



# Findings and recommended actions to improve health and safety governance in Aotearoa New Zealand

The **Better Governance**  
Report Series

## A note on our use of language and certain terms in this report

We use some te reo Māori throughout this document to acknowledge Māori as tangata whenua and te reo Māori as an official language of Aotearoa. As a project team we continue to be on a journey to better understand te ao and te reo Māori, as can be seen throughout this report.

We use the term “*governance sector*” in this report to recognise that there are a range of business and organisation types in Aotearoa New Zealand, which have features that materially influence their governance structure and approach. The high-level sectors we have identified are set out in [figure one](#). The figure is a place to begin to understand the diversity of governance structures.

The project team have deliberately chosen to use “*officer*” instead of director. It is officers, as defined under the Health and Safety at Work Act 2015, who have health and safety due diligence duties that must be met through their governance practice. The definition covers more than just professional directors. It includes people with significant influence over the management of an organisation.

We refer to “*officers and leaders*” throughout this report. This is because the project team recognises that health and safety governance is not something boards, directors and officers do alone (or should do alone). They need diverse, reliable and credible advice to support their governance discussions and decisions. You’ll find that we repeat this. To improve health and safety governance, we need to look to those supporting governance in our organisations; executive team members, health and safety practitioners, and others who lead within organisations.

Our recommended actions are for work-related “*health*” – both mental and physical – AND “*safety*”, with each being a different thing and needing to be considered individually. The risks to work-related health will be different to the safety risks. Work-related health risks need to be better understood, and mitigated and managed in different ways.

# Contents

Introduction to the Better Governance Project .....	4
Background to this report .....	7
Our stakeholder engagement process .....	7
Our targeted literature review .....	9
The identification of health and safety governance advisors and advice .....	10
The opportunity to redefine health and safety, and health and safety governance .....	11
Redefining health and safety as an outcome, not a compliance activity .....	11
Redefining health and safety governance through a shared vision and principles to guide action .....	12
Better understanding how governance can address inequitable outcomes .....	19
Our initial recommendations for action and change .....	21
Understanding the context in which health and safety governance is done .....	23
Clarity about obligations and what good looks like, and of the expectations of the regulator(s) .....	26
Capability and diversity to deliver on obligations, and enable organisations and kaimahi to thrive .....	31
Monitoring what matters .....	39
Implementing the recommended actions .....	41
Appendix One: The project team .....	44
Appendix Two: Summary of the stakeholder engagement .....	46
Appendix Three: Summary of findings from the discovery exercise .....	49
Appendix Four: Key stakeholders .....	55
Appendix Five: Summary of initial recommendations .....	57

# Introduction to the *Better Governance Project*

The health, safety and wellbeing of kaimahi (workers) is both an ethical and legal responsibility for those who govern and lead businesses and organisations in Aotearoa New Zealand. This includes those governing and leading organisations from overseas, for example, in the case of multinationals.

We know that health and safety are generally on the agenda for boards, officers and leaders. We also know that our performance against some measures has stalled. In some cases, our performance is getting worse. Kaimahi are still being killed and seriously harmed while whakamahi (working) in Aotearoa. The agenda is not driving the necessary change towards positive outcomes.

*Mahi Haumarua Aotearoa – WorkSafe New Zealand* (WorkSafe) has publicly signalled an intention to increase its focus on boards, officers and other leaders supporting healthy and safe mahi (work) under the *Health and Safety at Work Act 2015* (HSWA). This provides the opportunity for officers and leaders to improve health and safety governance culture, competency and consistency of practice.

Officers and leaders can directly impact and influence the health and safety performance of their organisations and their kaimahi, and that of their partners. They can impact and influence outcomes in their supply chains, sectors and industries, and across the motu (country).

Health and safety governance has a critical and crucial role in improving outcomes for organisations and their kaimahi

---

Over the past five years, an average of **77 kaimahi** have been killed each year while working<sup>1</sup>

---

Injuries resulting in **more than a week away from work** have risen every year over the past ten years, except in 2020

---

There are an estimated **5,000–6,000** hospitalisations each year due to work-related ill-health

---

<sup>1</sup> All health and safety-related statistics referenced in this report are from WorkSafe unless otherwise noted, and are subject to the data limitations noted at <https://data.worksafe.govt.nz/>

The *Better Governance* project (the project) was initiated in the context of Aotearoa's flatlining and deteriorating performance, and the renewed focus of WorkSafe on leaders. Governance is an area of opportunity identified by a number of health and safety leadership organisations and professionals, following the path set out by the *Royal Commission into the Pike River Mine Tragedy* and the *Independent Taskforce on Workplace Health and Safety* (the Independent Taskforce).

Improving health and safety governance, and improving outcomes, is important because the number of businesses and organisations in Aotearoa is growing, as is the number of kaimahi.

We want our organisations and kaimahi to grow and thrive, but we do not want to see growth in harm at mahi. This is why the project is being led by the *Business Leaders' Health and Safety Forum* (BLHSF) and the *General Manager Safety Forum* (GM Safety Forum). It is why it has support from the *Institute of Directors* (IoD) and from WorkSafe, along with a wide range of stakeholders.

The project is intended to comprise multiple phases including:

1. **phase one:** discovery and options identification
2. **phase two:** options development and implementation
3. **phase three:** monitoring and evaluation

WorkSafe funding has enabled this phase, *phase one: discovery and options identification*. The funding enabled the project team to come together in a strategic and advisory capacity drawing from our subject matter expertise and experience. Our biographies can be found at [Appendix One](#). It also provided for a part-time project team member to support the project.

As a result of phase one, the project team has already shared two legacy reports with over 1,000 stakeholders. This includes with ministers and members of parliament, policy makers, operational agencies and teams, regulators, those working in a wide range of governance sectors and in businesses and organisations throughout the motu, along with *Te Kauae Kaimahi – the New Zealand Council of Trade Unions* (the CTU).

The team has now developed a suite of recommended actions to improve health and safety governance, and outcomes, in Aotearoa. They are included in this report, which concludes

In February 2022, Aotearoa had **592,700 enterprises**, an increase of 5.0 percent from the year before; this followed a 0.7 percent increase in the year to February 2021<sup>2</sup>

The number of paid kaimahi in our enterprises (not an official employment statistic) at February 2022 was **2.4 million**, up 3.4 percent from February 2021

<sup>2</sup> <https://www.stats.govt.nz/information-releases/new-zealand-business-demography-statistics-at-february-2022/>

Stats NZ define an *enterprise* as "an institutional unit that generally corresponds to legal entities operating in New Zealand. It can be a company, partnership, trust, estate, incorporated society, producer board, local or central government organisation, voluntary organisation, or self-employed individual".

phase one and the current dedicated funding for the project. We will be discussing the next phase with WorkSafe, and with others who can lead and support our recommended actions.

The project team believes that **phase two** of the project is necessary so that the work to-date translates into action for positive change. There is goodwill towards the project and the work, and there is momentum that we need to harness. **Phase three: monitoring and evaluation** should follow in order for success to be measured and adjustments made where needed.

We invite all of you to continue to advocate for the importance of improving health and safety governance, and to take action to improve governance and leadership in your organisations and sectors. The project team knows that taking action to make improvements is important to many. This is because the project has benefited from the contribution of many stakeholders and *subject matter experts* (SMEs). We would like to whakamihi (acknowledge) everyone who has contributed to date, and say tēnā koe (thank you).

The team, and our resources, for this phase of the project were small. But, we had a big ambition and a clear project vision that remains true as we conclude this phase. It was focused on directors and officers, their discussions and questions about health and safety, and the decisions they make drawing from diverse, reliable and credible insights and advice. Our project vision is that:

Governance leadership genuinely improves health and safety performance in Aotearoa

The project team:



**Chris Jones**  
GM Safety Forum



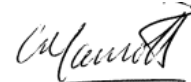
**Francois Barton**  
BLHSF



**Mike Cosman**  
IoD



**Greg Lazzaro**  
Expert advisor



**Craig Marriott**  
Expert advisor

# Background to this report

## What is governance?

There is no one single activity that defines “governance.” It is the system through which organisations are directed and controlled. It includes strategic planning, vision and purpose-setting, and risk and performance management and assurance.

## Our stakeholder engagement process

To start the project, a stakeholder engagement and discovery exercise was undertaken. This was to better understand how governance was done in Aotearoa by different types of businesses and organisations, and to hear about the opportunities and challenges confronting health and safety governance from a range of stakeholders. The project team also wanted to understand:

- where officers and leaders were getting their health and safety governance advice
- the health and safety governance information and guidance material that was available
- what was influencing officers and leaders in their governance discussions and decisions
- if there was any evidence connecting good governance with better health and safety outcomes.

The business and organisation types targeted by the project team included those set out in figure one below. We use the term “**governance sectors**” to describe them in this report. We sought to engage with officers, *Chief Executive Officers* (CEOs), and governance, health and safety and legal professionals and others with an interest in the project. The team met with the regulators<sup>3</sup>, and regularly with the IoD and WorkSafe.

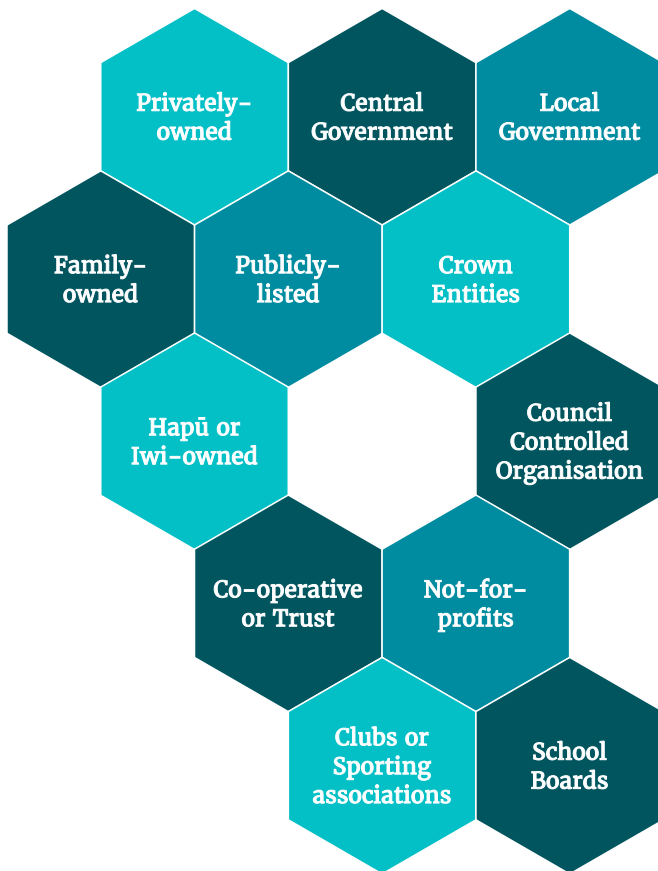
We produced a *Stakeholder Engagement report* which is summarised at **Appendix Two**. In it, we identified that most stakeholders agreed that action to make improvements in health and safety governance, and governance generally, was needed.

Health and safety governance has not been the catalyst for system and performance change that was anticipated with the creation of a legal duty in the HSWA

<sup>3</sup> WorkSafe, Maritime New Zealand, the Civil Aviation Authority, the Charities Commission, and the New Zealand Police

We identified a compliance-focused approach to health and safety governance. It suggested that, in some cases, officers were primarily seeking to protect themselves from prosecution under the HSWA. This was rather than using their due diligence obligations to drive changes and improvements in their governance practice, and hence in their organisations and the outcomes for their kaimahi.

Figure one: governance sectors targeted for stakeholder engagement



**6 workshops** were held with stakeholders from across the government, business and professional community, with 32 participants

---

**85 organisations** were contacted by the project team, and invited to feed into the project, with engagement from over 60

---

**19 targeted meetings** were held to engage stakeholders, gather insights and seek feedback, with over 30 participants

---

**560+ initial engagement emails** and a summary of the project and discovery phase were sent to organisations and individuals



A challenge to health and safety governance that was consistently raised with the team was the increasingly complex environment in which officers and leaders govern. Influences and concerns include changing legislation and case law, COVID-19, mental health and wellbeing, the environmental, social and governance (ESG) agenda, social licence and the media. Stakeholders also noted the challenge of lifting the governance performance across the diverse range of governance sectors.

Despite the identified challenges, stakeholders generally accepted that good health and safety governance can support good outcomes for organisations and their kaimahi, and that of their partners. They confirmed the view of the *Independent Taskforce* which saw a clear role for those in governance enabling healthy and safe mahi.<sup>4</sup> This view is supported by health and safety legislators, policy makers and regulators in Aotearoa and overseas, and by global organisations, such as the Organisation for Economic Co-operation and Development.<sup>5</sup>

## Our targeted literature review

There is evidence that boards and officers influence health and safety outcomes in their organisations; both positively and negatively. The most powerful evidence is, sadly, catastrophic events and inquiries into them. The Pike River Mine tragedy is an example. There are many others, over many years, across the globe. To better understand the evidence and research, we undertook a targeted literature review.

Overall, there is limited research into boards, officers and health safety governance. What we found spanned a period of 10–15 years, and supported the view that good health and safety governance can drive change and improve outcomes. It referenced the importance of boards and officers having a vision for health and safety in their organisation, and making a sustained commitment to it; including a commitment to improving their own knowledge and skill. Work-related health and safety need to be a constant priority and requires the direct involvement of officers and leaders. Some of the evidence spoke to the need for officers to be visible leaders within their organisation.

We found evidence of the value of integrating health and safety into organisational strategy and purpose, not seeing it as a transactional or compliance activity, and understanding it as a long-term commitment. There were references to the benefits of caring for kaimahi, valuing them, seeing them as an asset, and ensuring worker participation in health and safety. The need to collaborate across an organisation, and be open and transparent about health and safety risks and harms was referenced.

<sup>4</sup> <http://hstaskforce.govt.nz/documents/report-of-the-independent-taskforce-on-workplace-health-safety.pdf>

<sup>5</sup> For example, [https://www.oecd-ilibrary.org/environment/corporate-governance-for-process-safety\\_9789264274846-en](https://www.oecd-ilibrary.org/environment/corporate-governance-for-process-safety_9789264274846-en)

## The identification of health and safety governance advisors and advice

Considering the evidence of the importance of health and safety governance, we sought to identify where officers and leaders may seek advice, and reviewed a range of governance materials available to businesses and organisations in Aotearoa. Our *Health and safety governance advisors, advice and other influences report* sets out the detailed findings from our discovery exercise and is summarised at [Appendix Three](#). We found that:

- officers and leaders may seek advice from a wide range of people and organisations, some of whom provide general advice, some health and safety-specific advice
- there's a wealth of publicly available governance materials but very little governance material adding value due to variable quality and gaps addressing key issues such as work-related health.

We reviewed over 200 governance materials, including:

information and guidance

templates and checklists

questions and answers documents

training course outlines and workbooks

# The opportunity to redefine health and safety, and health and safety governance

## Redefining health and safety as an outcome, not a compliance activity

The project team considers that there is an opportunity to clearly define, and for some redefine, “health and safety”. This is so Aotearoa can share a view on these things that we want officers and leaders to govern and lead for; we want business and organisations to manage and deliver; and we want our kaimahi, their family and whānau, and our communities to be.

There is an opportunity to shift Aotearoa’s understanding of health and safety away from being a transactional compliance activity ‘done’ separately to the ‘real’ work and predominantly focused on acute injury. Policy makers, regulators, and governance and health safety leaders and organisations should work to reframe the compliance-focused definition and understanding of health and safety. We want to change it to an outcomes-focused definition. WorkSafe has begun to do this and it should be supported.

Health and safety are positive outcomes of work going well

If Aotearoa understands health and safety as positive outcomes of work going well, in both expected and unexpected situations, we can then ask how best to achieve those outcomes for our organisations and kaimahi. We can think in a different way about how work is designed and done. The *Independent Taskforce* noted officers’ power, influence and resources, and the vital need for their leadership.<sup>6</sup>

Leadership is about having a vision and setting out a strategy to work towards achieving it

<sup>6</sup> <http://hstaskforce.govt.nz/documents/report-of-the-independent-taskforce-on-workplace-health-safety.pdf>

## Redefining health and safety governance through a shared vision and principles to guide action

The need to have a vision, and a strategy that flows from it, is widely accepted as important for businesses and organisations to succeed. Having an organisational strategy and clear purpose is one of the IoD's *Four Pillars of Governance Best Practice*.<sup>7</sup> There is also evidence to support the importance of boards and officers having a vision for health and safety, creating an opportunity to establish a vision and set of principles for health and safety governance in Aotearoa.

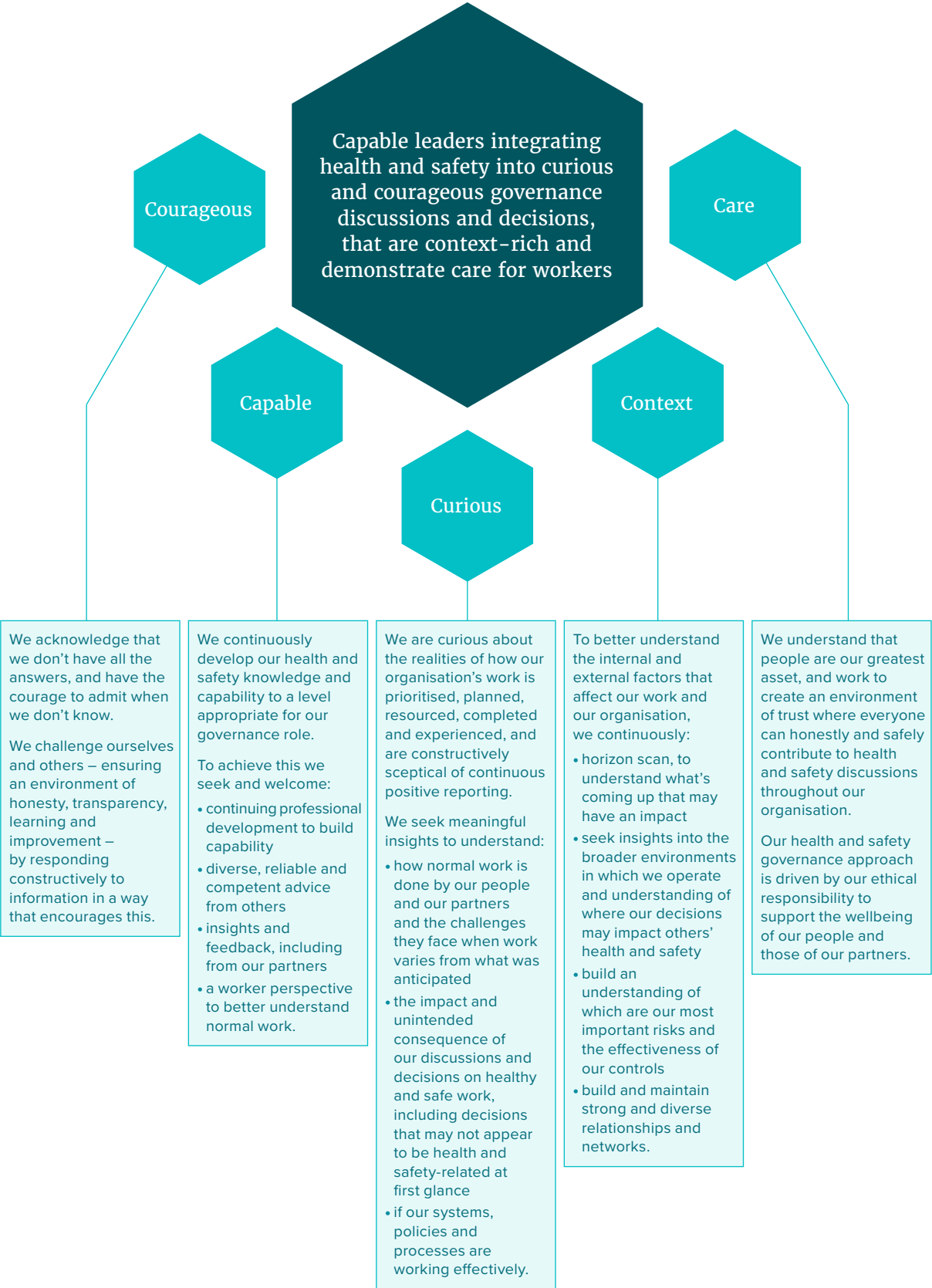
We have prepared a draft vision and set of principles, presented on the following pages. They are koha (an offering) from the project team. Boards, officers and leaders may find value in adopting the vision to guide their health and safety governance discussions and decisions; as drafted, or amended, to fit their organisation and its mahi.

One thing that readers may note is absent from our vision and principles, and the recommended actions that follow from them, are references or recommendations specifically about building a new “governance culture”, or a new “health and safety culture”. This is not because we don't think culture is important. It is, but culture is not something that can simply be recommended, or decided upon and imposed from the top of an organisation. Instead, culture is what emerges from the interactions between different people and groups, shaped by their shared goals, constraints, and experiences. In our literature review, we identified evidence to support this belief.

Officers and leaders need to govern in a way that creates an environment in which a positive culture can form, and become embedded, as work is done. They should demonstrate curiosity about what makes mahi easier or harder in their organisation and for their partners, and about what their kaimahi need for work to go well, including when trade-offs need to be made. Boards, officers and leaders need to demonstrate a genuine commitment to work-related health and safety and care for their kaimahi. Our recommendations are focused on enabling them to do this.

<sup>7</sup> <https://www.iod.org.nz/resources-and-insights/4-pillars-landing-page/#>

**Our vision for health and safety governance, and its core components**



## Our principles for health and safety governance

Our principles for health and safety governance complement our vision and its core components. They are a place to begin in doing the necessary work to build a picture of what health and safety governance should look like, in practice, in the different governance sectors. We would like to see further work done in the next phase of the project to align them with uara and tikanga Māori (Māori values and principles).

### Learn and develop

We recognise that ongoing learning and development is vital and a requirement of our role

Actively **learning** and **developing** our knowledge is important to us. This includes knowledge about:

- leading health and safety governance practice
- effective risk management and assurance
- how people work, behave and make decisions
- the importance of local context and how systems and circumstances drive behaviour, including trade-offs and work-arounds.

We recognise that our systems, policies and procedures do not always accurately reflect the realities of normal work. People necessarily innovate at work to meet objectives, and to remain healthy and safe while under conflicting pressures.

We know that people's decisions make sense to them at the time they are made. We avoid using hindsight to judge past decisions and actions, even where they may have contributed to an actual or potential incident. Instead, we seek to **learn** more about why the incident happened, to support the continuous improvement of our systems, policies and procedures.

## Anticipate and understand

We anticipate the impacts of change, and understand that a range of different scenarios may occur from it

Our operating environments are constantly changing. This includes change as a result of external factors. It also includes change as a result of the strategic decisions we make for our organisation and its people, and the decisions that influence our partners. We recognise that health and safety governance is about the here and now, but also about **anticipating** and **understanding**:

- how change will affect our future work, and our work with partners
- a range of different scenarios that may occur and need to be considered and planned for.

All change has the potential to impact health and safety, often slowly and invisibly. Change can influence the behaviours and decisions of our people and those of our partners. It can result in trade-offs and workarounds that may increase risk. We anticipate this.

When setting and supporting the strategic direction of our organisation, we seek to identify and **understand** what delivers good work under expected and unexpected circumstances, and what has the potential to go wrong. We also seek to understand how prepared we are for a range of different scenarios, especially those with potentially significant or catastrophic consequences, even when their likelihood may be low. We use this understanding to support better work design, and better work.

## Plan and resource

We plan for dynamic, messy work, and recognise that positive health and safety outcomes require people and resources to cope with that complexity

We understand that **planning**, people and the provision of effective and efficient **resources**, are crucial to designing and doing healthy and safe work.

Through direct feedback from workers and other sources, we invest in understanding what is needed to deliver good work under expected and unexpected circumstances, as well as what has the potential to go wrong.

Recognising that work is dynamic and messy, our plans acknowledge complexity in developing solutions.

We ensure that our people and our partners have the knowledge and skills, and tools and equipment to be healthy and safe at work, with feedback loops ensuring they have the **resources** they need. This enables capacity to be developed and a safety margin to be created.

## Trust and verify

We trust our people and partners to give advice and implement the decisions we make; we verify that those things happen, and that our critical systems and controls work

We take, and **trust**, the advice we receive from our people, our partners and technical experts. This is because we select advisors who are demonstrably reliable and competent.

We choose people and partners that will support us to enable healthy and safe work. We also **trust** them to implement the decisions we make, and our systems, policies and processes, but verify that this is the case.

Our **verification** processes are proactive and we apply a curious scepticism that responds constructively to what we learn.

They give us insights into the degree to which our systems, policies and processes are known about, understood, and working effectively. Through these processes we also seek to identify that we have the people, systems, resources and other factors needed to maintain our 'safety margin'.

We use our **verification** processes to understand where normal work varies from work-as-designed. We want to know whether this variation is innovation that still achieves healthy and safe work, or drift that may be unintentionally increasing risk. Knowing this helps us harness opportunities to build organisational resilience, and healthy and safe work.



## Monitor and respond

We monitor our work, seeking and welcoming genuine insights into our risks, and respond in a way that encourages honesty and transparency

We **monitor** our organisation's work, including our work done with others, and the changes we make to it. We want to understand:

- how effective our governance, and strategic direction and decisions are in keeping people healthy and safe
- where our people or resources might be, or might be becoming, compromised
- where health and safety margins may be being borrowed against for other organisational goals
- how our critical systems and controls are working to support healthy and safe work.

Recognising the dynamic and messy nature of work, we know that indicators can never provide a complete or accurate picture of risk and look for narrative as well as numbers. Recognising health and safety as an outcome of work done well under expected and unexpected circumstances, we base the selection of indicators we monitor, and the reports we receive, around the curious discussions we want to have about the delivery of work. Seeking genuine insights, we use indicators as prompts for further exploration. We look for patterns, anomalies, weak signals and gaps in our knowledge and understanding. We look for hidden issues when everything seems positive.

Honesty and transparency are vital to our culture, organisational resilience, and healthy and safe work. We **respond** to risk and harm in a way that shows we encourage reporting. We want people to be comfortable sharing information and insights early and completely.

We avoid personal bias and using hindsight to judge past decisions in our response to reporting and when an incident happens. We do not accept reports that blame 'human error', our workers, or those of our partners. We constructively challenge reports that do not help us identify weaknesses in our systems, policies and processes.

The team considers the principles necessary and useful as boards, officers and leaders can use them in their governance discussions and decisions. They can help officers and leaders govern in a way that best aligns with the vision they have articulated for their organisation and their approach to health and safety governance, helping them breaking away from personal bias and the status quo. This work can begin now, and continue into the next phase of the project.

He aha te mea nui o te ao?

What is the most important thing in the world?

He tangata, he tangata, he tangata

It is the people, it is the people, it is the people

# Better understanding how governance can address inequitable outcomes

As part of this discovery phase, the project team identified the need for further korero (discussion) and whakaaro (consideration) about how better health and safety governance can help address inequitable outcomes for Māori and non-European kaimahi. This is important as Māori are tangata whenua and a population that is now increasing, along with our Pacific and Asian populations.

Aotearoa is a bi-cultural motu, and an increasingly diverse and multi-cultural motu. But we sometimes struggle to recognise this and to respond in meaningful and appropriate ways. This can result in us approaching a range of matters with a single world-view. Our current approach to health and safety governance, and health and safety practice, appear to be no exception to this.

We need to recognise that alignment exists between te ao and uara Māori and important health and safety concepts, both of which can add value to our health and safety governance approach. Concepts like manaakitanga and whanuangatanga recognise the importance of care for others, and the relationships between people. They align with the recognition that health and safety are positive outcomes of work going well.

We see the need to share a better understanding of the fact that inequities for Māori and other non-European kaimahi are *not* just because they are working in higher-risk sectors or industries, or higher risk jobs, although this is a significant issue. The WorkSafe statement of intent,<sup>8</sup> *Maruiti 2027 Safe Haven strategy*<sup>9</sup> and harm data shows a persistent gap between Māori and non-Māori rates of injury across a range of sectors, industries, and jobs.



Between 2013 and 2019 outcomes for Māori got worse with an increase in both acute injuries, and acute injuries with a week or more away from work<sup>10</sup>

## 55%

The rate of acute injury with a week or more away from work for Māori has been, on average, 55% higher than the rate for non-Māori<sup>11</sup>

## 15%

The Māori rate of acute injury with a week or more away from work has increased by 15% in the past six years; in the same period the non-Māori rate increased by 8%<sup>12</sup>

<sup>8</sup> <https://www.worksafe.govt.nz/about-us/corporate-publications/statement-of-intent/te-tauaki-whakamaunga-atu/>

<sup>9</sup> <https://www.worksafe.govt.nz/dmsdocument/46468-maruiti-2027-safe-haven/latest>

<sup>10</sup> Ibid

<sup>11</sup> Ibid

<sup>12</sup> Ibid

We acknowledge that kōrero about how to best address inequitable outcomes can be challenging and will require a commitment to building further cultural understanding and competency in our officers and leaders. We found some international evidence recognising the importance of leaders understanding cultural context and using cultural competency to support their governance discussion and decisions.

We also know engaging in the kōrero will provide boards, officers and leaders with a significant opportunity. If we can govern and lead to address inequities in outcomes for non-European kaimahi, we will significantly improve outcomes for all of Aotearoa. If we cannot, we will struggle to achieve the performance improvements we want and need.

We need to break out of the status quo and stop saying “this is the way we have always done it” – what we’re doing now isn’t enough

# Our initial recommendations for action and change

Our vision and principles for health and safety governance are about foundation-building. Building upon those pou (pillars), our initial recommended actions are set out below, and summarised at Appendix Two. They are focused on:

- understanding and adapting to the **context** in which health and safety governance is done in Aotearoa, by officers and leaders in different governance sectors and prioritising future work
- ensuring **clarity** of obligations and what good practice can look like in different sectors, and of the expectations and intervention approach of the regulators
- building **capability** and **diversity** in officers and leaders, and those advising health and safety governance, so they can better support organisations and kaimahi to thrive
- **monitoring what matters** to shift the compliance focus to a focus on critical and strategic risk, and to assuring critical controls and systems are in place and working as intended.

In introducing each area of focus, we summarise what the project team has found as a result of the stakeholder engagement and discovery exercise. In doing so, we have not sought to replicate our earlier reports which we have summarised at Appendices Two and Three. They are our:

- *Stakeholder Engagement report (Appendix Two)*
- *Health and Safety Governance Advisors, Advice and Influences report (Appendix Three).*

We have made suggestions about the stakeholders that might be party to delivering an action. We have grouped and listed some key stakeholder organisations in Appendix Four. In doing so, we recognised that some stakeholders will not have the resources available to make an ongoing commitment to this work without support. To harness their goodwill, the funding arrangements for the next phase will need to take this into account.

We acknowledge that to some stakeholders the project team's recommended actions may not be as ambitious as they might have wanted. Their foundational focus created a tension with our desire to contribute more and recommend more; towards a greater maturity, where boards, officers and leaders achieve our project vision that ***governance leadership genuinely improves health and safety performance in Aotearoa***. We believe that we ***can*** do more and the team's vision is achievable.

I orea te tuatara ka puta ki waho

The need for a focus on health and safety is constant

Our recommendations recognise the diversity of the governance sectors, and the range of health and safety governance maturity, we have identified. It is our view that we need greater clarity around the practical meaning and application of the officer due diligence requirements to start lifting the lower levels of maturity in health and safety governance practice. In doing this, there is significant potential for positive change.

# Context

## Understanding the context in which health and safety governance is done

### Summary of what we found

When people think about governance, they often think about “big business”, and boards made up of professional directors and CEOs operating with trusted advisors and support. This is not always the case. Some of our largest organisations may be governed overseas, with a single, nominated director in country to meet legal requirements. In Aotearoa, many officers will not be supported by professional peers, board secretaries, or advisors. We are a motu of small businesses, many without boards or formal governance structures or approaches.

Aotearoa has a significant number of public sector and local council organisations which do not have boards, but which may have some of their activities directed by ministers, mayors, statutory or advisory boards, or reference groups. We have a large and varied not-for-profit sector often supported by volunteers. Elected officials and volunteers have duties under the HSWA, but they cannot be prosecuted.

Governance is not just done in the boardroom. It is done by small business owners, family and whānau members, Hapū and Iwi. The practice of governance in Aotearoa is more varied than many might imagine. It is intertwined with leadership and often confused with management.

**97%** of businesses in Aotearoa have **fewer than 20 employees**, and small businesses employ around 679,000 kaimahi<sup>13</sup>

Aotearoa has over **300 member-owned businesses**, employing over 50,000 kaimahi

In June 2022, there were **185,300 kaimahi** working in public administration and safety in Aotearoa<sup>14</sup>

In 2018, there were **115,770 non-profit institutions** in Aotearoa, with up to 150,630 kaimahi<sup>15</sup>

Most of our directors, officers and leaders are not members of governance organisations like the IoD, or health and safety leadership organisations like the BLHSF

<sup>13</sup> <https://www.mbie.govt.nz/assets/small-business-factsheet-2021.pdf>

<sup>14</sup> <https://www.stats.govt.nz/information-releases/labour-market-statistics-june-2022-quarter/>

<sup>15</sup> <https://www.stats.govt.nz/assets/Uploads/Reports/Non-profit-institutions-satellite-account-2018/non-profit-institution-satellite-account-2018.pdf>

Governance is done by people who do not have a lot of time, and who work in a complex and changing environment. Along with their HSWA obligations, they have a wide range of other legal obligations, and a lot on their agenda and mind. Matters such as the pandemic and the ESG agenda, are occupying officers’ and leaders’ time. In 2023, the economy and labour market will continue to present organisations with challenges.

We recognise that it is hard for many officers to understand all their obligations and to keep abreast of the pace of change affecting their organisation. The messaging around why we should improve work-related health and safety governance has to be about more than compliance. It needs to align closely with improving organisational performance if it is to resonate and motivate. For the IoD, this is about focusing on “shared value” to strengthen organisational sustainability. They comment that, *“Boards can lead their organisations through strategy development and support for management that ensures value is shared by employees, and staff are treated well and seen as an asset, rather than a cost”*.<sup>16</sup>

### What we recommend

Our recommended action(s)	Priority	Key stakeholders
<p>1. Establish and fund a <b>health and safety governance reference group</b> to:</p> <ul style="list-style-type: none"> <li>represent the key stakeholders that should be engaged in the next phase of the project</li> <li>support the development and delivery of the recommended actions</li> <li>provide advice on the sectors that should be prioritised as targets for intervention.</li> </ul>	High	<p>Regulators                      Governance organisations                      Sector organisations                      H&amp;S sector organisations                      Practitioner representatives                      Worker representatives                      Hāpu and Iwi representatives                      Ethnic sector representatives</p>

**Rationale:** An overarching reference group can help ensure there is diversity and representation from a range of sectors supporting the next phase of the project. The group can help build an understanding of the different sectors, and support the development and implementation of the recommended actions so that they are fit for purpose. They can offer advice on the sectors that should be prioritised for intervention. They can make connections in their sectors to people and organisations who can provide subject matter expertise to the project deliverables.

<sup>16</sup> <https://www.iod.org.nz/news/boardroom/boardroom-magazine-summer-2022-2023/top-5-issues-for-directors-in-2023/#>



Our recommended action(s)	Priority	Key stakeholders
<p>2. Develop and share a <b>set of governance sector-specific “personas”</b> that:</p> <ul style="list-style-type: none"> <li>• identify the key features of each sector and the way their governance is generally done</li> <li>• can be used to develop specific examples to support the vision and principles</li> <li>• can enable communications, information and other actions for change to be better targeted.</li> </ul>	High	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives

**Rationale:** High-level personas – such as a professional director on the board of a publicly listed company, an owner-operator of a family business, a volunteer not-for-profit board member – will provide a start from which further detailed and nuanced personas could follow in the future. It will help with the development and implementation of our recommended actions.

Delivering this recommendation should also enable the regulators to build an understanding of governance practice in the different sectors, build their expectations of governance practice and build relationships that will be of mutual benefit in the future; supporting meaningful engagement and education, along with enforcement where required. It should help the regulators establish and implement their intervention approach.

<p>3. Use the personas, the knowledge gained in developing them, and risk and harm data and insights to <b>identify target sectors for which the delivery and implementation of the recommended actions should be prioritised.</b></p>	High	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
--	------	---

**Rationale:** There will need to be some prioritisation of our recommended actions, and we provide our views on this in the “priority” column and next section of this report, *Implementing the recommended actions*. Prioritisation decisions should be made considering risk and harm data and insights, and the influence a particular governance sector might have; within a large or complex organisation, supply chain, sector or industry. For example, improving the health and safety governance practice in local government could have an influence across the multiple supply chains engaged by a council.

# Clarity

## Clarity about obligations and what good looks like, and of the expectations of the regulator(s)

### Summary of what we found

There is a lack of clarity associated with the officer obligations under the HSWA and, with what good health and safety governance practice looks like; both generally and in the different governance sectors. We can understand this. As we noted earlier in this report, there's a wealth of publicly available governance materials but very little health and safety governance materials adding value.

Few of the governance materials we reviewed provided specific detail about who was an officer (other than those in clearly defined roles) and the meaning of "significant influence" under section 18 of the HSWA. It may be that some people are not aware that they are an officer and hold a due diligence duty under the HSWA. In other cases, confusion may result in those at lower levels being told they have the duty where this was not intended by parliament; we saw this in some guidance.

The project team found a range of materials that confused or conflated officers' duties with those of a PCBU. Many materials also confused or conflated governance and management roles and responsibilities. Almost none of the materials provided information or guidance about governing organisations operating in supply chains, supporting PCBUs to addressing shared or overlapping duties. There were very few materials that provided guidance about governing work-related health risks, or catastrophic or strategic health and safety risks.

## 750 – 900

There are an estimated 750–900 deaths from work-related health issues each year<sup>17</sup>

---

## 5,000 – 6,000

There are an estimated 5,000–6,000 hospitalisations each year due to work-related health issues each year

---

## 15×

It is estimated that there are 15× more deaths from work-related health issues than work accidents

---

<sup>17</sup> <https://www.worksafe.govt.nz/topic-and-industry/work-related-health/work-related-health-estimates-and-burden-of-harm/>

Change and performance improvements cannot be achieved solely through the development and dissemination of information and guidance. But clear and authoritative guidance materials are a necessary building block. A clear and authoritative intervention approach from regulators is also necessary. The regulators need to provide greater clarity about their expectations of boards, officers and leaders in meeting their health and safety governance obligations. They also need the capability and capacity to enforce those expectations.

We heard that the regulators should do more to engage with, proactively assess, investigate and enforce the due diligence duty

In some sectors, officers were no longer concerned about the implications of their HSWA duties. They considered the risk of investigation, let alone prosecution, to be low. Prosecutions taken since the HSWA came into effect average just over one per year. In other cases, we heard about officers doing unhelpful or token things because of ill-conceived fear of what regulators expected to see. Some stakeholders in the not-for-profit sector felt that the regulators were entirely absent. This may be linked to the fact that volunteer officers cannot be prosecuted.

### What we recommend

Our recommended action(s)	Priority	Key stakeholders
4. <b>Develop and communicate detailed guidance</b> , with reference to the sector “personas”, <b>about who comprises an officer</b> , so that leaders, senior managers and others can be clear about whether they hold officer duties.	High	Health and Safety Policy Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives

**Rationale:** The meaning of “significant influence” is context and case-specific. However, better, clearer and more detailed guidance than exists now can be developed for the various governance sectors. It does not have to identify named roles, but role clarity is important and the guidance can identify the activities that a person who is an officer, or with significant influence, undertakes within an organisation. The Select Committee report back on the Health and Safety Reform Bill provides a useful starting point.<sup>18</sup>

<sup>18</sup> [https://www.parliament.nz/resource/en-NZ/51DBSCH\\_SCR64556\\_1/137f3014a8984560b2852b1636617cc4402112b2](https://www.parliament.nz/resource/en-NZ/51DBSCH_SCR64556_1/137f3014a8984560b2852b1636617cc4402112b2)

Our recommended action(s)	Priority	Key stakeholders
<p>5. <b>Develop and communicate detailed guidance</b>, with reference to the sector “personas”, <b>about the difference between due diligence and a PCBU’s duties</b>, so due diligence duty can be better understood and delivered.</p>	High	Health and Safety Policy Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p><b>Rationale:</b> Officers who are managers and/or workers need to be clear about the different roles they play, and what HSWA duties apply to those roles. This was acknowledged as a significant challenge by many stakeholders. There is a need for better, clearer and more detailed guidance to support their understanding, with governance sector-specific examples.</p>		
<p>6. <b>Develop and communicate detailed guidance</b>, with reference to the sector “personas”, <b>about governing PCBUs who hold shared and overlapping duties</b>.</p>	Medium	Health and Safety Policy Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p><b>Rationale:</b> The project team was surprised at how few of the governance materials we reviewed provided information or guidance on shared and overlapping duties. This is a significant gap considering few organisations and their kaimahi work in isolation.</p> <p>Officer’s obligations should be better and more clearly articulated, and there needs to be detailed guidance that showcases a range of leading practices. Public sector and local council organisations should be a priority sector for this guidance. They are significant purchasers of goods and services, and have influence throughout supply chains.</p>		

Our recommended action(s)	Priority	Key stakeholders
<p>7. <b>Develop and communicate detailed guidance</b>, with reference to the sector “personas” and varying levels of maturity, <b>about the activities and actions that support good work-related <u>health</u> governance along with good <u>safety</u> governance</b> so that key features of each are understood.</p>	Medium	Health and Safety Policy Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p><b>Rationale:</b> Officers need guidance on the activities and actions that support good work-related health governance along with good safety governance. There needs to be more than lists of questions or checklists in the guidance materials. There needs to be sector-based examples of what a good answer would look like.</p> <p>A person or organisation might easily answer the question, asked by WorkSafe and the IoD, “<i>What systems are in place to ensure that hazards and risks (including risks to worker health) are identified, assessed and effectively managed?</i>”. They might note a long list of systems, but those systems might actually be inadequate to support healthy and safe work. Referencing the existing guidance, they would not know what features made for a good system, so would not be able to assess their own systems against any sort of standard or example.</p>		
<p>8. Undertake a further, detailed review of the publicly available health and safety governance material to encourage the <b>removal or correction of outdated or inaccurate materials, and reduce the overall number of materials.</b></p>	High	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p><b>Rationale:</b> Although it is not possible to control who produces information, there needs to be <i>trusted</i> and <i>authoritative</i> sources of information and guidance to support a range of governance sectors and maturities. The regulators, and the main governance organisations, should be the primary sources of freely available, foundational health and safety governance advice. They should further review the information available to give effect to this; encouraging out of date, incomplete or inaccurate information to be removed.</p> <p>A number of public sector agencies and sector organisations could step back from the production and dissemination of their own guidance. Instead, they should provide sector-specific insights into the guidance materials produced by the regulators.</p>		

Our recommended action(s)	Priority	Key stakeholders
<p>9. <b>Develop, communicate and implement a regulatory intervention approach</b> to give officers clarity about the expectations of them in fulfilling their duties, and to enable those who fail to fulfil their duties to be held to account.</p> <p>There is a need for the regulators (to work together) to clarify their:</p> <ul style="list-style-type: none"> <li>• position on and expectations of officers</li> <li>• intervention approach covering: <ul style="list-style-type: none"> <li>– engagement and education</li> <li>– investigations</li> <li>– sanctions</li> <li>– prosecutions.</li> </ul> </li> </ul>	High	Regulators
<p><b>Rationale:</b> We heard that the regulators have not set a clear baseline of expected officer behaviours and actions, and that there is limited use of sanctions. This is not fair to those boards, officers and leaders who are fulfilling their duties where others are not. The current WorkSafe position statement is not enough and no position statement has been articulated by the CAA or Maritime NZ.<sup>19</sup></p>		
<p>10. <b>Develop and deliver a multi-modal, multi-channel communication and education campaign</b>, with reference to the sector “personas”, to inform officers and leaders of their HSWA obligations and the competencies and activities required to deliver them.</p>	Lower	Regulators, with support
<p><b>Rationale:</b> To improve health and safety governance, and outcomes for our organisations and kaimahi, there needs to be a sustained effort to build awareness of the officer duties in the HSWA, what they require of officers and leaders, and the competencies required to deliver them. The regulators should lead this work with support from all stakeholders.</p> <p>We heard that officers and leaders need constant reminders of their obligations to keep them front and centre. We agree. There is significant value to be gained in sharing examples and case studies of good health and safety governance and leadership.</p>		

<sup>19</sup> <https://www.worksafe.govt.nz/laws-and-regulations/operational-policy-framework/worksafe-positions/officers-due-diligence>



We also found limited practice of boards, officers and organisations seeking diverse, reliable and credible advice to support governance discussions and decisions. Examples of this can include establishing advisory boards or co-opting an external expert to provide independent, contestable advice. Although not a general practice, we know that this does occur and adds value while boards and officers build their own capability.

Independent and specialist advice and support can be of value in high-risk sectors or industries, or in those with complex supply chains. It is of value to the many organisations that do not have officers or leaders with any health and safety governance experience, or access to a dedicated health and safety practitioner within their organisation. We acknowledge accessing it may be a challenge as there is a shortage of people qualified to give health and safety advice, particularly health and safety governance advice. There is also a lack of people skilled and experienced in health and safety governance working for the regulators.

The project team was told about a lack diversity in the officer “club” in Aotearoa which impacts on boards, officers and leaders in delivering their obligations. They are not able to harness the benefits that diversity brings.

A lack of diversity can impact curiosity and courage in health and safety governance discussions and decisions. It can impact the ability for officers and leaders to support the development of systems, policies and procedures that will keep kaimahi healthy and safe; based on the way work is actually done, not imagined to be done.



## Work as done – case study

Health, safety and wellbeing is an important priority for Rangitikei District Council. They want everyone to be safe at work, and get home healthy and well. Not only that, they also want their people to experience greater overall wellbeing because they work for the Council.

Like any other Board, the Elected Members of Rangitikei District Council are expected to carry out due diligence. Working together, Council's senior managers and Elected Members developed a Health, Safety and Wellbeing Due Diligence Plan aligned to the WorkSafe and IoD *Health and Safety Guide – Good Governance for Directors*.<sup>22</sup> The plan provides a programme designed to support Elected Members achieve their due diligence obligations and to increase their overall health, safety and wellbeing capability, by helping them better understand the organisation's work including the risks that staff and others may face and the controls for these risks.

Rangitikei District Mayor, Andy Watson, notes the benefits of Elected Members and senior managers working together to ensure the safety of the Council's workforce. *“By working together collaboratively, we are ensuring that we are jointly tackling risk to the health, safety and wellbeing of our workforce. The approach taken gives governors a high level of confidence in, and increased understanding of, the information presented to us by Council officers.”*

One of the key features of the Health, Safety and Wellbeing Due Diligence Plan includes 'Work as Done' sessions. While the Elected Members hear about health and safety matters in Council Chambers, the Work as Done sessions enhance understanding by offering practical demonstrations within the workplace.

Elected Member and Governance Health, Safety and Wellbeing Champion, Fi Dalgety, says that the 'Work as Done' sessions are an invaluable tool to help governance translate what they hear about in Council Chambers into real-life scenarios. *“The Work as Done sessions provide Elected Members with practical work experiences and in-the-field demonstrations. They see first-hand the critical risks our workers face and the processes we have in place to eliminate or control these risks.”*

Other features of the plan include governance health and safety training, appointing a Governance Health, Safety and Wellbeing Champion, and collaboration between Elected Members and senior managers in developing Council's health, safety and wellbeing strategy, policies and frameworks.

<sup>22</sup><https://www.worksafe.govt.nz/managing-health-and-safety/businesses/guidance-for-business-leaders/>

Rangitīkei District Councils Chief Executive, Peter Beggs, acknowledges that it's not the only Council doing great work in this space. *“We know other Councils around the country have also implemented initiatives to support effective health, safety and wellbeing governance. We applaud these organisations and the effort they’re putting into their workers’ wellbeing. We’ve learned a great deal from other Councils, particularly within the Manawatū-Whanganui region, and we often share tools and frameworks. We are proud of the steps we have taken to improve the health and wellbeing of our staff. We will continue to optimise our Due Diligence Plan and Work as Done sessions to ensure that health, safety and wellbeing remains at the forefront of our governors thinking and decision making.”*



*Elected Members and Senior Managers learning about safety controls for ride on mowers.*



*A demonstration of safety enhancements to control the risks experienced by Animal Control Officers.*

## What we recommend

Our recommended action(s)	Priority	Key stakeholders
<p>11. <b>Develop and communicate</b>, with reference to the sector “personas”, <b>a health and safety governance competency framework for officers and leaders</b>, with a complementary:</p> <ul style="list-style-type: none"> <li>• recruitment pack with job description criteria and interview questions</li> <li>• induction pack speaking to the due diligence duty and the organisation’s risk management approach</li> <li>• performance plan framework and assessment criteria.</li> </ul>	Medium	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p><b>Rationale:</b> The development of a competency framework will support lifting the capability of new officers, and those lower levels of experience and / or maturity. It may encourage a wider range of people to apply for governance roles by clarifying the skills and competencies needed. It will enable those with existing experience and skills to grow in their roles as officers and leaders. A continuing and continuous learning approach will enable Aotearoa’s leaders to access innovations, and be informed of new and emerging leading governance practice.</p>		
<p>12. <b>Develop and communicate</b>, with reference to the sector “personas”, <b>a health and safety governance meeting pack</b>, with:</p> <ul style="list-style-type: none"> <li>• annual plans for structured health and safety deep dives</li> <li>• example board or management paper templates considering health and safety</li> <li>• example questions (and answers) for curious governance discussions.</li> </ul>	Lower	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p><b>Rationale:</b> We don’t want boards, officers and leaders to take a templated approach to health and safety. But we recognise that people and organisations can benefit from having a place to begin, to escalate health and safety, and integrate it into their governance discussions and decisions. Draft meeting packs would be relatively simple to develop, but would be of significant benefit to new officers and leaders, and those with lower levels of maturity.</p>		

Our recommended action(s)	Priority	Key stakeholders
<p>13. Support the New Zealand Institute of Safety Management's (the NZISM's) programme of work to develop and <b>implement a health and safety governance competency framework and professional registration mark for health and safety practitioners.</b></p>	Medium	<p>Regulators                      Governance organisations                      Sector organisations                      H&amp;S sector organisations                      Practitioner representatives                      Worker representatives                      Hāpu and Iwi representatives                      Ethnic sector representatives</p>
<p><b>Rationale:</b> There is a shortage of professional health and safety practitioners, and even fewer practitioners with health and safety governance experience and competency available to provide independent advice to boards, officers and leaders. This has been recognised by the NZISM, which is developing a new governance initiative to support health and safety professionals build their skills and competencies. This work should be actively supported so that there is alignment in the approach for officers, practitioners and the regulators.</p>		
<p>14. <b>Implement a health and safety governance team within WorkSafe, supporting the regulators,</b> with a complementary:</p> <ul style="list-style-type: none"> <li>• recruitment pack with job description criteria and interview questions</li> <li>• performance plan framework and assessment criteria</li> <li>• work programme aligned to the intervention strategy.</li> </ul>	High	<p>Regulators                      Governance organisations                      Sector organisations                      H&amp;S sector organisations                      Practitioner representatives                      Worker representatives                      Hāpu and Iwi representatives                      Ethnic sector representatives</p>
<p><b>Rationale:</b> In order to deliver a health and safety governance intervention strategy, the regulators need executive ownership and dedicated capability and resources. They need people who can effectively engage with, educate and investigate boards and officers. The skills and competencies needed are different to those their people working in specific sectors or industries might hold, or to those held by people with existing subject matter expertise, such as in hazardous substances or energy safety.</p>		

Our recommended action(s)	Priority	Key stakeholders
<p>15. <b>Develop and fund a training and continuing professional development programme for health and safety governance</b> including recommended:</p> <ul style="list-style-type: none"> <li>• information and guidance</li> <li>• reading materials</li> <li>• training and development programmes</li> <li>• networking and learning opportunities.</li> </ul>	Medium	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p><b>Rationale:</b> There are health and safety governance training programmes available for officers, leaders, practitioners and others looking to develop their skills and capabilities; however, they come with a cost and can be very expensive.</p> <p>There will always be a market for professional people and organisations to support health and safety governance training. They need to be complemented by freely accessible, clear and authoritative guidance materials, reading lists, and free or funded training opportunities.</p>		
<p>16. <b>Develop, implement and fund a health and safety governance mentoring programme</b> for officers, leaders, practitioners and others looking to develop their skill and competencies.</p>	Lower	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p><b>Rationale:</b> The mentoring programmes we heard about (rightly) target specific population groups. The good work being done through these programmes could be an example for developing health and safety governance networking programmes that are accessible to all officers, leaders and health and safety practitioners. This would be a natural next step from developing competency frameworks, training and CPD programmes.</p>		

Our initial recommendations include a multi-modal, multi-channel communication and education campaign focused on the officer due diligence duties. And, a training and continuing professional development programme for health and safety governance. This is a place to begin, but we think there is a further opportunity for government to explore how we deliberately build risk awareness, and health and safety awareness, more generally. And, how we leverage that awareness to build health and safety capacity and capability in Aotearoa; in officers, leaders, managers and kaimahi, and in our families, whānau and communities.

He aha te kai a te rangatira?

What is the food of the leader?

He kōrero, he kōrero, he kōrero

It is knowledge. It is communication

There is an opportunity to communicate and educate about a people first, health and safety first, approach through our education and training system. In higher education, courses that are focused on technical skills, design and engineering, and business and economics could be a particular focus for building better risk, and health and safety awareness. Courses with a business and executive management focus could include health and safety governance and leadership.

# Monitoring

## Monitoring what matters

### Summary of what we found

Knowing what to monitor and measure presented as a challenge across multiple governance sectors. Many boards, officers and leaders appear to consider health and safety monitoring and reporting in the same way they might consider their financial performance or undertake a profit and loss analysis or dividend review. This can result in them thinking that they can break health and safety down to ‘root cause’ issues and fix those issue with ‘best practice’. This thinking can also occur through the continued use of lag indicators such as *Lost Time Injury Frequency Rates* (LTIFR) and *Total Recordable Injury Frequency Rate* (TRIFR), and a focus on reported harms.

The evidence is that fluctuations in TRIFR rates are statistical noise, and that there is no relationship between TRIFR and risk of serious and fatal accidents. LTIFR and TRIFR are not an indicator of how healthy and safe work is in an organisation, and monitoring them does not demonstrate that the officer due diligence duty has been met. They can harm governance discussions because their nature, as a number or rate, often to one or two decimal points, conveys an artificial and incorrect sense of accuracy and certainty about how health and safety is being ‘done’.

In some cases, LTIFR and TRIFR are only reported for employees, and do not include harm occurring to kaimahi in an organisation’s supply chain. They generally ignore harm to physical and mental health. In addition, they do not encourage forward looking and proactive approaches to health and safety governance and management. For all these reasons, the project team consider organisations should stop using LTIFR and TRIFR.

Reliance on lag indicators, lost time and incident frequency rates is like looking in the rear-view mirror while driving, rather than looking out of the windscreen to identify what is coming up

We learned that some organisations still had health and safety key performance measures (KPIs) associated with lag indicators and rates of harm linked to performance considerations and pay. We also consider that this practice should cease. Officers’ and senior executives’ performance should be measured against how they fulfil their due diligence duties, but we found few examples of this. Performance could also be measured based on forward-looking accountability, for example, for implementing critical risk controls and visible displays of health and safety leadership (that workers say was positive).

## What we recommend

Our recommended action(s)	Priority	Key stakeholders
<p>17. <b>Develop and communicate</b>, with reference to the sector “personas”, <b>a monitoring and reporting best practice guide for health and safety governance</b> including measures and insight supporting effective:</p> <ul style="list-style-type: none"> <li>• health and safety system, policies and processes performance</li> <li>• governance practice so that officers and leaders can reflect on their own mahi.</li> </ul>	High	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p><b>Rationale:</b> This is a relatively simply recommended action, but the project team recognises that there will be significant work involved in delivering it. We have identified it as a high priority, knowing this, and that officers and leaders need more than just data. They need insights on:</p> <ul style="list-style-type: none"> <li>• their organisation’s critical and strategic risks, and how those risks are being effectively mitigated and managed</li> <li>• the performance of their systems, policies and processes; are they known about, followed, successful, needing work</li> <li>• what additional controls might be available, and why they are not being used within their organisation or by their partners</li> <li>• the way normal work is done and how it varies from those systems, and why; is the variation healthy, safe innovation or is it risky.</li> </ul>		



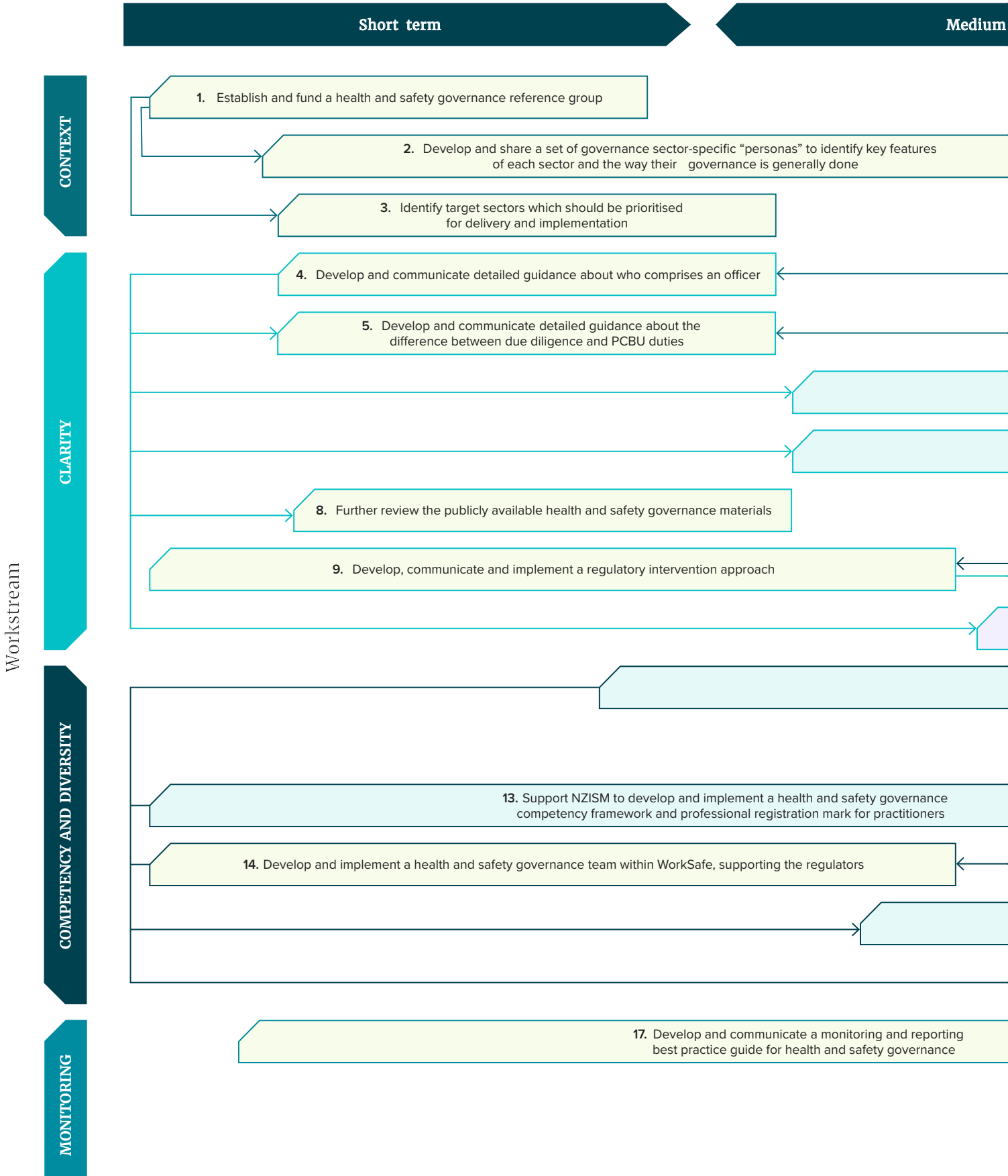
# Implementing the recommended actions

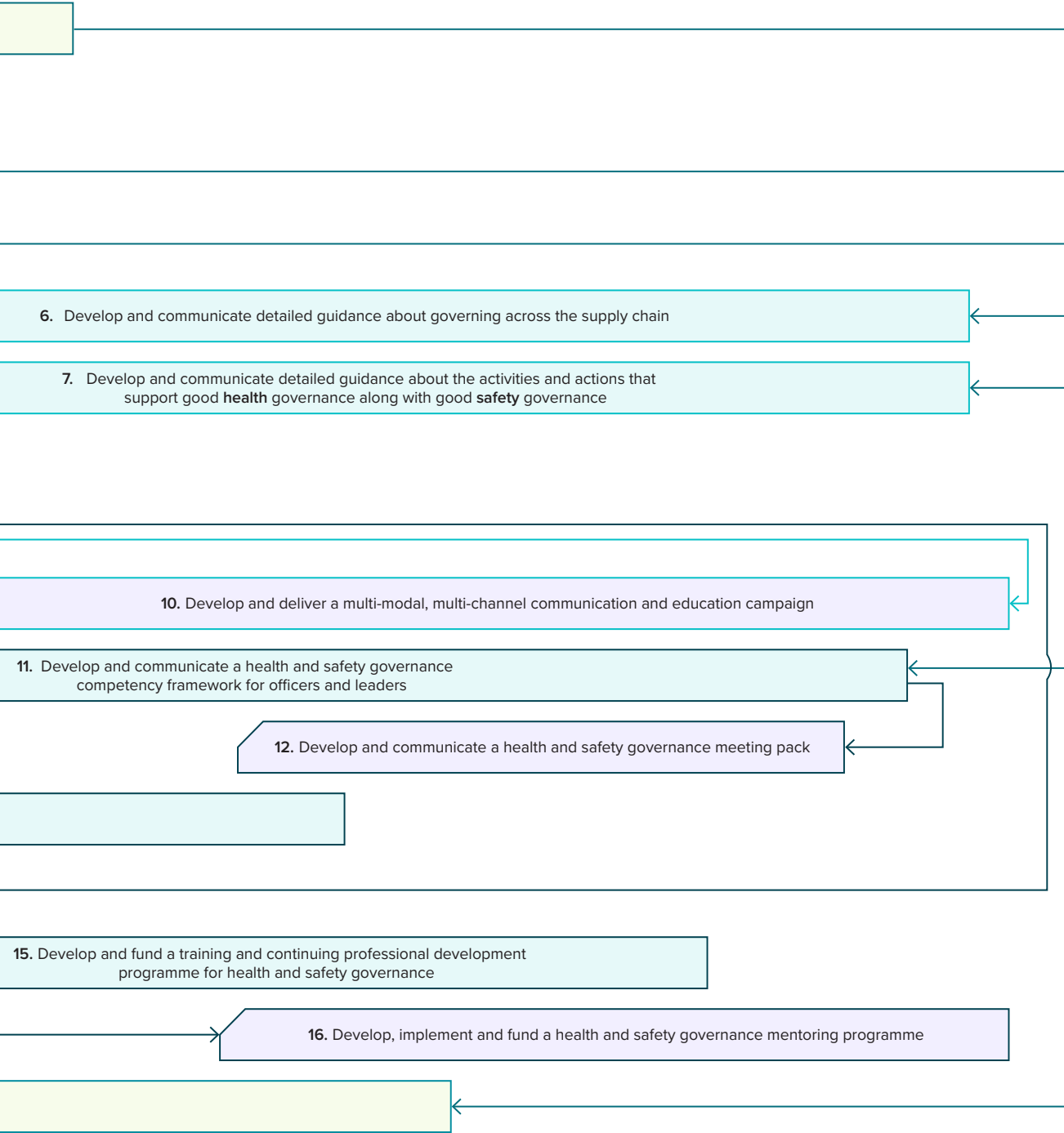
The project team is hesitant to describe any of our recommended actions as a lower-priority. But, we recognise that work to develop and implement them, and make changes to improve outcomes, will take sustained expert effort, time and resources. There is no quick fix. We also recognise that some actions should be completed for others to follow.

The diagram below sets out a high-level starting approach towards prioritisation and implementation. We have tried to indicate where recommended actions directly relate to, or flow into, each other. This is not an implementation plan but a starting point on which one can be built for the next phase of the project.

The recommendations in green are those which we consider the highest priority. Those in blue are the next level of priority, with those in purple to follow. The width of the boxes in which the recommendations are presented are a high-level indication of the expertise, time and resources we consider will be required to deliver a recommendation. For example, we consider that developing guidance about governing across the supply chain will be a greater effort than developing guidance about who comprises an officer. We also consider it will take significant expertise, time and resources to develop a monitoring and reporting guidance to support health and safety governance.

Figure two: proposed approach to delivering and implementing our recommended actions





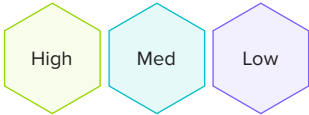
CONTEXT

CLARITY

COMPETENCY AND DIVERSITY

MONITORING

Levels of priority for recommendations



# Appendix One: The project team

## **Chris Jones – Project Governance Group Chair, General Manager Safety Forum representative**

Chris Jones is Chief Safety & Wellbeing Officer at Ara Poutama Aotearoa / Department of Corrections. His role is to provide executive leadership, strategic direction, operational support and organisational insights and assurance on all health, safety and wellbeing matters across one of the most complex and risk-diverse organisations in Aotearoa. It spans 160 sites, 10,000 staff, 40,000 offenders and 2,000 partner organisations. Chris also provides executive thought leadership in relation to business resilience, organisational climate and performance monitoring. Ara Poutama have twice won the ‘*Best Board-level Engagement in Health and Safety*’ Award at the annual Safeguard Health & Safety Awards, being shortlisted finalists on another occasion.

Chris has extensive experience across a number of roles and organisations, both in Aotearoa and the United Kingdom. He has joined the project team as he knows good governance can improve health and safety outcomes for kaimahi / workers and resilience in businesses and organisations.

## **Francois Barton – Business Leaders’ Health and Safety Forum Executive Director**

Francois Barton is the Executive Director of the New Zealand Business Leaders’ Health and Safety Forum – a coalition of more than 400 Chief Executive Officers committed to building cultures that enable people and business to thrive. Before joining the Forum in May 2015, Francois worked in the health and safety regulator for almost 10 years, through the Pike River Mine tragedy and the major health and safety ecosystem reforms that resulted. He was directly involved in the establishment of WorkSafe New Zealand. During that time, he established WorkSafe’s national programme team, including the significant interventions in construction, forestry, work-related health and agriculture.

Francois is committed to the Better Governance project because of the proven influence boards and senior executives can have on how work is designed, delivered and refined. When done well, that can create work environments that enable people and businesses thrive.

## **Mike Cosman – Institute of Directors representative, Subject Matter Expert**

Mike is an experienced health and safety professional who has worked in a variety of regulatory, management and consulting roles over the past 44 years, including as a member of the *Independent Taskforce* set up after the Pike River mine disaster. Much of Mike's work is with boards and senior executives including delivering training, reviews and other assurance activities, providing expert advice; including as an independent member of several health and safety governance groups in the public and private sector. He is also Chair of the New Zealand Institute of Safety Management with 2500 members.

Mike joined the project team as he sees there is currently a significant gap and potential misunderstanding as to what is expected of an officer to meet their due diligence obligations under the Health and Safety at Work Act 2015.

## **Greg Lazzaro – Subject Matter Expert**

Greg has 25 years executive and operational leadership experience in health, safety and environment. He has a comprehensive knowledge of risk management and resilience building disciplines. From humble beginnings in the oil and gas industry in Australia, Greg has managed major hazard facilities for global organisations across a number of sectors. This has provided him with a diverse range of experience on which he grounds his expertise. His expertise has seen him be a director and senior leader, supporting sound governance and leadership decisions and activities, including assurance decision-making and teams.

Greg joined the project team as he is committed to changing the way leaders see their role in the future of safe work to better enable safe outcomes.

## **Craig Marriott – Subject Matter Expert**

Craig has over 30 years' experience managing safety in high-hazard industries. From nuclear submarines and highly radioactive waste, to high-pressure gas pipelines and oil rigs, he has written safety cases and managed safety for some of the world's most hazardous operations. Craig works with organisations at senior levels to improve health, safety and risk performance. He is a strong advocate of challenging conventional safety thinking and is the Chair of the New Zealand Community of Safety Innovation. He is known for bringing a pragmatic approach to translate health and safety management theory into workable solutions.

Craig joined the project team to help drive better safety outcomes for Aotearoa by bringing recent innovations in safety management into the governance space.

# Appendix Two: Summary of the stakeholder engagement

## Initial stakeholder engagement to understand the governance sectors and contexts in Aotearoa

The governance sectors targeted by the project team included those set out in *figure one*, along with officers, CEOs, and governance, health and safety and legal professionals and others with an interest in the project. As noted in this report, the team met with the key regulators, and regularly with the IoD and WorkSafe.

A series of planned stakeholder workshops in mid-2022 were impacted by a COVID-19 wave, with quality contributions from participants, but attendance lower than anticipated. As a result, stakeholders were invited to one-on-one meetings with the team or to provide written feedback on a series of questions. The questions were focused on:

- if people considered governance was important to health and safety decision-making and outcomes
- what people thought about the flatlining of health and safety improvements since the introduction of the HSWA, and the case for further change
- the different governance sectors and contexts, and the commonalities and differences in discussions and decision-making between them
- what was driving governance and assurance, including what is working well or not, and whether it was compliance-driven or driven by principles
- what key mindsets and principles would be required to fix identified problems or to build on the positives.

Throughout the engagement and discovery process, our stakeholders were provided with draft reports. They were invited to provide feedback and share the reports across their organisations and in their sectors, and with whomever they considered might be interested before they were finalised. This was intended to enable a wide range of businesses, organisations and people to review what the project team heard and found, and to make further contributions if they wished.

## Summary of findings from the initial stakeholder engagement

Our *Stakeholder Engagement report* sets out the detailed findings from our initial engagement. In summary, most stakeholders agreed that there remained a case for change and identified a range of challenges to be addressed. They include the increasingly complex environment in which officers and leaders govern, and the wide diversity of governance sectors.

The project team heard that there is widespread agreement that good governance is important to achieving good health and safety outcomes. It is generally accepted that it unlocks opportunities, improves resilience and helps mitigate risk. We heard that there is no shared baseline for:

- the governance obligations on officers, and how far these obligations extend
- what the officer duties require, and good health and safety governance looks like
- the expectations of the regulator(s) with regard to good health and safety governance.

It was clear from the initial stakeholder engagement that there is a range of maturity of health and safety governance, and governance generally. We heard about:

- capability issues confronting boards, officers, leaders and others
- an ongoing compliance focus, even though there was a desire to move beyond this
- a reliance on lag data, and the challenges of monitoring and measuring what really matters
- reactive responses to harm, even though this was not considered to create sustainable change.

### **Key mindsets and principles that could help improve performance and build on the positives**

During our engagement, the project team were interested to learn about the mindsets and principles that could help improve outcomes, and build on the positives. We heard support for a principles-based approach to health and safety governance, and from some, that a commitment to Te Tiriti o Waitangi – the Treaty of Waitangi could provide a foundation for this.

Although neither a mindset or a principle, **context** was repeated as important by stakeholders. They told us that improving performance and achieving better outcomes was about understanding:

- the complex and dynamic environments in which businesses and organisations operate
- kaimahi and the way they normally work, rather than the way officers imagine they work.

The need for officers and leaders to be **curious** about the way mahi was done in their organisations came up in most of our engagements. Along with the need for them to be open and willing to acknowledge what they don't know, and to engage with constructive feedback. We heard that this takes **courage**. These stood out as two important concepts that we heard mentioned by many.

### **The suggestions on what could improve health and safety governance**

Throughout the engagement process, the project team were provided with a range of suggestions about what would help improve health and safety governance, to improve the resilience of businesses and organisations, and the outcomes for kaimahi. These are detailed in our *Stakeholder Engagement report* and we have drawn from them in developing our recommended actions.



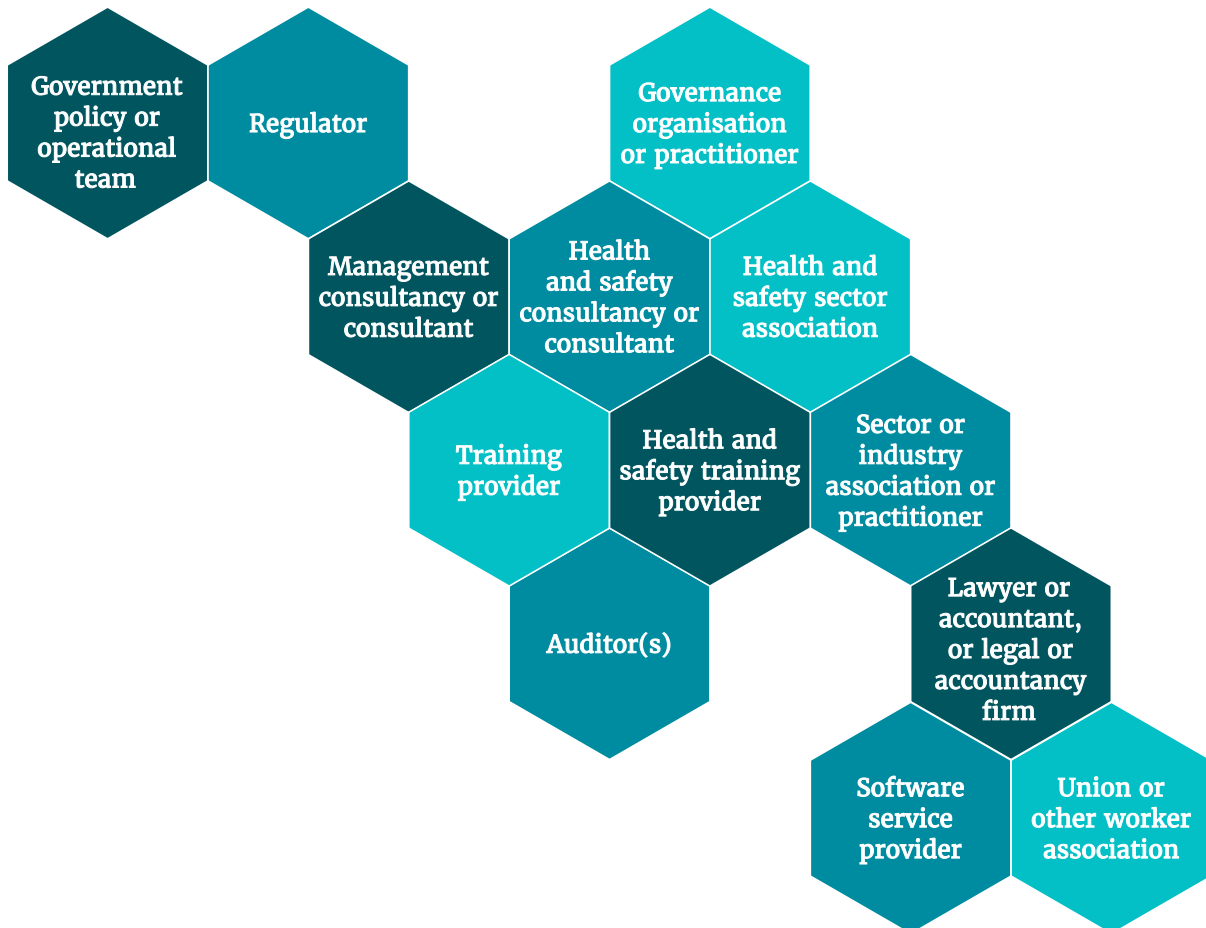
# Appendix Three: Summary of findings from the discovery exercise

To understand what might influence boards, officers, and governance discussions and decisions, the project team worked to identify a range of people and organisations that may be providing health and safety governance information, guidance, advice and / or training. The project team also sought to identify the range of influences and potential concerns for officers and leaders. Our *Health and safety governance advisors, advice and other influences report* sets out the detailed findings from our discovery exercise.

## **The people and organisations providing health and safety governance advice**

The people and organisations represented in figure three are those we've identified who provide general and health and safety-specific governance advice, information and guidance, and the provision of training and / or qualifications. Some of their governance materials are published and publicly available. In other cases, advice is purchased. It may be bought "off the shelf" or tailored, or a be combination of both. Some may audit health and safety systems, policies and procedures against defined standards or those of their own making.

Figure three: People and organisations that provide governance advice



We identified two main governance organisations in Aotearoa; the IoD, which has a focus on boards and officers, and *Governance New Zealand*, which has a focus on board secretaries. Access to most of their information, guidance and training comes at a cost. Governance New Zealand has no health and safety governance materials. *Community Governance* is a relatively new organisation with a focus on the not-for-profit sector. It has not yet produced health and safety governance material.

The public sector produces a range of governance material but little with a focus on health and safety governance. Some of the material it produces was hard to search and navigate; incorrectly defined an officer and confused their duties under the HSWA; and had broken links. In some cases, the material was out of date and requires review or removal.

WorkSafe was the only regulator with a suite of health and safety governance material. Some of it was produced in conjunction with the IoD. Most was published in 2016–17 and, while a useful starting point, is due for a review and refresh. The *Civil Aviation Authority* (CAA) and *Maritime New Zealand* (Maritime NZ) have a single, high level fact sheet each.

The project team looked for materials across Aotearoa's health and safety sector bodies, and found their mahi was generally focused on practitioners in their sectors. The public sector *Government Health and Safety Lead* (GHSL) has produced one of the better guidance documents, the *Health and Safety – A Good Practice Guide for Public Service Chief Executives and Officers*.<sup>23</sup> The *New Zealand Institute of Safety Management* (NZISM) has a new governance initiative under development.

A Google search shows that there are a significant number of health and safety professionals and consultancies offering health and safety governance advice. The project team has not been able to engage with them all, and their governance materials are not publicly available as they represent their intellectual property. It has not been possible to assess their scope or quality.

We looked at a number of the *New Zealand Qualifications Authority* purpose statements. We did not find any reference to health and safety governance, although we may not have identified all relevant courses and materials. The training courses we did find were offered by the governance organisations, sector and industry organisations, and consultancies, or by health and safety-specific training organisations but it does not appear that health and safety governance is a focus for many.

We know that governance advice, including health and safety governance advice, is provided by lawyers and accountants. They are often the primary or first advisors to businesses or organisations who do not have the resources to engage industry professionals or consultants. In the case of lawyers, this advice might sometimes come too late; after an event has occurred.

The project team identified a range of software service providers with fact sheets, blog posts, webinars and similar, that give high level governance advice, including health and safety governance advice. We reflect that the way the software is designed and used could be seen as these providers providing implicit advice by requiring specific inputs and producing pre-defined reports.

The project team notes that unions would not be a traditional source of governance material, information or guidance. We wanted to include them, however, as important stakeholders and a source of information, guidance and advice for kaimahi.

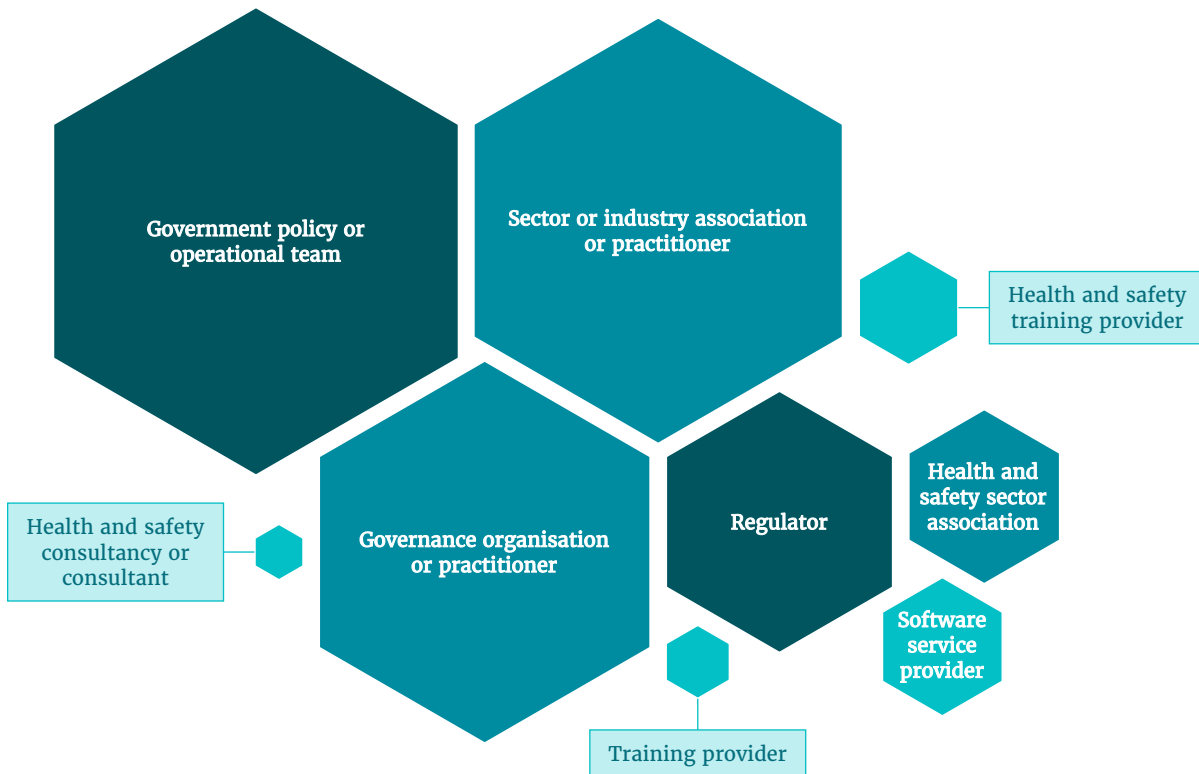
<sup>23</sup> <https://www.healthandsafety.govt.nz/a-z-topics/reports/good-practice-guides/health-and-safety-a-good-practice-guide-for-public-service-chief-executives-and-officers/>

### Available health and safety governance material

The project team has sought to map the health and safety governance materials publicly available to boards, officers and leaders. Some key people and organisations provided their materials, in confidence, for the project team to review. We'd like to thank them.

Figure four gives a rough picture of who produced the materials we reviewed. Not all of the materials the project team initially identified turned out to be relevant. Where a material was not about health and safety governance, it was not included in the review and represented in the diagram. The exception to this is where it specifically stated it was for boards or officers (even where we found it was not). This approach influenced the size of the “government policy or operational team” hexagon.

Figure four: health and safety governance material produced by people and organisations



Overall, the project team found a lot of governance material. However, very little of it includes health and safety-specific governance material and, where it does, it is not always adding value. To determine this, we looked for some key themes that might be considered to provide a foundation for good health and safety governance. These included:

- **foundational information** about the HSWA, the officer due diligence duties within it, who comprises an officer, and health and safety governance generally. Approximately one-third of the material reviewed did not mention the HSWA or officer duties
- discussion of a **vision and values** to provide a foundation for health and safety governance. Very few of the materials reviewed referenced establishing a vision generally or a specific vision to guide effective health and safety governance discussions and decisions
- the officer **mindsets** and **principles** that could drive good health and safety governance, and upon which boards and officers could act. None of the materials provide advice related to mindsets or principles that could support effective health and safety governance
- the **health and safety knowledge and experience**, and skills and competencies, that would benefit boards and officers in fulfilling their HSWA duties. We were not able to identify any governance materials that provided detailed advice on these matters
- specific advice on what enables **good health and safety governance**, as part of a board and officer's overall governance approach and practice. We found a few examples with high level, diagnostic questions and checklists
- detail about **the differences between "health" and "safety"**, and what that meant for boards and officers fulfilling their duties. We found very little work-related health and wellbeing-focused material targeted at governance level
- governance-level advice relating to **shared or overlapping duties** within a business or organisation, and across its supply chain. It is briefly touched on in the WorkSafe / IoD guidance and only one other piece of material we identified discusses it in any detail at all
- verifying **worker engagement, participation and representation** practices in an organisation. We found little mention of mahi and kaimahi in the materials we reviewed
- references to **Te Tiriti o Waitangi** or to **cultural competency** and **safety**. Outside of material produced by Te Puni Kokiri, we found just two references to Te Tiriti and there were no governance materials that provided advice on cultural competency and safety.

## Other influences and concerns affecting health and safety governance discussions and decisions

The other influences and potential concerns for boards, officers and leaders we identified included:

- legislation and case law
- COVID-19
- an increased awareness of the connection between mahi and mental health
- the ESG agenda
- the social license and the media.

Stakeholders told us about the complexity of the legal environment in which boards operate. We identified a wide range of legislation – in addition to the HSWA – with which officers and organisations need to comply. Not all of it is well understood. We heard about an interest in case law but not so much about concern about investigation and prosecution by WorkSafe.

None of our stakeholders mentioned *Accident Compensation Corporation* (ACC) levies or other insurance costs influencing their approach to health and safety governance, or health and safety more generally. We hear about the cost of ACC levies from time to time in the media, however. Our experience tells us that it can be of concern, if not influence, in some sectors and industries.

Most stakeholders we spoke with mentioned changes to the nature of mahi and the expectations of kaimahi as a result of the pandemic. This represents as both an opportunity and a challenge for officers and organisations. Mental health and wellbeing likewise pose an opportunity and a challenge, but we found very little information and guidance on this targeted at governance level.

We heard about potential impacts of the ESG agenda and reporting, and a lack of clarity and certainty about its implications for boards, officers and organisations. Health and safety are identified as a part of the “social” component of the ESG agenda. The social component may influence social licence, which can in turn influence, and be influenced by, the media.

Public thinking about, and opinion on, health and safety may influence governance discussions and decisions. As noted in our *Stakeholder Engagement Report*, stakeholders thought more attention was given to health and safety when it was being discussed in the public domain.

# Appendix Four:

## Key stakeholders

The project team has engaged with a significant number of people, businesses and organisations from across the governance sectors, and health and safety ecosystem. The table below sets out the public service agencies, regulators and organisations who have policy, regulatory, and advocacy and support roles across the sectors. These are the agencies and organisations that should first be engaged in the work to implement our recommended actions. Where they are in italics, the project team has yet to broker a relationship but considers this important to the next phase.

Sector	Organisation
Public sector agencies	Ministry of Business, Innovation and Employment:
	• <i>Competition and Consumer</i>
	• <a href="https://business.govt.nz">business.govt.nz</a>
	• Health and Safety
	• <i>Government Procurement and Property</i>
	<i>Te Puni Kōkiri (Māori governance and business)</i>
	<i>Ministry for Pacific People (Pacific governance and business)</i>
	Ministry of Education (School Boards)
<i>Ministry of Culture and Heritage (Sport and Recreation)</i>	
Department of Internal Affairs (Charitable Sector)	
<i>Waka Kotahi</i>	
Regulators	WorkSafe New Zealand
	Maritime New Zealand
	Civil Aviation Authority
Governance organisation	Institute of Directors
	Governance New Zealand
	Community Governance

Sector	Organisation
<b>Sector organisation</b>	Business New Zealand
	Employers and Manufacturers Association
	<i>Chamber of Commerce Network</i>
	<i>Ko Tātou – Local Government New Zealand</i>
	<i>Taituarā – Society of Local Government Managers</i>
<b>Health and Safety sector organisations</b>	Business Leaders’ Health and Safety Forum
	Government Health and Safety Lead
	Construction Health and Safety New Zealand
	<i>Forestry Industry Safety Council</i>
	<i>Safer Farms</i>
	ShopCare
	<i>SiteSafe</i>
<b>Health and Safety practitioner representatives</b>	Health and Safety Association of New Zealand
	New Zealand Institute of Safety Management
	<i>New Zealand Occupational Hygiene Society</i>
<b>Worker representatives</b>	<i>Te Kauae Kaimahi – Council of Trade Unions</i>
	<i>Kaimahi representatives</i>
<b>Iwi representatives</b>	<i>Iwi director and business leader representatives</i>
<b>Ethnic sector representatives</b>	<i>Pacific director and business leader representatives</i>
	<i>Asian director and business leader representatives</i>



# Appendix Five: Summary of initial recommendations

The table below summarises the project team's initial recommended actions, their priority, and the people and organisations that we consider need to be a part of their further exploration, development and implementation. They are separated into the themes of:

- better understanding the context in which health and safety governance is done in Aotearoa, by officers and leaders in different sectors
- ensuring clarity of obligations and what good practice can look like in different sectors, and of the expectations and intervention approach of the regulators
- building capability and diversity in officers and leaders, and those supporting health and safety governance, so they can better support organisations and kaimahi to thrive
- monitoring what matters to shift the compliance focus to a focus on critical and strategic risk and assurance.

I orea te tuatara ka puta ki waho

The need for a focus on health and safety is constant

## What we recommend

Our recommended action(s)	Priority	Key stakeholders
<b>Context</b>		
<p>1. Establish and fund a <b>health and safety governance reference group</b> to:</p> <ul style="list-style-type: none"> <li>represent the key stakeholders that should be engaged in the next phase of the project</li> <li>support the development and delivery of the recommended actions</li> <li>provide advice on the sectors that should be prioritised as targets for intervention.</li> </ul>	High	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p>2. Develop and share a <b>set of governance sector-specific “personas”</b> that:</p> <ul style="list-style-type: none"> <li>identify the key features of each sector and the way their governance is generally done</li> <li>can be used to develop specific examples to support the vision and principles</li> <li>can enable communications, information and other actions for change to be better targeted.</li> </ul>	High	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p>3. Use the personas, the knowledge gained in developing them, and risk and harm data and insights to <b>identify target sectors for which the delivery and implementation of the recommended actions should be prioritised.</b></p>	High	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives

Our recommended action(s)	Priority	Key stakeholders
<b>Clarity</b>		
<p>4. <b>Develop and communicate detailed guidance</b>, with reference to the sector “personas”, <b>about who comprises an officer</b>, so that leaders, senior managers and others can be clear about whether they hold officer duties.</p>	High	Health and Safety Policy Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p>5. <b>Develop and communicate detailed guidance</b>, with reference to the sector “personas”, <b>about the difference between due diligence and a PCBU’s duties</b>, so due diligence duty can be better understood and delivered.</p>	High	Health and Safety Policy Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p>6. <b>Develop and communicate detailed guidance</b>, with reference to the sector “personas”, <b>about governing PCBUs who hold shared and overlapping duties</b>.</p>	Medium	Health and Safety Policy Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p>7. <b>Develop and communicate detailed guidance</b>, with reference to the sector “personas” and varying levels of maturity, <b>about the activities and actions that support good work-related <u>health</u> governance along with good <u>safety</u> governance</b> so that key features of each are understood.</p>	Medium	Health and Safety Policy Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives

Our recommended action(s)	Priority	Key stakeholders
<p>8. Undertake a further, detailed review of the publicly available health and safety governance material to encourage the <b>removal or correction of outdated or inaccurate materials, and reduce the overall number of materials.</b></p>	High	<p>Regulators            Governance organisations            Sector organisations            H&amp;S sector organisations            Practitioner representatives            Worker representatives            Hāpu and Iwi representatives            Ethnic sector representatives</p>
<p>9. <b>Develop, communicate and implement a regulatory intervention approach</b> to give officers clarity about the expectations of them in fulfilling their duties, and to enable those who fail to fulfil their duties to be held to account.</p> <p>There is a need for the regulators (to work together) to clarify their:</p> <ul style="list-style-type: none"> <li>• position on and expectations of officers</li> <li>• intervention approach covering:               <ul style="list-style-type: none"> <li>– engagement and education</li> <li>– investigations</li> <li>– sanctions</li> <li>– prosecutions.</li> </ul> </li> </ul>	High	Regulators
<p>10. <b>Develop and deliver a multi-modal, multi-channel communication and education campaign</b>, with reference to the sector “personas”, to inform officers and leaders of their HSWA obligations and the competencies and activities required to deliver them.</p>	Lower	Regulators, with support

Our recommended action(s)	Priority	Key stakeholders
<b>Capability and diversity</b>		
<p>11. <b>Develop and communicate</b>, with reference to the sector “personas”, <b>a health and safety governance competency framework for officers and leaders</b>, with a complementary:</p> <ul style="list-style-type: none"> <li>recruitment pack with job description criteria and interview questions</li> <li>induction pack speaking to the due diligence duty and the organisation’s risk management approach</li> <li>performance plan framework and assessment criteria.</li> </ul>	Medium	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p>12. <b>Develop and communicate</b>, with reference to the sector “personas”, <b>a health and safety governance meeting pack</b>, with:</p> <ul style="list-style-type: none"> <li>annual plans for structured health and safety deep dives</li> <li>example board or management paper templates considering health and safety</li> <li>example questions (and answers) for curious governance discussions.</li> </ul>	Lower	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p>13. Support the NZISM’s programme of work to develop and <b>implement a health and safety governance competency framework and professional registration mark for health and safety practitioners</b>.</p>	Medium	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives

Our recommended action(s)	Priority	Key stakeholders
<p>14. <b>Implement a health and safety governance team within WorkSafe, supporting the regulators, with a complementary:</b></p> <ul style="list-style-type: none"> <li>• recruitment pack with job description criteria and interview questions</li> <li>• performance plan framework and assessment criteria</li> <li>• work programme aligned to the intervention strategy.</li> </ul>	High	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p>15. <b>Develop and fund a training and continuing professional development programme for health and safety governance</b> including recommended:</p> <ul style="list-style-type: none"> <li>• information and guidance</li> <li>• reading materials</li> <li>• training and development programmes</li> <li>• networking and learning opportunities.</li> </ul>	Medium	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives
<p>16. <b>Develop, implement and fund a health and safety governance mentoring programme</b> for officers, leaders, practitioners and others looking to develop their skill and competencies.</p>	Lower	Regulators Governance organisations Sector organisations H&S sector organisations Practitioner representatives Worker representatives Hāpu and Iwi representatives Ethnic sector representatives

Our recommended action(s)	Priority	Key stakeholders
<b>Monitoring</b>		
<p>17. Develop and communicate, with reference to the sector “personas”, a monitoring and reporting best practice guide for health and safety governance including measures and insight supporting effective:</p> <ul style="list-style-type: none"> <li>• health and safety system, policies and processes performance</li> <li>• governance practice so that officers and leaders can reflect on their own mahi.</li> </ul>	High	<p>Regulators            Governance organisations            Sector organisations            H&amp;S sector organisations            Practitioner representatives            Worker representatives            Hāpu and Iwi representatives            Ethnic sector representatives</p>

---

**Prepared by** Better Governance project team

---

**Prepared for** Better Governance project Governance Group  
Better Governance project stakeholders

---

**Date** 20230127

---

**Version** V3

---

**Status** Final