

Government leading the way

- The government of Victoria, through its public service, is committed to being a leader in Victoria in occupational health & safety (OHS)
 - we believe that ill-health, injury or disease should not be a consequence of work
 - this commitment is part of our on-going effort to enhance the well-being of the community and workforce and strengthen the competitive advantage of Victoria

How we will lead

- OHS leadership will take varying forms but a few key themes can usefully inform this journey, eg.
 - senior leadership and organisational culture where employees including health and safety representatives, and managers actively engage in the conversation regarding prevention and are empowered to show initiative, and
 - processes and actions that are systematic, methodical, transparent and accountable.
- The PSWDRG views the framework below¹ as sketching out some principles that will provide context, and assist the Group in sharing and pooling relevant OHS experience and ideas across the VPS.

Process, culture	Ad hoc up to 4	Formulaic 5, 6	Systems 7, 8	OHS leader 9, 10 (on scale 1-10)
Senior management leadership	<ul style="list-style-type: none"> Senior managers see OHS as a cost and a distraction from core business Employees are main advocates Limited consultation 	<ul style="list-style-type: none"> Senior managers see relevance of OHS management (OHSM) but not as a core responsibility Employees and OHS staff are main advocates Leaders aim at compliance 	<ul style="list-style-type: none"> Senior managers fully understand OHSM and use consultative arrangements Attempt to engineer or design out key risks Compliance seen as <i>the</i> standard 	<ul style="list-style-type: none"> Senior managers drive OHS OHS seen as contributing to and aligned with strategic goals, eg. attraction, retention, capability building Expectation of continuous improvement widely communicated Leadership based on values, eg. caring, empathy, respect OHS factored into decision-making and integrated with other business systems HSRs, consultative mechanisms fully supported
Culture	<ul style="list-style-type: none"> Inconsistent understandings re: OHS between managers, employees, employee representatives 	<ul style="list-style-type: none"> Formal engagement OHS becomes a regular issue on the agenda at team/branch meetings 	<ul style="list-style-type: none"> Active engagement Initiatives for improvement are welcomed Broad ownership of processes 	<ul style="list-style-type: none"> Continuous improvement culture Initiatives for <i>continuous</i> improvement are <i>expected</i> from all managers, HSRs and employees are engaged in finding solutions Behaviour and attitudes demonstrate the values
Systematic²	<ul style="list-style-type: none"> Ad hoc, task focus Reactive response to (acute) issues Rudimentary system to prevent incidents Some risk assessment, reliance on supervision and low-order controls Minimal documentation 	<ul style="list-style-type: none"> Planned approach to identifying and assessing risks Consultative arrangements partially established and used Some in-house expertise Isolated attempts to monitor system and outcomes Some basic training, eg. induction training for all 	<ul style="list-style-type: none"> Systems in place and working Hazards identified, risks assessed and controlled <i>so far as is reasonably practicable</i> Many risks designed "out" Consultative arrangements <i>used</i> Policy, procedures documented and <i>monitored for implementation</i> 	<ul style="list-style-type: none"> System is people focused enabler for OHS innovation and initiatives Consultative arrangements are <i>effective</i> Processes that work Emphasis on evidence as basis for effort "Beyond the obvious" hazards actively identified Risk controls reviewed <i>regularly</i> for incorporating new information Documentation used to support communication, learning, attitudes, and behaviour Processes are methodical, responsive, transparent Formal and comprehensive training program that is <i>regularly reviewed</i>
Accountable	<ul style="list-style-type: none"> Limited accountability mechanisms employees often "blamed" for safety failures 	<ul style="list-style-type: none"> OHS responsibilities not established in all cases Some auditing No KPIs, KPDs (key performance drivers) Limited self-assessment 	<ul style="list-style-type: none"> OHS responsibilities established for all OHSM audited but not always followed up KPIs established, KPDs linked to them Regular self-assessment 	<ul style="list-style-type: none"> OHS responsibilities and KPIs/ KPDs integrated with selection and performance management OHSM audits used as an opportunity for continuous improvement KPIs established, reported transparently, and monitored
Show-casing	<ul style="list-style-type: none"> Nothing to show-case 	<ul style="list-style-type: none"> A few case studies in isolated pockets sporadic external awards 	<ul style="list-style-type: none"> A number of case studies showcased some receive external awards/ citations 	<ul style="list-style-type: none"> External parties interested in learning from organisation Others acknowledge and publicise Community behaviour influenced positively

Illustrative ³ lead indicators for annual reports ⁴
Commitment, culture
Evidence of OHS policy statement; OHS objectives; regular reporting to Senior Management of OHS; and OHS plans (signed by CEO or equivalent)
% of managers and staff that have received OHS training: (i) induction; (ii) management training; and (iii) contractors, temps and visitors
Perception Survey: (i) level of support and recognition of HSRs; (ii) workplace consultation & participation; (iii) management commitment; (iv) awareness of OHS policies; and (v) reporting of incidents & injuries.
System and risk reduction
(a) Evidence of agreed structure of DWG's, HSRs and Issue Resolution Procedures
(b) Compliance with agreed structure on DWG's, HSRs and IRP
Evidence of OHS criteria(s) in purchasing guidelines (including goods, services and personnel)
Accountability
% of internal audits/inspections conducted as planned.
% of issues identified actioned arising from: (i) internal audits; (ii) HSR PINs; (iii) WorkSafe notices; (iv) OHS Committee recommendations; and (v) OHS projects

Preventive systems do not predict safety outcomes completely. Factors such as government policy, economic, technological, injury management practices, and random variation, may also influence outcomes

Outcomes	Change expected ⁵	Illustrative lag indicators for annual reports
Health and well-being of employees	↑	
Reduced risk		
Risk of contravening OHS legislation	↓	
Incidents	↓	No. & rate of incidents
Claims and costs	↓	No. & rate of standardised claims
		No. & rate of lost time claims
		No. of claims exceeding 13 weeks
		Fatality claims
		Average cost per claim

¹ While this framework could be used for self-assessment and gap analysis by departments, its use is not mandatory. If used, the modifications, innovation and improvements made could be shared across the VPS. It is intended that this framework be tested for six months and reviewed by end-2006.
² As decided by the government in November 2004, "Adoption of a systematic approach to managing risk would be encouraged". Chapter 14 of Maxwell critiques various OHS management systems.
³ "Each agency would be responsible for developing its own KPIs, accountabilities and continuous improvement programs. In doing this agencies would be expected to consult with employees and unions." Departments may adopt Roundtable KPIs which take into account views of unions.
⁴ "Agencies would be required to report on their performance against their KPIs in their annual reports." Roundtable KPIs of April 2005 were used by some Departments for their 2004-05 annual reports.
⁵ Specific levels of change can be targeted internally by Departments as part of leading practice. National strategy targets could be considered for this purpose.