

## **APPENDICES**

## **APPENDIX A**

### **Letter to Commissioner for Public Employment Seeking Permission to Undertake the Study**

Monday 2 February 2004

Mr Jeff Walsh  
Commissioner for Public Employment  
Office of the Commissioner for Public Employment  
Department of Premier and Cabinet  
200 Victoria Square  
Adelaide SA 5000

Dear Mr Walsh,

I am currently employed in your office as a Project Officer with the People Development Unit, and am employed by Public Sector Workforce Relations and People Development to implement the OHS Competencies Project for OHS practitioners, across the whole of government. I am undertaking research concerning the implementation of OHS policy as part of the requirements for a Master of Education through the University of Tasmania, under the Supervision of Professor John Williamson. As part of this research I am conducting a questionnaire of OHS practitioners, semi-structured interviews of work-place managers and document analysis of OHS policy and legislation.

The focus of the project is upon how OHS policy is implemented in practice in the Public Sector of South Australia and, specifically, to identify and describe OHS practitioners' and work-place managers' perceptions of policy implementation. With the expected introduction of new OHS legislation based on the recent publication of the Stanley Report, research into the area of OHS policy implementation will be useful for future policy development.

I am seeking your approval to approach OHS practitioners and work-place managers in the Portfolios of: Human Services, Justice, Premier and Cabinet, Transport and Urban Planning, Treasury and Finance, Education and Children's Services, Administrative and Information services, to invite them to participate in this research. All information will be confidential and individual participants will not be identified in any way. Results of the research will be reported as group data only.

If you approve of the research project would you please provide me with a letter of endorsement, containing permission to cite your endorsement on information sheets to Chief Executive Officers and Human Resource Managers in the department portfolios targeted for participation in the study? This endorsement will be required before permission would be given to me by the departments to approach potential participants for the study.

A summary of research results can be provided to you and to interested participants but results from particular participants and agencies will not be identifiable. The information obtained from questionnaires will be used strictly for research purposes and not for worked related purposes. Participants are free to withdraw from the project at any time. There are no identifiable adverse effects of the data gathering instruments to be used in this research project.

If you approve, OHS practitioners will be asked to complete a questionnaire of

approximately 13 questions taking about 15 minutes to complete. Workplace managers, if selected, will participate in an interview of approximately 30 minutes.

This research project is subject to approval by the Southern Tasmanian Social Science Human Research Ethics Committee. If you have any concerns about the ethics of this research project you should contact the Chair of that committee Associate Professor Gino Dal Pont (03 62262078) or its Executive Officer Ms Amanda McAully (03 62262763). Any further information you require may be obtained from either myself or, if you have any other concerns you may contact the chief investigator Professor John Williamson (03 63243339).

Thank you for giving your time and attention to this request, I look forward to hearing from you.

Yours sincerely

Grant Dewar: Investigator (08-83847006)  
E-mail- [gdewart@postoffice.utas.edu.au](mailto:gdewart@postoffice.utas.edu.au)  
Address-22 Fenton Ave Christies Beach SA 5165

## **Appendix B**

### **INFORMATION SHEET FOR QUESTIONNAIRE PARTICIPANTS QUESTIONNAIRE OF OHS PRACTITIONERS**



UNIVERSITY  
OF TASMANIA

Title of Project: *A Case Study of OHS Policy and Practice in South Australia*  
Chief Investigator: Professor John Williamson  
Investigator: Mr Grant Dewar

### INFORMATION SHEET FOR QUESTIONNAIRE PARTICIPANTS

Dear Colleague,

My name is Grant Dewar and I am undertaking research investigating the implementation of OHS policy and practice as part of the requirement for a Master of Education at the University of Tasmania, under the supervision of Professor John Williamson. I am employed as a Project Officer within the Occupational Health and Safety and People Development Units of the Office for the Commissioner for Public Employment.

As part of this research, I am conducting a questionnaire of OHS practitioners and interviews with work-place managers in order to find out their perceptions of OHS policy implementation in the SA Public Service. OHS practitioners in the Departments of Human Services, Justice, Premier and Cabinet, Transport and Urban Planning, Treasury and Finance, Education and Children's Services, Administrative and Information services, have been invited to participate in the questionnaire. As an OHS practitioner in the SA Public Service, your opinion of OHS policy implementation is very important. Results of the study may be useful for improving the way OHS policy is implemented in the workplace.

If you choose to participate you will be asked to complete a questionnaire of approximately 13 questions. It is anticipated the questionnaire will take 15 minutes of your time to complete. The questionnaire may be completed in work time. Please return the questionnaire in the stamped addressed envelope provided. All information that you provide will be CONFIDENTIAL and you will not be identified in any way. Data collected will be stored securely for at least five years and then destroyed.

You have the right to receive a summary of the findings from the research study. A summary of results will be made available to all participants involved in the questionnaire through their approving officer, but results obtained from any particular department will not be identifiable. If you wish to have a copy of findings posted to you, please contact the investigator by phone, email or at the address listed below.

This research project has been approved by the Southern Tasmanian Social Science Human Research Ethics Committee and the Commissioner for Public Employment. If you have any concerns about the ethics of this research project you should contact the Chair of that Committee, Associate Professor Gino Dal Pont (03 62262078) or its Executive Officer Ms Amanda McAully (03 62262763). Any further information you require may be obtained from Mr Grant Dewar (0417869411). If you have any other concerns you may contact the chief investigator Professor John Williamson (03 63243339).

Thank you

Professor John Williamson: Chief Investigator  
Grant Dewar: Investigator- (08-83847006)  
[E-mail-gdewar@postoffice.utas.edu.au](mailto:gdewar@postoffice.utas.edu.au)  
Address- 22 Fenton Ave, Christies Beach SA 5165

## QUESTIONNAIRE OF OHS PRACTITIONERS

Title of Project: A Case Study of OHS Policy and Practice in South Australia

Chief Investigator: Professor John Williamson

Investigator: Mr Grant Dewar

As part of a Master of Education research study for the University of Tasmania, I am undertaking a questionnaire of OHS practitioners in the Public Service in South Australia. OHS practitioners from the Portfolios of: Human Services, Justice, Premier and Cabinet, Transport and Urban Planning, Treasury and Finance, Education and Children's Services, Administrative and Information services, are being asked to participate in order to find out how OHS practitioners perceive implementation of OHS policy.

I would appreciate it if you could take some time to complete the following questionnaire. Your opinion as an OHS practitioner is very important. Information from this questionnaire will help to improve OHS policy development and practice. Your responses will be kept strictly confidential. Your name is not required and your identity will not be known. Results will be reported as group data only, and your work-place will not be identified. The questionnaire should take (15) minutes to complete.

Please return the questionnaire in the stamped addressed envelope provided. General follow-up reminder phone calls may be made to your work-place to increase response rate if needed, but it would not be known who has completed the questionnaire. Your involvement in this questionnaire is greatly appreciated. Your opinion is important to the outcome of the study.

Thank you for your assistance.

Grant Dewar (Investigator)

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### The first six questions seek information about respondents to the questionnaire.

- Q 1 The number of years working as an OHS practitioner before this year. \_\_\_\_\_ years
- Q 2. The number of years of OHS experience before this year. \_\_\_\_\_ years
- Q 3. In your work area of responsibility indicate the number of people you deliver OHS services to \_\_\_\_
- Q 4. What is your highest OHS qualification? \_\_\_\_\_
- Q.5 How satisfied are you with being an OHS practitioner? (Please circle)

| Very Satisfied |   |   |   | Very Dissatisfied |
|----------------|---|---|---|-------------------|
| 5              | 4 | 3 | 2 | 1                 |

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- Q 6. Would you recommend others to become an OHS Practitioner? Yes / No (Please circle)

Q 7. The following items represent **characteristics of best practice** in OHS policy. Please rank each characteristic on a scale of **five being high and one being low**, according to the **importance to you as an OHS practitioner** of the policy characteristic. Please circle appropriate number.

| <b>Importance of OHS policy characteristic</b> |  | <b>High</b> |   |   | <b>Low</b> |   |
|--|--|-------------|---|---|------------|---|
| 1  | A strong commitment to OHS displayed by your Chief Executive                 | 5           | 4 | 3 | 2          | 1 |
| 2  | OHS objectives included in Strategic Business Plans                          | 5           | 4 | 3 | 2          | 1 |
| 3  | Safety objective detailed in each service area business plan                 | 5           | 4 | 3 | 2          | 1 |
| 4  | Clear OHS responsibilities for all staff identified in position descriptions | 5           | 4 | 3 | 2          | 1 |
| 5  | OHS included as an item in staff appraisal/performance management reviews    | 5           | 4 | 3 | 2          | 1 |
| 6  | Adequate allocation of resources to support policy implementation            | 5           | 4 | 3 | 2          | 1 |
| 7  | Flexibility for business units to address key OHS issues                     | 5           | 4 | 3 | 2          | 1 |
| 8  | A prevention approach to OHS adopted by management                           | 5           | 4 | 3 | 2          | 1 |
| 9  | Strong emphasis on education in OHS  | 5           | 4 | 3 | 2          | 1 |
| 10   | Continuous improvement of OHS  | 5           | 4 | 3 | 2          | 1 |

Q 8. The following items represent **frequent aspects** of OHS practice. Please rank items on a scale of **five being high and one being low** according to the **frequency of occurrences** within OHS practice. Please circle one of the following.

| <b>Frequency of occurrence in OHS practice</b> |   | <b>High</b> |   |   | <b>Low</b> |   |
|--|---|-------------|---|---|------------|---|
| 1  | Physical incidents ( hazards/ injuries)     | 5           | 4 | 3 | 2          | 1 |
| 2  | Psychosocial incidents (hazards/injuries)   | 5           | 4 | 3 | 2          | 1 |
| 3  | Development of OHS policy                   | 5           | 4 | 3 | 2          | 1 |
| 4  | Policy implementation                       | 5           | 4 | 3 | 2          | 1 |
| 5  | Administration                              | 5           | 4 | 3 | 2          | 1 |
| 6  | Injury management                           | 5           | 4 | 3 | 2          | 1 |
| 7  | Meetings                                    | 5           | 4 | 3 | 2          | 1 |
| 8  | Audit activities                            | 5           | 4 | 3 | 2          | 1 |
| 9  | Work with external agencies (eg. WorkCover) | 5           | 4 | 3 | 2          | 1 |
| 10   | Training and development                    | 5           | 4 | 3 | 2          | 1 |

Q 9. The following items represent aspects of time spent by OHS practitioners. Please rank items on a scale of **five being high and one being low** according to the **time spent** by you as an OHS practitioner. Please circle one of the following.

| <b>Time spent as an OHS practitioner</b> |   | <b>High</b> |   |   | <b>Low</b> |   |
|--|---|-------------|---|---|------------|---|
| 1  | Physical incidents ( hazards/ injuries)     | 5           | 4 | 3 | 2          | 1 |
| 2  | Psychosocial incidents (hazards/injuries)   | 5           | 4 | 3 | 2          | 1 |
| 3  | Development of OHS policy                   | 5           | 4 | 3 | 2          | 1 |
| 4  | Policy implementation                       | 5           | 4 | 3 | 2          | 1 |
| 5  | Administration                              | 5           | 4 | 3 | 2          | 1 |
| 6  | Injury management                           | 5           | 4 | 3 | 2          | 1 |
| 7  | Meetings                                    | 5           | 4 | 3 | 2          | 1 |
| 8  | Audit activities                            | 5           | 4 | 3 | 2          | 1 |
| 9  | Work with external agencies (eg. WorkCover) | 5           | 4 | 3 | 2          | 1 |
| 10                                       | Training and development                    | 5           | 4 | 3 | 2          | 1 |

- Q. 10 The following items represent **financial costs** of OHS issues you work with as a practitioner. Please rank items on a scale of **five being high and one being low** according to **the most costly issues you work with as a practitioner** (all attributable financial costs of issues within OHS practice). Please circle one of the following.

|    | <b>Most costly OHS issues you work with</b> | <b>High</b> |   |   | <b>Low</b> |   |
|----|---|-------------|---|---|------------|---|
| 1  | Physical incidents ( hazards/ injuries)     | 5           | 4 | 3 | 2          | 1 |
| 2  | Psychosocial incidents (hazards/injuries)   | 5           | 4 | 3 | 2          | 1 |
| 3  | Development of OHS policy                   | 5           | 4 | 3 | 2          | 1 |
| 4  | Policy implementation                       | 5           | 4 | 3 | 2          | 1 |
| 5  | Administration                              | 5           | 4 | 3 | 2          | 1 |
| 6  | Injury management                           | 5           | 4 | 3 | 2          | 1 |
| 7  | Meetings                                    | 5           | 4 | 3 | 2          | 1 |
| 8  | Audit activities                            | 5           | 4 | 3 | 2          | 1 |
| 9  | Work with external agencies (eg. WorkCover) | 5           | 4 | 3 | 2          | 1 |
| 10 | Training and development                    | 5           | 4 | 3 | 2          | 1 |

- Q 11 The following statements relate to **OHS policy and its implementation**. Please indicate your level of agreement or disagreement to each statement by circling the most appropriate letters as follows:

Strongly Agree (**SA**), Agree (**A**), Not Sure (**NS**), Disagree (**D**), Strongly Disagree (**SD**)

|    |  |    |   |    |   |    |
|----|--|----|---|----|---|----|
| 1  | Union consultation is not relevant to the development of policy                                      | SA | A | NS | D | SD |
| 2  | There is strong resistance to OHS best practice  | SA | A | NS | D | SD |
| 3  | Chief Executive support is irrelevant to the success of OHS policy implementation                    | SA | A | NS | D | SD |
| 4  | Positive performance indicators are used to facilitate OHS policy implementation                     | SA | A | NS | D | SD |
| 5  | Performance management should be related to OHS preventative approaches                              | SA | A | NS | D | SD |
| 6  | OHS legislation is used by managers in their operational decision-making                             | SA | A | NS | D | SD |
| 7  | OHS issues are competently dealt with by management  | SA | A | NS | D | SD |
| 8  | As an OHS practitioner, I am utilised appropriately for prevention of injury                         | SA | A | NS | D | SD |
| 9  | I am able to take a leadership role in OHS, within my agency   | SA | A | NS | D | SD |
| 10 | OHS is seldom discussed at executive meetings  | SA | A | NS | D | SD |
| 11 | As an OHS practitioner, I am routinely involved in purchasing decisions                              | SA | A | NS | D | SD |
| 12 | OHS practitioners are involved in policy-making for work-place operations                            | SA | A | NS | D | SD |
| 13 | Non-compliance with OHS is not easily identifiable in my agency                                      | SA | A | NS | D | SD |
| 14 | My agency consistently adopts OHS best practice  | SA | A | NS | D | SD |
| 15 | OHS has adequate budget support  | SA | A | NS | D | SD |
| 16 | I am unable to involve senior management in the management of OHS                                    | SA | A | NS | D | SD |
| 17 | My agency has clear means to identify gaps in policy implementation                                  | SA | A | NS | D | SD |
| 18 | Self-insurance guidelines are poorly integrated into my agencies operations                          | SA | A | NS | D | SD |
| 19 | Chief Executive strongly supports OHS  | SA | A | NS | D | SD |
| 20 | As an OHS practitioner I am involved in early intervention in injury management                      | SA | A | NS | D | SD |
| 21 | My organisation rewards good performance in OHS  | SA | A | NS | D | SD |
| 22 | I am able to report directly to my Chief Executive on OHS matters of importance                      | SA | A | NS | D | SD |
| 23 | As an OHS practitioner, I am able to undertake wide spread consultation on OHS policy implementation | SA | A | NS | D | SD |



## **Appendix C**

**Information Sheet for Semi-structured Interviews: Work-place Managers**

**Statement of Informed Consent: Work-place Managers**

**Schedule of Questions Semi Structured interview**



UNIVERSITY  
OF TASMANIA

Title of Project: *A Case Study of OHS Policy and Practice in South Australia*  
Chief Investigator: Professor John Williamson  
Investigator: Mr Grant Dewar

#### INFORMATION SHEET FOR SEMI-STRUCTURED INTERVIEW OF MANAGERS

Dear Colleague,

My name is Grant Dewar and I am undertaking research investigating the implementation of OHS policy and practice as part of the requirement for a Master of Education at the University of Tasmania, under the supervision of Professor John Williamson. I am employed as a Project Officer within the Occupational Health and Safety and People Development Units of the Office for the Commissioner for Public Employment.

As part of this research, I am conducting a questionnaire of OHS practitioners and interviews with work-place managers in order to find out their perceptions of OHS policy implementation in the SA Public Service. OHS workplace managers in the Departments of: Human Services, Justice, Premier and Cabinet, Transport and Urban Planning, Treasury and Finance, Education and Children's Services, Administrative and Information services, have been invited to participate in a semi-structured interview. You have been identified by your supervisor as a workplace manager willing to participate in an interview. As a workplace manager in the SA Public Service your opinion of OHS policy implementation is very important.

If you choose to participate you will be engaged in an audio-taped interview lasting approximately 30 minutes. You will be asked to sign a consent form before the interview commences.

All information that you provide will be CONFIDENTIAL and you will not be identified in any way. The interview will take place during normal work time. Data collected will be stored securely for at least five years and then destroyed. Participation is voluntary. If you choose to withdraw from the study, you may choose to also withdraw the data that you have provided.

You have the right to receive a summary of the findings of the study. A summary of results will be made available to all participants involved in the study through the approving officer, but results obtained from any particular department will not be identifiable. If you wish to receive a summary of the findings from the study, please contact the investigator by phone, email or at the address listed below.

This research has been approved by the Southern Tasmanian Social Science Human Research Ethics Committee and the Commissioner for Public Employment. If you have any concerns about the ethics of this research project you should contact the Chair of the Ethics Committee, Associate Professor Gino Dal Pont (03 62262078) or the Executive Officer Ms Amanda McAully (03 62262763). Any further information you require may be obtained from Mr Grant Dewar (0417869411). If you any other concerns you may contact the chief investigator Professor John Williamson (03 63243339)

Thank you

Professor John Williamson: Chief Investigator

Grant Dewar: Investigator (08-83847006)

[E-mail-gdewar@postoffice.utas.edu.au](mailto:E-mail-gdewar@postoffice.utas.edu.au)

Address- 22 Fenton Avenue, Christies Beach SA 5165



UNIVERSITY  
OF TASMANIA

Title of Project: *A Case Study of OHS Policy and Practice in South Australia*  
Chief Investigator: Professor John Williamson  
Investigator: Mr Grant Dewar

**STATEMENT OF INFORMED CONSENT SEMI-STRUCTURED INTERVIEW: MANAGERS**

Please read the following statement and, if you are prepared to be involved in the study sign at the bottom. You will be given copies of the information sheet and statement of informed consent to keep.

1. I have read and understood the 'Information Sheet' for this study.
2. The nature and possible effects of the study have been explained to me.
3. I understand that the study involves the following procedures: completion of an audio-taped semi-structured interview lasting approximately 30 minutes.
4. I understand that all research data will be treated as confidential, and I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.
5. Any questions that I have asked have been answered to my satisfaction.
6. I agree to participate in this investigation and understand that I may withdraw at any time without prejudice. This means that withdrawal will have no effect on my standing in the work-place.
7. I understand that my participation is voluntary and should I withdraw from the research study I may elect to withdraw the data already provided.
8. I understand that data collected will be stored securely for at least five years and then destroyed.

*A statement by the investigator.*

I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

Name of investigator .....

Signature of investigator..... Date.....

Address for Results Summary:

.....



UNIVERSITY  
OF TASMANIA

Title of Project: *A Case Study of OHS Policy and Practice in South Australia*

Chief Investigator: Professor John Williamson

Investigator: Mr Grant Dewar

#### SEMI- STRUCTURED INTERVIEW SCHEDULE OF MANAGERS

The semi-structured interview questions are designed to focus upon the results obtained from the questionnaires in order to clarify, explicate and triangulate these results.

As a senior work-place manager you have been selected to undertake a brief interview. The purpose of the interview is to seek your views concerning the way that OHS policy is implemented in your work-place.

The interview questions are designed to focus upon the results obtained from the questionnaire of OHS practitioners.

Please read the following questions before we start the interview, so that you have some time to reflect on your response.

1. OHS Practitioners were asked to indicate agreement/disagreement to the statement that ***“OHS legislation is used by managers in their operational decision-making”***. Responses were inconclusive with nearly one quarter responding ‘not sure’. What would you suggest to explain this result?
2. Over half of OHS practitioners responded ‘disagree/strongly disagree’ to the statement ***“OHS issues are competently dealt with by managers”***. Why do you think that OHS practitioners responded this way?
3. OHS practitioners were asked to indicate ‘agreement/disagreement’ to the statement ***“OHS has adequate budget support”***, the majority of respondents disagreed with the statement. What do you think the respondents meant by this?
4. Responses were fairly evenly divided ‘agree/disagree’ to the statement ***“My agency has clear means to identify gaps in [OHS] policy implementation”***. How would you interpret this result?
5. Responses were fairly evenly divided ‘agree/disagree’ to the statement ***“Self-insurance guidelines are poorly integrated into my agency’s operations”***. What do think might explain this result?
6. Responses were fairly evenly divided ‘agree/disagree’ to the statement ***“My agency consistently adopts best practice”***. What do you think this result might mean?
7. What are the key OHS issues in your area? Are you able to rank them in some priority order?
8. As a manager what are the problems you perceive in the implementation of OHS policy? Are you able to rank order these ‘problems’?
9. What resources - financial, personnel, time - in your area are allocated to support OHS policy implementation?

Thank you.

Grant Dewar

## **Appendix D**

### **OHS Practitioner Responses to Open-ended Question**

Table 12

## OHS Practitioner Comments

|     | <i>Comments</i>   |
|-----|-------------------|
| 1.  | <i>No Comment</i> |
| 11. | <i>No Comment</i> |
| 13. | <i>No Comment</i> |
| 14. | <i>No Comment</i> |
| 15. | <i>No Comment</i> |
| 24. | <i>No Comment</i> |
| 36. | <i>No Comment</i> |
| 46. | <i>No Comment</i> |
| 58. | <i>No Comment</i> |

***Comments Relating to Management Support***

|     |  |
|-----|--|
| 5.  | <i>My role is strategic support not hands on , Money required to fix problems identified so that employees can see that OHS is as important as other issues within the work area, training and education for all employees in relevant aspect of OHSW and IM</i>   |
| 7.  | <i>Listen to practitioners/consultants. Revert back to the preferred and accepted i.e. consulted on model of managing OHS in this agency replace current acting OHSW manager (send her back) return flexibility to OHS consultants to self manage (within reason) stop using external (private) consultants for work internal (PS) consultants are employed for</i>  |
| 8.  | <i>walk the talk, adequate budget lines, mandatory reporting at executive level, part of service level/employment agreement, departments work together for a common goal eg asset service procurement, systematic strategic planning and training, accountability via senior management meetings, multidisciplinary teams to manage appropriately, review succession planning strategies, mandatory training for all levels of management</i>                                      |
| 9.  | <i>CEO needs to allocate adequate financial resources to support OHS best practice, OHS needs to be part of everyone's core business and not seen as an "add on" , employees who are not complying with OHS policies need to be disciplined appropriately , OHS coordinator needs to be well informed of organisational activities, CEO needs to set a good examples , adequate human resources need to be allocated appropriately</i>   |
| 12. | <i>To have a budget line that can address OHS, To talk the Talk, To back OHS reps etc</i>  |
| 16. | <i>Let us do our job for which we were employed</i>  |
| 17. | <i>Greater funding to allocate resources to ensure more effective hazard management strategies and policy implementation</i>   |
| 18. | <i>obtain better understanding of OHS must be budgeted for , must be integrated into business management, CEO must walk the talk</i>   |
| 21. | <i>Value Staff as much as clients, promote safety culture, budget allocation of OHS matters</i>  |
| 25. | <i>Senior Management need to be seen proactively supporting good sound OHS practice, praise staff who proactively manage or practice OHS practices, Discipline staff who constantly demonstrate unsafe work practices Senior management need to be serious in following up issues including feedback to staff</i>  |
| 26. | <i>I am in constant dialogue with CEO , My advice is considered and if finance and resources available it is implemented, The management system is integrated into core business and strategic planning hence we just need to continue on our current action plan</i>  |
| 27. | <i>Budget Constraints make it very hard to carry out OHSW practices</i>  |
| 29. | <i>Continue with present direction, Allocate further funding resources to provide equipment/ training. Implement an improved auditing system</i>   |
| 30. | <i>Attend responsible officer training with all Executive officers, Implement "workplace safety management in the Public Sector 2004- 2006 implementation plan"; be more accessible on OHSW and IM and get involved eg make OHSW an IM a standing agenda item on senior management meetings promote OHSW and IM to staff more and mean it</i>  |
| 31. | <i>CEO must visibly support practice and role model OHS, CEO must be present at all OHS meetings training session etc, CEO must demand that senior managers are held accountable for OHS in their areas of management, CEO must insist that all serious occurrence are fully investigated , assess and controlled and reported at senior management meetings, CEO must take OHS into account during all strategic planning and before commencement of any significant projects</i> |
| 33. | <i>Recognise that OHS is a core business activity not tacked on Imperative we get it right to prevent injuries thereby not wasting resources which could be better utilised elsewhere</i>  |

|     |  |
|-----|--|
| 35. | <i>Provision of suitable resources - financial - personnel (2 OHS practitioner for 3000 people is inappropriate, training of manager in OHS and their responsibilities appt of manual handling trainer</i>   |
| 38. | <i>Do not delegate total responsibility for OHSW matters to only one person. The executive must lead by example and provide leadership in policy matters - provide assistance and positive direction regarding KPIs communicate with workforce</i>   |
| 39. | <i>Provide greater visible commitment and support from management and middle management towards OHS systems, recognise benefits of safe practice and environment for other than legislative compliance</i>   |
| 45. | <i>Resource OHSW in the organisation appropriately so that sustainable system can be implemented and fully integrated across the organization</i>  |
| 50. | <i>Allocate corporate resources ( i.e. budget and practitioners)</i>   |
| 51. | <i>Take note of all issues raised to CEO not just the ones you are interested in. To allow staff to follow /pursue a project they consider meritable, Allow scope i.e. don't limit provide guidance, but not limit to projects they consider valid only</i>  |
| 52. | <i>Invest in prevention activities by using predicted savings in workers comp costs to fund those activities</i>   |
| 55. | <i>CEO is no problem, problem is to educate staff and make staff aware so as OHS is integrated in day to day task etc, not something one remembers when an issue arises, OHS is a cultural issue and to make an organisation "OHS Smart' takes quite a long time, I believe one can purchase any amount of equipment but the habit has to be OHS aware at all times CEO needs to allocate sufficient funds to enable mechanisms etc to be put in place to develop an OHS culture in the organisation</i>   |
| 57. | <i>Include OHS performance as part of Executive Director/director performance agreement and monitor same. Include consequence for action /inaction</i>   |
| 60. | <i>Promote Culture where by OHS is Accorded equal priority to patient safety and other patient related issues, greater attention to OHS performance and holding executive directors accountable for poor performance</i>   |
| 61. | <i>To pull your head out of the sand, 3 days a month is not adequate (sic) to commit to doing this job justice. You lack of commitment and integrity to recognise these are ' real issues" and cannot be rectified by pushing away, ignoring, non-committal, refusing to acknowledge And address is no the way issues are resolved. If everything is a budget issue, then address the [expletive] Budget. oh and labelling me with a fancy title des not instantly endow me with additional knowledge and relieve you of ownership of responsibility you useless [expletive]</i> |

**Comments Relating to OHS Planning**

|     |   |
|-----|---|
| 2.  | <i>make managers more accountable for performing routine OHS tasks - not rely on OHS practitioners to action or follow up</i>   |
| 3.  | <i>hold managers accountable - use a big stick more often recognise and publicly reward good performance (financially and in other ways)</i>  |
| 4.  | <i>have accountability in performance management for managers, employ managers who have knowledge and are prepared to adopt best practice, managers are accountable for injuries and costs sustained at their workplace</i>   |
| 10. | <i>To continue to support the existing program which has a high emphasis on consultation with staff on all appropriate aspects of the program. I've integrated what we do with the quality management system and it works exceedingly well as evidenced by various audit results, Or CEO is about to change so fingers crossed the support received to date continues Good luck</i>   |
| 22. | <i>Implement the performance targets strategy, Have all Executive committed to OHSW ad IM and have this demonstrable as\documented in DAIS cabinet submission</i>   |
| 28. | <i>More effort to map work systems to ensure work systems are 'water tight' rather than more audits, drive cultural change - ensure all personnel on 'north bound train' , drive ' job safety analysis' which is established in OHS legislation</i>   |
| 32. | <i>Accountability, Responsibility, management commitment</i>  |
| 34. | <i>Make line manager much more accountable for OHS in their own department eg; policy implementation and training is not being disseminated to staff by managers, increased training and commitment to workplace audits /incident investigation and prevention, increased focus of OHS within line manager performance reviews</i>  |
| 37. | <i>we need to identify our core business, analyse the OHS risks to our core business, priorities and act. If we are unclear about what we want to achieve we won't get there- either safely or not!, OHS is about how people think as much as it is what people think - more than integration of OHS systems it needs to be intrinsic to their thinking about any aspect of operations- then we won't worry about improved OHS proactive as it will be the best it can be</i>   |
| 41. | <i>integrate OHSW into good business practice, implement an effective performance management system as early intervention to workplace stressors, include OSW mgt in exec performance mgt reviews, call for accountability, increase reporting against standards use the reports for decision/planning, continue to integrate risk standard and OHSW in good practice, be seen to be a leader - demand exec mgt support in safety initiatives, not a policy and procedural driven organisation - turn policy into culture and we may move forward</i> |

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| 42. | <i>Move OHS up the agenda for CE's group to enable new/reviewed OHS /injury management policies to be swiftly processed, ensure and OHS component is included in performance management system yet to be implemented, recognise sound investment in prevention, risk management principles across the board, strengthen recruitment induction procedure eg pre employment assessment</i>  |
| 44. | <i>identify appropriate KPIs and effective incident reporting program, utilise information gained to risk assess and control OHS issues in this workplace, stop worrying about the cost of OHS education and start worrying about the hidden costs resulting form poor OHSW systems be consistent when referring to OHS issues - don't use OHS as a vehicle for reform on some issue then ignore e it in other situations</i>             |
| 47. | <i>recognise and reward OHS practitioners and volunteers, hold executives and managers accountable for injuries to employees, change budgeting policy so that savings aren't penalised, provide adequate resources for staff to have the time to implement OHS , OHS will always be an add on when it is barely recognised in annual reporting, too many chief and not enough Indians, OCPE needs to carry through initiatives eg PPI</i> |
| 53. | <i>ensure OHS is addressed at executive meetings, ensure OHS performance of managers is included in performance management all staff. Executive ask managers for reasons why Ohs practices have not been implemented in their work team and make sure managers realize the have the responsibility to do so.</i>  |
| 56. | <i>Provide necessary funding for adequate resources, ensure all managers are aware of their responsibilities and are driving and supporting OHS in their branch, integrate OHS into all aspects of business, executive to provide leadership in implementing OHS practice, practice what is preached</i>  |

**Comments Relating to OHS Prevention**

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| 6.  | <i>To implement a wide ranging and long term commitment to prevention which can only be accomplished by means of supervision, training is fine but if staff do not use the methods taught they are subject to injury, think of the philosophy that no one speeds past a police car! If staff are being routinely supervised they will not take "short cuts" Good luck!</i>   |
| 19. | <i>Get tough, Actions are stronger than words, demand periodic reports, give feedback on information provided, mandate manager training, have consistent training across the whole of he department, understand the link between organisational well being and morale</i>  |
| 20. | <i>lobby for more funds to implement preventative strategies rather than having a safety net like the budget for injury management</i>   |
| 23. | <i>Regular and consistent training of all staff on OHS issues, refer to costs of workers compensation to staff, identifying the causes i.e. poor management of staff issues , poor planning, highlighting of high risk areas</i>   |
| 40. | <i>CEO open to any discussion and only too happy to take preventative action, early intervention and supply training</i>   |
| 43. | <i>I would stress the importance of comprehensive orientation of all new staff to OHS practice in our workplace, somehow increase budget allocation on OHS line</i>  |
| 48. | <i>more focussed training program to educate staff- commensurate to the level of risk, dedicated resources should be increased in dollars and personnel, making managers/supervisors more accountable for injury prevention and greater emphasis on accident investigation, being a government agency, greater control of co-ordination of policies and training by more uniformity/standardisation</i>  |
| 49. | <i>To get managers to take a more hands on approach to safety, plan ahead eg when a problem is identified use a short term fix followed by a budgeted final solution</i>   |
| 54. | <i>Need for more time for internal audits, managers need to follow up/ implement corrective actions form internal audits more quickly, more attention payed to timelines for the implementation/follow up of OHS issues by some managers, some things darg on for a while</i>  |
| 59. | <i>The OHSW Committee should identify the major hazards the organisation faces, Additional resources( human) are required to undertake the OHSW branch function, the OHSW functional plan needs to be integrated into the annual planning process, the planning process needs to be documented and all the agencies plans need to follow the same template, the agency needs to comply with the performance standards for self insures audit findings, in the restructure the OHSW manager needs to report to the CEO the regional managers need to take more responsibility</i> |

## **Appendix E**

### **Transcript of Semi-structured Interviews of Work-place Managers**

## *Interview Data*

### **Questions to Workplace managers**

A sample of 200 Workplace managers was selected from South Australian Public Sector agencies which were composed of highly differentiated work groups and business units. Workplace managers are senior public service employees in charge of major programs/projects or work areas, or both. The research sought to interview Ten percent of this sample. Using random sampling methods, 60 Workplace managers were selected and contacted regarding their willingness to participate in the semi structured interview, 28 workplace managers did not respond, 18 workplace managers declined, 15 workplace managers responded in the affirmative, 13 were interviewed, Two workplace managers were unable to participate in the interview due to unexpected work commitments.

Semi-structured interviews were conducted with workplace managers in order to verify practitioners' responses to questionnaire items and provide complementary information regarding workplace managers' perceptions of the implementation of OHS policy in the workplace, within agencies of the Public Sector of South Australia, and whether these perceptions are congruent with policy and workplace practice.

The participating workplace managers were asked nine questions.

The first question which related to management support and stated: **‘OHS Practitioners were asked to indicate agreement/disagreement to the statement that “OHS legislation is used by managers in their operational decision-making”. Responses were inconclusive with nearly one quarter responding ‘not sure’. Managers were asked: “What would you suggest to explain this result?’**

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| 1.  | “Managers do not know what the legislation is, those that do know use it as a way for treasury to give them money”   |
| 2.  | OHS reps in the area very pedantic and keep managers on their toes. Some managers do not take seriously for example high risk of injury focuses attention on OHS. Government is relatively low risk, managers get blasé ... “what is the most serious injury you can suffer in government?”, "is OHS realistic? "... over the top not seen to be the same threat. In my area Staff security is a major concern, Office upgrade and its ergonomics. Most public service managers have been in their job for a long time and have not been exposed to the real world. Not the severity or frequency of claims. |
| 3.  | Not Sure , unsure of what legislation is precisely, managers have a general understanding not a detailed understanding, conventional wisdom is taken into account into general decision making across agency, goes into bottom line ensuring, people are at work and healthy.  |
| 4.  | [legislation] on website, training course for managers, managers do not go to paper work?  |
| 5.  | OHS not incorporated into some agency business cases by OHS integrated here, where any change is undertaken in this area OHS is considered, however, in other areas, OHS is not part of the management agenda .., meetings and decision making... in our area, decision making and service delivery across a number of agencies ...OHS is considered in all system changes ... managing OHS changes to end users and system developers ... weekly management meeting includes OHS in agenda.   |
| 6.  | Not sure, the way the department is structured, not most highly considered or constrained by dealing with other issues first, managing around OHS issues, not the prime driver not a strategic issue   |
| 7.  | Managers do it sub-consciously, it is a lot of common sense in the context of an office environment. NO SOPs in this environment, OHS principles included in procurement principles and procurement outcomes applied in contractual process and decision making  |
| 8.  | Wonder wether OHS is made explicit, many managers not au fait with Ohs legislation, may act safely but not be doing so in an informed way that is consciously referring to legislation, the big push for safety was in 1998 rank and file managers not especially aware  |
| 9.  | When talking about operational decision making more often than not, does not relate to OHS. In my area OHS consideration are pretty well non existent, very low on list of priorities, work in low risk environment.   |
| 10. | Enormous variety and responses by managers, some familiar some have some OHS knowledge some have none. Non committal rather than throwing stones   |
| 11. | Difficult for practitioners to know how managers are making decision , not aware of decision making processes, practitioners not confident that managers understand the obligations and responsibilities, practitioners need to understand more ... surveying of managers within their agencies to make sure they are ware of legal issues and how they make decisions   |
| 12. | In this area managers do use OHS legislation in their decision making including appointing OHS representatives, OHS meetings, I guess it depends on how proactive the organisation is with OHS, we are very focussed in that we have country city and regional locations, [agency part of a] large portfolio structure, OHS corporate structure, group OHS structure, Regular OHS meetings with representatives giving information to committee network  |
| 13. | In this context I have worked in high risk environments ... there is a huge discrepancy of managers a huge discrepancy of business... what office managers understanding is compared with manager is a high risk setting, not sure, probably a fair gauge, do managers have a rudimentary understanding or are they well trained, in this building a mixed feeling for managers understanding and ability to implement OHS legislation   |

The second question related to management support and stated: **Two thirds of OHS practitioners responded ‘disagree/strongly disagree’ to the statement “OHS issues are competently dealt with by managers”**. Managers were asked: **“Why do you think that OHS practitioners responded this way?”**

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| 1.  | “OHS practitioners have higher expectations than managers”<br>“OHS is a practitioner’s whole reason for being”<br>“OHS is only a small part of what most managers do and they do not see it as core business”  |
| 2.  | This is reality the focus on low risk stuff. public service risks area not generally high risk. People in single functional responsibility [OHS Practitioners] make a life's work out of it, whether it is there or not. A manager has more to worry about than a single function. OHS is first on our agenda in staff meetings but it does not dominate, Some issues are trivial, out of proportion, “ why are we managers?” discretion being taken away form managers, some [OHS] policies and procedures are ridiculous, over reporting, reports need to be simple. |
| 3.  | OHS practitioners as specialist and highly qualified [people] view things from an academic and purist perspective, anything less than perfect is not good enough. OHS practitioners are frustrated they are not in charge. Outcomes that managers are after are not purely OHS outcomes. OHS is a means to an end  |
| 4.  | Managers try OHS management in offices versus OHS management in the field. What is worried about in offices is out of perspective, OHS practitioners over emphasise risk of minor problems   |
| 5.  | Management lack of experience as a leader accountability for OHS However some managers perceive it to be an organisational issue or a staff issues ... lack of understanding of accountability, must be organisational, management and staff responsibility.   |
| 6.  | Wonder about the visibility of OHS , Ohs does not come up as an issue, OHS issues do not commonly occur, competently dealt with implies the extent of knowledge of OHS , where do managers obtain that knowledge and advice and gain a depth of understanding  |
| 7.  | In the past [managers] have not had adequate training ... only recently in the past two years have some government departments started to consistently train managers ... training not commensurate with private sector high risk environments, may reflect managers ability to influence the workplace and workforce, OHS practitioners are not managers and do not walk in the managers shoes  |
| 8.  | Managers are not consciously aware of OHS. OHS practitioners have a more precise view of OHS than managers. In past few years more people becoming more aware, OHS practitioners critically aware, more pressure from new standards which allow measurement of results. The priority for practitioners should be how well they influence managers rather than having a nice new policy. Practitioners are feeling the heat of new standards rather than managers, OHS practitioners more aware.  |
| 9.  | OHS is not high on the radar of management, might be some challenges in larger areas /offices where there is a high priority. Recent widespread training of managers and staff   |
| 10. | Lot of managers in the system who are competent but do not deal with OHS issues to the level they should, some not fully committed to the OHS principles, some see it as an annoying add onto what they nee to be able to do<br>Only a small number take OHS actively on board and take care o\of their work place<br>...investigations, risk assessment OHS practitioner reflecting that proportion   |
| 11. | Once again not confident or frustrated that managers aware of their responsibilities and do not deal with issues appropriately, a range of issues , manager not competent in dealing with staff, interaction of agency, commitment to OHS perhaps not enough training, OHS does not have a high enough profile, practitioner are also busy doing lots of compliance work, not confident that practitioners have established a dialogue with managers and responsible officers  |
| 12. | Not sure, a culture thing, we have regular OHS audits here, not our experience, depends on top down management, if not strong this then flows down   |
| 13. | As a manager I have ownership of OHS issues, OHS practitioners are chasing information [about OHS incidents]which is specialised regarding OHS practice but this is not part of my core business   |

The third question related to management support and stated: **OHS practitioners were asked to indicate ‘agreement/disagreement’ to the statement “OHS has adequate budget support”, the majority of respondents disagreed with the statement. Managers were asked: What do you think the respondents meant by this?**

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| 1.  | “No one in the public sector ever thinks they have adequate budget support. OHS practitioners are not smart about getting money, thinking OHS must be good therefore if should be funded, rather they need to link it back to business and how it will achieve broader objectives”  |
| 2.  | Budget may not be there for safety per se ... budget for sundry OHS issues ... in our organisation any expenditure considers OHS, for example Information technology purchases, furniture purchases, communication purchases, motor vehicles upgraded to passenger airbags for country travel first aid kits for cars.  |
| 3.  | There is never enough budget for anything, we cannot justify the allocation of staff to address all OH issues that seemingly need to be addressed. We allocate .5 of one staff member’s time to OHS and .3 of another to OHS issues out of 80 staff members, these are allocated in order to achieve compliance with future audits. Other priorities are important.   |
| 4.  | What is adequate no manager has enough money. Ohs problems can be solved by good management training that is train managers what to look for and understand why, in high risk areas people put OHS in context.  |
| 5.  | Lip service if OHS is not considered in business case ... adequate funds will not be allocated. It needs commitment when doing bilateral bids for funds. Administrative overheads should include OHS. This needs management commitment in making the business case ... include OHS training and OHS awareness ... this agency also has OHS infrastructure in the form of OHS committees   |
| 6.  | What does adequate budget support mean does it mean general allocations or specific issues, our OHS area is well resourced and available. good profile  |
| 7.  | Two issues ; hard to budget for OHS , work in a reactive environment ideally managers should work proactively to prevent issues, however unrealistic approaches to OHS are adopted due to rhetoric about OHS being number one   |
| 8.  | Probably true OHS will always be wanting more than it gets, however what is the purpose of the agency... why does it exist? this is the priority of cost pressure this is the competition point for resources.  |
| 9.  | OHS practitioners best placed to make this call   |
| 10. | Reflected in previous response, manager often feel that by taking on board some of these issues ... deflecting from real work and reluctant to give tick of approval to safety initiatives in work plan.  |
| 11. | This may be a perception. Is it valued? It depends on the agency. This agency has a good commitment to OHS and a good allocation of resources and budget, central OHS unit support for OHS, Commitment from top on adequate training. The responses also has to be seen from the perspective that this is OHS practitioners area of passion and expectations and they would prefer to see unlimited funds allocated ... everyone is frustrated that their area is not funded as well as it could be |
| 12. | Obviously it was not big in their organisation we have funding allocated to whole of agency\$10,000 [administrative] budget allocated within this work group. This is not always fully expended. However if issues arose more funds would be allocated, indicates this agencies level of commitment   |
| 13. | No idea, such a limited understanding of what you could want money for, I prioritise budget according to legal obligations to provide a safe work environment, however I have a hard time allocating time to training time of senior managers is extremely limited having come for a high risk investment we work, a very safe office that is well appointed, therefore not the pressure to.  |

The fourth question related to OHS planning and stated; **Responses were fairly evenly divided ‘agree/disagree’ to the statement “My agency has clear means to identify gaps in [OHS] policy implementation”. Managers were asked: “How would you interpret this result? “**

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| 1.  | An awareness issue   |
| 2.  | Documentation may not reflect actual practice – for example expenditure and budgets, indicator of [low] frequency of occurrences [of OHS incidents]  |
| 3.  | I don't know relates to budget, means to identify gaps need resources to research, depends on central office practitioners. [OHS] audit draws line in sand focuses attention ...game is about adjusting priorities, OHS is fundamental to goal management, however OHS legislation and policy is monolithic, hard to sort out priorities for individual work areas for example in a small low risk area why should a manager know all the details  |
| 4.  | Some units and managers are keen on OHS some treat it as an after thought. When taken seriously it tops the agenda in management meetings. OHS average in current location, OHS resolution straight forward but does not compare to high level scrutiny in place in industry for example the motor vehicle industry where contracts depend on good OHS record  |
| 5.  | A comprehensive policy ... regular and detailed procedure to cover key risks ... isolated work ... working from home ... extended hours ... the work areas identify gaps [and develop] complementary policy /procedures  |
| 6.  | Managers have different level of awareness, our area has regular meetings to resolve OHS issues, however in other areas this may not be the case   |
| 7.  | [this is] A very diverse agency with a diverse workforce, it is hard to identify gaps, hard to quantify impact of policies, lack of understanding in gap analysis if you are not in the business unit  |
| 8.  | Agencies are very differentiated, a large spectrum of capacity, a reflection on practitioners in those agencies and their capacity.<br>The setting of KPIs and measuring performance against them has been one of the worst aspects of OHS performance if it needs resolve or a clear strategy this is where OHS practitioner's skill should come into play and guide agencies with policies that can be measured.<br>There might be a lack of clarity in the organisation develop clarity for agencies in indicators, this is what the expertise of practitioners should be providing to agencies |
| 9.  | Policy implemented from top down, on paper a perfect world, very positive in those areas covered by training, and funded by department in delivery and release, including workplace bullying and harassment however Department OHS and HR more interested in image than protecting individual employees in a particular instance a wrong was not addressed, counselling was offered to employee but causal issue not dealt with ... dealing with symptoms not caused   |
| 10. | Some agencies are doing WorkCover performance evaluation and gap analysis in carrying out that process but having identified gaps and put into OHS plans, these plans are not necessarily the reason the agency achieves OHS objectives. Every agency has these plans in place and action plans which identify OHS issues but these are not necessarily acted upon.  |
| 11. | Does the agency have system in place such as internal audits and other systems, particularly depends on practitioner competence, how to identify gaps in system such as good auditing and evaluation systems   |
| 12. | In this portfolio we have this covered well, good communication from Corporate to Agency Group to local level, good communication flow, sometimes too much, in our organisation not too much can fall through the gaps even though a large diverse portfolio   |
| 13. | This is based on the responses for the different agencies some have really good gap analysis some don't  |

The fifth question related to planning and stated: **Responses were fairly evenly divided ‘agree/disagree’ to the statement “Self-insurance guidelines are poorly integrated into my agency’s operations” Managers were asked: ‘What do think might explain this result?’**

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| 1.  | If they are a good practitioner then good integration, if they are not they will blame everyone else   |
| 2.  | No comment   |
| 3.  | Be surprised if most managers know what guidelines where, due to our work we are aware, general and more specific awareness than in most public Sector areas. ... defer knowledge to claims specialists, units managers do not go near workers compensation claims   |
| 4.  | No understanding of Self insurance guidelines , no idea of WorkCover guidelines  |
| 5.  | Lack of awareness in the agency, lack of communication regarding WorkCover requirements, may be communicated by may be filtered.   |
| 6.  | Need definition of self insurance guidelines, grapple to understand issue unsure in this case, dependent on the profile of OHS   |
| 7.  | Due to diversity of Department guideline audits not joined up, in private sector the manager is part of the audit team ... this is a large department across a diversity of wok sites, this business unit has 120 staff across 5 different worksites guidelines applied at whole of agency a strategic level harder to apply at worksites  |
| 8.  | The new standard should integrate as a seamless part of business. Agencies however may be unwilling or unable to make the step. What does it mean to integrate OHS into resourcing practices, procurement practices OHS imposed in parallel  |
| 9.  | No idea , know Department is a self insurer,   |
| 10. | Attention to integration of self insurance guidelines comes into paly at the time an agency is about to be evaluated (audited)<br>Then the guidelines become and ‘real’ issues agencies then embark ofn a flurry of activity to try to satisfy the requirements of WorkCover evaluation. Generally between these evaluations agencies let these things slip, when reasonable outcomes are achieved agencies let the foot slip off the pedal and good outcomes are eroded, SA pubic Sector a mixed bag of how agencies report and integrate OHS into operations |
| 11. | If there is a good commitment of Chief Executive ad executive level to ensure integration into business plans then there will be an integrated system, this would include safety is core business incorporated into business plans and depends on practitioners having competence to provide appropriate advice to Chief Executive about what is actually required for a fully integrated system. a two way thing  |
| 12. | WorkCover performance level attained, achieved and maintained, annual action plans to address issues or report on at corporate or group levels   |
| 13. | Some agencies do some don’t we are not an agency with best practice. Not adapting best practice does not equate to greater risk of injury, workplaces are dangerous due to nature of what they do.<br>We have legislation and legal requirements for OHS but as a manager I am capable of assessing risks if we do not has best practice this may be a recognition that our risk are not great an industrial workplace where they should be exercising best practice ...in this area I could have zero knowledge of OHS and my staff would still be safe.      |

The sixth question related to OHS prevention measures and stated: **Responses were fairly evenly divided ‘agree/disagree’ to the statement “My agency consistently adopts best practice”.**  
**Managers were asked: “What do you think this result might mean?”**

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| 1.  | OHS not necessarily done well, talked about a lot   |
| 2.  | Measuring is an issue. Do not know what best practice is unless something to measure against. Not good at determining what best practice is, nothing to judge against, OHS is awkward and emotive, for example a manufacturing [in comparison to the public sector] can allow for easy comparison ... production outputs, productivity indicator OHS measures in place cost per employee, In our workplace there is a debate over equipment levels on motor vehicles or is money better spent on training, we have no comparative data, OHS arguments are driven by emotion rather than data. No comparison of government to private enterprise   |
| 3.  | Vague about what the term best practice is, what is quality, what is the quality journey, best practice an illusory goal, is it benchmarking against other agencies, best practice and individual view of what is best. What fdo you mean by best practice there can only be one best.  |
| 4.  | Good managers adopt best practice , poor managers do not, Current unit supportive of OHS practice in [content of] major contracts   |
| 5.  | Lack of audits, lack of communication [whereas], we have regular reviews, regular audits, regular newsletters, intranet communication, ... representative in peak OHS committee for portfolio access to information ... regular ergonomic reviews and exceptions ... where workstation changes with change of hardware. Due to exceptional working conditions a variety of policies developed, supported by committee structure and complementary policy structure such as greening of government, reduce electricity consumption and reduce glare by removal of fluoro [lights]  |
| 6.  | What does best practice mean? Over used term, good practice is more acceptable hard to visualise what this means in OHS terms. What are the standards, what and how do you measure?   |
| 7.  | What is best practice, an individual’s opinion, government has no benchmark   |
| 8.  | Most agencies are running lea with insufficient resources and insufficient staff, given that environment, it is a problem to adapt to best practice. OHS practitioners for smaller agencies may be able to say that they are adopting best practice but practitioners for large /mega portfolios have major resourcing [issues and pressures. Think it is optimistic that 50% of Public Sector consistently adopts best practice  |
| 9.  | Adopt might be misunderstood, policy might be best , could be issues with the way it is implemented mo system is fool proof may depend on operator, dependent on quality of people, where issues do occur, management may not see themselves as being accountable and my blame the worker /claimant   |
| 10. | Only some manager are committed and even when agencies are committed some managers fail to implement some do some do not  |
| 11. | Some agencies are good performers, a recognition of what is best practice could be. is there commitment for Chief Executive, are there good OHS systems in place, pick up best practice is there cascading levels of responsibility, des not surprise me some say we are doing it well others a long way form best practice   |
| 12. | It related to how well you want to run your agency, we try to achieve best practice in our operations, high level commitment and extensive reporting and consultative meetings  |
| 13. | Requirement for flexibility in hours beyond normal, problems with welfare relating to personal harassment otherwise normal office issues, workplace balance to cover flexible hours required by community base projects. OHS is a turn off when focussed on physical office environment issues which are low risk but which ignore important people management issues ... do we manager staff as human beings? My focus is on the safety of the individual OHS rules focus on standardised work environments, what you value determines how you set OHS agendas. What we fail to do is put a proper priority on people as opposed to physical students, it is not an accident that we have a huge absentee rate a huge turnover , the largest staff exodus tells me everything I need to know about mental well being, in the public sector and inability to reward staff |

The seventh question related to OHS prevention measures and asked managers: follows: **What are the key OHS issues in your area? Are you able to rank them in some priority order?**

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| 1.  | Psychological health  |
| 2.  | Staff Security both in the office and in the field, , [long distance] travel in motor vehicles, training, long hours, staff exposed to traumatic events in their duties.  |
| 3.  | Hazard identification, identifying gaps, getting good outcomes, moving form ad hoc systems to hazard and control approach   |
| 4.  | Project management, field work, driving remote work, long hours, [communication by] satellite phones, [thermal] comfort in offices affects ability to concentrate   |
| 5.  | General workplace safety, hours of work ... extended and variable hours ... computer hardware ... IT development environment  |
| 6.  | Office and Physical issues, cabling, complex IT environment, Work environment issues with higher set temperatures [of air conditioning] lead to decline in productivity   |
| 7.  | Materials Handling, manual handling, isolated/remote work   |
| 8.  | Workload pressure unrealistic workload expectation, work quantity deadlines, high pressure, high volume, interpersonal issues , bullying ... In [physical] office environment minor housekeeping and maintenance issues   |
| 9.  | Inherent nature of [project work], Short term contractors and their induction a problem, tend to fall through holes, poor performance management processes, need to apply code of conduct   |
| 10. | Getting back to basics and address incidents and accidents effectively, a lot of people in high risk activities and these are not properly investigated and assessed, many incidents are easily preventable, but not enough application of risk assessment and causal analysis and intention to implement prevention measures. high rates of slips trips and no action to reduce not enough long term commitment to prevention, need for resource allocation, change from reactive to proactive management need for better planning and integration of OHS  |
| 11. | Psychological stress, Work place pressure from time frames, staffing ... General OHS pretty well dealt with commitment to good OHS include hazard inspections and good systems and documentation  |
| 12. | We are not like a factory, our issues are pretty mickey mouse ... working in isolation, long distance driving, staff security in outside work, in office basic safety issues  |
| 13. | Misconception of what is OHS, Big brother is bearing down on you regarding physical threat, attention which far exceeds risk, need to humanise and project a level of reasonableness trying to get people to act out of fear is not productive need, a positive way to motivate people. OHS does not engage managers and staff they are disenfranchised... ten page reports on a thumb injured in a door, creates a problem of disinterest, big brother, big stick, need to a make relevant to actual challenges facing managers and staff, what are the real issues what do we need to get right |

The eighth question related to OHS planning and asked: **As a manager what are the problems you perceive in the implementation of OHS policy? Are you able to rank order these 'problems'?**

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| 1.  | Lack of integration, silos, external to management   |
| 2.  | internal OHS policies were one size fits all, recognition and acceptance of particular policy procedures for our area, not for another logic to stick to it, trying to get city operatives to understand issues regarding country work ... peculiarities to country operations not taken into account in policy.   |
| 3.  | Adequacy of funding, business managers should not need to know all the fine details, need targeted advice from practitioners giving site specific advice. Ohs has more application to factories than to offices  |
| 4.  | Anal retentive OHS practitioners need to get their feet dirty, OHS practitioner need to know managers and how they are likely to operate, how will they be able to implement, work with different management styles  |
| 5.  | Management commitment and skills, Financial commitment,  |
| 6.  | Communication is critical to selling relevance, How seriously is it taken, OHS is an issue for the lower people ... provision of field wardens, fit out of offices and OHS representatives   |
| 7.  | Linking Policy to business as usual. the remote work policy is not apparently linked to isolated work in metropolitan locations managers need help in translation, simplification into plain English, agency has a good system. intranet,, and policy communication however losing human touch, need to take [personal responsibility] access information on intranet the and take time to discuss it  |
| 8.  | Work pressure, priorities take away from ability to give priority to OHS resourcing in terms of time as opposed to money. In the office environment there is no significant risk. when circulate policies for consultation. few replies, unless there is a risk tangible to people, no interest  |
| 9.  | As a manager able to apply policy to work area, Chief Executive very supportive  |
| 10. | Problem with implementation generally the policy statement easy to interpret, as developed in consultation, endorsed and distributed. policy implemented in terms of being distributed. The problem is that policy outcomes which the policies are designed to achieve have to be maintained and measures and these facilities are not put in place in different areas. The policy is put in place for a reason ... it needs to be followed up which requires allocated resources. Also too many policies in some areas for a manager to focus on. Need to narrow policy base and better target procedures to bug ticket issues which will have the best prevention outcomes Need better networks and communication with managers requires a substantial amount of effort and resources. Policy needs commitment in terms of implementation in resource allocation to follow up to see if policy is working, need to target areas of major risk and [get] maximum return |
| 11. | Tough one good OHS policies good communication good consultation and distribution process, key probable is to ensure they are taken on board and understood by everybody and that they are implemented, problem with sheer volume that comes out including revision, consultation, need to read, comment and then when published take on board, keeping on top.  |
| 12. | No issue in implementation it is structured, disseminated through managers to team leaders and staff, consultation through this process everyone has opportunity to comment  |
| 13. | Corporate OHS committee organisation currently grapple with structure of [agency] OHS committee, no recent manager training no specific budget for OHS. OHS a fortnightly agenda for management meetings, issues are dealt with and taken care of management time allocated  |

The ninth question related to management support and was as follows:

**What resources – financial, personnel, time - in your area are allocated to support OHS policy implementation?**

|     |   |
|-----|---|
| 1.  | Health and Safety committee, representatives and time in team meetings  |
| 2.  | OHS is taken into account in allocation of all resources.<br>Health and safety representative (HSR) appointment and training, training for managers, allocation of HSRs to 2 regions with time and budget for travel inspections and consultation   |
| 3.  | Resources include .5 staff member and .3 of a staff member to work on OHS issues, establishment of OHS committee and monthly OHS meetings, allocation of mainstream budget to control OHS problem areas including redesign of kitchens, lighting/electrical equipment and manual handling   |
| 4.  | OHS staffing appointment of OHS representative, management training, OHS Equipment such as satellite phone, resources made available as required, time for site inductions  |
| 5.  | HSR and various forums, OHS taken into account in business systems including redevelopment of IT hardware from PC to appliance based networks   |
| 6.  | Allocation of Personnel and time, communication, representatives, committees, meetings, recognition of appointed people, OHS infrastructure, in a large department, intranet, policies procedures, OHS inspections done regularly apparent  |
| 7.  | Consideration, Research, committees at every site and division, various level opportunities to escalate issues, time and support, however need for awareness and relevance, danger of being laid back due to low risk environment   |
| 8.  | Insufficient, we cannot get OHS inspections done, OHS action plans remain unwritten, OHS is a compliance issue, no engagement due to lack of a driving need. Routine fix of routine issues, chairs electrical tagging etc   |
| 9.  | Substantial resources allocated regarding training release time [of staff], training resources, personnel allocation in peak workload times able to source additional workers expertise   |
| 10. | Specialist OHS unit in portfolio and in that are approximately ten percent of its time is allocated to policy implementation, in agencies with portfolio other practitioners and health and safety representative. Senior OHS advisor works with agencies to advise on OHS management, review and redevelop process and procedure input onto performance measurement particularly ... with WorkCover evaluation of agencies |
| 11. | Corporate OHS system, divisional systems, some allocation to inspectors, training, consultation regarding policy procedure, OHS on management agendas, issues are dealt with appropriately, not trivial HS reps in place, mechanisms in place to ensure people are adequately informed and issues dealt with  |
| 12. | Budget line, Health and safety Representatives, meetings, management commitment, HSR included in OHS at divisional meetings of managers, training available high level management commitment  |
| 13. | HSR allocation time at staff meeting, physical audits   |