

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Work Health and Safety - Measurement and Evaluation of Work Health and Safety Performance Procedure
TYPE OF DOCUMENT	Procedure
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RISK RATING	Medium
LEVEL OF EVIDENCE	Development of lead and lag WHS performance indicators, reporting and analysis of data and information National Standard 1
REVIEW DATE	Procedure to be reviewed every two years following WHS Audits - 2019
FORMER REFERENCE(S)	Workplace Health & Safety Performance Measurement SESLHNPD/85
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KEY TERMS	Performance Measurement, Lead Indicators, Lag Indicators, Performance Reports
SUMMARY	To ensure managers at all level of our organisation, along with our board have regular access to information on WHS performance so preventative and corrective action can be taken where appropriate.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

[NSW Ministry of Health Workplace Health and Safety Better Practice Procedures](#) outlines the requirement to have a system in place for measuring and evaluating Work Health Safety (WHS) performance.

There is a requirement for managers at all level of SESLHD to meet our legal obligation to exercise due diligence, which at the minimum, requires us to have processes in place to report on WHS risks along with measuring and evaluating WHS activities.

2. BACKGROUND

Regular measurement of WHS related activity will enable our workers, management and executive to evaluate the effectiveness of both Work Health Safety and Injury Management (IM) activities are working well and which are not. This will allow SESLHD to act to implement any identified improvement opportunities through a combination of lead and lag indicators.

2.1 Definitions

[Contact Details - District and Local WHS Co-ordinators](#)

Due Diligence Monthly Report – monthly report provided to give the executives (Southern Sector, Northern Sector, Royal Hospital for Women and Mental Health) an overview of current key WHS strategies and their level of implementation as part of the monthly workers compensation performance report.

Due Diligence Quarterly Executive Report - Quarterly report prepared by Sector WHS unit and HSW teams. The report is a summary of the due diligence monthly report along with collection of mandatory quarterly reporting for the MOH. The report will be provided to the Chief Executive and the board as part of the workers compensation performance report.

Lag indicators – provide information about the past. They are useful in establishing trends and in understanding seasonal fluctuations. Examples include monitoring the number of injuries or the cost of workers' compensation claims over time. (See Appendix 1 for more examples).

Lead indicators – measure the positive steps that may prevent a WHS incident from occurring, they can also provide early warnings by detecting and mitigating risks before a WHS incident occurs and can be used to inform future activities, example - training of staff or procedural compliance. (See Appendix 1 for more examples.)

Ministry of Health (MOH) Quarterly WHS Executive Report – Quarterly report prepared by Sector WHS unit and HSW teams and provided to the MOH on specific WHS criteria that are being monitored across the whole of health.

WHS Performance Tracker – document completed by the department manager outlining their department's level of compliance with the specified WHS criteria. The information from each department is collated and are reported on to stream or facility and sector executive.

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3. RESPONSIBILITIES

3.1 Workers will:

- comply with WHS and IM procedures; and any measures put in place to protect their health and safety at work.

3.2 Line Managers will:

- implement and comply with WHS and IM procedures
- implement and comply with reporting WHS indicators using the WHS Performance Tracker.

3.3 Sector Managers/ Service Managers will:

- establish and maintain WHS and IM procedures to achieve WHS policy objectives
- report on WHS risks and measure and evaluate WHS activities
- distribute information on WHS and IM performance to key stakeholders.

3.4 Sector WHS&IM Units will:

- provide mentoring and training to Line and Service Managers in the use of the WHS Performance Tracker
- administer the WHS Performance tracker to Departments and Streams within their Sector facilities
- provide periodic reports to Health Safety and Wellbeing, their Executive and Health and Safety Committees on WHS activities and performance.

3.5 Health Safety and Wellbeing will:

- determine appropriate WHS programs and activities within the LHD in line with legislation and Ministry of Health objectives
- oversee the administration of WHS performance reporting
- collate and report on the LHD WHS performance to the District Executive, Board and the Ministry of Health.

4. PROCEDURE

4.1 Overview

All Managers and Health and Safety Committees in the organisation must measure and report on their WHS performance using lead and lag indicators. The focus of the reporting process is to provide each level of staff and management with information on their WHS performance.

The main methods used within our organisation to measure and evaluate WHS performance, include but are not limited to:

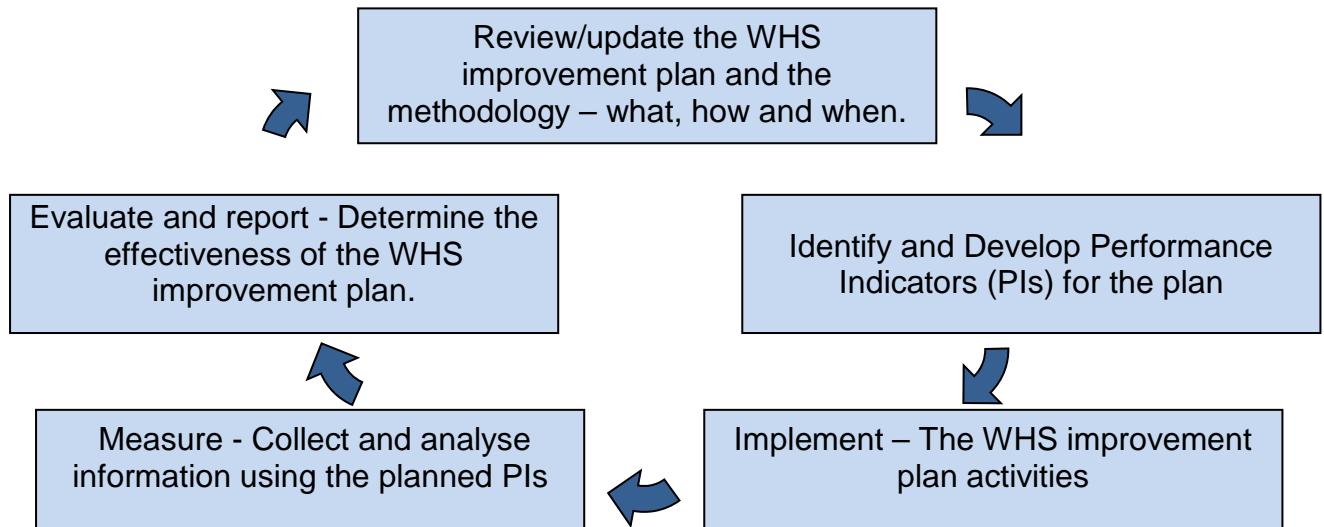
- Organisation wide WHS performance reporting structure (eg, WHS performance tracker, IIMS and ERMS).
- Local WHS performance reporting arrangements.
- Health and Safety Committees.
- Workforce Performance Development.
- WHS Audits and Improvement Plans.

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Diagram 1 - WHS performance measurement cycle

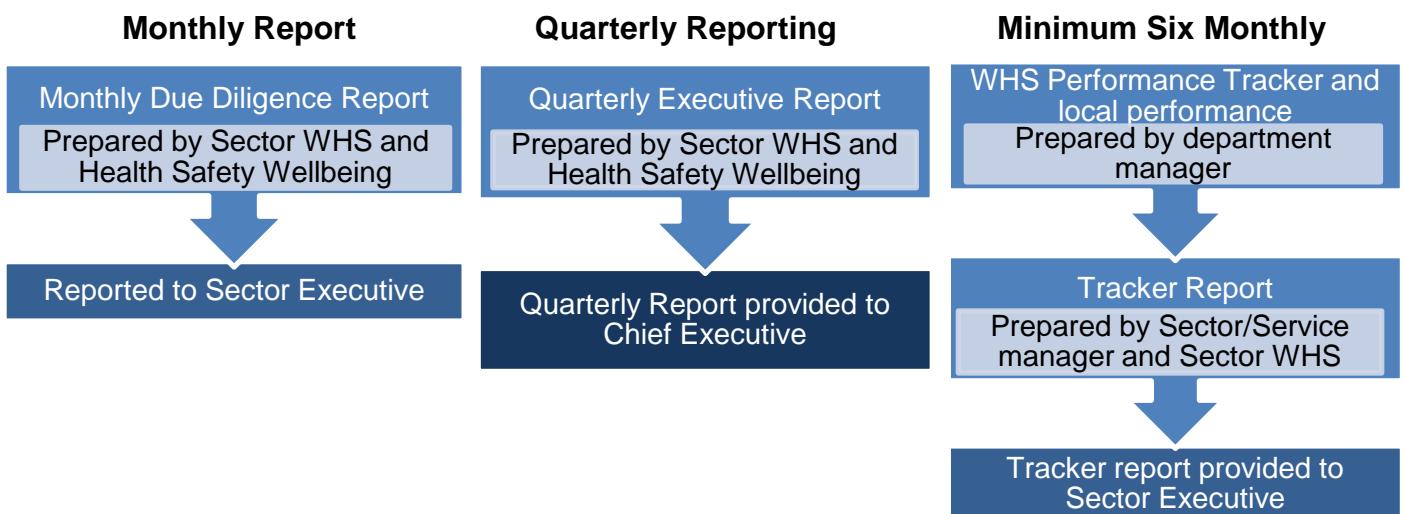


4.2 Organisation wide WHS performance reporting structure

The due diligence reporting structure has been set up to ensure a formal process is in place for measuring WHS performance that is reported through to Senior Managers and Executive. There is also a responsibility for Senior Managers and Executive to provide this information to key stakeholders.

The reports have been developed against a number of Ministry of Health (MOH) mandatory reporting criteria as well as improvement plans and standard lead and lag indicators that assist in informing management at all levels of the organisation about WHS matters (including information regarding incidents, hazards and risks) in a timely way.

4.2.1 Reporting Structure



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4.2.2 Collection of data

Department and line managers are required to be proactive and involved in monitoring their own WHS performance, along with staff incidents and injuries and report on this through the WHS Performance Tracker and any other local reporting methods.

Data collected sources include but are not limited to IIMS, WHS audits, procedure implementation plans, incident investigations, WHS disputes, WorkCover interventions and HS Committee minutes.

4.2.3 WHS Performance Tracker

As part of the reporting cycle, department managers are to complete the WHS Performance Tracker and provide this to relevant WHS co-ordinator. Workers should be consulted regarding opportunities for performance improvements. WHS Coordinators will provide assistance and coaching to managers in how to use the tracker and the collation of reports where required.

The frequency of this reporting will be determined by the Sector Executive but it must be no less than six monthly.

The Sector WHS Unit will implement a local cycle to review a percentage of each WHS performance tracker report provided by the department managers. The auditing will verify the content reported and make recommendations on how the data collection can be improved.

4.2.4 Report Distribution

The purpose of these reports is to allow senior executives to meet their due diligence obligations by informing them of the WHS performance of their direct reports and assist them in allocating resources to control WHS issues.

Senior managers are responsible for circulating this information to the stakeholders who are part of or are directly affected by the information such as Department Managers and Health and Safety Committees.

4.3 Local WHS performance reporting arrangements

Although a formal process for measuring WHS performance is in place, departments still have a responsibility to track and monitor local or department based WHS plan.

Consultation is to be undertaken by the manager when establishing the local WHS performance lead and lag indicators (e.g. hand hygiene audits and health monitoring), to ensure worker participation.

4.4 Health and Safety Committees

Health and Safety Committees have an active role within the organisation to monitor and review WHS performance at the facility level. The Committee may be involved in local activities to help assist the facility in reaching its WHS performance targets.

Activity and consultation through Health and Safety Committees is also captured and reported on through the Due Diligence Monthly Report and Quarterly Executive Report.

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As outlined in [Work Health and Safety consultation - guideline to Health and Safety Committees](#) as a minimum are to conduct annual evaluations using the [Committee Performance Evaluation Form](#) (form F156) or equivalent this performance is to be reviewed against the committee's Terms of Reference and provided to the facility executive representative.

Health and Safety Committees may also conduct other performance reviews to measure and evaluate how well they are meeting the needs of workers they represent. This may include some of the example lead and lag indicators in appendix 1 or other indicators that better fit their needs.

4.5 Workforce Performance Development

As outlined in the [PD2016_040 Managing for Performance](#) there is an opportunity through both the performance review and appraisal processes to identify and monitor WHS goal and objectives.

In the case of workers these may be personal goals such as attending additional training. For managers they may also involve monitoring the WHS performance of their workers or department, this can be linked to achieving some of the goals set through the organisation wide WHS reporting structure or local reporting arrangements.

4.6 WHS Audits and Improvement Plans

WHS Audits are one of the key methods used to identify improvements to the SESLHD Safety Management System. Along with the requirement to undertake the MOH WHS Audit at a minimum every two years for each Hospital, other internal WHS related audits can be undertaken at facilities as part of our improvement cycle.

Improvement Plans should be established to assist with monitoring the level of implementation against the identified improvements. The inclusion of these into the WHS Tracker or other Quality Reports should be considered.

5. DOCUMENTATION

- [Appendix 1 - Example of Performance Indicators \(PIs\)](#)
- Due Diligence Monthly Report
- Due Diligence Quarterly Executive Report
- IIMS Notifications and Reports
- Ministry of Health Quarterly WHS Executive Report
- Pro-forma of WHS committee reports
- Risk Assessments
- WHS and IM Performance Reports
- WHS performance tracker
- WHS Performance Tracker
- WHS Risk Assessment Action Plans
- Workplace WHS Inspection

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6. AUDIT

The compliance with this procedure will be audited through the MOH WHS Audit every two years.

7. REFERENCES

External

- [Work Health and Safety Act 2011](#)
- [Work Health and Safety Regulation 2017](#)

Ministry of Health

- [PD2013_006 Injury Management and Return to Work Policy](#)
- [PD2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework - NSW Health](#)
- [PD2013_050 Work Health and Safety: Better Practice Procedures](#)

Internal

- [SESLHDPR/212 Work Health and Safety - Risk Management Procedure](#)
- [SESLHDPR/271 Work Health Safety - Statement of Commitment Procedure and Poster](#)
- [SESLHDGL/019 Work Health and Safety - Consultation Guideline](#)

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
November 2009	0	Dieter Schultejoann (Area WHS Officer) Approval granted by Area Executive Team Strategy Committee 26 October 2009
March 2011	1	Troy Williams, WHS Officer, Health safety and Wellbeing. Amended to reflect change to Local Health Sector and Cluster.
March 2013	2	Peter Kuszelyk, WHS Officer, Health safety and Wellbeing. Amended to reflect change to WHS Act and regulation.
October 2014	3	Peter Kuszelyk, WHS Officer, Health Safety and Wellbeing. Amended to reflect change to WHS reporting.
January 2015	3	Draft for comment
March 2015	3	Endorsed by District Executive Team
August 2017	4	Desktop Revision and Links Update - John Parkinson, WHS Consultant
October 2017	4	Updates endorsed by Executive Sponsor

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Appendix 1 - Example of Performance Indicators (PIs)

Lead indicators are:

- Time taken to rectify high risk hazards
- Training of workers
- Percentage of high risk hazards rectified within the specified time frame
- Risk assessment action plan completion rates
- Number of risk assessments completed

Lag Indicators are:

- Incidents which disrupt operations because of incidents or accidents
- Injuries (to staff and non-staff)
- Workers compensation claims
- Hazard and incident reports which are not investigated or assessed
- Injury incidents which are not investigated and risk assessed to control the hazard and prevent reoccurrence

Work Processes - Lead indicators are:

- Number of job safety observations completed each month
- Reduction in equipment breakdowns and business disruptions
- Percentage of incident investigation recommendations implemented.
- Number of Workplace WHS Inspections completed

Work Processes - Lag Indicators are:

- Poor housekeeping
- Number of hazards identified in workplace WHS inspections not addressed
- Lost time injuries
- Medically treated injuries
- Equipment not being used/used correctly

Participation, Communication and Skills-Lead indicators are:

- Evaluating the effectiveness of WHS communication at team meetings
- Percentage of employees that have received mandatory training such as induction, job-specific and emergency procedures

Participation, Communication and Skills-Lag Indicators are:

- Number of incidents or hazards reported from staff
- Non-resolution of issues brought to the WHS Committee
- WorkCover interventions and PINs

Planning, Design and Procurement-Lead indicators are:

- Number of instances where purchase decisions include WHS evaluations and considerations.
- Number of plans that have WHS considerations/involvement included prior to going to tender
- Ergonomic opportunities identified and corrected
- Reduction of manual handling risks e.g. purchase of moving or lifting equipment.

Planning, Design and Procurement-Lag Indicators are:

- Equipment use injuries
- New/refurbished departments/buildings that have WHS issues prior/post occupancy