WHS oversight: is your board on the governance ball?

OHS, disrupted: how Industry 4.0 is impacting health & safety

Code black: how St Vincent’s Hospital manages occupational violence

Time to address the elephant in the room: the obesity–fatigue link
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**Addressing the big OHS issues**

Board directors and organisational culture are facing increased scrutiny in the wake of The Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry, and there are important implications for OHS professionals who need to work with boards to sure up governance and compliance practices, writes Craig Donaldson.

The recent Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry grilled Australia’s big banks about the links between organisational culture and misconduct – essentially, they were saying one thing and doing another. Commissioner Hayne’s final report made 76 recommendations and 24 referrals for potentially criminal conduct, including three of the major banks. There’s a lot more in the pipeline with regards to Royal Commissions, public inquiries and inquests touching upon the health and safety, leadership and corporate governance landscape, and boards are nervous.

The cover story for this issue (page 18) examines this issue in detail and explores the implications of the Royal Commission and other inquiries for organisations through an OHS lens. Boards need to improve their oversight of non-financial risks, which are often rooted in organisational culture. According to PwC’s most recent annual corporate directors survey, one of the most common steps that directors report taking to address corporate culture is to conduct a broad-based employee culture assessment. It would be an interesting exercise for boards to assess health and safety as part of any internal culture survey, and also a very worthwhile exercise for directors in the name of enlightened self-interest, given the new focus on culture by regulators in the context of industrial manslaughter laws, which Australia’s states and territories have wasted no time in adopting.

Another issue causing significant change and turmoil is Industry 4.0 (technologies such as artificial intelligence, the Internet of Things, big data, machine learning and robotics). OHS has not been as quick as other functions such as marketing to adopt Industry 4.0 tech, though this is rapidly changing as there are potential significant health and safety opportunities in the process. However, OHS needs to pick up its game here in building new skills on top of traditional ones grounded in strong technical OHS knowledge. A broad understanding of digital technology and the requisite skills required for this are fast becoming a must-have within the OHS function. For the full feature article on Industry 4.0 and OHS turn to page 26.

Psychological health and wellbeing have been getting a lot of attention lately too. A recent Productivity Commission report found that mental health-related workers’ compensation claims are more costly and require more time off work than other claims. The typical cost of a mental health-related claim was $25,650 compared with $10,600 for all other claims, while the typical time off work was 16.2 weeks compared with 5.7 weeks for all other claims. In this issue, UNSW’s Dr Carlo Caponecchia takes aim at OHS and says the main gaps when it comes to psychological health and wellbeing are in the areas of skills, knowledge and awareness. “WH&S people should be standing up against activities that look nice but actually do nothing to manage sources of harm,” he says. “There are many businesses who still do not see ‘psycho-stuff’ as part of safety. There are probably some WH&S professionals in that category as well.” For the full story see page 10.

OHS regulators in more than one jurisdiction have also highlighted the problem of occupational violence and aggression in certain industries. Workers in healthcare and hospitals face levels of occupational violence and aggression that are among the highest of any industry. St Vincent’s Hospital Sydney is no stranger to occupational violence and aggression, and its incident response and disaster manager, Danielle Austin, says that working as a nurse is actually more dangerous than being a police officer or a corrections officer. In response, the hospital has implemented a holistic and effective strategy to reduce levels of occupational violence and aggression and help keep staff, patients and visitors safe physically and emotionally – with a corresponding reduction of more than 50 per cent in incidents which require physical restraint and sedation of patients. For more information see page 15.

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Craig Donaldson, editor, OHS Professional
Raising the WHS governance bar for boards

In order to maintain sound governance, it is incumbent on boards to establish and maintain on an ongoing basis, good methods of communication with members, corporate partners, industry groups and the broader community, writes Naomi Kemp.

As the newly elected Chair of the Institute, I wanted to take the opportunity in my first article to welcome new members who are reading the magazine for their first time, and to recognise and thank everyone who continues to support the Institute through their ongoing membership. I am very honoured to be given the opportunity by my peers to represent and lead you.

The cover story for this edition of OHS Professional is about governance and boards, which is slightly ironic for a new Chair writing their first piece. However, the significance of the increasingly complex and challenging governance and risk landscape is not lost on me. As an avid follower of enterprise governance, risk and compliance issues, I am mindful that companies, boards and executives are feeling the impact of the Hayne and other Royal Commissions, Senate inquiries and inquests with increased regulatory action, investigation and personal exposure for directors.

While this is an area of interest of mine, I do encourage all OHS professionals to ensure they are aware of the issues and challenges facing directors, executives and “officers”, so that you can effectively support or advise those you work with; in particular, with the strong focus being placed on non-financial risk after being recognised as a “critical governance issue” by the APRA’s prudential inquiry into CBA and The Hayne Report.

In his final report, Commissioner Hayne observed that “the evidence before the Commission showed that too often, boards did not get the right information about emerging non-financial risks; did not do enough to seek further or better information where they had was clearly deficient; and did not do enough with the information they had to oversee and challenge management’s approach to these risks”.

Even though the attention has been on the financial services sector, to many, even the not-for-profit sector, this has been a big wake-up call. Directors are being urged to consider their risk management frameworks and satisfy themselves, on an ongoing basis, that their policies and processes are robust.

I am finding in my work, boards are starting to dedicate greater attention to assessing culture and governance, including more appropriate metrics (let’s hope we can finally move on from LTIFR). They are wanting to better articulate their risk appetite and increase their understanding of where the risk of harm is greatest. They are placing more focus on stakeholders with whom to engage, and seeking independent, external support that may be required.

For OHS professionals, I see this as an opportunity to engage in meaningful conversation with directors about the structures, frameworks and resourcing for health and safety within your (or client’s) organisations. It’s the time to take a good look at what is in place, how it could be improved and to influence leaders with sound, evidence-based strategies to improve health and safety in the workplace and potentially the industry and broader community. I think it is important as individuals, and collectively as a profession, we harness the opportunity to provide insightful information to our leaders and the officers of our organisations.

To that end, as the “gatekeepers” for the Institute, we have taken the time to reflect on our structures, risks and performance, recognising we operate in a challenging environment, and one that is changing constantly under the influence of governments and regulators and in the face of changing technologies. And when it comes to managing risks, in particular non-financial risks, we continue to ensure our Finance, Risk, Audit, Performance and Compliance Committee receives adequate non-financial risk information, including indicators of emerging risks, to support constructive debate and challenge.

More strategically and as an industry leader, we believe it is essential that we come to clear positions on emerging challenges, so that we can prosecute these positions to those with influence without fear or intimidation. We recognise we must “walk the talk in an authentic manner” so far as risk management is concerned, not only internally but in the broader sphere of influence we have.

Most importantly, it is incumbent on the board to establish and maintain on an ongoing basis, good methods of communication with members, corporate partners, industry groups and the broader community, to ensure we share our strategic direction and how our goals and objectives will be achieved, and to provide mechanisms for feedback in terms of our progress and performance.
Mental health-related absenteeism/presenteeism cost up to $57 billion per year

Workplace absenteeism (the inability to go to work) and presenteeism (the inability to fully function at work) due to mental ill-health cost from $15 billion to $17 billion per year, according to a recent Productivity Commission report. Furthermore, the typical cost of a mental health-related claim was $25,650 (compared with $10,600 for all other claims) while the typical time off work was 16.2 weeks (compared with 5.7 weeks for all other claims) according to the report on mental health. “Mental ill-health has huge impacts on people, communities and our economy but mental health is treated as an add-on to the physical health system,” said Michael Brennan, Chair of the Productivity Commission. Some 75 per cent of those who develop mental illness first experience symptoms before they turn 25, and Brennan said “mental ill-health in critical schooling and employment years has long-lasting effects for not only your job prospects but many aspects of your life.” The Productivity Commission report highlighted the need for mental health to be explicitly called out in work health and safety legislation, with appropriate guidelines and codes of practice developed.

First prosecution under Queensland’s industrial manslaughter laws

In a first for Queensland, the Work Health and Safety Prosecutor has commenced a prosecution against the company Brisbane Auto Recycling for industrial manslaughter under the Work Health and Safety Act 2011. Separate charges have also been made against the company directors, Asadullah Hussaini and Mohammad Ali Jan Karimi, for engaging in reckless conduct that resulted in the death of a worker. “I have been advised by the independent Work Health and Safety Prosecutor that he has initiated the industrial manslaughter and reckless conduct proceedings in relation to a workplace fatality which occurred earlier this year”, said Queensland Minister for Industrial Relations, Grace Grace. “Just over two years ago, the Palaszczuk Government introduced tough new laws aimed at protecting Queensland workers. These laws are about saving lives and ensuring all Queenslanders return home to their loved ones after a day’s work. They are the first of their kind to be introduced by a state jurisdiction and leave negligent employers culpable in workplace deaths with nowhere to hide. Individuals guilty of industrial manslaughter will face up to 20 years imprisonment, with corporate offenders liable for fines of up to $50 million.”

Small business takes aim at Boland Review into WHS laws

The Council of Small Business Organisations Australia (COSBOA) has expressed concern about the Boland Review of the model WHS laws commissioned by Safe Work Australia and called for it to be withdrawn. CEO of COSBOA, Peter Strong, said the report solely focuses on workers and gives no consideration to the mental health of employers and the self-employed. If the report’s recommendations are followed, Strong asserted that it could see employers sent to prison if one of their employees suffers a harm as a result of a mental health condition. “If there are five people in a workplace and we only talk about the mental health of four of them, do we not fail those four people?” he said. “If the employer, the one ignored, has a mental health problem, will that not worry the four employees? Would they not be concerned for their employer? Would they not be concerned for their jobs and their income and their own future mental health?” Strong said the review is like ideology getting in the way of reality, in which a regulator potentially “imposes their ideological view of the world onto a group they demand be experts on a subject that is objective, confusing and challenging – mental health.” Published in December 2018, the Boland Review recommends that the psychological health and safety of workers be given equal consideration to their physical health and safety.
College of Fellows progress update

There have been a number of important developments with the AIHS and its College of Fellows, according to Kym Bills, who welcomes members to engage and become more involved.

A lot has happened behind the scenes since I took over as Chair of the College of Fellows (CoF) in March, and I wanted to provide you with an overview of some key changes and pointers for 2020.

The board signed off on criteria for fellowship and management of the College before the 1 July name change to AIHS that are on the AIHS website under “About” and a newly created “College of Fellows” tab. Revised Institute by-laws are on the website under “Governance documents”.

The board is likely to review the AIHS Constitution in the first half of 2020. This governance material has allowed us to open up the College to new Fellows with biannual application rounds in October 2019 and April 2020. This ends the hiatus in new Fellows since 2014 for our best-qualified members and thought leaders who apply and are prepared to make a contribution to the College and Institute.

Institute members are now either Fellows (including Honorary Fellows) or Members. The former legacy “chartered” category no longer exists as an AIHS membership category, and like the old Registered Safety Professional (RSP), should not be used on letterheads, business cards, LinkedIn etc. The key categories are MAIHS and FAIHS, with those retired indicating this as (Ret). Of course, those who were chartered in the past can still say this on resumes.

Assessment of capability is made through the certification process managed under the Certification Governance Committee (CGC), and transitional arrangements were made for this, including to the highest category of Certified Chartered OHS Professional (ChOHSP).

Maintaining and increasing capability is facilitated through Continuing Professional Development (CPD). The Institute’s CPD has not been as well articulated, advertised or user friendly as we wish. The CoF Executive, with particular input from Pam Pryor AO and Tony Mitchell and the support of Chief Executive David Clark and me, have been working on a simpler CPD system that uses points but is outcomes-based and requires planning and reflection. Because CPD is mandatory for those certified (and strongly encouraged for all Members and Fellows), we have sought CGC input too. Ensuring capability at the point of certification and maintaining and improving it are key hallmarks of a profession. Longer term, with robust systems in place we can consider registering as a profession under the Professional Standards Councils with regulation by the Professional Standards Authority.

These developments, once achieved and publicised, will enhance the value of certification in the eyes of business, regulators and government and lead to better health and safety outcomes.

“Professional ethical standards are more important than ever, as underlined by recent Royal Commissions and other inquiries such as into banking and finance”

Professional ethical standards are more important than ever, as underlined by recent Royal Commissions and other inquiries such as into banking and finance. The CoF Executive led by Manager OHS Body of Knowledge Development Pam Pryor AO and Dr Matt Davies, again with strong support from Chief Executive David Clark and me, have been working on an ethical framework for the AIHS that will include a new OHS Book chapter, Code of Ethics and guidance material, training, and complaints process. Once agreed by the board, this will be rolled out from early 2020.

A substantial amount of work on technical standards continues to be led by CoF Executive member Jon Temby. Mentoring continues under Karen Wolfe and is another area where we are seeking a refresh and expansion. With a new Committee overseeing national awards open to non-members – the Australian Workplace Health & Safety Awards (AWHSA) – the CoF Executive focus will be on the highest open awards (Harold Greenwood Thomas Lifetime Achievement and Honorary Fellowship) and highly sought internal Institute member awards (Life Membership and Branch Service awards).

The AIHS website includes updated policies as a starting point, and I welcome ideas for new policies, based on evidence, that can make a real difference. Following a major contribution on behalf of the Institute to the Dreamworld Inquest, CoF Executive member Leo Ruschena has drafted policies in the areas of fatigue, safety governance & leadership, and mental health for member comment and is co-ordinating our submission to the National Dust Diseases Taskforce. I have co-ordinated Institute submissions on Industrial Manslaughter in Victoria (with substantial legal input from Alena Titterton and Michael Tooma), to the Royal Commission on Aged Care Quality and Safety, on Queensland legislation (with Branch Chair Brett Jones) and will work with the WA Branch on WA’s WHS legislation.

We are privileged that our new Governor-General, David Hurley, has agreed to be the AIHS Patron. He is keen to hear ideas through the Institute for how best we might leverage the prestige of his office and his strong personal background and commitment to safety to make a difference.

Kym Bills is Chair of the College of Fellows and a board member of the Australian Institute of Health & Safety. He can be contacted at cofchair@aihs.org.au.
Tracking the HSE trends across ANZ

There are a number of important trends in the HSE recruitment market across both Australia and New Zealand that are impacting hiring managers and candidates, writes OHS Professional

Alison Gill, managing director of edenfx HSE recruitment, says some of the latest national trends in the Australian HSE employment market include:

• overall job growth – slowly but surely
• an increase of between 1.3 per cent and 3.8 per cent in salary growth across Australia (sector and location dependent)
• supply and demand – with severe shortage of talent in Victoria, New South Wales and Queensland
• the mining resources and energy sector is again on the up – 17.1 per cent job advert growth compared with 2018, however, low candidate availability remains an issue
• hiring managers require certainty in an uncertain market.

The trends are significantly influencing employment behaviour; rather than employment behaviour influencing trends as it has done for a number of years, says Gill. “Previously, candidates could command a higher than expected salary as a result of poor candidate availability – supply and demand 101. In WA, for example, professionals were very aware of the potential for a ‘Hollywood’ salary based on an organisation’s fear of not having ‘a competent person’ in place.”

This led to a disconnect between salary and competence levels and an unsettled market, according to Gill, who said edenfx HSE recruitment’s consulting teams have worked hard to support the stabilisation of salaries by working to sensible market rates rather than rates borne by fear. “The market trends are now showing that while job growth is steady, the salary increases are in line with market and professional services expectations.”

Companies are waiting for the right person rather than compromising in their recruitment practice, and this is leading to:

• reduced churn as a result of poor hiring decisions
• more permanent appointments rather than contracted appointments
• practitioner commitment to CPD and evidenced-based portfolio of work
• better workplace safety outcomes and risk management overall.

“Our HSE professionals are well paid in comparison to other previously aligned job groups, and this is testament to the recognition of professional standing and recognition of value and worth in industry,” says Gill.

Furthering HSE development

There are a number of important ways in which HSE professionals can develop their skillset, experience and education, according to Gill:

• encourage entry of others into the profession
• engage a mentor
• undertake a self-assessment of skills/knowledge and ability
• determine where you are now and where you want to be in three to five years’ time
• develop a training/education plan to meet your current immediate and future needs – academic and vocational
• join an industry body and attend meetings
• enjoy directed reading
• network with your peers
• engage in a continual development program – you know it makes sense!
• spend time with the regulator – encourage great relationships
• spend time with the unions – encourage great relationships
• spend time with HR – lots of synergy, workplace stress, bullying, managing sick absences, wellbeing initiatives – encourage great relationships
• spend time with senior leaders
• attend webinars (international, not constrained to Asia Pacific) – horizon scan – what’s happening
• let down the ladder for others – encourage growth
• have a growth and winning mindset
• step outside of your comfort zone (not your competency level).

“The list is endless, and it’s your choice to do as little or as much as you like, as this will determine your career and trajectory and ability to make an impact on workplace HSE,” she said.

“It is a responsibility of us all to positively raise the profile of our HSE profession and the value and worth that it brings to all levels in a business. Understanding your level of practice through self-assessment is critical, and I personally and professionally recommend getting on board with a Continual Professional Development (CPD) program irrespective of your industry. This provides you with credibility and a peer network that proves invaluable.”

New Zealand and Australian HSE recruitment markets
NZ demographics play a large part in how business is conducted and the difference in the recruitment market, Gill observes. “New Zealand, much to the horror of Kiwis, can be seen by trans-Tasman employers as just another region of Australia, given the size of the population and number of employers/employees in New Zealand.”

Historically, NZ professionals have received lower salaries compared to their Australian peers, and Gill says the past two years, however, have seen an upward shift supported by legislative change and are realistically on a par.

Status of employment is also changing, with hiring managers in Australia asking for permanent long-term resources, and rather than short-term contracted resources, are now looking for tenure for three to five years to make lasting, credible change. “As a result, professionals stay in their roles much longer and salaries are less volatile,” she says.

It is also worth noting that in NZ, hiring managers are expecting candidates to be aligned to industry bodies and on CPD programs. “This may be influenced by the lack of availability, choice and access to education and professional training and development,” says Gill. “However, this alignment to industry bodies is not front of mind for Australian employers, but I challenge it to be so.”

“Irrespective, both Australia and New Zealand are firmly committed to raising the standards of professionalism, and it’s a delight to work in the industry as a professional and an influencer for fellow professionals within the recruitment industry.”

Alison Gill is the managing director of edenfx HSE recruitment and is a chartered member of the Institute of Directors (NZ), chartered member of the Institute of Occupational Safety and Health (UK) and a certified member of the Institute of Safety Management (NZ). edenfx HSE recruitment is also a Gold Corporate member of the Australian Institute of Health & Safety. For a discussion about this article or engaging edenfx for professional HSEQR recruitment services nationwide, please call 0391 338 979 or 0280 892 451.
Psychological Health

There is a long history associated with the rise of psychological health and safety as an organisational issue, according to Dr Carlo Caponecchia, a senior lecturer at UNSW, who says the recognition of psychological health as being part of WHS duties has grown over the last 20 years. This has been influenced by four factors:

- Patterns in injuries, and the costs of those injuries (psych injury claims are recognised as being the most costly of all injuries and have the highest median time off work)
- Broadly, better recognition of mental health issues
- Growing recognition of the influence of psych factors on other hazards at work (most notably, MSDs)
- The adoption of definitions of health that explicitly recognise psychological health as part of health.

In addition, there has been a shift towards recognising psychological health as part of WHS through cases that have occurred, and with various public inquiries, according to Caponecchia. “Older versions of the laws and regulations – in various states at various times – did recognise psychological health as part of an organisation’s duties, but they may not have been necessarily front of mind, for example, the old regulation in NSW,” he says.

The new ISO standard for psychological health at work (which is still in development) has grown out of the new ISO standard on occupational health and safety management systems (ISO 45001), which recognises psychological hazards as part of what an organisation must do when identifying and controlling hazards. “The psych standard is a ‘child’ standard – it helps unpack what is in 45001,” explains Caponecchia.

Key elements of the standard

The psychological standard is still in development, but in ISO 45001, Caponecchia says it importantly states that organisations should identify, as part of the hazards they identify, “how work is organised, social factors – including workload, work hours, victimisation, harassment and bullying – leadership and the culture of the organisation.”

Other parts of 45001 are important too, including section four on establishing context. “Similar to the basic risk management model, understanding the internal and external context of the organisation is critical to designing and implementing a safety management system. It ensures that the system is tailored to the organisation’s needs and objectives – not just adopted off the shelf. This is an opportunity for organisations – a tailored system may well be much simpler, and easier to implement, than one that is generic,” he says.

Gaps and challenges for organisations

When it comes to psychological issues in organisations, the main gaps are in the areas of skills, knowledge and awareness. “Many people don’t feel they have skills in this area, and competence is seldom assessed,” says Caponecchia. “On the flip side, we do have lots of people thinking that they’re experts in human behaviour and psychosocial issues by virtue of the fact that they are human. We would never tolerate that in any other area of safety practice, by the way.

“We also have a rhetoric that psych stuff is too different, or too difficult, or too variable. That’s all a good way to hand-wave these issues away and take no responsibility. They are real, they are totally manageable, and they are a core part of an organisation’s duties to provide a safe system of work.”

Recognition of what the main psych hazards are should be core business for WHS people, according to Caponecchia:
“They should know psych hazards as comprehensively as they know about noise, or asbestos, or manual handling, for example. That’s a bit controversial to say.”

The second challenge is knowing what the controls should be. As for any other hazard, they should control the hazard at the source: “Work design controls are preferred, rather than individual level controls which do not address the hazard at all, such as wellness initiatives, resilience, etcetera,” says Caponecchia, who notes that the Safe Work Australia guidance material is a great place to start.

**Steps for organisations and OHS**

OHS professionals can spread awareness and then move towards assessing competence in identifying and controlling these hazards; communicating consistently about psych hazards and their outcomes – “rather than just lumping it all in as an outcome – ‘mental health’ – and calling out some of the problems we have when just talking about mental health, such as focusing only on people with diagnoses, managing people with diagnoses, when in fact organisations are supposed to focus on managing the conditions in the work system that may contribute to these kinds of harms,” says Caponecchia.

“WHS people should be standing up against activities that look nice but actually do nothing to manage sources of harm. This is a key area where WHS personnel can have most impact, and it’s crucial, because without this attitudinal change we will not see progress. There are many businesses who still do not see ‘psycho-stuff’ as part of safety. There are probably some WHS professionals in that category as well.”

**Psychological health and wellbeing trends**

There are a number of important psychological health and wellbeing trends on the horizon, according to Caponecchia. These include:

- the possible adoption of the new psychological health standard (around 2021-22)
- the possible changes to regulation concerning psychological health, as recommended in the Boland review of the model WHS laws
- increasing recognition by the public that mental health at work is important and part of WHS duties, along with a rejection of activities that are just about promotion. There will likely be more of a push towards prevention, which is entirely consistent with a WHS approach
- recognition of the need for return-to-work practices to recognise and prevent additional stress and potential for further psychological harm during return-to-work procedures.

“Activities in this area may also be influenced by industrial manslaughter laws, particularly if they include the issues of suicide. This will underscore how a deep and nuanced understanding of how psychosocial factors at work play out is needed more than ever,” says Caponecchia.

Dr Carlo Domenic Caponecchia is a senior lecturer at UNSW and is currently responsible for teaching AVIA9101 Safety Risk Management: Human Processes, and the general education course GEN55003 Workplace Safety. He previously worked at the School of Risk and Safety Sciences, UNSW, and the NSW Injury Risk Management Research Centre. Caponecchia is also an author for the Body of Knowledge, on the ISO committee writing a standard on psychological health and safety as well as the international ISO committee for standard 45001.
Time to address the obesity–fatigue link

Obesity and excess weight lead to fatigue-related issues which can increase OHS-related risks in the workplace, according to Paul Knotts, who says organisations need to address the issue of taking personal responsibility for health and wellbeing.

I am a self-employed senior physiotherapist and WHS adviser, and used to train the rehabilitation and return to work co-ordinators course in Queensland.

I now work solely in injury prevention (manual tasks education/ergonomics) across high risk industry and the corporate sector. I have dealt with and trained many workers including FIFO and local workers in underground coal/gold mining, energy (oil and gas), construction, manufacturing and transport (road and rail). I am experienced in the WorkCover system and have been successfully involved in a number of common law cases with clients with musculoskeletal injury claims.

I decided to change from retrospective physio to proactive prevention, largely because the population is increasingly becoming more overweight/obese (and many still smoke) and they are very difficult to help, frequently looking for a passive approach of treatment, or the magic wand of health resolution, that does not include them actively changing their weight or general health issues.

From the fatigue perspective, there are many studies indicating that excess weight leads to sleep issues which leads to fatigue, higher risk of ergo injuries from falling asleep, and micro sleeps or poor concentration leading to an issue either directly (as in say a negative outcome machinery activity) or poor or delayed decisions/reactions that increase risk.

Fatigue-related fatalities in coal mining

Before considering weight/obesity I’d like to share the coal mining issues I’ve seen.

About 10 years ago I had my first exposure to underground coal mines, and when driving to the mining belt a few hours west of Mackay, I was staggered at the numbers of road death white crosses on the side of the road. I had never seen crosses in concentrations like this anywhere else in Australia. I have been down five different coal mines on multiple occasions and witnessed their environmental conditions first-hand.

Workers would perform their 12-hour shifts for 10 to 12 days straight, and this time in itself is fatiguing, despite the fact there are regular periods of inactivity throughout the shift. On the final day of shift, I witnessed or was told of the following general behaviours. Many inroads into fatigue management have been made in more recent years, but these below are still worth mentioning.

- The shift would end around 6pm instead of 4pm.
- Workers would be at a level of fatigue at this stage, and more so if overweight and a sleep apnea sufferer, which would have increased over the shift (camp beds/sleeping conditions are often not that great either).
- The worker would typically take a 20- to 30-minute hot shower to wash all the coal dust from them, making them quite relaxed and sleepy.
- They would further relax and eat and/or take extra food with them. (This creates the soporific condition, that is sleepiness, after eating as the body pumps less blood to the brain and more to the gut for digestion. Many people after a Sunday lunch roast meal fall asleep on the couch, which most of us have experienced.)
- They would get into a warm/hot car (adding to the warmth and relaxed status).
- They would drive three to eight hours on long, straight country roads (easy to drift off to sleep when on a straight, low-steering input road).
- They would crash and die or injure themselves or others (seems inevitable).

I experienced some of the above first-hand. A mine manager invited me to visit him and his wife following my work there and the end of his shift. He wasn’t a “down the pit” worker but was doing the same long hours. We left in his car and I had some food to eat on the run, as did he, which he started eating while driving. Very soon after leaving he was getting the droopy eyes and having some slow, long blinks. I watched him closely and talked to him a bit to keep him more alert. I then said, “I’ve finished my snack, how about I drive and let you have something to eat”, whereby we soon swapped out and mitigated the risk of a major incident (as I wasn’t at all tired). I later talked to him about this experience and he admitted it wasn’t great and also that it’d obviously occurred before.

When I first started talking to managers about this situation, changes to processes (administrative controls, of course) had started. Workers were made to sleep before leaving and weren’t allowed to drive more than two hours, and so on. But this was often manipulated with workers lying about staying and sleeping and/or lying about their intended drive time. One man told me he said he only had a three-hour drive but instead drove closer to seven hours, as he wanted to get to the big smoke to kick off his break that night.

Expensive management strategies have been implemented in many mines (and other rural or FIFO sites) including staff now usually leaving the next day or being bussed to main centres.

Some research has tried to give a fatigue equivalent, like the effects of alcohol, with numbers mentioned in the decreases in concentration and reaction times being somewhere between a blood alcohol concentration (BAC) of 0.05-0.08. If concentration and reaction times are lowered, what is the risk profile of a worker and therefore colleagues and visitors to his/her worksite?
What are we doing about those workers who are traditionally poor sleepers or seriously overweight and therefore pathologically tired due to sleep apnea?

For obstructive sleep apnea (think regular snorers), factors that increase the risk of this form of sleep apnea include:

• Excess weight: Obesity greatly increases the risk of sleep apnea. Fat deposits around your upper airway can obstruct your breathing.
• Neck circumference: People with thicker necks might have narrower airways.
• A narrowed airway: You might have inherited a narrow throat. Tonsils or adenoids also can enlarge and block the airway, particularly in children.
• Gender: Men are two to three times more likely to have sleep apnea than are women. However, women increase their risk if they're overweight, and their risk also appears to rise after menopause.
• Being older: Sleep apnea occurs significantly more often in older adults.
• Family history: Having family members with sleep apnea might increase your risk.
• Use of alcohol, sedatives or tranquilisers: These substances relax the muscles in your throat, which can worsen obstructive sleep apnea.
• Smoking: Smokers are three times more likely to have obstructive sleep apnea than are people who've never smoked. Smoking can increase the amount of inflammation and fluid retention in the upper airway.
• Nasal congestion: If you have difficulty breathing through your nose – whether from an anatomical problem or allergies – you're more likely to develop obstructive sleep apnea.

Common sleep apnea symptoms include:
• waking up with a very sore or dry throat
• loud snoring
• occasionally waking up with a choking or gasping sensation
• sleepiness or lack of energy during the day
• sleepiness while driving
• morning headaches
• restless sleep
• forgetfulness, mood changes, and a decreased interest in sex.

In adults, the most common cause of obstructive sleep apnea is excess weight and obesity, which is associated with soft tissue of the mouth and throat.

CPAP (Continuous Positive Airways Pressure) and oral appliances work well, but they're not cures for sleep apnea. The only sure way to rid yourself of the condition for good is to either lose weight or have surgery to remove excess tissue from the palate or throat. Surgery can have side effects, which is why it's usually viewed as a last resort.

“The population is increasingly becoming more overweight/obese (and many still smoke) and they are very difficult to help, frequently looking for a passive approach of treatment, or the magic wand of health resolution, that does not include them actively changing their weight or general health issues”
Balancing individual/organisational responsibilities

I am a great supporter of employers having safe workplaces as per the legislation, however, the word “practicable” is stated here too, and the $64,000 question is how far do they have to go for their employees? I am also a big supporter of people doing things for themselves at their own cost for their own benefit and not expecting others to fund their lives. This includes of course their own health.

So considering these research-based statements above, how many employees have fatigue issues that are multifactorial, but also considerably exacerbated by their weight?

What needs to happen? Not what do just employers need to do, what needs to occur? For example, if a worker is 145kg and the truck or vehicle/heavy machinery seat is only rated to 120kg then the employer is taking a risk by leaving that employee in their job. Should they be sent home to lose weight to below the seat rating then reinstated? Or should the employer pay $6000 plus to get a more robust seat? Who is responsible?

Of course, in Australian society we tiptoe around overweight, as employers and people are scared that someone will shout “discrimination”. But overweight or obesity are factual, and also increased factors for injury or health issues.

If your job was to play football (soccer) for Manchester United, there is no way you would have a job if you were 145kg. But you can be a truck driver, or coal miner, or ambulance worker. In the former, you are selected to work for Man-U where they want a relatively fit and had a healthy lifestyle personal lives.

But I explain they pay $40,000 plus on a work vehicle’s behaviour) and speed regulation and … and ….

How much money should companies spend? Why have we allowed workers to stop being responsible for their own behaviours? If I tell people that maybe they need to spend $3000 to $6000 on a bed, they laugh as if I’m stark raving mad. But I explain they pay $40,000 plus on a car they spend minimal time in but a third of their lives in bed! So even with all this big dollar FIFO money they are paid, they are still reluctant to help themselves or they expect their employers to fund and/or make things better. They expect a comfy bed in their work camp on the boss’s dime but won’t do anything in their personal lives.

If you interviewed a person who was relatively fit and had a healthy lifestyle and other sectors about eye monitoring systems in four wheel drives and trucks, as well as satellite fencing (the geographical area that a satellite monitors a work vehicle’s behaviour) and speed regulation and … and ….

What needs to happen? Not what do new starts, contracts that state that optimal weight in our business is seen as critically important & encouraged as we are very supportive of good health in our employees. Good health allows for more productive, happier, present and productive team contributions to the business’s goals in industry, managers and workers alike. A 10 per cent increase leeway could be stated from starting weight (no different from sports team workers), and above this, the job is rescinded temporarily or permanently. This is no different from any other pre-employment statement, and a person has the option to sign on or not. This is not a radical idea. It’s an attempt to assist and protect the health of the business and the worker, where many people don’t appear to give two hoots about their own health but put a significant workers’ compensation injury risk upon their employer. With increased injury claims, the company and therefore all jobs are at risk.

The elephant in the room needs addressing, and fatigue needs to be attacked from both sides of the pay packet.

Possible solutions include:

• Existing employees could be encouraged with assistance over say a year to lose weight to a medically based acceptable weight. There needs to be contributions (financially if needed from both parties) and effort put in by the employee.

• For new starts, contracts that state that optimal weight in our business is seen as critically important & encouraged as we are very supportive of good health in our employees. Good health allows for more productive, happier, present and productive team contributions to the business’s goals in industry, managers and workers alike. A 10 per cent increase leeway could be stated from starting weight (no different from sports team workers), and above this, the job is rescinded temporarily or permanently. This is no different from any other pre-employment statement, and a person has the option to sign on or not. This is not a radical idea. It’s an attempt to assist and protect the health of the business and the worker, where many people don’t appear to give two hoots about their own health but put a significant workers’ compensation injury risk upon their employer. With increased injury claims, the company and therefore all jobs are at risk.

The elephant in the room needs addressing, and fatigue needs to be attacked from both sides of the pay packet.

Paul Knotts is principal and director of TIPS (Total Injury Prevention Specialists), which assists businesses to maintain healthy staff and improve staff wellbeing through a behavioural change approach. He was part of the Australian Allied Medical Team at the 2000 Sydney Olympic Games, and has worked in manual handling, ergonomics and risk assessments.
Workers in healthcare and hospitals face levels of occupational violence and aggression that are among the highest of any industry. These workers are regularly confronted with violence and aggression from patients and residents, and visiting friends and family, and there are a range of drivers for this kind of behaviour in hospitals, from drug and alcohol abuse to high levels of stress or not being in one’s full capacity of mind.

St Vincent’s Hospital Sydney is no stranger to occupational violence and aggression, and its incident response and disaster manager, Danielle Austin, recalls that in 2014, senior nurse managers approached her about their staff who were reporting high levels of patient violence and aggression. The managers wanted to quantify the levels of violence and aggression actually being experienced, so Austin checked the hospital’s risk management reporting system, which said that clinicians had reported a total of seven incidents for the preceding 12 months.

“I knew this wasn’t true, because I used to work in the emergency department and these kinds of incidents were a daily occurrence,” recalls Austin, who has more than 15 years of clinical experience including as a clinical nurse specialist in emergency and in remote primary healthcare in immigration detention. “So, I approached our security manager and asked him what the security staff were reporting, and our security reporting system said there were 746 incidents – so we realised this was quite a significant issue.”

At the same time, Austin conducted a survey of the hospital’s nurses and 100 per cent reported that they had experienced verbal aggression in the course of their work. “I don’t know any other industry where absolutely everyone would say that’s part of their work,” says Austin, who adds that low-level verbal aggression was most common, all the way through to significant threats and physical assaults. “We know from the literature that nursing is the most violent role that you can have, and that’s globally – not just Australia or Sydney. Working as a nurse is actually more dangerous than being a police officer or a corrections officer, which I don’t think is really recognised in the wider community,” she says.

Developing the solution
Austin subsequently held a “rapid improvement event”, which was a one-day event where all key stakeholders
“Working as a nurse is actually more dangerous than being a police officer or a corrections officer, which I don’t think is really recognised in the wider community”

including executives were gathered in a room together to examine how to best address the issue. The group examined how violence and aggression was managed and responded to, where the gaps were, how to close these and also take a more proactive approach. Over the course of the day, the group developed the framework for a new approach, which was a multidisciplinary team model that involved security staff as well as clinicians who needed appropriate training and experience in managing de-escalation and restraint, as well as an understanding of the legal implications of managing such issues.

“We knew that violence and aggression were issues for our staff, but they are also issues for our patients. When we go in and do a physical restraint and sedation, those are episodes of trauma for our patients. Reducing those wherever possible is just good patient care, and it also keeps our staff safe because restraints increase the risk of physical injury to our staff. So mitigating this risk is the aim of all of the strategies that we put in place,” says Austin.

“Over the years it’s evolved from a reactive process where we would just respond to an incident which had already escalated, to training for all of our clinical and security staff in recognising escalating behaviour, and then being able to engage patients and de-escalate that behaviour. We have proactive behavioural management plans in place, and we identify patients who present a risk of violence and aggression and address how to interact with them within the hospital. So, it’s really a whole-of-hospital approach to understanding what the problem is, understanding what the risk factors are, and putting robust planning around that.”

Training staff
Security, emergency department, mental health, and incident response staff underwent training in violence prevention and are instrumental in driving significant cultural change around how to improve behavioural disturbance management. More broadly, staff have become more proactive in managing potential violence and aggression, contributing to a significant reduction in potentially traumatic episodes for the most vulnerable patients.

“Having dedicated clinical leads is really important,” says Austin. “Originally, we thought that if we could provide enough training to all of our clinical staff, we would upskill them in order to be able to respond to incidents of violence and aggression. However, over time we know that clinicians don’t have enough repeated exposure to understand all the complexities that drive behavioural disturbance.”

Staff are trained together and undergo New South Wales Health violence prevention management training. “All of our staff in high risk areas or who are involved in restraint train together so that we’re all interchangeable in the team,” says Austin, who explains that security staff predominantly manage physical restraints, however, the code black team (see below) are trained in the same restraint techniques to provide additional assistance when required.

Code black intervention
The process is designed to help manage and minimise different levels of risk, all the way to a “code black” procedure for the most serious incidents which result in sedation and restraint for certain patients. The code black team consists of Austin (code black team leader), a clinical pharmacology advanced trainee (the code black doctor during business hours) who acts as the clinical lead, and security staff.

The code black team will respond if a staff member activates a personal duress device or calls the internal emergency code black number. “We’ll do an assessment of the situation, and if there’s a risk of immediate harm to either the patient or to others, we’ll intervene
immediately,” says Austin. “Otherwise, if somebody is already engaged with the person and is attempting to de-escalate them, we’ll provide support. Security staff are fantastic at verbal de-escalation, so quite often while I’m trying to collect clinical history, they’ll attempt to de-escalate the situation.”

The admitting team and other clinicians who are looking after the patient are asked about what might be driving the behavioural disturbance (about 30 per cent of homeless people admitted to St Vincent’s Hospital have a primary diagnosis related to alcohol and/or other drugs). “We look at this from a holistic point of view,” says Austin. “If somebody is acutely behaviourally disturbed and requires physical restraint to prevent them harming themselves or others, then we’ll do that. This is clinically supervised to make sure that it’s safe. And if the patient requires medication to manage the behavioural disturbance, then we’ll discuss that among the medical staff in order to make an appropriate medication management plan for them.”

Challenges and lessons learnt
Austin says there have been a number of lessons learnt since developing the hospital’s program for managing occupational violence. “I wish we’d done it years and years before,” she says. “It’s not a quick fix. One of the main issues around violence and aggression in healthcare is that it’s often addressed in silos, and we look at it only from a security perspective, or mental health perspective, or work health and safety staff safety perspective, or a patient safety perspective. But it really requires a whole-of-hospital collaboration to address all of the risk factors and all of the issues that underpin violence and aggression in healthcare.”

Austin also explains that solutions are not “one size fits all”, as it’s a complex issue, and in speaking with colleagues around Australia and internationally, she is concerned that underlying risk factors behind high levels of violence and aggression in healthcare are not being addressed. “Hand on heart, I can say we’ve got the best security team in New South Wales Health, but having those relationships, building the team approach and bringing everybody along on the journey are really key to success,” she says.

Follow-up and support
St Vincent’s has a comprehensive EAP program in place and information about this is embedded in all of the violence prevention management training for staff. “We discuss it quite frequently. We’ll do debriefs as a team after incidents, especially where we’ve had to either engage in a restraint or if somebody has been assaulted,” says Austin.

Clinical staff, other staff on the floor, patients, visitors and anybody else that may have either witnessed or been involved in an incident are also debriefed and offered appropriate follow-up counselling and support, particularly if there has been a restraint and sedation. The hospital also involves the carers and family of patients with proactive planning to prevent further episodes of violence and aggression.

If staff are assaulted, local police will come onsite to take statements and press charges of assault if required. “We recognise that assaults on healthcare workers are grossly underreported to the police, so we’re really trying to change that culture,” says Austin, who explains that staff are supported through the process of making statements. “We’re really trying to push an increase in reporting at all levels to police where it’s required, just so we can get better data on what’s actually happening in terms of violence and aggression in healthcare.”

Results and outcomes
Austin says the hospital has experienced some “great wins” since the new multidisciplinary model of care was introduced. “We’re still having the same numbers of reported incidents, but the acuity and the level of aggression has significantly reduced, to the point where we’ve had a reduction of more than 50 per cent in incidents which require physical restraint and sedation of patients. We’ve just done a recent analysis of the data, and while we have the same raw data number of calls for security assistance or code blacks, the acuity of the violence and aggression is much less, and staff are calling for assistance earlier when they’re recognising escalating behaviours,” she says. “This is bucking the trend as far as I can tell from discussions in the public sphere and through professional networks.”
The recent Financial Services Royal Commission has shone a harsh spotlight on boards and their role in governance, culture and a range of key ethical considerations within business.

Craig Donaldson speaks with experts about the outcomes of the Commission, what they mean for board directors and what OHS leaders can do to help drive positive health and safety outcomes from the very top of the organisation.

WHS oversight: is your board on the governance ball?
There have been a range of Royal Commissions, public inquiries and inquests touching upon the health and safety, leadership and corporate governance landscape over the past 12 months. From the Dreamworld inquest or the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry – or closer to home for the OHS profession, the Boland Review of the model WHS laws or the Federal Senate Standing Committee on Education and Employment Inquiry into the framework surrounding the prevention, investigation and prosecution of industrial deaths in Australia – the spotlight has been shone on boards and their role in governance, culture and compliance.

There is also more to come over the next 12 months, with a number of similar types of exercises in the nascent stages such as the Aged Care Royal Commission, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, the Royal Commission into Victoria’s Mental Health System and the National Inquiry into Sexual Harassment in Australian Workplaces – to name but a few. What each of these inquiries emphasises is the need to effectively manage conduct risk and have effective leadership at all levels of an organisation to set the right cultural tone for behaviours to be aligned with organisational values and objectives, according to Alena Titterton, a partner in regulatory & investigations, health, safety and security at Clyde & Co. This, in turn, creates a change in organisations and boardrooms in terms of a broad focus...
on culture in the approach to corporate governance, she says.

One of the other impacts in a broader corporate regulatory sense has been the additional scrutiny of regulators posed by such inquiries. In particular, Commissioner Hayne in the Banking Royal Commission took the view that part of the regulatory function for bodies such as APRA needed to involve supervising culture, according to Titterton. “In that regard, there were specific recommendations for regulators to assess entity culture, identify what is wrong with entity culture, educate the entity on cultural issues, agree what the entity will do to change its culture and supervise the implementation of those steps,” she says. The regulatory frameworks in the OHS space in Australia are more mature on the question of considering safety culture, particularly given the officer due diligence obligation, which is all about ensuring senior leaders set the right tone and personally take specific actions for a proactive approach to safety management. However, Titterton says it may be that these broader frameworks leap ahead of OHS in terms of the approach to enforcement on these issues. “It will be interesting to see if the safety-focused inquiries follow suit in suggesting that regulators take an active role in supervising safety culture beyond current approaches to investigating officer due diligence compliance. The particulars of charges in most OHS organisational prosecutions are tailored towards more tangible hazards and risks rather than cultural aspects of failures in safety risk management,” says Titterton, who adds that the model WHS laws provide a framework that would also have such a focus in enforcement.

Steve Bell, partner and co-leader of the Asia Pacific work health and safety team for Herbert Smith Freehills, observes that the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry has caused the boards of larger companies to reflect on what the role of the board actually is, particularly with regards to organisational culture. “I think directors feel a keener sense of accountability for the overarching culture of an organisation, and this includes safety culture,” he says. “So while the recent Royal Commission has forced boards to feel more involved and more accountable for decisions that are made within the business, they are probably lacking the actual capacity to directly influence large organisations, especially where boards are quite removed from the way in which the company operates.”

The Royal Commission had a larger impact on the financial sector, and subsequently, Bell says there is a stronger sense of accountability around the social impact of what their organisations do. “It’s still quite vague as to what that really means in practice for a board and what a board of directors should be doing, compared with what executive managers should be doing in large organisations. In smaller organisations, the boards usually are the managers. There’s no distinction. But in a medium to large organisation, there should be a distinction between governance activities and operational executive activities. The more you blur those lines the worse it is, as there is confusion around who is accountable for what,” he says.

Nathan Winter, President Elect of the International Network of Safety & Health Professional Organisations, and Chair of the Australian Institute of Health & Safety’s Finance, Risk, Audit and Compliance Committee, says there are some that would have paid close attention to the proceedings and outcomes of Royal Commissions, and viewed them very much as a learning opportunity, and subsequently reviewed and enhanced their organisation’s governance processes. “Inevitably, there are others who would have listened to some of the proceedings and thought ‘we are better than the banks/aged care facilities’ or ‘that doesn’t apply to
The Australian Institute of Company Directors (AICD) notes that the Financial Services Royal Commission and other inquiries have increased the spotlight on governance practice, particularly in the oversight of non-financial risk and guiding corporate culture. More broadly, issues of accountability for corporate misconduct, the impact of remuneration incentives in driving behaviour and responsiveness to stakeholder impacts have become really important, according to the AICD’s general manager of advocacy, Louise Petschler.

Community expectations of corporate conduct and accountability also link to a wider discussion about the role of business in society extending beyond financial services, she adds.

A recurring theme is that boards need to lift the intensity of their oversight of non-financial risk, without involving themselves in the day-to-day management, Petschler observes. Constructive challenge of management, improving the quality of information to the board and driving a sense of urgency and unease on emerging issues are important areas for board focus and review. Another take-out is the importance of “fairness”, especially to customers and clients. “Fairness is getting a lot of regulatory attention but more importantly links to the concept of ethical culture. The APRA CBA Report spoke about the importance of inculcating the ‘should we?’ not ‘can we?’ question into an organisation’s DNA, and this is a great challenge for boards to set themselves,” says Petschler.

“Directors are really engaged on how they can better govern culture, and the metrics and frameworks that they can apply from the boardroom to support desired culture.”

It is timely for directors of all organisations to consider whether their governance frameworks can be strengthened, and Petschler says one of the effective ways for directors to grapple with these issues is to benchmark their own practices and organisation against the APRA CBA report. “It is, however, important that the distinct roles of board and management are reflected in governance practice and regulation. Boards have clear impacts on the priorities and culture within their organisations, from the questions they ask, the agenda items they focus on, the reporting they require and accountability they expect. This is as true for the oversight of non-financial risks as it is for financial performance and innovation,” she says.

Ethical decision-making must also be prioritised by the board and embedded into culture and expectations set for management – as the consequences for breaches should be as evident as any financial or safety breach, and reflected in executive bonus outcomes. Boards can also do more to make clear to their employees, customers, shareholders and the broader community how they consider stakeholder interests and impacts as they build long-term value in the organisation, explains Petschler, who adds that a recent AICD Director Sentiment Index indicated that 89 per cent of directors believe their board is working towards implementing cultural change within their organisation.

“If you can’t perform in the board environment, the board loses confidence that you’ve got a handle on health and safety – and that can have serious consequences”
There is a strong interest at the executive and board level in understanding community standards, according to Clyde & Co’s Titterton. “I see an increasing appreciation that community standards have absolutely increased across the board, including in terms of ramifications in serious health and safety incidents,” she says. “We saw two individuals sentenced to terms of imprisonment under health and safety laws in Victoria and Queensland in the three months between December 2018 and February 2019.” While one of those sentences was overturned with the matter set down for a retrial due to a jury misdirection, but notwithstanding that, she says “these are remarkable developments, given the closest we had seen to jail time for OHS offences involved fully suspended sentences prior to those matters. The recent rise of industrial manslaughter offences around Australia is another example of increasing community standards. These types of developments are making boards sit up and take notice,” says Titterton.

Norton Rose Fulbright Australia’s Morris acknowledges that discussions about workplace death and manslaughter are “sad, negative and frightening”, and as a result OHS leaders are reluctant to address it. “These issues do though need to be discussed comprehensively, as well as safety culture, through a legal prism,” she says. A related challenge is how to make health and safety risk management and culture ‘real’ for the executive and the board – how to enable the leadership team to care so deeply about it that discussions about it are thoroughly meaningful and positive.

Herbert Smith Freehills’ Bell says the debate around industrial manslaughter is not realistic, with many directors concerned about the risks of going to jail. “Fear is a terrible motivator for good decision making. There’s this climate of fear at the moment for directors that there are unjust consequences coming their way because of safety failure. I just encourage OHS professionals to be empathetic for that, to recognise the necessary context when dealing with the board and to be prepared to give comfort to directors, and that the company is doing everything it can to manage fatal and catastrophic risks,” he says.

“Diligent executives and directors who are aware and have been paying attention to the Royal Commissions would have seen how some of the Chairs and CEOs of the major banks were “vehemently” defending/justifying their bank’s culture and practices, only to subsequently witness them accept that their beliefs were so misaligned with the expectations of their customers and the general public that they ended up resigning from their positions. This would have been a wake-up call for those diligent executives and directors to reflect upon their own perceptions about their organisation’s culture and practices and how aligned they are with their own customers and the general public.”

Lessons learnt for boards
Katherine Morris, a partner at Norton Rose Fulbright Australia who specialises in work health and safety, also says that there is a much greater focus on culture as a result of the Royal Commission, with the knowledge that even the best governance structures are not enough to mitigate risk arising from unsafe practices which are tacitly approved. “We are seeing boards specifically enquiring about understanding and measuring culture,” says Morris, who adds that the key lesson for OHS leaders is to stay in touch with and listen to all perspectives, and keep a clear focus on the core values of the organisation and the general public.

“OHS leaders need to be able to communicate clearly to the board and executives about their insights. It is clear that broader community perspectives have greater legal significance today than five years ago. OHS leaders need to be able to observe and engage with the health and safety expectations of all stakeholders, including the community, workers and their families, customers and suppliers, and articulate their concerns, and propose responses, to the executive and the board,” says Morris.

Executives and boards are also learning that there is a domino effect when one industry player is put under a microscope, Titterton says – that is, a whole industry can find itself in the same boat when something goes wrong in one organisation. “Dreamworld prompted regulators to conduct amusement device inspections across each of the Gold Coast theme parks, not just at Dreamworld. A
similar dynamic played out in the lead-up to the Banking Royal Commission,” she says.

Since 2016, there has been much more reflection from boards and senior executive teams in moving beyond simply obtaining refresher briefings on OHS due diligence. “They are now engaged in active self-reflection when they see their competitors and industry colleagues struggling post-crisis. While it is easy to criticise, they are asking themselves: would we fare any better? And they are actually testing that. We are seeing a real thirst from the C-suite in developing and testing resilience and crisis response,” says Titterton.

“I think directors feel a keener sense of accountability for the overarching culture of an organisation, and this includes safety culture”

OHS leaders have understood for a long time the power and benefit in collaborating across industry when it comes to sharing OHS lessons for industry-wide best practice on specific topics. However, this level of sophistication in collaboration has not yet been applied across industry when it comes to managing conduct and culture risk, according to Titterton. “One of the broad themes emerging from the Banking Royal Commission Report is the need for organisations [and regulators] to adopt a risk-based approach to culture and conduct, and when embarking on cultural-change programs, it is critical to review the effectiveness of those programs,” she says.

“The OHS profession has a real opportunity to demonstrate the value of our knowledge and skillsets to support organisational capability development for corporate governance and culture more broadly.” WHS legal and theoretical frameworks support the C-suite in how to give effect to personal accountability at senior leadership levels. To head the lessons from the Banking Royal Commission, Titterton says OHS leaders should be arranging for safety culture maturity assessments to be conducted as part of assessing the effectiveness of the approach to leadership and due diligence in their organisations.

Bell also notes that there has been a shift among boards, with a more pressing need to be more precise in the creation of documents in relation to safety, financial, cultural matters or environmental matters. “Systems need to be far more precise in the way in which those documents are created and the way in which a business tells the story of how it has made decisions,” he says.

“We have got four major Royal Commissions going at the moment, and these inquiries are being set up to get to the bottom of how decisions are made. To be honest, if you pull most organisations apart on the basis of why they’ve made critical, key decisions, the documentation’s not very good. It really doesn’t inspire confidence in those decisions. The learning in this for directors is that they might be called to account for themselves at some time in the future. And if they are, then is what they’ve written down the best version of their decision-making process – or is it what they’ve always done? In which case, this might need to be reviewed.”

Challenges for boards and OHS
Royal Commissions have thrown up a range of challenges for both OHS leaders and boards, and one of the main ones for directors is understanding exactly how far their obligations extend, according to Winter. Case law is not about what a director knows, but what they “ought” to know about a given practice within their organisation that they can be held accountable for. “I believe there are still a lot of directors that don’t appreciate the concept of what they ‘ought’ to know about their organisation’s practices, regardless of how big their organisation is and how far they are from the front-line employees/customers,” he says.

While there are a number of recommendations in Inquiry, Inquest and Commission findings, a lot of these have not yet been incorporated into legislation – “whereas in the states that have adopted the harmonised WHS legislation, there are already positive due diligence obligations that officers of organisations need to fulfil,” says Winter, who adds that many boards tend to still be focused too much on lagging indicators (incident rates like LTIFR or TRIFR, for example) as opposed to the information that they need to see and verify to fulfil those positive due diligence obligations.

Like any management system, processes or practices within an organisation, “governance practices” of organisations also need to be reviewed, challenged and in some cases strengthened, Winter adds. While governance is ultimately the remit of board directors, OHS leaders and the OHS profession can assist by conducting or advocating to conduct organisational culture surveys within their organisations and provide summaries of that
Director and officer oversight of non-financial risk

ASIC recently launched a Director and officer oversight of non-financial risk report, which found that boards are challenged by important elements of non-financial risk management and their oversight of these risks was less mature than required. “Boards cannot afford to ignore the oversight of non-financial risks. As we have seen, all risks can have financial consequences. If not well managed, non-financial risks carry very real financial implications for companies, their investors and customers,” says ASIC Chairman James Shipton, who noted that there were some key findings in the review:

- All too often, management was operating outside of board-approved risk appetites for non-financial risks, particularly compliance risk. Boards need to actively hold management accountable for operating within stated risk appetites.
- Reporting of risk against appetite did not effectively communicate the company’s risk position. Boards need to take ownership of the form and content of information they are receiving so that they can adequately oversee the management of material risks.
- Material information about non-financial risk was often buried in dense, voluminous board packs. It was difficult to identify key non-financial risk issues in information presented to the board. Boards should require reporting from management that has a clear hierarchy and prioritisation of non-financial risks.
- The effectiveness of board risk committees (BRCs) could be improved. BRCs should meet more regularly, devote enough time and be actively engaged to oversee material risks in a timely and effective manner.

“While there is no ‘one size fits all’ solution to these findings, boards need to proactively identify and assess their own characteristics and processes,” Shipton says. “Though the review examined companies in the financial services industry, many of the lessons learnt can be applied to most public companies in other sectors of the economy. … We acknowledge that there are no ‘easy fixes’ to some of these issues. However, effective oversight and management of non-financial risk is not novel or impossible. Companies have managed some of these risks well in the past and continue to do so today.”

“Community expectations of corporate conduct and accountability also link to a wider discussion about the role of business in society extending beyond financial services”

Advice for board members

There are a number of steps board members and OHS leaders can take in order to improve compliance and governance. Recommendations from the APRA Prudential Inquiry into the CBA, the Banking Royal Commission, and also the Aged Care Royal Commission (when they are released) are good starting points, Winter says. As identified by the AIHS’ Global Capability Framework, OHS practitioners and professionals need to have knowledge of risk assessment and management skills the APRA report, in recommendation 13, specifically talks about – which is building the capabilities and subject matter expertise of operational and compliance risk staff.

“Having certified professionals, especially given they are required to undertake Continuing Professional Development (CPD), is one way an organisation can demonstrate that its operational and compliance risk staff do have risk management capability. Hence, I would advise OHS leaders and professionals to become certified and the boards they report to, to only hire or engage certified professionals,” he says. OHS leaders and professionals should also ensure that their boards are receiving the necessary information to fulfil their positive due diligence obligations, and be able to make appropriate decisions about whether the organisation does dedicate adequate and capable resources to managing workplace health and safety, Winter adds.

Bell believes there is a “great opportunity” for boards to harness their power – particularly in large organisations – to help them drive the initiatives or the focus that health and safety professionals might want. “So it’s opportunity – but you’ve got to be prepared to make the most of it. You’ve got to know what you’re asking for, what support you need and what you think you can deliver on. And that should all be in your head before you step into the boardroom,” he says.
Titterton strongly recommends that OHS leaders take an active role in supporting their organisations to take specific steps to improve culture and governance, because the tide is turning in favour of higher community expectations – both in terms of safe working conditions and impacts of their undertakings on members of the public. She said there are a number of steps they can take in the process:

1. **Challenge assumptions and promote leadership at all levels:** "For me, one of the best quotes from the Banking Royal Commission Report is this: ‘Entities must challenge assumptions about how they can and should encourage certain behaviours and discourage others. In the end, good management, at all levels, is the best and most effective way to obtain the best results’" (Hayne Report, Vol 1, p 374). This goes equally for incentivising proactive approaches to OHS management. “You have to keep challenging your thinking and invest in ensuring your organisation’s cultural values and objectives for OHS are reflected at all leadership levels, from senior leaders through middle management and to supervisory levels at the coalface. We often find there is a dilution of the leadership message the further down it goes. That’s also why visible leadership from senior leaders is so important at the coalface,” she says.

2. **Senior leadership must seek out information for verification and assurance:** Ensure your executive/boards invest in organisational cultural maturity assessment reviews as part of their approach to WHS due diligence. “In my experience conducting such assessments, they have the potential to reap multiple dividends for organisational corporate governance beyond health and safety,” says Titterton.

3. **Collaborate across industry on leadership and culture:** Conduct peer benchmarking on officer OHS due diligence across entities, or engage in peer networks for OHS leadership. “We need to see more active OHS leadership from CEOs in public discourse: not just from ‘OHS leaders’. We are seeing some business leaders taking an active role in being a champion of change for diversity. We should have similar initiatives of business leaders being role models for OHS due diligence and positive OHS leadership,” she says.

4. **Get ahead of the curve on performance indicators:** The reign of the Lost Time Injury Frequency Rate (LTIFR) as the preferred OHS measure for the boardroom may be at an end, Titterton notes. “We are working collaboratively with industry, academics and safety professionals to develop a Due Diligence Index for more meaningful board reporting that is aligned to understanding organisational cultural capital,” she says.

5. **Revisit remuneration and incentives:** The broader corporate governance and conduct risk conversation coming out of the Banking Royal Commission is looking at how the wrong incentives can drive the wrong culture and behaviours. Interestingly, the Report recommends that the design and implementation of remuneration systems for staff be reviewed at least annually to pick up not just what workers do but how they do it. “That may be worth reflecting on in a review of OHS incentive schemes,” she says.

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**Fixing culture problems at the source**

Culture problems are often at the root of corporate crises, and many companies and boards are taking a hard look at their own culture to see where culture problems might originate, according to PwC’s most recent annual corporate directors survey. “Directors are also looking at who’s to blame. The tone set by executive management is cited the most often, but more directors are pointing the finger at middle management,” the report says. Boards are taking more accountability as well, with the percentage of directors strongly agreeing that lack of board oversight contributes to culture problems going up from 18 per cent in 2018 to 29 per cent this year.

The most common steps that directors report taking to address corporate culture are enhancing employee development/training programs (60 per cent) and whistleblowing programs (43 per cent). Many also say that their companies increased board-level reporting and that they conducted a broad-based employee culture assessment, according to the survey, which took in 734 directors who represent a cross-section of companies from over a dozen industries – 74 per cent of which have annual revenues of more than $1 billion.
OHS,disrupt
The technological advancements that make up “Industry 4.0” (such as artificial intelligence, the Internet of Things, big data, machine learning and robotics) represent a paradigm shift that will leave no industry untouched. Industrial revolutions are periods of overwhelming change that transform industry and society in a major way, and Industry 4.0 is already causing significant disruption to traditional business models. With change, however, comes opportunity, and there is potentially a major upside for organisations and their OHS functions in adopting and using the right technology.

These technologies, which become more accessible and advanced year-on-year, will fundamentally change the way work is done, carrying both risks and opportunities for OHS, according to Jared Butt, digital marketing specialist for myosh, who says a lot of these technologies have the potential to remove humans from harm’s way but can also represent an entirely new approach to production. “Organisations embracing these technologies will face considerable OHS-related challenges, especially in the transitional period regarding standards and regulations. Laws and regulations can often lag behind technological innovation, so it is vital that organisations are not waiting around for regulatory clarity before acting on OHS risks. A proactive approach to health and safety is as important as ever, especially as technology moves so quickly,” he says.

Industry 4.0 is, at its core, an opportunity to leverage the best technology and collect
a lot of data about every aspect of business, according to How Boon Tay, a partner in Deloitte’s risk advisory practice, currently leading the Perth risk analytics team. This data is a rich source of information which can help improve safety in everything from fatigue management to likely maintenance issues, and Tay says the most important role for OHS professionals in Industry 4.0 is to look for the examples and ensure that the data is collected in a way that is statistically useful.

"With all of the data comes a great deal of responsibility to manage the privacy of data that pertains to individuals. This is where open discussion with all stakeholders is critical. Again, OHS professionals are key to determining the greatest value, benefit in terms of safety, and work to ensure that the data is protected and used for the purpose for which it was intended," he says. For example, wearable technology (such as smart watches) provides a wealth of fatigue management data; sensor data, as part of the Internet of Things, is a powerful source of early incident indicator data and there is a significant opportunity to improve the health, safety and welfare of everyone onsite by combining historical incident data with both of these sources. "None of this works if the subject matter experts are not brought together by OHS professionals who understand the implications," says Tay.

There are a number of ways in which the OHS function will be impacted and how it will need to adapt its existing approaches, according to Olivia Ryan, senior manager at EY Brisbane:

Risk management approach: With respect to the introduction of automation or digital “things”, it will impact the risk assessment approach at the operational level. The most common approach to assessing operational (HS) risk using a “consequence” and “likelihood” matrix will be difficult to apply because there are limited precedents. Regarding data, the rapid evolution in analytics from descriptive, to predictive, to prescriptive will change both the assessment (of risk) and also the scope of reference
Where to start?

OHS professionals should start with gaining an understanding of how technology is disrupting their industry or sector, and clearly identify the problems to then define the changes that are required to be able to effectively support the organisation and its people throughout this disruption, according to Patricio Estevez, senior manager at EY Melbourne. Questions to ask to help gain this understanding could include:

- Is my organisation planning or going through a technological/digital transformation? If so, has OHS been considered as part of the transformation?
- Do we have clarity on what the expectations on the OHS function are in supporting the organisation in a more streamlined/digital environment? Is there a clear plan/roadmap for this?
- Will the OHS function’s ability to strategically support the organisation be limited by not shifting into a more digitally enabled function?
- What are the key skills required in the future of work and how does this impact on a more digitally integrated OHS function? For example:
  - Upskill in technical skills and methodologies: business analyst skills, basic level analytics, change management (people, process and technology), appropriate vocabulary, IT lifecycle knowledge and agile project management
  - Upskill in human-centred skills and methodologies: human-centred design skills, critical thinking, growth mindset, interpersonal communication skills, visual creativity/design and cognitive ergonomics

Information used to make the decision. Risk management is fundamental OHS, so these impacts will have flow-on effects to skills, processes and reporting, potentially far wider than what has been outlined here.

**Digital OHS clutter:** One of the elements of implementing a “Safety II” or “Safety Differently” approach talks to streamlining processes. However, this shift has yet to be applied to the digital space and in contrast there is an explosion of digital solutions that seek to address OHS pain points and interests. The ease of adoption, increasing mobility, attraction to widgets/gadgets and increasing appetite for data has led to an escalation of digital clutter. Addressing digital clutter once it’s “gone live” is arguably more complex than removal of traditional OHS processes, as it has an additional technology and data layer that must be considered.

**Data without meaning:** With the ability to collect more and more data, the focus will be on how to make sense of the data, and importantly, how to communicate in a timely and effective way so that information turns into knowledge and action.

**Auditing approach and capability:** Digital management systems are heading beyond being paperless; they are becoming user-centric and on-demand with targeted word searches powered by multi-relational databases in the background. This will require change and adaptation from both organisations and auditors to be able to demonstrate compliance from a management systems and IT systems view. Robotic Process Automation (RPA), IoT and machine learning will also change auditing, making it more of a constant process, providing real-time performance data and critical risk identification.

**Provision of “health” services:** via “virtual consultants” and “nudges” from wearables – removal of the human altogether to drive behaviour change or address “human” issues.

**Virtual workspaces and remote expertise:** The combination of improved connectivity, virtual meetings and digital tools that enable real-time and virtual or augmented experience will support limited OHS resources to be in more places at once. This is available now, though uptake has yet to hit mainstream, and future iterations will include data analytics and machine learning, and pre-empt reporting.

**How OHS can benefit**

Industry 4.0 technologies all revolve around data; they are either creating new data (IoT, wearables, digitisation, robotics), or they are analysing data (AI, data analysis, machine learning) – which in turn creates more data, according to Phil Bolton, director and senior analytics adviser in PwC’s consulting practice. “So if you embrace these technologies, that means there is going to be no shortage of data, which in turn means the emphasis of OHS functions/professionals needs to be on asking the questions, and having the skills/access to the skills to analyse the data for answers. These teams need to be thinking about how other teams who are well versed in data approach their business challenges – identifying and prioritising the hypotheses, analysing the data available to draw an initial conclusion, test and learn an intervention, capture more data, measure the performance, re-design, iterate, scale, roll-out and so on,” he says.

Tay says that Industry 4.0 technologies range from passive sensors and IoT devices to technologies that disrupt the way processes and teams operate altogether. Drawing on data from a combination of wearables, interconnected IoT devices, enables OHS professionals to improve decision making, identify lead indicators of safety performance across the organisation, predictively identify high risk behavioural profiles and intervene in real-time through intelligent automation.

Advancements in augmented reality wearables enable complex work instructions and critical high risk training to be visually projected over physical workspaces, guiding employees to safer outcomes. Virtual reality training scenarios can be rapidly developed and adjusted to changing work conditions in order to train workers remotely and create a low-cost reality environment without being exposed to the real risk, so mistakes can be made during the training and lessons learnt.

Nathan Hight, director and co-founder of OHS technology platform Safe365, says that embracing these emerging technologies rather than being intimidated by them is “pretty critical”. “For instance, at Safe365, our tech benchmarks organisations against the market across 84 lead indicators, which for most clients is the first time they’ve ever been able to do this. The benefits are significant for a company. By knowing this data, they can improve productivity, measure improvements to their OHS maturity, be more competitive against the opposition and ensure key compliance aspects are covered, reducing exposure to the business and its directors,” says Hight. “Despite the obvious benefits, we have come across a lot of companies who have a fear of finding out how they stack up. Having an open mind to how digital products can benefit OHS professionals can unlock a lot of value.”

Myosh’s Butt notes that OHS functions have always valued real-time key metrics and performance indicators, and said this data will only improve with Industry 4.0. IoT and AI, in particular, have the potential
“Influxes of new data will come with a range of new actionable insights for OHS professionals with the skills to identify them”

to produce huge swarms of valuable data.
"Rather than shy away from it, people in the health and safety industry should embrace what data can bring to their professions and roles. Influxes of new data will come with a range of new actionable insights for OHS professionals with the skills to identify them," he says. "For example, advances in AI technology will improve a system's ability to flag health and safety-related anomalies ahead of time. Despite this, a machine-learning model is only half the picture, and problem solving and human intervention will still be required. The data needs to be analysed before it has real value. OHS professionals are still best positioned to interpret this data, formulate the best controlling strategy, and sell it to management.”

**Gaps, challenges and pitfalls**
The majority of OHS professionals are just starting to think how these disruptions are going to impact the way they operate and provide business support, according to senior manager at EY Melbourne, Patricio Estevez, who has interviewed many executive directors regarding the digital challenges facing the OHS function. “Businesses are only just starting to think of the direction organisations need and the requisite infrastructure required to realise the benefits of digital technology in this space, and hence they are struggling to develop a clear and timely digital roadmap for OHS which is aligned with industry disruptions and/or broader business digital transformations,” he says.

Estevez says the lack of a digital roadmap is also impacting on many OHS functions’ ability to clearly convey the value proposition of investing in digital technology for the management of OHS risks to executive teams and boards – and hence securing adequate and ongoing funding to make the transition is difficult. For those organisations that have started asking the right questions or started the digital journey, Estevez says identifying the right technology and digital partners, and navigating the complexities of technical implementation and systems integration as part of a business digital transformation, remains a challenge.

Tay also notes that executive buy-in and sponsorship is critical to ensure support and success of initiatives. Oftentimes, organisations do not take into account the culture of the organisation and overestimate the willingness of its people in embracing technology disruption. “OHS professionals understand the implications of these initiatives and can work with the organisation’s stakeholders in the leadership and cultural change journey and move from passive adoption to active articulation of the value case for change,” he says.

Another challenge for organisations is launching into technology solutions without a robust business case assessment framework. Typically, these implementations realise little to no value, as a result of poorly articulated business cases which may fall over under scrutiny, according to Tay. “IoT devices and digitally enabled platforms significantly increase the cyber security attack surface and introduce data privacy concerns that organisations may not be equipped to deal with. Consulting with employees and relevant representatives of unions are essential to obtain the buy-in required to ensure take-up of supporting technology and analytics,” says Tay.

Bolton explains that data is a classic, “1 + 1 = 3’ type situation … to which I normally add, ‘... + 1 more gets you 7’ – the value in bringing together multiple datasets is more like exponential value rather than linear,” he says. “Companies should be thinking of these technologies as an incremental data source rather than the answer in isolation – or that’s all it will be, a single isolated answer rather than an asset to support the organisation
OHS, accident and incident reporting systems by the numbers

OHS, accident and incident reporting systems continue to slowly transition from internally developed systems to a range of best-of-breed platforms, according to Navigo’s 7th Australian HR Technology Survey, which garnered 235 responses from professionals working in the HR and IT sectors across 126 organisations in Australia. It found that 87 per cent of organisations use best-of-breed systems while 13 per cent use their core HRIS. In terms of future OHS, accident and incident reporting system expenditure, 58 per cent are looking to spend more than last year, 50 per cent the same as last year and 4 per cent less than last year (13 per cent plan no spend). In terms of system type, 34 per cent used cloud-based platforms and 43 per cent use on-premise systems, while the most common age of such systems is seven years. The most common systems were internally developed, followed by myosh, RiskMan and EmployeeConnect, while the most common best-of-breed platforms were myosh, followed by RiskMan, Vault and SkyTrust.

“A proactive approach to health and safety is as important as ever, especially as technology moves so quickly”

with a range of business challenges. Saying that, most companies are struggling to capture, access and structure their existing data, which makes it even harder to make the most out of these incremental new data sources.”

Access to funding is also typically quite challenging – “who thinks of the OHS team as being innovative and wanting to try new cutting-edge technology solutions? Who’s going to fund those trials?” Bolton asks.

Assessing and quantifying benefits

As always, organisations must look through the lens of “business return” when evaluating technology opportunities. Alongside profit and productivity projections, OHS-related metrics need to be an important part of this conversation, Butt explains. And apart from the obvious cost, there are other considerations for businesses looking to implement these solutions. These include the availability of skills and resources, overall business agility, and scalability. “Ultimately, an organisation’s ability to navigate extensive technological transformation will depend on its collective capacity for organisational change,” he says. “Businesses should start small and consider a pilot project. Are there individual parts of your business, or specific internal processes, that would benefit from automation? It’s important to engage with key stakeholders throughout this process, including workers.”

Hight also says that one of the major things for OHS professionals to work on is the non-technical skillset, such as a more holistic understanding of the business and key commercial and strategic drives for the company they work in and/or advise. “Demonstrating return on investment is always a good start, but don’t just value the reduction in lost time injuries and direct cost,” says Hight, who explains that it is important to start to articulate productivity gains (human work hours saved through implementing the digital solution), brand gain (such as the employer being seen as a more valued place to work because it proactively considers OHS in a modern and engaging way). Lastly, the value of the competitive edge OHS can generate, particularly for contractors in higher-risk industries where greater value/weighting is placed on the contractor being great at OHS.

Yes, the lives saved and injuries reduced is of paramount importance, but being able to demonstrate the broader benefits will significantly improve C-suite and board engagement and improve the OHS professional’s ‘licence to operate’,” says Hight.

Bolton adds that most companies will require going through a standard business case-type approach to access the funding to trial these technologies: quantifying the cost of the technology and balancing it against the potential improvements to OHS KPIs (such as lost time or incurred costs via LTIFR, TRIFR, workers’ compensation, sick days, secondary claims, RTW, temp resources, equipment downtime, and so on). “This is where the messaging to the organisation/employees can be much broader than a simple business case; improving health and wellbeing, taking a proactive position, investing in the safety of the workforce, investing in technology, creating a new data asset/capability for the business to apply to other organisational challenges, and so on,” says Bolton.

There’s also potentially an opportunity for some businesses to take a leading position in their industry and have a positive message about making their intentions clear. Also, Bolton recommends starting with a smaller proof-of-concept and prove the value—then build a stronger case for more funding to bring in an adequate solution, rather than cutting corners and only implementing half a solution.

Tay says that understanding and assessing the value case of new technology solutions requires a holistic look at its ability to address a given safety challenge, including but not limited to driving a demonstrable improvement in safety performance, reduction in safety risk, improved wellbeing and financial impact. For example, emerging wearable technology is able to measure fatigue load and movement of employees as they perform daily activities. This data is analysed by an accompanying smartphone app and provides ongoing assessments of the individual’s risk of manual handling injury, providing feedback to adjust movements that reduce the risk of injury. “Trials of the wearable technology should demonstrate a measurable reduction in manual handling injuries, associated workers’ compensation costs and insurance premiums. Just as importantly, these devices can improve the employees’ confidence in their ability to perform higher risk manual movements,” he says.

The value of technology solutions should also be assessed in the context of the organisation’s technology roadmap. “Sensor data from some IoT devices may provide limited insight in isolation, and its value can only be fully realised when it is integrated and cross-referenced with other sources of data; for example, integrating temperature/pressure sensor data with alerts and alarms logs to predictively identify high risk scenarios,” he points out.

Sharpening the OHS skillset

There are major shifts in the skillsets required for OHS professionals and their functions across all sectors in the economy. These shifts are not on the horizon, but
they are happening right now, according to senior manager at EY Sydney, Michael Negendahl. While traditional skills of strong technical OHS knowledge (such as control design and implementation, regulatory requirements and management systems) will continue to be important, he says there are additional skills that will be required for the contemporary workplace and the unprecedented rate of change being experienced in all sectors.

“Based on this traditional OHS professional archetype, there is a risk that the existing skillsets are misaligned to the needs of the future and are not enabling full realisation of the possibilities from digital disruption and the changing nature of work,” he says. “More and more, executives and boards are viewing skills such as the ability to analyse data for meaningful insights and integrate it with other business information systems to identify trends (predictive analytics, for example) as business as usual. A broad understanding of digital technology and the requisite skills required for this are fast becoming a must-have within the OHS function.”

This is all about either creating or analysing data, according to Bolton, who says this means the workforce of the future and anyone in any role in any industry will need to learn the basics of data – “not necessarily how to write their own machine learning algorithms, perhaps just start with the basics,” he says. “Starting with the basics will allow you to cut through the jargon (especially from the vendors) and really understand what’s been done, and it will also better position you to think about the possibilities.

“In your role today, constantly challenge if there's some data that might exist that could be analysed, or created, to make a more informed decision – and then access some internally skilled analytics resources to do some quick analysis for you; they'll be able to tell you what is possible if they had more time, or more data. Odds are there is more data ... and odds are it's probably better quality and more ready for data analysis than you think, or than you've been told ...”

Hight recommends taking some time each week to see what's trending. “Simple search engine time will open your world to vast content about the latest and greatest digital inventions that support OHS. Try free trials of products. Download free apps and see how they work. Keep an open mind towards safety tech – it might just make you look like a rockstar,” says Hight, who suggests to upskill on non-technical skills to grow your influence in your company or with clients. “Business leaders need you to adapt your style to meet their need to understand the technical detail enough so they can exercise governance, leadership and make decisions. Elevating your OHS content to link into the overall business performance and strategic achievement is the secret sauce. Taking an executive training program, MBA or similar would be well worth your time and investment in yourself if you are an OHS professional looking to operate at a C-suite and/or board level,” he says.

Data and employee privacy concerns

One of the key pitfalls for businesses to be aware of is the legislation around the collection of employee data and how this data is utilised, according to Daniel Tamas, sales director at digital transformation consultancy Velrada. The legislation varies across borders and your employee privacy needs to be considered throughout the journey from the data collection, visualisation and utilisation. “To utilise the new technologies, employees need to be involved/consulted in this business transformation journey on how the changes affect them and how their data is going to be used within this process,” says Tamas.

Director and senior analytics adviser in PwC’s consulting practice, Phil Bolton, also notes that the ethical conversation related to the collection and use of new employee-related data sources has slowed down the adoption of some new technologies: “collecting data from a pressure sensor is a little different to collecting biometrics data from an employee,” he says. “Saying that, the potential for these new technologies to positively impact the OHS landscape is significant, but we have a few hurdles to get through first – which are more likely to be human hurdles than any technology limitations. This means that the first place these technologies are likely to have a positive impact on OHS is through better management of operations and operational risk, rather than better management of the workforce, per se.”
The 5 Principles of Human Performance: A Contemporary Update of the Building Blocks of Human Performance for the New View of Safety

Reviewed by Kym Bills, Chair, College of Fellows and board member, Australian Institute of Health & Safety

Author: Todd Conklin, PhD. RRP: $76.99

While heading a research joint venture, through our partner Chevron I was lucky to visit Los Alamos National Laboratory in New Mexico where Oppenheimer and his team invented the atomic bomb and where thousands of brilliant minds continue to undertake R&D on many current science and engineering challenges. Dr Todd Conklin worked in human performance at Los Alamos National Laboratory for 25 years. I met him when he spoke to an Institute breakfast in Perth and he was clearly passionate about safety, had written a well-regarded book that he was using as a consultant to industry, and seemed a nice guy.

So, I was unexpectedly disappointed to read his 2017 book Workplace Fatalities: Failure to Predict, which has a generous Foreword by Sidney Dekker whose “safety differently” approach Conklin supports. For me, the short book’s style was redolent of his 2012 Pre-Accident Investigations: An Introduction to Organizational Safety is excellent and well edited by CRC Press/Ashgate. Conklin’s Preface sets the tone: “In a classic root cause analysis (RCA), our job is to deconstruct the event down to its most minute parts, analyse those parts, and fix whatever is broken. In Human Performance we do almost the opposite. Instead of deconstructing the event, we construct the event context and look not at the individual pieces of the event, but at the relationships between those pieces.” Noting his chapter 4 heading that Workers don’t cause failure, workers trigger failure, the key argument of the book is to find and leverage the knowledge of workers in the reality of a dynamic and changing workplace about key hazards and failure risks through a “pre-accident investigation”. This is a powerful idea, but any of us who have faced budgetary constraints with serious accident investigations might be a tad nervous about a raft of others and how they are to be selected, beyond near misses of potential disasters being the most obvious.

Which brings me to Conklin’s latest 2019 book, The 5 Principles of Human Performance: A Contemporary Update of the Building Blocks of Human Performance for the New View of Safety, which, as with the 2017 book, is published through his own PreAccident Media in Santa Fe. Conklin states (p114) “This is not a complicated book, and it is not a very academic book, or a long book”. However, it does usefully discuss and elaborate on the US Department of Energy (of which LANL is a part) 5 Principles of Human Performance, and Conklin seeks to do so in the context of what he has observed (page 19) to be:

“The 4 Principles of Safety Differently

1. Safety is not defined by the absence of accidents, but by the presence of capacity.
2. Workers aren’t the problem, workers are the problem solvers.
3. We don’t constrain workers in order to create safety, we ask workers what they need to do work safely (sic), reliably, and productively.
4. Safety doesn’t prevent bad things from happening, safety ensures good things happen while workers do work in complex and adaptive work environments.”

He summarises (page 21) the 5 Principles of Human Performance as:

2. Learning and Improving are vital. Learning is deliberate.
4. How you respond to failure matters. How leaders act and respond counts.
5. Overall, I found Conklin well worth reading but that his books since 2012 seem more in the nature of adjuncts to his consultancy business than attempts to break new ground. Conklin explicitly wants the 2019 book to prompt a conversation to improve safety outcomes. This is a worthy aim, and his books may be just what some readers are seeking.
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