilitate the sharing of learnings and success stories throughout business units** and check the effectiveness of communication initiatives to make sure key messages are appropriate and understood. Ensure that incidents and lessons learned are shared throughout the organisation.

> **Tailor communication and check that messages are received and understood by all workers, including contractors.** Consider how language, cultural and social barriers may reduce the effectiveness of health and safety communication to workers. Consideration should be given to how key messages can be communicated succinctly in plain language or through visual based communications.

> **Ensure workers and health and safety representatives are kept informed on how issues are resolved, and are involved as appropriate.**

STANDARD 6: WORKER ENGAGEMENT AND EMPOWERMENT

This standard focused on how well businesses engage and empower workers and their representatives.

- 5: High Performance
- 4: Good Performance
- 3: Meets Standard
- 2: Improvement Required
- 1: Significant Improvement Required

Majority of organisations met or exceeded the standard, while 11% needed to improve.

GENERAL FINDINGS

Workers and health and safety representatives were generally engaged in health and safety activities and empowered to cease unsafe work, however they did not always take action. In poor performing organisations workers were conflicted between the need to work safely and the pressure to remain productive and meet performance targets. In some cases, workers felt that this led to unsafe work practices where productivity was prioritised over good health and safety.

Health and safety committees were generally active and most organisations tried to ensure that diversity was adequately represented in committees. That said some organisations found it challenging to ensure that hard-to-reach groups, such as night shift workers or those working in the field, were represented.
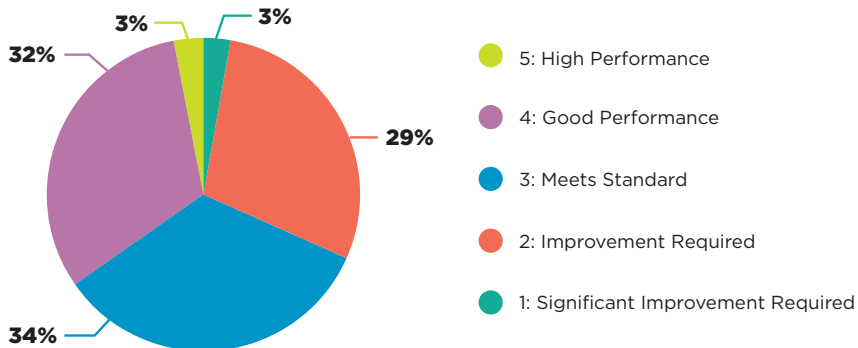
The extent of workers' involvement in health and safety activities varied. In some cases, health and safety representatives were limited in the extent that they could be effective and felt disempowered or disengaged from health and safety activities and decision-making. Higher performing organisations had diverse, active, and highly engaged workers, health and safety representatives and committees. These committees routinely tracked issues to completion, participated in investigations, and were consulted on and invited to inform changes in health and safety before senior leaders implemented them. Better performing organisations engaged and empowered temporary workers and contractors.

OPPORTUNITIES FOR IMPROVEMENT

> **Ensure senior leaders emphasise the importance of stopping unsafe work.** Workers should not feel pressured to undertake unsafe work to meet performance targets. Organisations need to create a culture where workers feel able to report health and safety concerns, and empowered to cease unsafe work.

> **Develop a workplace culture that instils a sense of mana in the health and safety committee and representatives.** Train health and safety committees to fully participate in health and safety so they can play a pivotal role in activities and processes including risk identification and assessment, deciding on controls, and investigations of incidents and near-misses. Ensure that health and safety representatives

have access to training and develop the necessary skills to effectively participate in health and safety activities.

> **Make sure staff and health and safety representatives are engaged in health and safety decision-making processes,** and consult with them before implementing any changes that can impact on their health and safety. Consider involving more workers and health and safety representatives in the development and review of site risk assessments.

> **Make sure health and safety committees have representation from all workers, including hard-to-reach groups such as night shift workers, workers based offsite and contractors.**

STANDARD 7: PERFORMANCE MEASUREMENT

This standard focused on how well the business (with workers and representatives) measures health and safety performance.

- 5: High Performance
- 4: Good Performance
- 3: Meets Standard
- 2: Improvement Required
- 1: Significant Improvement Required

32% of organisations need to improve.

GENERAL FINDINGS

Mechanisms existed to measure and monitor health and safety performance but there was room for improvement. While businesses monitored their performance through lag indicators there was a poor understanding of the benefits of tracking performance against lead indicators. Indicators that had been developed did not always inform businesses on how they were tracking against the management of safety or work-related health risks.

Poor performance among pilot participants reflected the absence of workplace exposure monitoring for relevant work-related health risks, a lack of defined objectives to monitor health as well as safety performance and the ineffective monitoring of contractor performance.

Different mechanisms were used to monitor employee and contractor health and safety performance. Many organisations had implemented KPIs or other performance assessment tools linked to annual remuneration reviews while others used observation techniques.
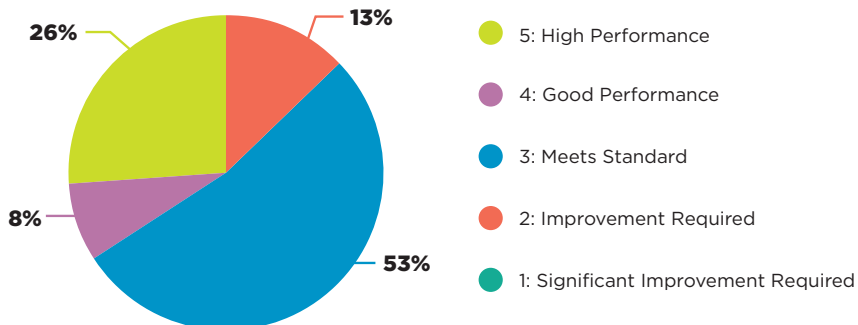
Higher performing organisations have robust performance monitoring extensively across the organisation including for projects, contractors and suppliers. Senior leaders and management created a workplace culture that encouraged workers to report issues by ensuring that reporting processes were clearly understood and actively sought to identify underlying causes of incidents and avoid placing blame. These organisations also shared information across business units and with the wider sector and published their health and safety performance externally. Higher performing businesses had robust workplace exposure and health monitoring programmes. There were some business which had monitoring programmes for their employees, but had overlooked temporary employees exposed to the same risks and were unable to demonstrate what monitoring was conducted for these workers.

OPPORTUNITIES FOR IMPROVEMENT

> **Develop clear health and safety objectives to assist in health and safety performance reviews.** There should be consideration to other parties including contractors and suppliers if appropriate.

> **Measure performance based on indicators aligned to health and safety objectives** and inform a business on how it is tracking against its management of work-related health and safety risks.

> **Ensure there is an understanding of how to effectively monitor the performance of work-related health risk management.** A business should understand for example, the percentage of workers that are exposed to work-related health risks (noise, silica, fatigue) and

participation rates in health monitoring programmes.

> **Ensure workplace exposure monitoring is conducted for work-related health risks when necessary.**

> **Create an environment that encourages workers to report all issues,** non-conformances and incidents to ensure there is accurate information to identify trends and measure performance.

> **Improve the sharing of health and safety performance including indicators and incident data.** This could include developing a health and safety performance dashboard to communicate current performance against Key Performance Indicators.

STANDARD 8: REVIEW AND CONTINUAL IMPROVEMENT

This standard focused on how businesses (with workers and representatives) review and continually improve health and safety performance.

- **5: High Performance**
- **4: Good Performance**
- **3: Meets Standard**
- **2: Improvement Required**
- **1: Significant Improvement Required**

Majority of organisations met or exceeded this standard.

GENERAL FINDINGS

Most pilot participants had a system to review and improve health and safety performance. However, the extent to which organisations involved and engaged employees, health and safety representatives and contractors in review processes varied. Higher performing organisations regularly had systematic review processes linked to health and safety indicators.

Organisations that sought feedback and suggestions from workers, both formally through reporting and informally through safety conversations generally performed higher.

There was a notable variance in the way organisations responded to critical failures and risks. In some organisations workers reported that issues which were perceived to be minor were only addressed when they escalated to became major risks.
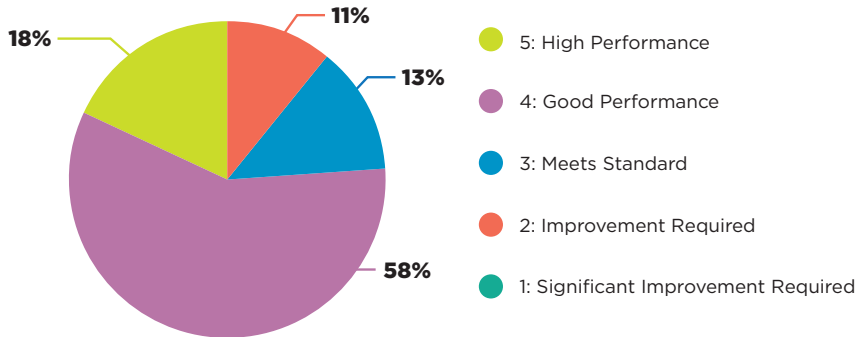
High performing organisations had systems in place to ensure all workers including contractors are kept up to date on performance and the implementation of continual improvement initiatives. A number of organisations were inconsistent is how learnings were shared and implemented across business units.

OPPORTUNITIES FOR IMPROVEMENT

> **Formalise review processes** so there is a systematic review of health and safety. Ensure that reviews consider work-related health as well as safety risk management.

> **Improve the effectiveness of incident investigations.** Consider providing training for investigators to ensure that investigations are robust. Check that investigations identify the underlying root causes of incidents.

> **Strengthen corrective action processes** to ensure issues identified in reviews and the underlying factors that led to the incident or critical failures are resolved in a timely manner with the involvement of workers (e.g. agree with affected workers the timings for corrective actions to be resolved).

> **Improve how learnings are shared and applied across the organisation.** Ensure that incidents and learnings from investigations are shared across the organisation. There should be extensive sharing of identified or emerging risks, corrective actions, results from reviews and good practices.

> **Create an environment that encourages and supports workers and health and safety representatives to provide suggestions to improve performance.** Encourage workers to provide feedback and involve them in changes that could impact on their health and safety such as new plant or process design and reviews. Ensure that workers receive feedback on their suggestions.

> **Involve contractors and suppliers in risk review and corrective action processes.** Consider establishing a forum to share good practice and provide contractors with an opportunity to suggest improvements.

> **Improve external sharing of information.** Consider developing mechanisms to share good health and safety practice with other organisations, such as through participation in health and safety forums or industry bodies.

STANDARD 9: REINTEGRATION OF EMPLOYEES

This standard focused on how business reintegrate injured and ill employees in a timely and sustainable way with support from employee representatives.

- 18%
- 11%
- 13%
- 58%

Legend:
- 5: High Performance
- 4: Good Performance
- 3: Meets Standard
- 2: Improvement Required
- 1: Significant Improvement Required

Majority of organisations met or exceeded this standard.

GENERAL FINDINGS

Overall performance in this standard was reasonably high, with the majority of pilot participants meeting or exceeding the standard. There was a genuine sense from employees that businesses cared for them and a number commented that they felt their employer would support them if they became ill or were injured.

Higher performing businesses involved workers, health and safety representatives and other support people in their reintegration system, sought expert advice when needed, monitored how well their return to work programmes were working, and proactively considered alternative duties that returning employees and contractors could undertake to support their transition back into the workforce. In a number of high performing businesses the reintegration system included contractors such as long term contractors and temporary employees.
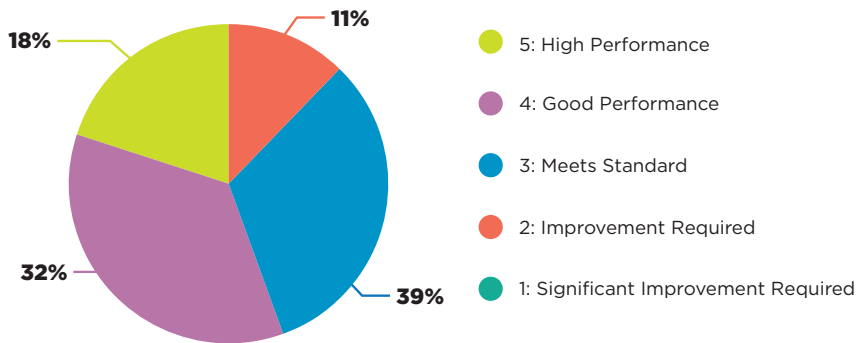
A small number of businesses need to formalise existing, or develop new, processes and make sure that workers understand the process. Such processes also need to cover situations where it may not be possible to reintegrate employees.

OPPORTUNITIES FOR IMPROVEMENT

> **Provide workers with sufficient return to work information,** including the benefits of early return to work for those who have been ill and injured. Communication processes should be in place to ensure that workers understand the process and what is involved.

> **Strengthen managers' understanding of injury management and the effect reintegration has on workers' recovery time.**

> **With workers and managers develop a list of possible alternative duties** for different types of workers. Lists need to include information about the requirements for alternative duties to help treatment providers determine appropriate duties.

> **Strengthen the monitoring of rehabilitation and return to work programmes and activities.** For example, develop indicators to help measure how effective programmes are; identify barriers that impact on return to work or problems with the return to work programmes; ensure workers changing needs can be taken into account.

> **Include contractors in return to work processes where possible** – including sharing knowledge and experiences of reintegrating ill or injured employees with contractors, or supporting contractors to enhance their own programmes.

STANDARD 10: RISK IDENTIFICATION

This standard focused on how businesses identify health and safety risks posed to their businesses from internal and external sources.

- **5: High Performance**
- **4: Good Performance**
- **3: Meets Standard**
- **2: Improvement Required**
- **1: Significant Improvement Required**

11%, 18%, 32%, 39%

Majority of organisations met or exceeded this standard.

GENERAL FINDINGS

Most organisations had processes to identify work-related health and safety risks including task analyses and internal and external audits. Many businesses used incidents to identify and prioritise risks. Poor performing organisations were generally not consistently identifying risks across their organisation, particularly work-related health risks.
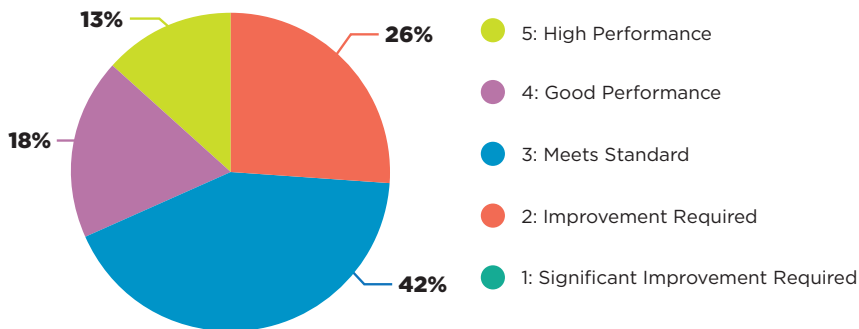
Higher performing organisations demonstrated that their identification of risks influenced operational decisions. There was evidence of the use of risk identification methods that were appropriate to the type of risk (e.g. exposure monitoring for dust). These organisations considered risks arising from contractors, suppliers and customers and identified emerging risks.

OPPORTUNITIES FOR IMPROVEMENT

> **Improve the way risks are identified.** Risk identification processes should be robust and used consistently. Examples from the pilot including:

> Improve workers understanding of risk identification methods and when they should be used.

> Involve all relevant workers including contractors in risk identification.

> Ensure that all workers know how to report risks.

> Develop processes that consider risks across the work life cycle (e.g. for new plant design, installation, maintenance and cleaning).

> Develop a robust management of change process to identify risks before changes occur.

> Target the identification of specific risks e.g. identify work at height risks in production lines.

> **Strengthen the identification and understanding of work-related health risks.** The business may need to engage with occupational health and hygiene professionals and conduct workplace exposure monitoring depending on their industry or type of risk. Businesses should consider both how work impacts on workers' health and the effects that workers' health has on safety at work.

> **Ensure that information about risks identified is shared across the organisation and with affected parties.**

> **Considering emerging risks**. Schedule periodic risk identification reviews that encompass all areas and tasks. Risk reviews could include reviewing literature, sector guidance from regulatory bodies or industry associations, and considering risks that other sectors face that could be applicable.

> **Share knowledge and learnings with other organisations**.

STANDARD 11: RISK ASSESSMENT

This standard focused on how businesses (with workers and representatives) assess risks.

- 13%
- 26%
- 18%
- 42%

- 5: High Performance
- 4: Good Performance
- 3: Meets Standard
- 2: Improvement Required
- 1: Significant Improvement Required

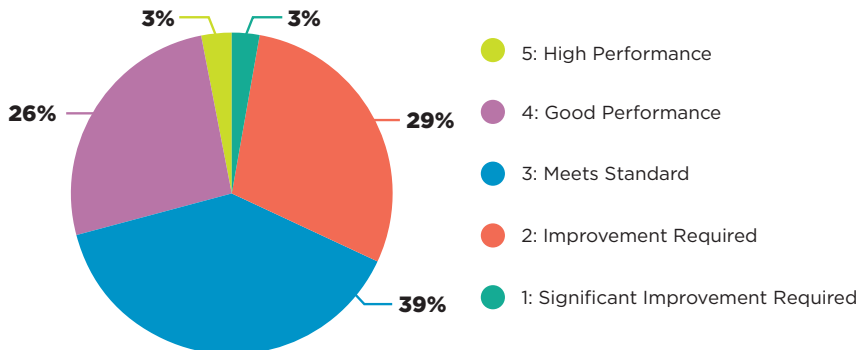**26% of organisations need to improve.**

GENERAL FINDINGS

While organisations had processes to assess risks most did not demonstrate adequate consideration of work-related health risks, non-routine activities or changes to plant, processes and operations. Organisations that required improvement often did not understand good practices in the assessment of risks and subsequently did not effectively assess work-related health or safety risks. In addition, workers were not always involved in risk assessments. Higher performing organisations had robust procedures to assess risks, used appropriate assessment methods and ensured that these involved workers including contractors. These organisations also assessed risks in procurement activities and used risk assessments to prioritise actions. Better performing organisations engaged with technical experts and occupational health and hygiene professionals to assess risks and conducted necessary workplace exposure and health monitoring including ergonomic assessments.

OPPORTUNITIES FOR IMPROVEMENT

> **Ensure that work-related health risks are assessed appropriately.** For example, engage with occupational hygiene professionals to monitor workers' levels of exposure to noise and dust and assess levels against Workplace Exposure Standards. The aim should be to achieve a level as far below an exposure standard as is reasonably practicable.

> **Improve the assessment of risks.** A number of examples were provided across the pilot:
>> Including prompts to ensure consideration of work-related health risks
>> Involving workers including contractors and health and safety representatives
>> Considering incident or near miss information from within the business and across the sector
>> Standardising risk assessment approaches across different business units and sites
>> Using subject matter experts and good practice guidance to verify assessments
>> For major change or high risk projects, more sophisticated risk assessment approaches could be used e.g. Hazard and Operability Studies (HAZOPs).

> **Make sure workers and leaders understand risk assessment methodologies and are able to conduct risk assessments.** This can be supported by training using best practice guidance and involving all workers and their health and safety representatives in developing risk assessments for new work activities.

> **Improve risk assessments when change is implemented** (e.g. purchasing new plant or equipment or implementing a new system). Check existing risk assessments during different phases of a project to see if they remain valid and relevant, or whether new risks have emerged.

> **Use a consistent risk assessment approach to prioritise risks and better inform decision making** including allocation of resources to health and safety activity and other key business decisions (e.g. purchasing decisions).

> **Check existing risk assessments are still valid and relevant to the business.** Regular reviews should be undertaken as a preventative measure, and risk assessments should be reviewed after incidents. This includes periodic workplace exposure and health monitoring when necessary.

STANDARD 12: RISK CONTROLS

This standard focused on how businesses (with workers and representatives) apply risk controls.

- 5: High Performance — 3%
- 4: Good Performance — 26%
- 3: Meets Standard — 39%
- 2: Improvement Required — 29%
- 1: Significant Improvement Required — 3%

32% of organisations need to improve.

GENERAL FINDINGS

While a number of businesses were found to meet or exceed this standard, almost a third of pilot participants were unable to demonstrate an effective application of the hierarchy of risk control. A number of poor performing organisations failed to implement controls to effectively mitigate risks such as falls from height, dust, being struck by moving vehicles and fatigue. Personal Protective Equipment (PPE) was at times their only control for work-related health risks, such as noise and hazardous dust. These businesses did not consider ways to improve controls from PPE to those that protect multiple at-risk workers at the same time such as local exhaust ventilation.

The extent of cooperation organisations had with other parties such as suppliers or contractors when managing risks was often not clear and there were opportunities to eliminate risks through concepts such as Health and Safety by Design.
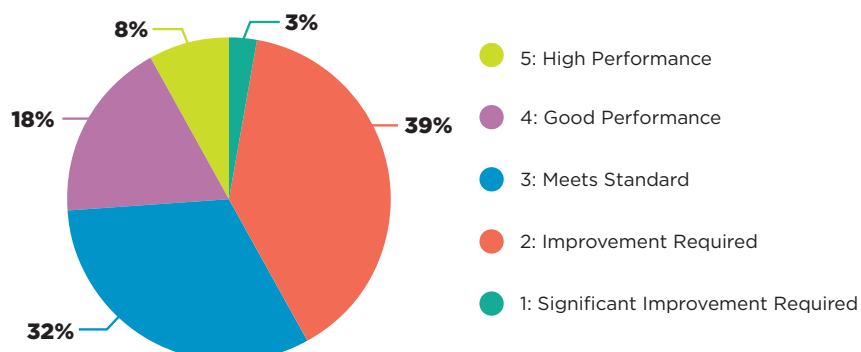
Higher performing organisations effectively applied the hierarchy of risk control, demonstrated alignment with industry good practice and actively sought to eliminate risks and improve existing controls for work-related health and safety risks. These organisations also had a better understanding of controls for work-related health risks and involved workers in the selection of controls. Higher performing organisations considered the elimination of risks in the procurement, design and planning stages of activities (e.g. Health and Safety by Design). These organisations worked with clients and subcontractors to improve controls such as encouraging the use of mobile platforms to replace ladders and designing components to eliminate work at heights or selecting materials that produced less dust.

OPPORTUNITIES FOR IMPROVEMENT

> **Effectively apply the hierarchy of risk control to eliminate risks so far as reasonably practicable.** If the risks cannot be eliminated then businesses should seek to minimise risks

Consider defining what a tolerable level of risk for the organisation is. This could help an organisation when selecting controls to mitigate risks. For example the business could state that PPE and administrative controls should not be the first or only control for mitigating the risk of harm to health.

> **Improve risk controls for work-related health and safety risks.** For example:

> Review recommended good practice or relevant industry guidance for controlling identified risks, such as local exhaust ventilation for dust.

> Review pedestrian/vehicle or plant interaction. Consider physical separation and restricting pedestrian access.

> Review manual handling of heavy or awkward loads and consider use of technology such as vacuum transfer systems for product transfer.

> Review work at height and consider re-design of tasks or plant to mitigate risks.

> **Involve workers in the selections of controls.** Workers reported that some controls were ineffective or unsuitable and affected their abilities to perform their tasks.

> **Introduce or improve risk management training** provided to managers and workers including contractors.

> **Ensure appropriate controls are applied consistently** across sites.

> **Consider elimination or minimising risks at the design stage** of new equipment or plant to mitigate risks before workers are exposed (e.g. consider implementing a "Buy Quiet Policy" to ensure that procurement of new equipment considers the impact of noise risks to workers).

STANDARD 13: RISK CONTROL EFFECTIVENESS

This standard focused on how businesses (with workers and representatives) check that risk controls are in place and are effective, and take any corrective actions.

- 5: High Performance
- 4: Good Performance
- 3: Meets Standard
- 2: Improvement Required
- 1: Significant Improvement Required

42% of organisations need to improve.

GENERAL FINDINGS

The effectiveness of risk controls was the area where the most improvement was required. Pilot participants demonstrated variable performance in systematically checking that risk controls are in place and are effective, and that corrective actions are taken when needed. Many organisations relied on incident data to inform their understanding. Often this did not provide an accurate interpretation of the effectiveness of controls due to poor reporting of incidents and near misses. Incidents related to work-related health risks, such as deterioration in hearing of workers identified through health monitoring, were often not reported. A number of poor performing organisations did not conduct necessary workplace exposure monitoring or health monitoring. There were also inconsistencies in some workplace monitoring programmes, in that it did not include all risks, or all workers exposed to these risks. Organisations commonly found difficulties in ensuring employees and contractors applied risk controls effectively, such as adhering to exclusion zones or speed limits and permits to work. The reasons varied from workers not being involved in the selection of controls, inadequate training on use of controls, pressure to achieve operational targets or poor understanding of the consequences of exposure to risks.

Higher performing organisations carried out robust checks of risk controls including site visits, task observations for employees and contractors and external reviews by subject matter experts for critical risks. They understood the need for and checked controls at relevant times such as line changeovers, maintenance tasks including cleaning, new equipment installation or commissioning and night shift.

OPPORTUNITIES FOR IMPROVEMENT

> **Carry out periodic workplace exposure monitoring and health monitoring where relevant for work-related health risks.** Businesses should ensure that they consider all relevant work-related risks and all workers exposed to these risks when developing programmes.

> **Improve corrective actions for ineffective controls.** When workplace exposure or health monitoring indicates controls are not adequately working the business must use this information to re-assess how they will eliminate the risk or minimise the risk more effectively.

> **Improve the reporting of incidents for work-related health risks** and include incidents where exposure levels are high, process controls have failed and deterioration in health monitoring results.

> **Develop a robust system for checking the effectiveness of existing risk controls.** Ensure that checks are conducted regularly including at times where controls could be compromised or during high risk periods (e.g. changeovers, night shift, peak periods, new equipment installation or commissioning and maintenance including cleaning).

> **Improve workers, health and safety representatives and management understanding of risks and controls and include them when checking the effectiveness of risk controls.** It is important for businesses to understand workers' behaviour and their satisfaction with existing controls.

> **Improve the consistency in how controls are applied.** This could be achieved through regular behavioural observations, wide communication of learnings and

the use of scenario based training to check that all workers have the same understanding of how to effectively apply controls.
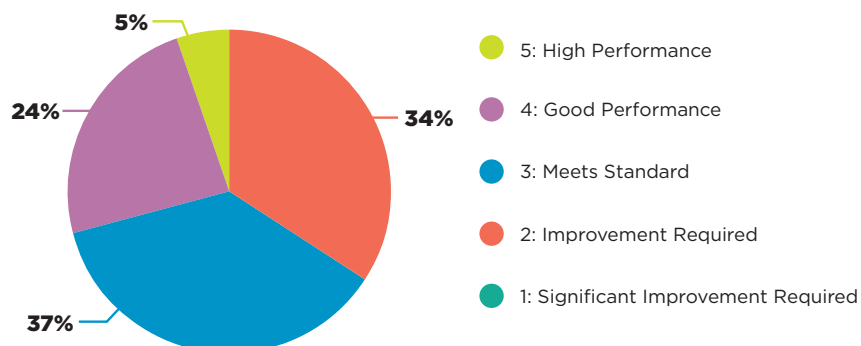
> **Build a culture where all workers check and uphold risk controls and are confident at challenging poor practice.**

> **Actively seek to improve control by checking whether higher controls could be implemented.** For example adopt recommended good practice in relevant approved codes of practice, standards, or industry guidance. Seek external reviews by subject matter experts. Engage with other parties such as contractors, suppliers or customers to develop new controls.

STANDARD 14: RISK MANAGEMENT REVIEW

This standard focused on how businesses (with workers and representatives) periodically review the effectiveness of risk management activity.

- 5: High Performance — 5%
- 4: Good Performance — 24%
- 3: Meets Standard — 37%
- 2: Improvement Required — 34%
- 1: Significant Improvement Required

34% of organisations need to improve.

GENERAL FINDINGS

Collective performance across pilot participants was weaker in this standard relative to most standards. A number of pilot participants performed regular reviews of some risk management activities, with a particular emphasis on data attained from investigations of incidents and near-misses.

Poor performing organisations could not demonstrate that effective reviews of risk management activity took place; internal data from health monitoring, exposure monitoring or incidents were not considered, investigations failed to identify underlying causes for incidents, or workers and health and safety representatives were not included in reviews.
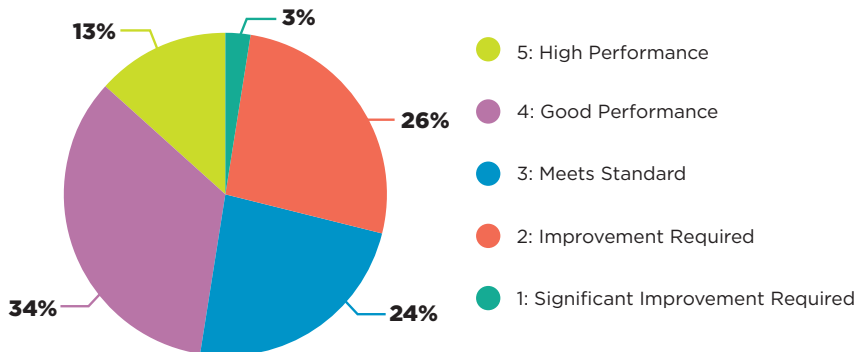
Higher performing organisations demonstrated comprehensive and robust risk management activity reviews, actively sought external objective assessments and benchmarked against other industries. These organisations used reviews to inform the planning and implementation of corrective actions.

OPPORTUNITIES FOR IMPROVEMENT

> **Develop robust processes to deliver effective reviews of risk management activities.** Periodic reviews should identify gaps and inform the development and prioritisation of corrective actions. Businesses could consider reviewing components of risk management by asking questions such as: *How well are risk identification processes working? Are staff/contractors reporting risks? How well are we re-assessing the risks when there are significant changes of procedures and environment? How effective are risk controls for work-related health risks?*

> **Businesses should ensure that workers and health and safety representatives are included in reviews.**

> **Ensure risk management activity reviews occur in response to health and safety incidents and near misses.** Businesses should undertake reviews of health and safety procedures and practices following critical incidents.

> **Improve the robustness of investigations to ensure that they identify underlying causes.** Develop and improve training for investigators.

> **Actively engage in external reviews by subject matter experts, contractors or health and safety professionals** to provide objective, independent assessments of risk management activities.

> **Integrate external reviewers and contractors into review processes.** External exercises and benchmarking could strengthen risk management procedures and sharing best practice with other businesses could help address common risks across an industry.

STANDARD 15: EMERGENCY MANAGEMENT

This standard focused on how businesses (with workers and representatives) are prepared for, and can respond to, emergencies.

- 5: High Performance
- 4: Good Performance
- 3: Meets Standard
- 2: Improvement Required
- 1: Significant Improvement Required

29% of organisations need to improve.

GENERAL FINDINGS

Most organisations had sufficiently identified and planned for civil defence emergencies including fires and earthquakes. Poor performing organisations failed to identify emergency situations arising in specific tasks such as falls from heights or rescue from confined space, and had ineffective or non-existent plans to mitigate risks. Higher performing organisations identified a wider range of emergencies including in specific tasks and reflected this in their emergency plans. These organisations ensured that procedures were always kept up to date to reflect their changing work environment, and consulted, coordinated and cooperated to harmonise their procedures with those of neighbouring businesses.

Higher performing organisations provided specific emergency response training for workers and ensured that they had access to emergency equipment. Additionally, these organisations identified the risks for individual workers' activities at different locations and developed procedures to respond to emergencies, such as individual travel risk assessments and man down procedures.
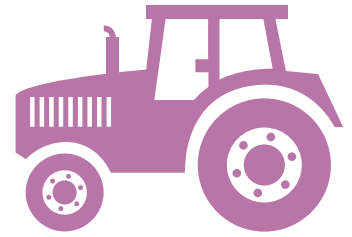
OPPORTUNITIES FOR IMPROVEMENT

> **Improve the identification of emergencies in work activities.** Ensure that workers and health and safety representatives are included in the identification process. Consider using subject matter experts.

> **Ensure there is coordination with others** such as neighbouring businesses, contractors or clients to identify emergencies and develop/practice emergency response plans.

> **Develop robust emergency management plans.** These need to include offsite workers and should be developed before work commences such as for new project sites. Emergency services should be included in the development of emergency management plans.

> **Test emergency procedures periodically** and make sure plans are responsive to all identified emergency situations. Trials should be reviewed and lessons learned shared across the organisation. Businesses should consider table top exercises, the use of scenarios and full scale trials to test plans and practice responses.

> **Clearly communicate response procedures** across the business as well as relevant external parties. Emergency response plans should be communicated succinctly and clearly, and displayed in communal areas. Communication of emergency response plans should cover contractors, visitors to an organisation and off-site staff.

> **Consider the use of risk assessment methods such as Bow Tie Analysis to inform emergency response plans.**

KEY FINDINGS
BY SECTOR

AGRICULTURE SECTOR FINDINGS

TWO OF THE 38 ORGANISATIONS in the SSR pilot were from the agriculture sector. While there were areas of good performance in both organisations, opportunities existed to improve health and safety performance.

LEADERSHIP

While senior leaders understood the businesses' work-related health and safety risk profile, opportunities to improve included developing a comprehensive understanding of the effects of work-on-health and health-on-work risks and placing greater emphasis on high risks. Fatigue and zoonoses (animal-borne disease) were identified as work-related health risks. Both participants displayed an appreciation of the impact that external parties such as contractors had on their organisation's risk profile. Better performance was demonstrated by the use of the risk profile to prioritise actions; however opportunities existed to improve decision-making in risk mitigation by defining their organisational tolerance to risk. Senior leaders were actively involved and visible to frontline workers and reported an increasing involvement from board members.

Although workers did not appear to be involved with the development of health and safety visions, there was generally a good understanding of the essence of their organisations' vision. Where the vison was simpler it appeared to resonate with workers. Both participants could strengthen the alignment of health and safety goals and objectives to the risk profile. It was not always clear how objectives supported the achievement of the organisations' goals and vision or mitigation of risks identified. Objectives could be improved by ensuring they were Specific, Measurable, Achievable, Realistic and Time-bound (SMART).

There was an opportunity to ensure that roles and responsibilities for workers and health and safety representatives were clearly defined and well understood. Managers generally believed sufficient resources were allocated to health and safety despite sector-wide constraints. However improvement is needed to ensure consistency across all sites in the allocation of time for health and safety representatives to perform their roles.

Health and safety inductions appeared to be reasonably thorough for workers. While one participant identified that resource allocation was sufficient, one commented that operational pressures sometimes resulted in workers carrying out tasks they were not competent to perform. Both participants should ensure they monitor the ongoing competency of workers. The diversity of workers in the agriculture sector needs to be considered to ensure that different learning styles are accommodated and training is effective.

Although health and safety was considered in the procurement of contractors and equipment; those decisions should support the achievement of health and safety objectives. Stakeholders should be clearly identified and relevant workers included in procurement decisions.

Both participants had effective reintegration policies and procedures in place and employees and managers were familiar with the provisions of alternate duties and equipment to facilitate a safe and early return to work. While return to work plans were monitored, better performance was demonstrated by a more robust process for developing return to work plans. To further improve, participants could consider re-integration for contractors.

WORKER ENGAGEMENT

Both agriculture participants used a range of methods to communicate health and safety messages. It was identified in one organisation that diversity in language and literacy could affect workers' interpretation and the overall effectiveness of communication. Opportunities existed to tailor communications to improve worker understanding. Good performance was recognised by both organisations, however positive reinforcement programmes could be improved to ensure they include all workers including contractors.

Feedback from workers is usually collected through informal conversations with managers. Both participants could improve the availability of alternate methods for workers to report concerns that were independent of their manager's influence. One example could be through the health and safety representatives. Although both organisations have health and safety committees, one participant had only recently established their worker participation practices and meetings were yet to occur. Workers in both organisations were unclear on the role of the health and safety representatives or the function of the committees.

Better performance was demonstrated by actively ensuring the health and safety committee consisted of a diverse group of representatives from different cultures, ages and levels of experience. Workers in both organisations understood their right to stop work they believe would expose them or others to a serious health or safety risk. There are opportunities to improve the consistency in the level of involvement and authority for decision-making of health and safety committees.

CONTINUAL IMPROVEMENT

Lag and lead indicators were used by both agriculture participants to monitor performance, however there was more focus from one participant on lag indicators and the use of incident data. Both demonstrated low reporting of incidents and near misses. This means that measuring performance through these indicators would not provide a full and accurate picture of health and safety performance. There is an opportunity to improve performance monitoring through the development of lead indicators aligned to health and safety objectives and risk profile, which support the achievement of the business's vision.

Accident investigations appear to be prompted by the seriousness of the outcome rather than the potential outcomes of the event. This could result in potentially serious and/or recurring events being overlooked.

Both organisations reviewed their health and safety performance routinely at an organisational level with additional reviews prompted by major incidents. Objectives and plans appear to be adjusted following reviews, with recent changes being instigated from new legislation. In both organisations, learnings were shared within the business as well as with other businesses.

Workers were encouraged to provide formal and informal feedback through incident reports, suggestions and observations. However, both organisations needed to improve workers understanding of reporting incidents and near misses. Systems and changes were led by management, and participants should work to better involve workers and health and safety representatives. The extent to which contractors were involved in the continual improvement of health and safety performance was unclear, suggesting organisations should consider developing ways to encourage participation. There are opportunities to strengthen the assessment of work-related health risks. Both participants need to ensure necessary workplace exposure monitoring is conducted for work-related health risks (e.g. noise, fumes, hazardous dust or chemicals).

Both organisations could improve the monitoring of performance for workers including contractors. Contractors' performance was measured through observations during the course of the work but it was unclear how systematic and consistent these safety observations were. The monitoring of individual workers performance was limited as health and safety responsibilities were yet to be developed in detail.

Both participants are in the early stages of their continual improvement journey and as such are not yet in the process of reviewing the effectiveness of risk management activities. They should work to develop periodic review processes to monitor the effectiveness of risk management activities and identify and address gaps to support improved health and safety performance.

⚠️ RISK MANAGEMENT

While performance across risk management varied between the agriculture organisations, there were opportunities for both businesses to improve their management of work-related health and safety risks.

Workers had a consistent understanding of risks within their jobs and those as a result of others such as contractors and public trespassers. Risks identified included vehicles (two-wheelers and quad bikes), fatigue, zoonoses (animal-borne disease) and exposure to farm chemicals. These were identified by observations, past incidents and industry data. Although one participant engaged with an external health and safety consultant, both organisations required improvement in the systematic identification and understanding of work-related health risks.

While the agriculture participants had established risk assessment processes which included reviewing information from incidents, opportunities to improve existed for both organisations. As a consequence of not fully identifying work-related health risks, both organisations were not able to assess all risks that workers were exposed to. For work-related health risks identified (e.g. noise, hazardous chemicals), both businesses had not assessed the levels of exposure including what levels were harmful and how many workers were exposed. Opportunities to improve included strengthening their understanding of how work-related health risks should be assessed, establishing workplace exposure monitoring programmes when applicable and determining the number of workers exposed.

While both participants understood the hierarchy of risk controls it was not always effectively applied for risks that had been identified. Organisations were unable to demonstrate a focus on eliminating risks however there was effective application of minimisation controls such as good rostering practices to minimise fatigue. Fatigue was managed in both organisations through rosters, attainable work-loads and encouraging workers to develop a good work/life balance.

Participants could strengthen controls for work-related health risks. Workers' health can affect their ability to work safely and controls for risks such as stress and physical mobility (joint conditions) needed

strengthening. Examples of improvements included undertaking warm ups and stretching exercises before engaging in repetitive and manual handling tasks.

Many of the risk controls in the agriculture sector rely on workers behaviour such as using PPE for tasks or developing and adhering to controls identified in task analyses. While both organisations conducted observations on some workers, the robustness of how organisations checked the effectiveness of risk controls could be improved.

Both participants needed to improve how they checked the effectiveness of controls for work-related health risks (e.g. fatigue, noise, zoonoses and hazardous chemicals) through workplace exposure monitoring and health monitoring (including baseline checks) if applicable. Although work at height was not part of the initial assessment, both organisations required improvement to implement controls to manage the risks of a fall from the top of grain silos.

While both participants had identified emergency risks such as fires, earthquakes and chemical spills, only one had an emergency response plan. This plan lacked an overarching framework encompassing the immediate response to the emergency, post incident recovery, media plans, legal team and insurance company involvement, pastoral care (particularly for foreign workers) and counselling and debriefing.

Both participants provided first aid supplies and one organisation had adequately trained first aiders, however it was noted that due to the risks present on a farm and the remoteness of the location, organisations need to ensure an adequate number of trained first aiders are accessible. Additionally, they need to improve the identification and response to an emergency situation arising in specific work tasks such as suspended rescue from a fall from the top of the grain silo.

Generally, these participants regularly practiced site evacuation procedures, but trials of other emergency procedures for specific events such as a medical event, electrocution, a trapped or crushed worker, or a fall from height, do not appear to have been undertaken at all, or regularly.

CONSTRUCTION SECTOR FINDINGS

EIGHT OF THE 38 ORGANISATIONS in the SSR pilot were from the construction sector. A summary of the key themes from across these organisations' SSR assessments is provided below.

LEADERSHIP

Senior leaders generally demonstrated a good understanding of their businesses' safety profile and some understood work-related health risks such as radiation, noise and silica dust. A number of organisations prioritised actions based on their understanding of the risk profile. While some senior leaders understood that workers were exposed to work-related health risks such as silica dust and noise, the extent of workers' exposure in some organisations was not always understood. These organisations prioritised risks based on their understanding which was incomplete and as a result, did not always adequately prioritise actions to mitigate work-related health risks. Higher performance was demonstrated by a robust understanding of work-related health risks, consideration to risks arising from the activities of contractors and prioritisation of actions both for work-related health and safety risks.

All pilot participants had developed health and safety visions that were in essence understood by workers, and some involved workers in that development. A number developed health and safety goals or objectives linked to their organisational risk profiles. Higher performance was demonstrated by the development of objectives by health and safety representatives, extensive lead and lag indicators used to monitor performance and sharing of learnings with industry. Opportunities to improve included ensuring workers at a local site level were engaged and aware of organisational objectives, and strengthening objectives to mitigate critical risks. Businesses could also improve workers' involvement in the process.

Most workers believe that sufficient resources were allocated to achieve health and safety objectives and that additional resources were available if needed. Opportunities to improve included better planning to identify resources required to manage risks at scoping or initial stages of projects and ensuring that all relevant stakeholders were involved including site managers or supervisors. Examples included projects where resources for managing risks such as dust had not been initially allocated, and where workers used harnesses for occasional work at heights and had not attended necessary training. While higher performing organisations reported no formal limit on health and safety expenditure, there was under-resourcing for the management and monitoring of work-related health risks in some organisations, such as the absence of workplace exposure and health monitoring programmes or local exhaust ventilation.

Most participants had clearly defined health and safety responsibilities for employees that were well understood. Higher performing organisations demonstrated a robust consideration to contractors and subcontractors. Organisations generally ensure workers' competency by providing supervision, on-the-job and formal training, and routine task observations. Higher performing organisations demonstrated robust processes for verifying the competency of contractors and subcontractors, and provided additional training to improve competence such as topical health and safety talks. In addition to reviewing the performance of contractors, higher performing organisations coordinated and consulted with contractors and assisted them to improve controls, minimise risks and lift health and safety performance.

Participants generally demonstrated a reasonable understanding of the principles of rehabilitation and reintegration of injured and ill employees. Opportunities existed to improve managers' understanding of injury management and the positive effect of reintegration on workers' recovery time as some identified that one of the motivators for developing return to work plans was Loss Time Injury (LTI) targets. Higher performance was demonstrated by supporting contractors with return to work options and monitoring performance of plans with health and safety representatives and the affected worker.

WORKER ENGAGEMENT

Communication generally occurred through face-to-face interactions at team meetings and site toolbox talks. While some organisations did check that all workers received and understood health and safety communications, opportunities for improvement existed for the majority of the construction sector participants. A number of participants had significant diversity in levels of literacy, language and culture among workers. Some organisations tried to mitigate these risks by assigning buddies and interpreters to assist in improving understanding.

Opportunities to improve included monitoring the effectiveness of communications and tailoring communication to the needs of the user including contractors. Participants needed to consider the development of literacy programmes and using simple visual based communication. Higher performing organisations demonstrated robust consideration for communication with contractors and subcontractors, and checked workers' understanding of health and safety information through quizzes or questionnaires.

All participants had processes in place to request, receive and respond to worker feedback however opportunities existed to improve feedback to workers on progress with corrective actions and outcomes from investigations.

Workers were recognised for demonstrating safe behaviour. Recognition ranged from awards and vouchers to sharing stories of good practice in company newsletters. Organisations could improve by ensuring that recognition reinforces behaviours that support the achievement of health and safety objectives.

All participants had workers who felt engaged in health and safety and empowered to stop work if they thought it was unsafe to continue. Most organisations sought to ensure that their workers and health and safety representatives contributed to health and safety decision-making, however opportunities existed to improve workers involvement in changes.

Participants generally had health and safety committees that were representative of the diversity of the workforce. Most organisations ensured that health and safety representatives were well-trained and were allocated sufficient resources to undertake their responsibilities. Some failed to demonstrate their health and safety representatives had attended appropriate training. There was mixed performance engaging contractors in health and safety. Only some organisations ensured contractors were present at meetings or invited them to engage with processes and provide feedback for improvement on health and safety.

Higher performance was demonstrated by including representatives from key subcontractors in health and safety committee meetings. Opportunities to improve included ensuring representation from frontline workers in national health and safety committee meetings and including representatives from contractors in local meetings.

CONTINUAL IMPROVEMENT

Most participants monitored the performance of workers through individual performance reviews, site inspections and internal or external audits. Business performance was reviewed through the achievement of health and safety objectives including lead and lag indicators. Higher performance was demonstrated by benchmarking internally and externally as well as against international organisations. There are opportunities to increase the sharing of performance data between principal and contractor, so contractors can better understand where they are meeting expectations and identify areas where improvement is needed.

Some participants did not have a consistent reporting across all parts of their business. One higher performing organisation made reporting easier for workers by introducing reporting methods that use smartphone apps to aid then-and-there reporting.

Some organisations were found to have informal or ad hoc review processes and demonstrated a need to increase review regularity. In some cases, learnings were applied across the business through sharing cases of reported injuries, issuing safety alerts, and ensuring findings from investigations are communicated to workers. Higher performing organisations carried out reviews after each project, had robust process for incident investigations with a focus on identifying

root causes, tracked corrective actions till completion and shared learnings in toolbox talks. Participants could strengthen consultation and coordination with contractors to improve health and safety.

While some participants could demonstrate that periodic reviews of risk management activities occured, a number required improvement. Higher performing organisations reviewed risk management activity through external as well as internal audits and benchmarked themselves against similar organisations in their industry. Opportunities to improve included ensuring periodic reviews occurred to check the effectiveness of all risk management activities including incident investigations. Participants could also ensure that workers and health and safety representatives were involved in reviews.

⚠ RISK MANAGEMENT

Construction participants generally had robust processes in place to identify safety risks and while some had identified risks such as asbestos or silica dust, there were opportunities to strengthen identification of work-related health risks. Risks were identified in site safety plans and discussed with workers. Higher performing organisations in this sector kept abreast of health and safety trends by participating in industry groups. Most organisations identified risks created by the activities of other parties such as suppliers, contractors, clients or visitors. Opportunities to improve included better identification of risks at initial planning or procurement stages for projects or work activities.

While most construction sector participants demonstrated reasonably robust procedures for assessment of safety risks, a number needed to improve their assessment of work-related health risks such as noise, fatigue, solvents or dust. Businesses did not generally understand the extent of worker exposure and did not always conduct workplace exposure monitoring or implement health monitoring when necessary (e.g. for risks such as silica dust). Higher performing organisations used risk assessment processes to inform procurement decisions which resulted in the investment of mobile dust extraction units and mobile elevated work platforms. Many businesses used job safety analyses (JSAs) or task analyses (TAs) to assess risks. Higher performance was demonstrated by reviewing TAs and re-assessing risks when changes occurred. Opportunities to improve included ensuring all workers who were involved with the tasks were part of assessment processes. Businesses could improve the consistency in how workers completed task assessments or JSAs by using scenarios to test workers competency and consistency.

While some organisations could demonstrate that periodic reviews of risk management activities occured, a number required improvement. Higher performing organisations reviewed risk management activity through external as well as internal audits and benchmarked themselves against similar organisations in their industry. Opportunities to improve include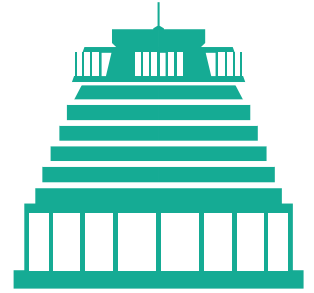d ensuring periodic reviews occurred to check the effectiveness of all risk management activities including incident investigations. Businesses could also ensure that workers and representatives were involved in reviews.

Not all participants could demonstrate a consistent application of hierarchy of risk controls or the consideration to relevant standards and good practice guides. Higher performing businesses demonstrated a focus on eliminating risks such as work at heights by assembling roof sections on the ground and lifting components into place. A number of businesses minimised risks by using of mobile elevated work platforms in place of ladders. Opportunities to improve included selecting more effective controls including local exhaust ventilation for dust and solvent fumes and tools with extraction for cutting or drilling.

Pilot participants did not always check that the risk controls were effective or that workers adhered to them. Higher performing organisations conducted a variety of checks, including surveys of workers, workplace exposure monitoring programmes, formal reviews upon job closure, internal audits, health and safety observations, and senior leader site visits. Opportunities to improve included implementing workplace exposure and health monitoring to assess the effectiveness of controls for work-related health risks including silica dust, solvents, fumes and noise.

Most participants had identified emergencies such as fire and earthquakes and held trial evacuations. Better performing organisations incorporated emergency response plans into Site Specific Safety Plans (SSSPs) or TAs with specific information including the location of nearest medical centre. A number of organisations did not robustly identify, plan or practice emergency response procedures for risks arising in specific tasks or on specific project sites. Opportunities to improve included coordinating with neighbours and principle contractors, identifying emergencies that could arise from critical risks identified and ensuring that procedures were practised.

GOVERNMENT SECTOR FINDINGS

NINE OF THE 38 ORGANISATIONS in the SSR pilot were from the government sector. A summary of the key themes from across these organisations' SSR assessments is provided below.

LEADERSHIP

Senior leaders generally demonstrated a good overall understanding of their organisation's risk profile. A number were able to describe the key safety and work-related health risks faced by their organisation. While a number demonstrated they prioritised their actions based on the risk profile, opportunities existed to improve decision-making in risk mitigation by defining their organisational risk tolerance. Higher performance was demonstrated by the robust consideration of risks arising from the activities of contractors and other parties and the awareness of emerging risks from other organisations or sectors such as mental health issues. All government sector participants had senior leaders who demonstrated their commitment to improving health and safety. Higher performing organisations had senior leaders, including board members, who routinely engaged in one-on-one conversations with frontline staff, and had a good understanding of the risks they faced.

While most participants had developed health and safety visions, goals and objectives there was a variance in how well these were understood by workers and how involved workers had been in their development. Opportunities to improve included developing health and safety objectives linked to the organisation's risk profile which supported the achievement of the health and safety vision. In some cases, there was also concern that organisations conflated wellbeing activities with work-related health risk management. Higher performance was demonstrated by a robust involvement of contractors in the development of the organisation's vision, effective processes for achieving objectives and extensive lag and lead indicators specifically related to identified risks.

The allocation of resources were generally sufficient to achieve health and safety objectives, however workers in some organisations commented on high workloads due to lower staff levels. Opportunities existed for these organisations to improve their understanding of the effect high workloads had on workers' abilities to manage risks and the effects it had on their health. Most organisations provided training for health and safety representatives and ensured representatives were clear about their roles and responsibilities.

Role requirements were clearly defined in employment agreements but there was variation in how well employees at different organisations understood their health and safety responsibilities. Improvement was required for some organisations to clearly define roles and responsibilities for workers and representatives and ensure adequate time was allocated to complete their tasks. Workers in the government sector tended to be well trained and competent to perform their roles. All government sector participants considered health and safety in procurement decisions.

All participants had a reasonable understanding of reintegration and could demonstrate that they actively sought reintegration of employees with work or non-related illness or injuries. Managers were generally involved in return to work planning and decision-making, and could assign alternative duties where appropriate. Better performance was demonstrated by supporting contractors with reintegration and the regular reporting and monitoring of return to work plans by health and safety management and senior leaders.

WORKER ENGAGEMENT

Among government sector pilot participants, communication tends to occur through email, team meetings, coaching sessions, and regular publications such as newsletters. Most organisations did not identify issues with literacy or language as barriers for effective communication. A common issue that existed was ensuring that shift workers or those working off-site received health and safety communications. Despite this, most organisations did not have effective mechanisms for checking whether health and safety communications were received and understood. Higher performance was demonstrated by tailoring communication for the diversity of workers and translating communications for customers.

Pilot participants generally had staff who felt engaged and empowered in health and safety and managers who encouraged engagement at national and local levels. Organisations did not always involve all workers in decision-making processes. In some instances, workers felt as if health and safety actions were "imposed" on

them and they were uncomfortable providing feedback to senior leaders. Despite this, most organisations created environments where workers felt they could refuse to undertake unsafe work and some even felt they would stop colleagues from acting in an unsafe manner. Better performance was evidenced by actively encouraging workers to refuse unsafe work and investigating incidents where work ceased.

While most participants were open to suggestions from workers, higher performing organisations actively sought information from workers and health and safety representatives and provided timely feedback. Health and safety committees in the workplace tended to include representatives from across business units to ensure the diversity of the workplace was represented. Some organisations had health and safety committees who were involved in decision-making activities including developing strategies, monitoring performance and evaluating policies or procedures.

CONTINUAL IMPROVEMENT

Most organisations monitored health and safety performance through lead and lag indicators including incidents and near miss reports. For some organisations, workers did not have a good understanding of near miss reporting which led to under-reporting of issues related to critical risks including verbal and physical abuse, stress and fatigue. For these organisations, reviewing performance against these indicators would not provide them with an accurate assessment. Organisations that demonstrated higher performance had developed extensive lead indicators that were linked to their risk profile. Common lead indicators included observations, audits and surveys.

Opportunities to improve included increasing understanding of how to monitor performance of work-related health risk management for risks such as stress.

Organisations that encouraged near miss reporting and shared learnings from incidents demonstrated better reporting levels. A number of organisations did not have good reporting of near misses. For some it appeared that workers did not recognise the need to report incidents of verbal abuse, threats, fatigue and aggression or accepted that these issues were part of their job. Higher performance was demonstrated

by monitoring near miss reporting from contractors, identifying issues and trends and developing corrective actions to address issues. For some organisations this included providing training for workers to identify their individual tolerance to abuse and clarify the threshold for reporting. Opportunities to improve included strengthening workers understanding of what should be reported and sharing incidents and near misses that have been reported.

Most organisations monitor performance of workers through individual performance appraisals but health and safety objectives were not always clear to workers, linked to risks or aligned to the achievement of the organisations health and safety objectives. Higher performance was demonstrated by performance reviews of workers against their individual agreed, SMART health and safety objectives. Organisations monitored the performance of contractors using a variety of processes including job observations and audits. Higher performance was demonstrated by robust consideration of improving performance including taking steps to prevent underreporting by increasing observations and audits of contractors.

A number of organisations demonstrated that appropriate responses occured to critical events or incidents including changes to policies, practices and office layouts.

Most organisations investigated incidents and implemented changes to mitigate risks. Some shared their findings broadly throughout their organisation to ensure learnings could be accessed by all. However, some organisations had workers who were unsure where to find information on health and safety performance or the findings from investigations. Higher performance

was demonstrated by collaborating with others in the sector to share good practice.

While most organisations reviewed the effectiveness of risk management activities through internal and external audits, there were some organisations who could not demonstrate that reviews occurred. Opportunities to improve included developing processes to effectively review risk management activity, considering internal and external events such as high potential incidents and involving workers including contractors in review activities.

⚠ RISK MANAGEMENT

Most government sector pilot participants had processes in place for identifying risks, including those from external sources such as emerging risks in similar organisations. Most organisations identified work-related health risks including stress, fatigue, wood dust, asbestos and noise. Safety risks included violence and aggression from customers, driving, lone work and manual handling. One innovative risk identification practice was initiating competitions for risk identification and developing controls to engage workers in the process and generate discussion on risks. Workers did not always consistently report near misses or incidents which reduced some organisations understanding of the risk profile across all sites or departments. Opportunities to improve included actively engaging with other organisations with similar risk profiles or industry forums to identify emerging risks.

Most organisations in this sector had processes in place for assessing risks identified and re-evaluation of risks in the event of significant changes in operations. Most organisations could improve their assessment of work-related health risks. While some organisations developed workplace exposure and health monitoring programmes for noise, this was not consistent across all sites and not always used when necessary (e.g. for risks such as hazardous dust). A number of organisations had not adequately assessed the extent of workers, exposure to stress and fatigue. Opportunities to improve include reviewing shift patterns with occupational health experts and developing fatigue profiles for workers to identify the extent workers were at risk of being fatigued. Higher performance was demonstrated by active monitoring of workloads, hours worked and identifying the potential for stress in the work being allocated. These

organisations had a clear understanding of the areas of the business where workers experienced stress.

Opportunities to improve included strengthening the involvement of all workers in risk assessments and reviewing methodologies available to accurately assess identified work-related health and safety risks. There could be better consideration of good practice guidance and industry standards. Business should ensure procurement decisions are informed by risk assessments and support the achievement of health and safety objectives.

Most organisations demonstrated an effective application of the hierarchy of control with a focus on elimination. Some organisations could improve the selection of controls for work-related health risks such as fatigue and improve controls for managing aggressive or violent customers. Higher performance was demonstrated by higher controls for health risks such as local extraction ventilation for dust, active consideration to eliminating risks in design or procurement decisions. There was also a consistent application and understanding of controls across these organisations for risks that had been identified. Opportunities to improve included using good practice guidance to select controls, actively seeking higher controls from review of other sectors and including workers in the selection of controls.

Although some organisations articulated a zero tolerance to risk and workers understood that they could cease unsafe work, there was a desire to improve their understanding of controls in specific situations. One example was when to escalate matters to the police when dealing with a difficult customer. Higher performing organisations were aware of the potential for workers to gain an increased tolerance

to abuse over time and developed training for workers to understand their individual tolerance and identify what was acceptable. These workers were consistently clear about when to disengage from difficult customers and what controls to apply.

A number of participants checked the effectiveness of controls implemented to manage work-related health and safety risks. Higher performing organisations engaged with subject matter experts or used workplace exposure and health monitoring to check the effectiveness of controls for work-related health risks. Most organisations could improve their monitoring of the effectiveness of controls for work-related health risks such as fatigue, hazardous dust, noise and stress.

A number of participants performed highly in emergency management. Higher performing organisations had robust emergency response procedures, consulted with other parties such as neighbouring businesses or contractors and tested plans using scenarios. Some organisations also supported their staff with specific emergency response training such as suspended rescue training and engaged with experts to review and test emergency management procedures.

Some participants had not identified emergencies that could arise from the risks workers faced and had been identified in the risk profile. Opportunities to improve included identifying emergencies that could arise from workers' activities, developing emergency response plans and ensuring plans are regularly reviewed and practiced. Organisations also needed to ensure that plans were updated when changes occurred. Consideration should be given to developing and practicing interim emergency plans during changes such construction or maintenance work. Businesses should also ensure that procedures are reviewed and tested once work is completed.

MANUFACTURING SECTOR FINDINGS

NINE OF THE 38 ORGANISATIONS in the SSR pilot were from the manufacturing sector. A summary of the key themes from across these organisations' SSR assessments is provided below.

LEADERSHIP

Most manufacturing participants demonstrated they had a health and safety vision. They could also demonstrate their workers understood their organisation's commitment to health and safety. Most senior leaders understood what good safety looks like for their organisation. There was an opportunity for most organisations to improve their management of work-related health risks.

Some participants emphasised building a health and safety culture with their workers. Workers within these organisations reported management wanted to hear 'the bad things' so they could improve. In addition, other organisations have started to invest in building a health and safety culture which has resulted in workers feeling comfortable in calling out their peers who do not follow health and safety rules. In most organisations there were procedures in place to reward good health and safety behaviours.

Most organisations had senior leaders who demonstrated they were committed to health and safety. Most senior leaders were able to describe key safety risks facing their workers, and how such risks are managed or controlled. Some senior leaders demonstrated a better understanding of safety risks but were less aware of the impact of work-related health risks. Organisations with senior leaders who were more visible and directly communicated with workers about health and safety were seen as more committed to health and safety.

A number of participants needed to improve the allocation of resources to achieve their health and safety objectives. For some participants, financial constraints resulted in an insufficient number of health and safety advisors and not resolving health and safety issues in a timely manner. This included extensive maintenance issues which were not prioritised even though they exposed workers to risks.

Inadequate training and assessments of competency resulted in workers not always able to perform their roles without harm to themselves or others. Higher performing participants ensured all workers, including those with technical or external qualifications, were supervised and their competency assessed in-house before being allowed to work independently. These organisations recognised that while workers may be certified to conduct a task such as operating a forklift, site specific risks such as space constraints, differences in mobile plant or plant layout resulted in the need for in-house training and verification of competency.

WORKER ENGAGEMENT

Pilot participants in the manufacturing sector used a variety of methods to deliver health and safety communications. These included team meetings, health and safety committee meetings, staff newsletters, emails, noticeboards, informal conversations, posters and signage. Common barriers for effective communication included worker diversity in language, literacy and culture. Higher performing organisations worked to overcome these barriers through language and literacy training programmes, teambuilding exercises, and using more visual based communications.

In general, workers perceived their organisations as willing to understand issues raised by workers and subsequently take action to improve health and safety systems. The majority of manufacturing sector pilot participants had mechanisms in place to request, receive and respond to feedback from workers however various improvements were identified. Reporting systems were sometimes complex to use and workers did not receive sufficient training. Shop-floor workers were not always able to access computers and the absence of feedback or a resolution in a timely manner discouraged some from raising concerns. In some occasions this was a result of resource constraints. Where managers were approachable and easily accessible workers raised concerns directly with them. While this compensated for issues with reporting systems, if issues were not logged this resulted in an inability to track progress on corrective actions and identify emerging issues/trends.

While workers in most organisations understood their right to cease unsafe work, there was an opportunity for organisations to actively encourage and ensure workers act on these rights. Even in some higher performing organisations where workers were highly engaged and understood their right to cease unsafe work, they would not always do so despite being encouraged by managers. Managers in higher performing organisations were aware if these issues existed. Suggestions to improve included monitoring when workers acted and improving workers' understanding by sharing examples when unsafe work should have been stopped by workers but was allowed to continue.

Higher performing organisations supported all workers to be involved in health and safety by allowing everyone to attend health and safety meetings and actively encouraging temporary workers to become health and safety representatives. Workers in these organisations were highly engaged in activities including procurement. They were empowered to make decisions such as developing their own initiatives to support the organisation's health and safety objectives (e.g. team activities to improve mental health or physical fitness). There was ownership from workers at all levels within these organisations.

All participants had health and safety committees, but there was variation in the extent each ensured diverse representation. High employee turnover was one reason given for making engagement and representation challenging however others struggled to include workers from the factory floor or night shift. The extent to which committees were involved in health and safety activities also varied. While a number were involved in decision-making processes, some focused mainly on minor housekeeping and maintenance issues. Opportunities to improve included strengthening role clarity and allocating sufficient resources for health and safety representatives to carry out their duties. Organisations could also improve by developing their health and safety representatives' competencies and involving them in strategic health and safety decision-making.

A number of participants had developed effective reintegration policies and procedures which included both work and non-work related injury and illness. Managers generally understood the importance for reintegration and were aware of the business's process. Higher performance was demonstrated by the inclusion of temporary workers and long term contractors in reintegration programmes. There was also a clear understanding of the effects of workers' health, such as fitness or physical mobility issues, on their ability to perform their roles without harm. These organisations actively sought to modify duties to manage risks.

CONTINUAL IMPROVEMENT

Manufacturing organisations varied in how they monitored performance. Higher performing organisations used both lag and lead indicators to measure performance of safety and health objectives. Common lag indicators included reports of incidents that resulted in medical treatment and lost time. Lead indicators included safety walks, near miss reporting, training completed and the results from audits. A number of organisations could improve by developing lead indicators better aligned with their risk profile to support the achievement of their health and safety objectives.

All organisations could improve their understanding of how well they were managing and controlling work-related health risks. This included understanding the extent workers, including contractors, were exposed to work-related health risks (e.g. noise, silica dust, solvents, stress or fatigue), participation rates in health monitoring programmes or the percentage of capital expenditure allocated to mitigating risks (e.g. noise reduction/elimination projects).

A number of organisations monitored the performance of employees through observations with higher performance demonstrated by individual performance reviews for employees against agreed objectives. While some businesses monitored contractor performance through task observations, the majority of participants required a more robust process for consistently monitoring contractor performance against agreed objectives that support the achievement of the business's health and safety vision.

A number of participants undertook regular reviews of health and safety performance. However, the extent to which these reviews informed health and safety objectives varied. Some organisations frequently used external, independent audits by technical experts, which included benchmarking against good practice standards to guide improvement. Higher performance

was demonstrated by businesses recognising a high number of temporary workers during peak periods resulted in higher risk. These organisations improved monitoring through increased health and safety engagements and task observations and developing robust training programmes to check ongoing competence.

Participants demonstrated varied performance in their ability to respond quickly and proportionately to critical failures or incidents. Workers in some organisations reported action only occurring on major risks, with minor issues left unaddressed. For some businesses, historical biases resulted in safety risks prioritised ahead of work-related health risks as incidents related to safety risks resulted in immediate acute outcomes. However, the harmful effects of exposure to work-related health risks such as noise, fumes or dust may not be observed for some time.

Most participants had opportunities to improve near miss reporting by making reporting simpler, improving workers understanding of what to report and ensuring action is taken to address issues in a timely manner. Higher performing participants shared performance data and learnings, including from incidents, throughout their organisations to facilitate continual improvement.

For some participants, food safety and hygiene requirements resulted in the adoption of quality control systems such as Good Manufacturing Practice and Lean Manufacturing. These organisations generally demonstrated more robust review processes. In some organisations however, workers had a better understanding of risk management in relation to food safety than work-related health and safety. Most organisations conducted periodic reviews of risk management activity with better performance demonstrated by external reviews conducted by independent technical experts.

⚠ RISK MANAGEMENT

Most manufacturing participants had robust processes in place for risk identification. Safety risks identified included driving, forklifts, work at heights, product handling and storage, fire and moving machinery. Higher performing organisations identified health-on-work risks (e.g. physical mobility and fitness) as well as work-on-health risks (e.g. noise, hazardous dust, silica dust, solvents, stress and fatigue). Most organisations used information from incident investigations, workplace inspections and task analysis to identify risks. Underreporting of ergonomic issues such as musculoskeletal discomfort is an area for improvement, as workers across various organisations demonstrated a lack of understanding of the reporting threshold.

Higher performing participants included reviews by independent technical experts such as assessments of machine guarding. They also looked externally and identified emerging risks from information shared by industry groups and other businesses on incidents and good practice.

Participants can still improve risk identification. Opportunities include consistently identifying risks from the activities of other parties including contractors and improving the identification of risks before changes occur such as in the design, procurement, installation or commissioning of new equipment. Most organisations could improve the involvement of workers including contractors in these activities.

Performance was variable in how effectively participants assessed risks however none of the participants performed highly overall. While businesses demonstrated that they had processes in place to assess risks, opportunities to improve existed for all. A number of organisations needed to improve workers including contractors understanding and involvement in risk assessment activities.

The assessment of work-related health risks such as silica dust, noise and fatigue needed improvement. Many businesses did not demonstrate a consistent assessment of these risks across their organisations with some businesses not recognising the need for workplace exposure monitoring to be conducted. A number of businesses needed to improve the assessment of risks before changes occurred. For example, relocation of plant, installation of new equipment and even temporary changes to forklift movements introduced both safety and work-related

health risks to workers. Better performance was demonstrated by a robust assessment of work-related health risks using workplace exposure and ergonomic assessments.

While some participants understood and applied the hierarchy of risk control, the majority did not and required more focus on eliminating risks. Businesses could minimise exposure to risks by implementing additional controls (e.g. local exhaust ventilation) to reduce noise, dust or fumes rather than relying on PPE and the separation of pedestrian and vehicle movements. Better performance was demonstrated by controls such as local exhaust ventilation to minimise dust, robotic palletising and vacuum transfer systems to eliminate manual handling and the physical separation of pedestrian and mobile plant.

Some participants recognised the opportunities for achieving health and safety objectives through integrating risk mitigation in procurement decisions. Examples included procuring raw materials that produced less dust and designing equipment with automated cleaning systems to eliminate work at height. Opportunities for improvement included involving workers in the selection of controls.

While most participants checked that risk controls were in place through daily start-up checks, internal audits, planned maintenance and safe behaviour observations, the majority of businesses needed to improve the robustness of processes. A number of businesses needed to ensure that checks were conducted consistently for all workers. Businesses needed to understand that controls should be checked periodically and during high risk times such as cleaning, changeovers, maintenance activities or after modifications.

Higher performing participants understood the importance of conducting workplace exposure monitoring and health monitoring to assess the effectiveness of controls such as dust extraction. Opportunities to improve their assessment of controls for work-related health risks included conducting baseline monitoring for workers, strengthening the assessment of fatigue and seeking external advice from subject matter experts or occupational health and hygiene professionals. Participants also needed to ensure workplace exposure monitoring was conducted for applicable risks during high risk times such as cleaning, maintenance or product changeovers.

A common barrier for most manufacturing organisations was ensuring the effectiveness of administrative controls such as job safety analyses and behavioural controls such as PPE. Workers did not always follow procedures including using PPE. Reasons provided included it was easier and faster to perform tasks if controls were not used. In some organisations however, it was found that workers had a poor understanding of risks particularly the effects of work-related health risks.
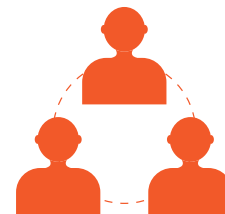
Some higher performing participants with seasonal volumes recognised that high turnover of workers combined with peak demand contributed to higher risks. They developed corrective actions to improve the competency of temporary worker and ensure adherence to risk controls. Organisations also recognised that temporary workers did not always report near misses and encouraged workers to report issues including early warning notice of fatigue.

Most participants had identified emergencies such as fire, floods and earthquakes and developed and practised emergency procedures. Emergency planning was also sufficiently resourced within these organisations, meaning that first aid supplies and training, among other things, were available to workers. Some higher performing businesses had a business continuity plan to ensure that once the emergency response phase has been completed, the business can effectively return to business as usual. These businesses also demonstrated consideration of a wide range of emergencies and engaged with subject matter experts to improve controls.

Participants did not always identify or develop robust procedures for emergencies that could arise during work activities such as work at height or in a confined space. Some businesses had not practised emergency response controls such as unconscious rescue from a confined space. Opportunities existed for businesses to improve their emergency management plans for such risks by engaging with emergency services and technical experts.

PROFESSIONAL SERVICES & ENERGY COMPANIES FINDINGS

FOUR OF THE 38 ORGANISATIONS in the SSR Pilot were from professional services and energy companies. A summary of the key themes from across these organisations' SSR assessments is provided below.

LEADERSHIP

All senior leaders demonstrated a reasonable understanding of work-related health and safety risks across their organisations. There was robust consideration to the risks associated with other parties including contractors, members of the public and clients. A number of organisations worked with these other parties to improve their management of risks. While safety risks were well understood, for some organisations there were opportunities to improve their monitoring and management of work-related health risks such as silica dust and fatigue.

Senior leaders were visible in their commitment to health and safety. They conducted site visits, safety observations, engaged with frontline workers and many attended health and safety committee meetings. Higher performing organisations integrated health and safety into their business strategy and used it to grow their business. CEOs and senior managers could articulate the benefits that good health and safety performance had on business performance. This commitment resulted in these organisations refusing work if their health and safety practices or workers' safety would be compromised (e.g. projects with budget allocations that restricted risk controls or sites with poor traffic management).

While participants had health and safety visions, goals and objectives, the involvement of workers varied as did the alignment of objectives to work-related health and safety risks. Higher performance was demonstrated by better involvement of workers in the development of goals and objectives and a direct link to identified risks. The allocation of resources was good with many workers stating there were no barriers to accessing resource. Workers had clearly communicated roles and responsibility for health and safety and good access to training to improve their competency. Most participants considered the competency of contractors however opportunities existed for some to improve their verification of contractor's competencies through task observations.

All participants demonstrated good consideration of health and safety in procurement decisions. In addition to higher performing organisations refusing to work with clients if health and safety would be compromised, others chose to work with preferred contractors. A number of these organisations demonstrated a good understanding of Health and Safety by Design and ensured that relevant stakeholders, including workers were involved in procurement decisions. Workers in some organisations had a significant influence in designs or other decisions that could impact health and safety. While all organisations demonstrated effective reintegration for injured or ill employees, a number considered key contractors and supported them to provide an early return to work for their staff.

WORKER ENGAGEMENT

All participants communicated with their workers in various ways including face-to-face discussions with senior leaders. Better performance was shown by tailoring communications to meet the needs of workers. This included targeted campaigns focused on specific risks, senior leaders sharing personal stories to encourage reporting and daily meetings for critical risk activities. Higher performing organisations demonstrated good communication and coordination with other parties to manage risks arising from each work group's activities. All organisations had mechanisms to request, receive and respond to workers' feedback. Most organisations demonstrated an understanding of the effectiveness of communications and addressed any issues identified. Examples included recognising that significant changes to a policy would need substantial consultation for workers' acceptance, simplifying reporting of near misses to meet subcontractors' needs and tailoring communications for the demographic of workers. While all organisations had processes for recognising good health and safety there were opportunities to improve the consistency and frequency. Most businesses allowed employees to grant discretionary rewards but there was a need to improve the consistency of rewards. Higher performance was demonstrated by a business that rewarded and recognised behaviours that reinforced their health and safety objectives.

All workers including contractors were clear that they could cease unsafe work and were encouraged to do so. Better performance was demonstrated by workers who reported being comfortable to stop others from working unsafely and organisations who remove their workers from client sites due to unsafe conditions.

Higher performing participants ensured there was adequate representation from all workers including contractors in health and safety meetings and empowered workers to improve health and safety. Examples included devolving decision-making for significant risks, influencing design to improve health and safety and discretionary spending for operational expenses. Health and safety epresentatives were clear about their roles and responsibilities, had good involvement in health and safety activities and access to training. Examples of good performance were inviting key contractors to attend health and safety committee meetings, mandatory requirements for subcontractor health and safety representatives to attend site health and safety meetings and senior leaders and managers attending health and safety committee meetings.

Opportunities to improve included ensuring there was representation from all workers at health and safety meetings, improving the involvement of other parties such as contractors at national health and safety committee meetings and improving the involvement of workers in health and safety activities such as reviews of policies and procedures.

CONTINUAL IMPROVEMENT

All participants had developed lead and lag indicators to monitor health and safety performance and benchmarked internally or against other organisations in their sector to understand performance. Opportunities to improve included strengthening the focus on lead indicators and monitoring the effectiveness of work-related health risk management programmes. Better performance was demonstrated by robust monitoring of performance through lead and lag indicators and external reviews by subject matter experts. In higher performing organisations there was a clear link between indicators, risks and the organisation's health and safety objectives.

Incident investigations generally included health and safety representatives or were discussed with representatives at health and safety meetings.

Most businesses had robust processes to identify root causes of incidents, develop corrective actions and track to completion. Higher performance was demonstrated by the escalation of serious incidents to senior leaders, thorough investigations of high potential incidents regardless of the outcomes and reviewing managers' responses to incidents to understand variability that may exist. Opportunities existed in some organisations to improve the identification of root causes and ensure that adequate resources were allocated to improve outcomes. While most organisations encouraged workers to report near misses and incidents, organisations with highly engaged workers demonstrated better reporting of near misses and incidents.

Most participants reviewed the performance of workers through individual performance reviews. Businesses varied in how performance was reviewed. Higher performance in one business was demonstrated by the integration of health and safety into all roles. There were no specific objectives set for individuals, rather health and safety was considered to be "business as usual". In another business, workers including managers had specific health and safety objectives included in employee agreements and reviews were conducted against these objectives.

Most participants reviewed the performance of contractors through audits against permits, task observations and incidents. Although some organisations recognised that there was variability in contractor performance across sites and developed corrective actions to address gaps, some variance remained.

All participants reviewed overall business performance against lead and lag indicators. Higher performance was demonstrated by external reviews to identify gaps and benchmarking against other organisations or international legislation to improve performance. Higher performing participants shared information on overall performance with workers and involved them in reviews.

All participants could demonstrate they reviewed the effectiveness of risk management activities. Examples included internal audits of permits completed by contractors, reviews of risk assessments and external audits by subject matter experts. Businesses also used incidents and emerging trends as learning opportunities to review risk management and improve performance.

A number of these participants recognised the influence they could have on the industry they worked in or the organisations they worked alongside including clients and subcontractors. These organisations actively improved health and safety performance through sharing learnings in industry forums, assisting subcontractors with developing or improving their health and safety systems and providing education and training for contractors they worked with or educational institutions.

⚠ RISK MANAGEMENT

All participants had processes to identify risks in work activities and ensured that relevant stakeholders were involved. Safety risks identified included driving, falls from height, confined space, lifting operations and electrocution. Work-related health risks included stress, fatigue, asbestos and silica dust. All participants considered risks created by the activities of other parties including clients, contractors and the public. Risk identifications methods included job safety analyses, permits to work and daily meetings during critical risk activities. Some organisations used incidents and guidance from regulators to identify risks. Higher performance included considering emerging risks through changes to work practices and improving clients and contractors understanding of risks such as asbestos. For some participants, inconsistencies were identified in the way work-related health risks such as silica dust and fatigue were managed across sites or by different managers. Opportunities to improve included strengthening workers understanding of work-related health risks and improving the robustness of identifying risks in change activities.

While all participants had processes to assess risks including work-related health risks such as noise and asbestos there were opportunities for improvement. These included developing workplace exposure and health monitoring programmes to assess the extent of workers' exposure to silica dust or UV radiation. Higher performance was demonstrated by organisations with robust processes for assessing workers potential for fatigue or stress, assessments of physical fitness and assessing risks in change and procurement activities. Opportunities existed to improve their consideration of good practice guidance for assessment of risks.

All participants in this sector understood and applied the hierarchy of risk control with a focus on eliminating risks. Higher performing participants considered the elimination of risks in the design and planning stages of activities. These organisations worked with clients and subcontractors to improve controls such as encouraging the use of mobile platforms to replace ladders.

While all participants checked the effectiveness of controls through internal audits, task observations, external audits and workplace exposure and health monitoring, for a number of organisations there were opportunities to improve. These included improving participation rates in health monitoring programmes and developing workplace exposure monitoring programmes to assess the effectiveness of controls for work-related health risks. For one organisation controls

for fatigue such as stand-down periods were inadequate as there was no consideration to commuting time or they were not enforced by managers.

All participants identified emergencies arising across all sites and in specific work activities. Examples of good performance included coordinating with other parties such as clients and subcontractors to ensure emergency plans were effective and regularly practicing task specific emergency plans such rescue from height. There were opportunities to improve the identification of emergencies that could arise in work activities through consideration of likely scenarios that could occur. Additionally, workers in some organisations were unclear of their roles for some site specific emergencies and opportunities existed to improve their understanding through periodic testing of emergency response plans with all stakeholders involved.

TRANSPORT SECTOR FINDINGS

FOUR OF THE 38 ORGANISATIONS in the SSR pilot were from the transport sector. A summary of the key themes from across these organisations' SSR assessments is provided below.

LEADERSHIP

Senior leaders had a reasonably good understanding of their organisation's risk profile. However, work-related health risks were not always as well understood as safety risks. Some participants had a health and safety vision underpinned by supporting objectives, and most organisations had set health and safety goals and used a mix of lag and lead indicators to measure progress against health and safety targets. Opportunities existed to improve the development of goals and objectives to mitigate work-related health risks identified in the risk profile.

Participants were committed to increasing their senior leader's visibility on health and safety matters and increasing engagement with workers. This was reflected in higher performing organisations by workers' and managers' acknowledging their senior leaders' commitment to improving health and safety. Organisations used initiatives such as safety walks by senior leaders, safety culture workshops and training to improve health and safety culture.

Resource allocation for health and safety objectives differed between organisations. While all transport sector participants experienced similar issues with potentially competing objectives of meeting operational and customer demand (scheduled departure/arrival times) and delivering on health and safety objectives, some organisations struggled more. Workers in some organisations felt that cost efficiency considerations impacted health and safety through inadequate resourcing. This included staffing levels and time for participation in health and safety activities such as training. There were some instances where operational pressures resulted in health and safety being knowingly compromised by workers. In other organisations workers acknowledged that constraints existed, but believed that the strong commitment from senior leaders ensured that health and safety objectives were a priority and worthwhile initiatives would be supported.

Better performance was demonstrated by organisations ensuring worker competency through robust training and verification. For some organisations, transport sector regulatory requirements resulted in more robust training and competency assessments for critical roles.

Most participants had effective reintegration policies and procedures in place, which covered both injury and illness caused by work and non-work events. General opportunities for improvement included strengthening managers' understanding of injury management and the effect reintegration has on workers' recovery time, monitoring effectiveness of return to work plans and considering reintegration of contractors.

WORKER ENGAGEMENT

Transport participants used a variety of communication methods including emails, newsletters, staff meetings and face-to-face conversations. For organisations with multiple locations CEOs travelled to various sites to present health and safety information to workers. Better performance was demonstrated where senior leaders including CEOs visited all locations, engaged in one-on-one conversations with workers on health and safety concerns and personally addressed issues. Organisations identified language and literacy as barriers to health and safety communication, and some organisations sought to overcome this by using visual communication methods and providing literacy training.

All participants had mechanisms to request, receive and respond to feedback from workers, however opportunities existed for improvement. While many workers felt confident reporting issues directly to supervisors, managers or senior leaders, a lack of action and negative reactions from some managers discouraged other workers from reporting health and safety concerns. Other organisations had multiple mechanisms for reporting issues and capturing information that were not integrated. Workers did not always report issues through all systems and did not always recognise the link to risks. Consequently

maintenance issues that impacted on health and safety did not get reported as incidents. This means organisations did not always have a full and accurate picture of health and safety performance.

Health and safety committees had varied levels of involvement in health and safety activities. Opportunities existed for some organisations to improve the involvement of committees in investigations and health and safety decision-making. While organisations sought to ensure a diverse representation of the workforce in their health and safety committees, there could be better representation of contractors.

Most workers were aware of the right to cease unsafe work. Some workers felt pressured to meet operational objectives and would continue to work, sometimes unsafely, to achieve targets. Opportunities to improve included involving workers more in developing and reviewing targets. This would ensure that targets are achievable and workers have the opportunity to highlight concerns such as inadequate resource that could compromise health and safety (e.g. insufficient time and personnel to complete tasks).

CONTINUAL IMPROVEMENT

While most participants used lead and lag indicators to monitor performance, there were opportunities for some businesses to improve by developing lead indicators related to their work-related health and safety risks. Businesses could also consider contractors. Higher performance was demonstrated by the involvement of contractors in the development of performance monitoring indicators and processes.

Higher performing participants had robust monitoring of incidents and near misses, processes for incident investigation and reported on the findings and root causes to senior management. Incident investigation tended to be more robust for some transport sector participants due to additional requirements from sector regulators. Opportunities to improve included strengthening workers understanding of near miss criteria (including early warning reporting of fatigue or stress), creating an environment that encouraged

workers to report near misses and monitoring trends to identify patterns and emerging issues.

Most participants undertook regular health and safety reviews. These reviews included annual audits, regular end-of-project reviews, investigations of near-misses and incident reports. All transport sector participants were subject to some form of external audits due to sector requirements. It was sometimes unclear as to how engaged workers and health and safety representatives were in the review processes or how robustly business reviewed contractor performance or addressed gaps. Higher performance was demonstrated by robust reviews of contractors' performance managing risks identified in the work activities or informed by incidents reported. All reviews identified corrective actions required to address gaps and these were agreed by the contractors and tracked to completion.

Organisations generally conducted reviews following incidents, changes to or identification of trends, or serious near-misses. Business needed to improve the consistency in how learnings were shared and improvements rolled out across all sites. Organisations generally responded quickly and proportionately to change, with health and safety processes amended following near-misses, incidents, and events occurring externally (e.g. local or international incidents). Higher performance was demonstrated by actively seeking improvements through benchmarking against better performing organisations or adopting learnings from other sectors.

⚠ RISK MANAGEMENT

All participants had processes in place to identify risks associated with their work. Procedures for risk identification varied according to the context of the organisation but generally included task analyses and reviews of incidents. Organisations demonstrated an awareness of work-related health risks and considered both work-on-health risks, (e.g. fatigue, noise, fumes) as well as health-on-work risks (e.g. stress and physical frailty). However, it was noted that there was room for improvement in developing more robust procedures to identify work-related health risks.

Participants had processes to assess risks but there was a need to improve the assessment of work-related health risks such as dust, fumes, noise and fatigue. This includes the use of workplace exposure monitoring to assess noise, dust and fumes and engaging with subject matter experts to assess fatigue. Assessments of risks for some roles or activities were more robust for transport sector pilot participants due to the additional regulatory requirements they were subject to. Most organisations needed to improve the assessment of risks before changes occur and ensure workers including contractors were involved in assessment activities.

Not all participants could demonstrate an effective application of the hierarchy of risk control. Controls selected were often administrative such as fatigue management training or relied solely on PPE such as hearing protection. Workers were not always involved in the selections of controls which resulted in PPE that interfered with their abilities to perform tasks. Health and safety was considered in the procurement of contractors and equipment. Participants demonstrated a preference for acquiring contractors with proven expertise and experience relevant to the industry. Opportunities to improve included strengthening the link with health and safety to ensure procurement decisions supported the business to achieve its overall health and safety vision and goals/objectives.

In relation to ensuring the effectiveness of risk controls, higher performing participants checked risk controls through behavioural observations, safety walks from senior leaders, and independent assessments by health and safety experts. For some organisations resource constraints resulted in an inconsistent application of risk controls. In some cases workers did not comply with controls due to time pressures and in others exceptions to controls were allowed in order to meet operational requirements. Opportunities to improve included the routine use of workplace exposure monitoring and health monitoring to assess the effectiveness of controls for work-related health risks.

Some participants demonstrated an active consideration to wellbeing and health promotion activities such as resilience training, healthy eating and encouraging physical activity. While these activities form part of the broader approach of health and wellbeing it is important that organisations do not conflate wellbeing activities with work-related health risk management.

Most participants had developed emergency response procedures for risks such as fires, earthquakes or floods and regularly practiced them. Higher performing organisations were also committed to providing training for workers and ensuring that workers had the necessary equipment for emergency response. Opportunities for improvement included regular tests of emergency response plans, practical training for workers using emergency equipment in situ and the use of scenarios to test plans during table top or full emergency exercises.

WAREHOUSING/ DISTRIBUTION SECTOR FINDINGS

TWO OF THE 38 ORGANISATIONS in the SSR pilot were from the warehousing/ distribution sector. The variance in performance shows that the two businesses are clearly at different levels of health and safety performance.

LEADERSHIP

In general, senior leaders had an understanding of what good health and safety looks like and showed a willingness to learn about and improve their businesses' health and safety performance. Both participants had a vision for health and safety and workers felt their organisation was committed to health and safety. While senior leaders understood the business's risks and demonstrated a prioritisation of actions based on their understanding, higher performance was demonstrated by a robust understanding of work-related health risks and consideration to risks from the activities of other parties such as contractors. Both participants could improve decision-making by defining their organisational risk tolerance.

There was not always an alignment of the health and safety goals and objectives with the organisation's risk profile. This resulted in inconsistent allocation of resources across the business to mitigate key risks identified. For example, while resources were allocated to mitigate risks in new sites

the same controls were not rolled out to mitigate the same risks in existing sites.

Both participants clearly defined the roles and responsibilities for health and safety representatives and provided specific training. Higher performance was demonstrated by the robust checking of competency of workers, including contractors and casual staff, before exposure to risk. There is an opportunity to improve the consideration of risk in procurement decisions and ensure that decisions support the achievement of health and safety objectives. Stakeholders should be clearly identified and workers should be included in procurement decisions if relevant.

While opportunities existed for both participants to improve monitoring of the effectiveness of rehabilitation and reintegration policies, there was a distinct difference in performance. Higher performance between these organisations was demonstrated by the provision of alternate duties to facilitate a timely return to work for both work and non-work injuries or illness.

WORKER ENGAGEMENT

Both participants used a variety of health and safety communication methods. Senior leaders communicated with workers during walkthroughs and town hall meetings. Higher performance was demonstrated by tailoring communication to the needs of workers such as creating campaigns focused on addressing specific risks, and checking communications are understood. Opportunities exist to improve the tailoring of communication to address workers diversity in language, literacy and culture (e.g. more visual based communication).

Workers were recognised for good health and safety performance through positive reinforcement such as

vouchers, awards and sometimes financial bonuses. However it is important to ensure that reward and recognition programmes reinforces behaviour that supports the achievement of the organisation's health and safety vision and goals/objectives.

While there was a reasonable level of worker diversity on health and safety committees both participants had room to improve the involvement of hard-to-reach groups such as night shift workers and long-haul drivers in health and safety decision making. Workers were generally engaged and empowered in health and safety activities

with higher performance demonstrated by workers who were comfortable to challenge unsafe acts. Some workers however expressed concern that issues raised would not be addressed or taken seriously. Improvement is needed to ensure all workers understand their right to stop work that they believe would expose them or others to harm.

CONTINUAL IMPROVEMENT

While both participants used lead and lag indicators to measure performance, there was focus on lag indicators. There is an opportunity to improve the development of lead indicators for monitoring performance specifically related to the business's identified work-related health and safety risks. Businesses could also consider monitoring the performance of other parties including contractors. Higher performance was demonstrated by a focus on monitoring performance of the management of work-related health risks and benchmarking nationally. Encouraging near miss reporting was an important factor to ensure the business had a good understanding of health and safety performance. Workers were encouraged to make suggestions and provide feedback, and management tended to be responsive and act on suggestions.

The robustness of incident investigations varied with underlying or root causes not always identified from incidents related to critical risks identified. Higher performance was demonstrated by robust incident investigations even if the consequences were relatively minor, tracking processes to completion and ensuring that learnings from investigations were shared across all sites.

There was a noticeable difference in how robustly participants reviewed the effectiveness of their risk management activity. While both participants used external events such as industry incidents to trigger reviews, there was an opportunity to improve consideration of internal events such as significant near misses or incidents and include senior leaders in strategic reviews of risk management activity. Higher performance was demonstrated by a systematic review of risk management by workers, health and safety representatives and management and the sharing of learnings internally and externally to improve overall health and safety outcomes.

RISK MANAGEMENT

There was a significant variance in the overall performance of risk management. It was evident from the assessments that risk management including identification, assessment and the selection, implementation and effectiveness of controls was ad hoc and required improvement for one of the warehousing/distribution businesses.

The lack of robustness resulted in poor identification of work-related health and safety risks however both organisations required improvement identifying health-on-work risks. There were opportunities to improve risk assessment with better consideration to assessing risks in procurement activities and the use of workplace exposure monitoring and health monitoring when necessary (e.g. mobile plant fumes and container fumigant). Higher performance was demonstrated by robust assessment of risks before significant change.

In the lower performing organisation, the selection and application of risk controls for critical risks identified, including those introduced by contractors, did not effectively mitigate risks. Higher performance was demonstrated by the effective application of the hierarchy of control, robust consideration to activities of other parties and alignment to good practice. In both organisations there were opportunities to improve the application of controls consistently across all sites.

The was mixed performance in checking the effectiveness of risk controls. Improving monitoring the effectiveness of controls for work-related health risks such as fatigue including the implementation of necessary workplace exposure monitoring.

There was a significant difference in emergency management. The higher performing organisation had extensively considered emergencies including those arising in specific tasks such as suspended rescue. Additionally, training was provided for specific emergencies including suspended rescue, ammonia leaks and armed robbery. Responses to non-fire emergencies were tested using desktop exercises and assistance was provided to help staff plan for earthquakes and other large scale emergencies.

GUIDANCE

HEALTH AND SAFETY AT WORK ACT 2015:

- WorkSafe – The new law: Health and Safety at Work Act 2015: http://www.worksafe.govt.nz/worksafe/hswa

- WorkSafe – Introduction to the Health and Safety at Work Act 2015 – Special Guide: http://www.worksafe.govt.nz/worksafe/information-guidance/legal-framework/introduction-to-the-hsw-act-2015/special-guide

- WorkSafe - Health and Safety at Work Act 2015: Case-studies: http://www.worksafe.govt.nz/worksafe/hswa/tools-and-resources/case-studies

- WorkSafe – WorkSafe Position Statements on Overlapping Duties: http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/position-statements/overlapping-duties

- WorkSafe – WorkSafe Position Statements on Officers' Due Diligence: http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/position-statements/officers-due-diligence

LEADERSHIP

- WorkSafe – Good Governance for Directors: http://www.worksafe.govt.nz/worksafe/information-guidance/all-guidance-items/hswa-good-practice-guides/health-and-safety-guide-good-governance-for-directors

- Business Leaders' Health and Safety Forum: http://www.zeroharm.org.nz/

WORK-RELATED HEALTH

- WorkSafe – Position Statements: Work-related Health: http://www.worksafe.govt.nz/worksafe/information-guidance/all-guidance-items/position-statements/occupational-work-related-health

- WorkSafe – Work-related health strategic plan: http://www.worksafe.govt.nz/worksafe/information-guidance/work-related-health/work-related-health-strategic-plan

- WorkSafe – Work-related Health: http://www.worksafe.govt.nz/worksafe/information-guidance/work-related-health

- WorkSafe – Work-related Health: Guidance: http://www.worksafe.govt.nz/worksafe/information-guidance/work-related-health/guidance

- WorkSafe – Work-related Health: Clean air programme: http://www.worksafe.govt.nz/worksafe/information-guidance/work-related-health/clean-air-programme

- WorkSafe – Work-related Health: Case studies: http://www.worksafe.govt.nz/worksafe/information-guidance/work-related-health/case-studies

- WorkSafe - Workplace Exposure Standards and Biological Exposure Indices: http://www.worksafe.govt.nz/worksafe/information-guidance/all-guidance-items/workplace-exposure-standards-and-biological-exposure-indices

WORKER ENGAGEMENT

- WorkSafe – Worker Engagement, Participation and Representation Good Practice Guidelines: http://www.worksafe.govt.nz/worksafe/information-guidance/all-guidance-items/hswa-good-practice-guides/worker-engagement-guide

- WorkSafe – Worker representation through Health and Safety Representatives and Health and Safety Committees Interpretive Guidelines: http://www.worksafe.govt.nz/worksafe/information-guidance/all-guidance-items/hswa-interpretive-guidelines/worker-representation

- WorkSafe – The new law: Working Together: http://www.worksafe.govt.nz/worksafe/hswa/working-together

RISK MANAGEMENT

- WorkSafe - Health and Safety at Work Act 2015: Interpretive guidelines: General Risk and Workplace Management Part 1: http://www.worksafe.govt.nz/worksafe/information-guidance/all-guidance-items/hswa-interpretive-guidelines/general-risk-and-workplace-management-part-1

- WorkSafe - Health and Safety at Work Act 2015: Interpretive guidelines: General Risk and Workplace Management Part 2: http://www.worksafe.govt.nz/worksafe/information-guidance/all-guidance-items/hswa-interpretive-guidelines/general-risk-and-workplace-management-part-2

- WorkSafe – Health and safety risks: http://www.worksafe.govt.nz/worksafe/hswa/health-safety

- WorkSafe – Health and safety risks: Risk hot spots: http://www.worksafe.govt.nz/worksafe/hswa/health-safety/risk-hotspots/all-workplaces

- WorkSafe – Information and Guidance: Guidance by Hazard type: http://www.worksafe.govt.nz/worksafe/information-guidance/guidance-by-hazard-type

LEAD INDICATORS

- Business Leaders' Health and Safety Forum: Monitoring: http://www.zeroharm.org.nz/our-work/monitoring/

EMERGENCY MANAGEMENT

- WorkSafe – Introduction to the Health and Safety at Work Act 2015 – Special Guide: http://www.worksafe.govt.nz/worksafe/information-guidance/legal-framework/introduction-to-the-hsw-act-2015/special-guide

- WorkSafe – Guidance: Hazardous Substances and New Organisms (HSNO): Emergency management: http://www.worksafe.govt.nz/worksafe/information-guidance/all-guidance-items/hsno/hsno-guidance-pages/emergency-management

SECTOR

AGRICULTURE:

- Safer Farms: http://saferfarms.org.nz/

- Safer Farms: Map: http://saferfarms.org.nz/map/

- Safer Farms: Guides: Safe use of tractors on farms: http://saferfarms.org.nz/guides/safe-use-of-tractors-on-farms/

- Safer Farms: Guide: Working Safely with Chemicals and Fuels on Farms: http://saferfarms.org.nz/guides/working-safely-with-chemicals-and-fuels-on-farms/

CONSTRUCTION:

- WorkSafe – Construction: http://construction.worksafe.govt.nz/

- WorkSafe – Guidance by industry: Canterbury rebuild: http://www.worksafe.govt.nz/worksafe/information-guidance/guidance-by-industry/construction/canterbury-re-build

MANUFACTURING:

- WorkSafe – Guidance by industry: Manufacturing: http://manufacturing.worksafe.govt.nz/

- WorkSafe – Health and safety risks: Risk hot spots: Food product Manufacturing: http://www.worksafe.govt.nz/worksafe/hswa/health-safety/risk-hotspots/injury-hotspots-food-product-manufacturing

TRANSPORT, WAREHOUSE AND DISTRIBUTION:

• WorkSafe – Health and safety risks: Risk hot spots: Transport, postal and warehousing: http://www.worksafe.govt.nz/worksafe/hswa/health-safety/risk-hotspots/transport-postal-warehousing

GOVERNMENT

• WorkSafe – Health and safety risks: Risk hot spots: Office workers: http://www.worksafe.govt.nz/worksafe/hswa/health-safety/risk-hotspots/injury-hotspots-office-workers

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