

Department of Community Safety  
Workplace Health and Safety  
Strategic Plan 2010-2014



our target is **ZERO harm**



Tomorrow's Queensland: strong, green, smart, healthy and fair

## ***Message from the Director-General***



The safety of all employees, volunteers and contractors in the Department of Community Safety is of paramount importance, and we have a collective responsibility to ensure that we have a safe and healthy workplace.

There is no doubt that the increasingly diverse and complex nature of the services delivered by our department presents real challenges and obstacles in ensuring the physical and psychological safety of all our employees, volunteers and contractors, but at no time can this responsibility be set aside.

In establishing the Workplace Health and Safety Strategy for 2010-2014, we affirm our commitment to the ZEROharm philosophy that all injuries are preventable. Whilst some will argue that the nature of our work makes this difficult or impossible, no injury will ever be considered acceptable by the management, employees, and stakeholders of this department. We must focus on assessing, managing, and reassessing our risks. It is critical that we continue to strive for the safest workplace we can possibly provide.

Compliance with legislation and a regulatory regime alone does not lead to an outstanding safety record. Commitment and leadership from senior management is also required. The Executive Leadership Team and the WHS Governance Committee are committed to the WHS Strategy 2010-2014, and will work within and across divisions to deliver the objectives detailed in this strategy.

It is clear that some organisations achieve better WHS outcomes than others. Those that do are said to have a good 'safety culture'. Safety culture has been described as the attitudes, values, norms and beliefs that a particular group of people share with respect to risk and safety. People at all levels and in all areas of the department need to think about their personal safety and safety of others at all times. By thinking safety, people act safely.

I ask you to think about the most important reason for making your workplace safe. Everyday we must focus on sending our people home to their loved ones in a safe and healthy state.

Jim McGowan  
**Director-General**  
**Department of Community Safety**

## ***Message from the Chair, Workplace Health and Safety Governance Committee***



The Workplace Health and Safety Governance Committee provides strategic advice to the Senior Executive, other governance committees and Commissioners on Workplace Health and Safety matters. Its purpose is to oversee and provide direction and leadership in the management of workplace health and safety across the department.

The Governance Committee maintains oversight of the DCS WHS Strategy and works with divisions to effectively manage the risks that are presented by the difficult work that our employees and volunteers undertake.

The Committee provides a mechanism through which high level risks can be considered and mitigation strategies established. It also looks at systemic issues in WHS which face the Department, and works with divisions to address these.

There will not be a time when we can take our eye off the ball, or accept that some injuries cannot be prevented. We must remain vigilant, informed, and manage all of our risks appropriately. If an injury does occur, we must do our best to examine how it happened, improve our practices, and do whatever we can to support our people. The DCS WHS Governance Committee is committed to doing just that.

David Melville APM  
**Commissioner, Queensland Ambulance Service**  
**Chair, Workplace Health and Safety Governance Committee**

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## 1.0 Purpose

The purpose of this document is to:

- Establish the corporate Workplace Health and Safety Strategy 2010-2014 for the Department of Community Safety (DCS).
- Prioritise the key performance objectives and initiatives to be achieved during the life of the Strategy.
- Provide a statement of current Workplace Health and Safety (WHS) performance across DCS.

## 2.0 Organisational Context

The Department of Community Safety is comprised of a number of operational and non-operational divisions:

- Queensland Ambulance Service
- Queensland Fire and Rescue Service
- Queensland Corrective Services
- Emergency Management Queensland
- Strategic Policy Division
- Corporate Support Division

The Department is unique in Australia, being the only entity to deliver ambulance, fire, rescue, emergency and disaster management services, and corrective services to the community through a single agency.

The Department is a proactive participant in the broader, international Community Safety network, and has a strong commitment to equity and cultural diversity.

With a united focus on community safety, the department's 13,000 employees, supported by many thousands of volunteers, deliver diverse and complex services which protect, rebuild, and save lives.

DCS is acknowledged as a leader in the field of emergency management and disaster mitigation in Australia, providing a model for multi-service integration that maximises benefits to the community.

Through its corrective services division, the department delivers secure and humane containment of prisoners in custody, and offenders on supervision in the community.

### 3.0 Government WHS Priorities

The Department of Community Safety is particularly committed to contributing to two Queensland Government strategic initiatives:

- *Toward Q2: Tomorrow's Queensland* (the Health ambition); and
- *Safer and Healthier Workplaces 2007-2012*.

#### ***Toward Q2: Tomorrow's Queensland***

The Queensland Government, through *Toward Q2: Tomorrow's Queensland*, has framed its 2020 vision for Queensland to address major current and future challenges.

Q2 sets a target for 2020 to cut by one-third obesity, smoking, heavy drinking and unsafe sun exposure.

The challenges to be overcome in achieving this include:

- **Unhealthy lifestyles:** Poor diet and exercise habits could see this generation of children be the first in history to die younger than their parents.
- **Preventable diseases:** The burden of preventable chronic diseases, such as Type 2 diabetes, is forecast to rise by more than 20 per cent over the next decade.

DCS will implement initiatives, appropriate to our organisation, to reduce the levels of obesity, smoking, heavy drinking and unsafe sun exposure amongst our workforce.

#### ***Safer and Healthier Workplace 2007-2012***

The Queensland Government has established a vision of Queensland workplaces free from death, injury and disease. Through the *Safer and Healthier Workplaces 2007-2012 initiative*, the Queensland Government has established the following targets:

- *Injury Prevention:* A reduction of 10 per cent in the number of lost time injuries claims greater than five working days, excluding journey injuries, each year for the next five years commencing in the 2007-08 financial year. This will be calculated using workers' compensation data as the source.
- *Ten percent reduction in lost time* (work days lost) over each year for the next five years. To be reported in days and monetary values. The baseline for this calculation will be determined from an average over the past three years performance.

The DCS Workplace Health and Safety Strategy 2010-2014 will continue our commitment to supporting the Safer and Healthier Workplaces initiative.

## **4.0 Summary of DCS WHS Performance**

### **4.1 Overview**

The Department of Community Safety was established in 2009 and is the amalgamation of the former Department of Emergency Services, and Queensland Corrective Services. The nature of the work carried out by its divisions presents employees, volunteers and contractors with a variety of genuine workplace risks.

A number of performance targets were set in the 2007 to 2010 WHS Strategy, and were not achieved. The review of that strategy and the establishment of the DCS WHS Strategy 2010 – 2014 provides us with an opportunity to examine where and why targets were not achieved, and establish more specific and targeted initiatives to address these across and within divisions.

Those organisations that achieve workplace health and safety targets are those organisations that build and cement a “safety culture” within their broader organisational culture and practices. This means that individuals and teams think about risk and safety at all times. DCS needs to ensure that WHS risk identification, management and mitigation is applied to all of its activities, not just as a once-off exercise, but as part of day to day business.

The implementation of the SHE WHS system provides the Department with the tools it needs to effectively identify and manage the hazards that exist or emerge, record incidents and learn from these, and effectively conduct injury management for those persons who are unfortunately injured in the workplace. Development of the SHE system to support this Strategy is integral to its success.

### **4.2 Current WHS Performance**

There are a number of indicators of WHS performance, eg the Lost Time Injury Frequency Rate, the Injury Downtime Rate, the WorkCover Paid Days data etc. The following pages detail the success or otherwise of the Department and its divisions against a range of measures.

As indicators of WHS performance, and consequently as indicators of the Department's capacity to make significant improvement in the area of workplace health and safety, the following data sets are provided:

- LTIFR – Lost time injury frequency rate
- IDR – Injury downtime rate
- WorkCover paid days
- WorkCover statutory costs
- Injury types

## 4.2.1 Lost time injury frequency rate (LTIFR)

Each DCS division has very specific roles in the provision of community safety, and is subject to varied internal and external influences.

The Lost Time Injury Frequency Rate (LTIFR) measures the number of lost time injury claims, per million hours of work.

Generally, within DCS, the LTIFR trend has been upward over the last few years.

Improvements to the WHS environment as a whole contribute to a reduction in this measure. By eliminating or managing risks in the workplace, staff are less likely to require compensable time off, and when this is complemented by an effective injury management process, a quicker return to work has a similar positive effect on the measure.

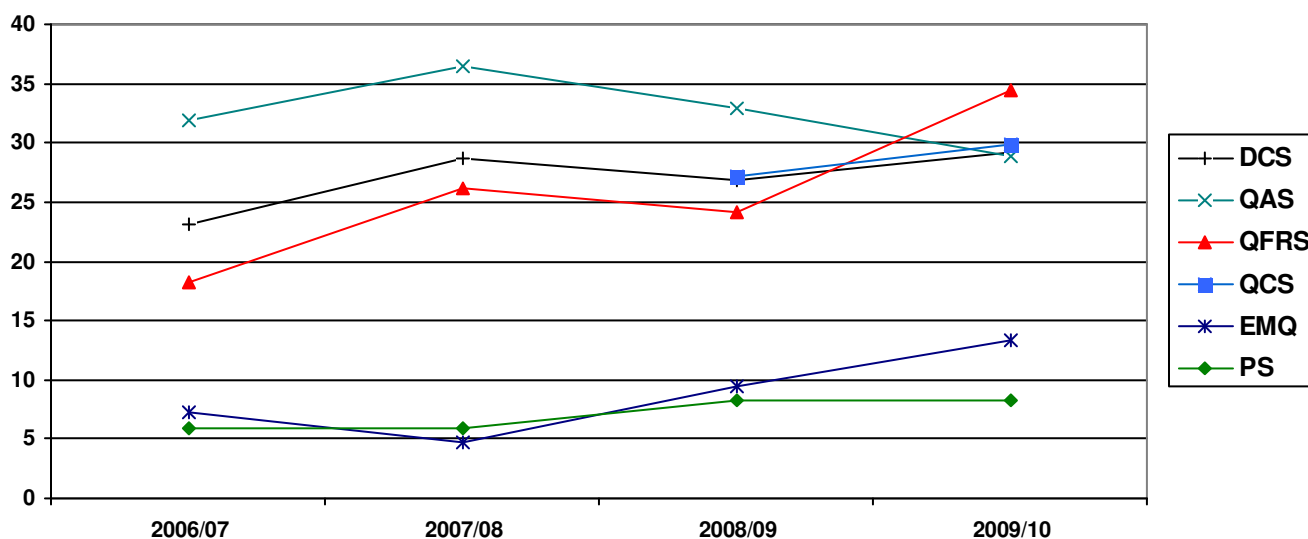
The Queensland Ambulance Service has experienced a significant decrease in LTIFR, down from 36.39 in 2007/08 to 28.90 in 2009/10.

Queensland Corrective Services data is not as complete as the other divisions, but there has clearly been an increase in LTIFR from 27.11 in 2008/09 to 29.90 in 2009/10.

The Queensland Fire and Rescue Service experienced a spike in its LTIFR from 26.15 in 2007/08, 24.16 in 2008/09 to 34.35 in 2009/10. Examination of the reasons for this increase in lost time as a result of workplace injury, and development of appropriate interventions, should assist in bringing this rate back on track for 2010/11.

Interventions are also required in Emergency Management Queensland where the LTIFR has increased significantly from 4.78 in 2007/08, 9.53 in 2008/09 to 13.38 in 2009/10.

Figure 1 – Lost Time Injury Frequency Rate<sup>1</sup>



<sup>1</sup> All data as at 30/06/2010. 2009/10 LTIFR data may not be complete due to the 'lag effect' associated with WorkCover claims. Data to be reviewed and updated annually.

## 4.2.2 Injury Downtime Rate (IDR)

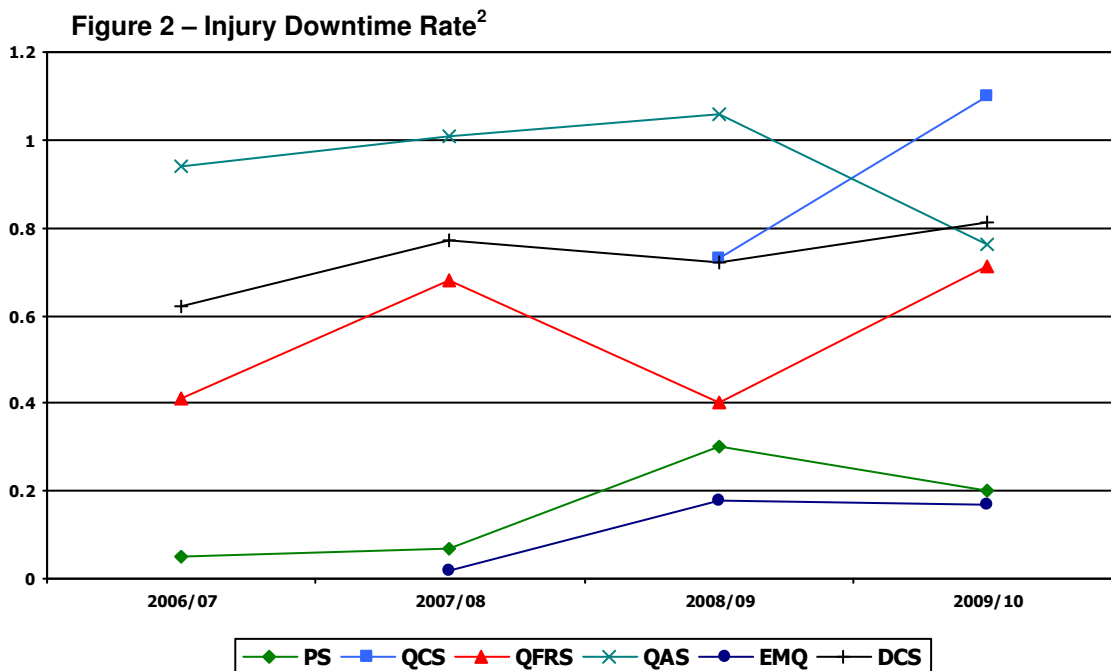
The Injury Downtime Rate (IDR) is a measure of the hours lost due to an injury as a factor of the total hours worked. An increase in IDR is usually indicative of an increased in the severity of injuries experiences or prolonged periods of incapacity.

The Department has experienced an increasing trend in the IDR over recent years from 0.77% in 2007/08 to 0.81% in 2009/10.

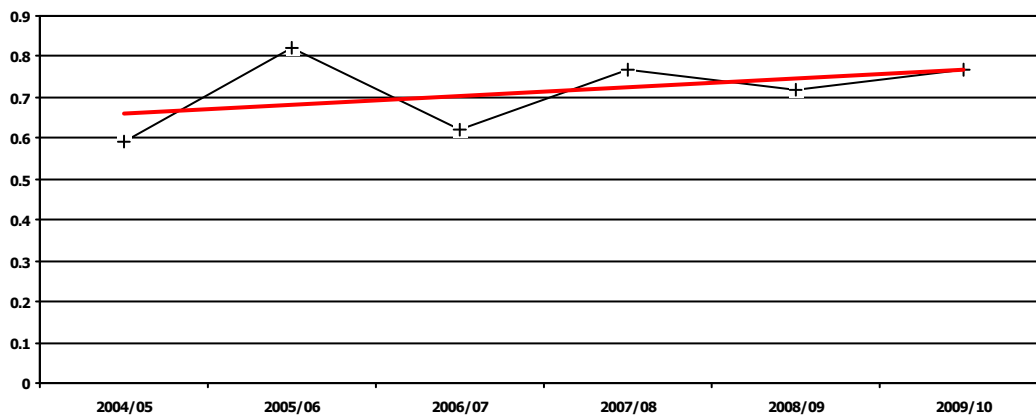
As with the LTIFR, the IDR for the Queensland Ambulance Service has decreased from 1.01% in 2007/08 to 0.76% in 2009/10. The IDR for Emergency Management Queensland has remained stable; 0.18% in 2008/09 to 0.17% in 2009/10

Queensland Corrective Services has experienced a rise in the IDR, from 0.73% in 2008/09 to 1.10% in 2009/10. Despite a decrease in the IDR from 2007/08 to 2008/09, the Queensland Fire and Rescue Service has also experienced a rise in the IDR in 2009/10, from 0.40% to 0.71%.

Despite some short term gains and improvements, the trend in IDR for the Department has been increasing over the last 6 years.



**Figure 3 – Injury Downtime Rate - Trend**



<sup>2</sup> All data as at 30/06/2010. 2009/10 IDR data may not be complete due to the 'lag effect' associated with WorkCover claims. Data to be reviewed and updated annually.

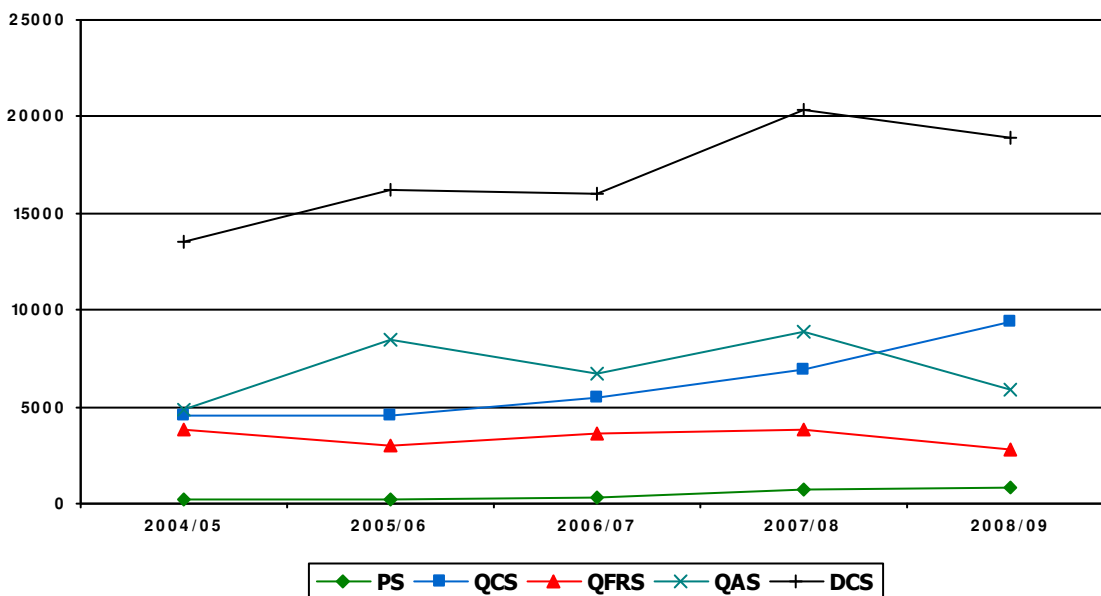
### 4.2.3 WorkCover Paid Days

WorkCover paid days are the number of days that are covered by the Department’s workers compensation policy (WorkCover) for accepted claims. An improvement in this measure, ie. fewer paid days, indicates that injured employees are returning to the workplace quicker, or that injuries are of a lower severity.

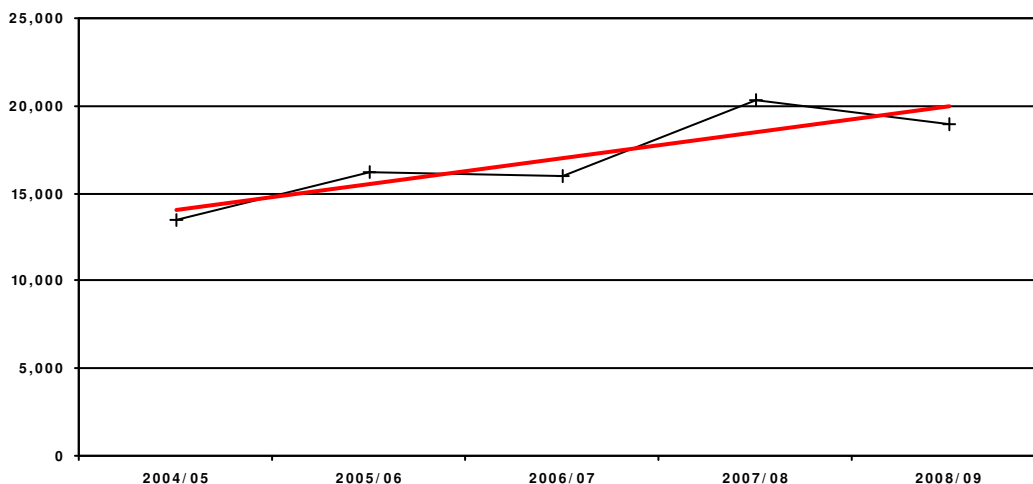
Overall, there has been an upward trend in WorkCover paid days in the past five years. The majority of areas within DCS appear to be trending either marginally upward (QAS, Public Sector) or marginally downward (QFRS). However QCS has experienced quite a substantial upward trend over the past 5 years.

Strategies need to support a return to work as quickly as possible for injured workers, and hazards need to be mitigated to reduce the possibility and severity of injuries.

**Figure 4 – WorkCover Paid Days<sup>3</sup>**



**Figure 5 – WorkCover Paid Days - Trend**



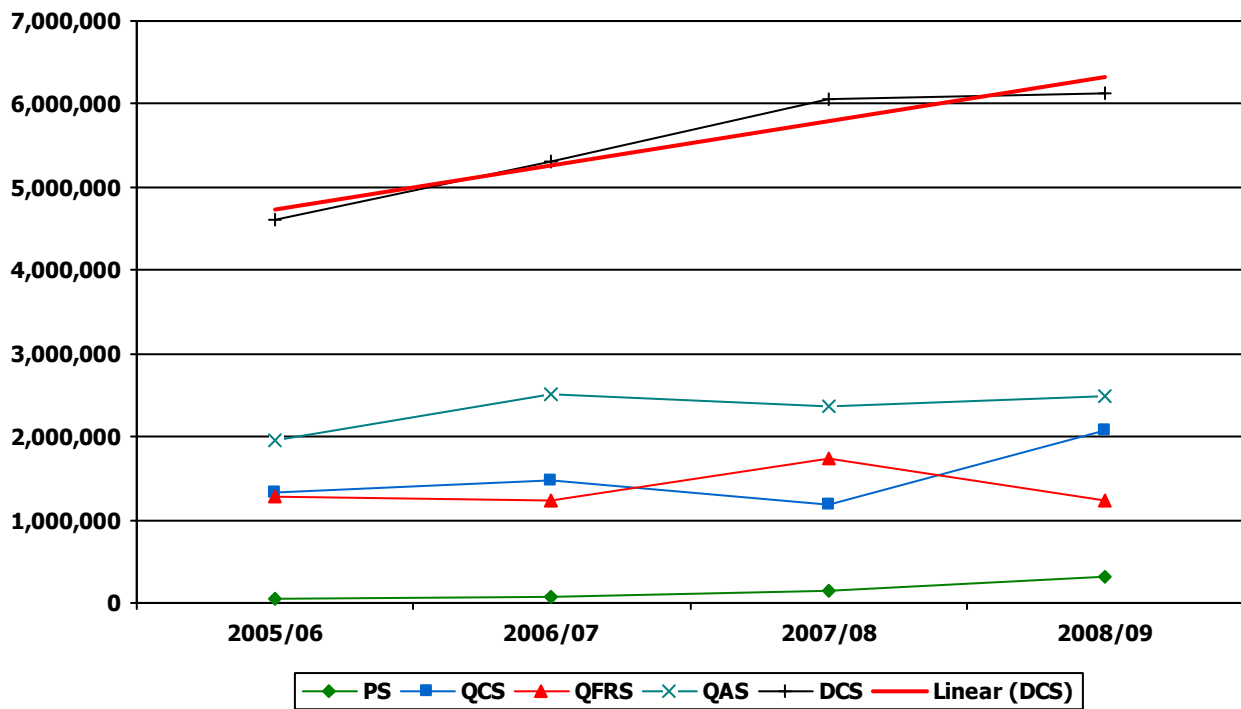
<sup>3</sup> All data as at 30/06/2010. 2009/10 WorkCover Paid Days data may not be complete due to the ‘lag effect’ associated with WorkCover claims. Data to be reviewed and updated annually. N.B WorkCover Paid Days are raw numbers and not a rate that factors in FTEs or hours worked.

#### 4.2.4 WorkCover Statutory Costs

Statutory costs are the wages, medical expenses etc that are incurred as a result of a workplace injury. These costs do not however take into account the hidden costs of managing the injury, overtime, replacing lost staff, training etc., which are conservatively estimated to be at least five times the direct costs of injuries.

Statutory costs have been steadily rising over the last four years, with the cost to the Department increasing from \$4.6m in 2005 to \$6.12m in 2009.

Figure 6 – WorkCover Statutory Costs<sup>4</sup>



<sup>4</sup> All data as at 30/06/2010. 2009/10 WorkCover Statutory Costs data may not be complete due to the 'lag effect' associated with WorkCover claims. Data to be reviewed and updated annually.

#### 4.2.5 Injury Types<sup>5</sup>

In 2009/10, 1,308 statutory claims were reported to WorkCover at a cost of \$4,222,384<sup>5</sup>.

Trauma to joints, ligaments and muscles, soft tissue injuries, and sprains and strains accounted for 60% of all workplace injuries in DCS in 2009/10:

- Trauma to ligaments / joints / tendons / muscles – 25%
- Other soft tissue injuries – 29%
- Sprain / strain – 6%

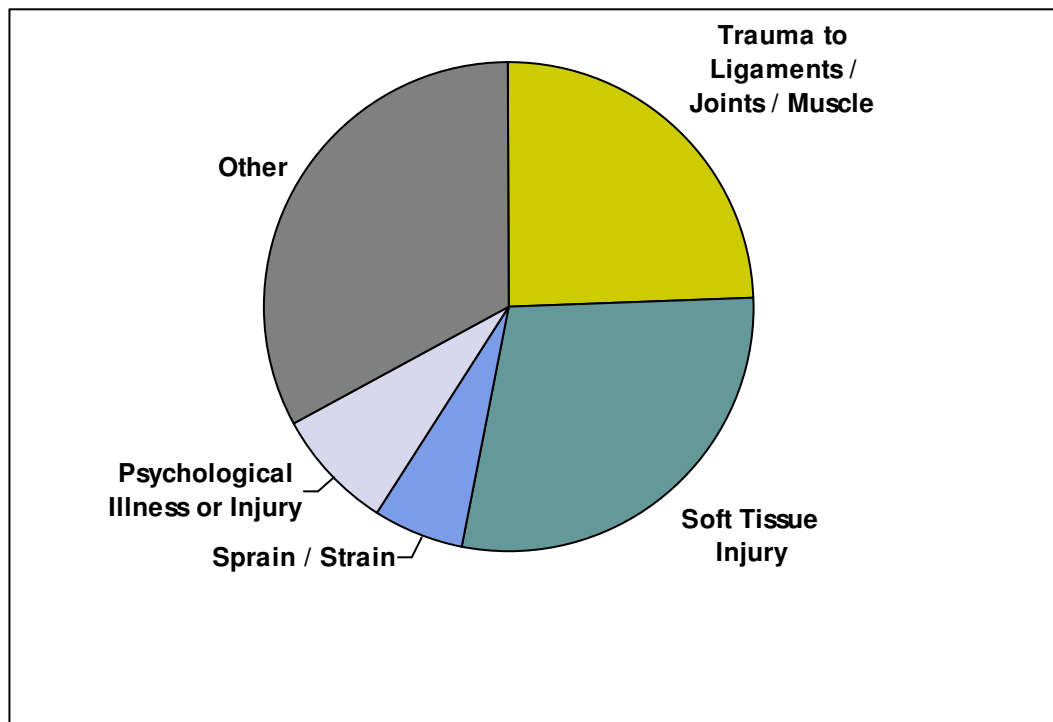
Collectively these injuries accounted for 57% of statutory claim payments made by WorkCover.

- Trauma to ligaments / joints / tendons / muscles – \$1,113,443
- Other soft tissue injuries – \$851,446
- Sprain / strain – \$424,216

Psychological illness and injury only accounted for about 8% of all injuries, however, represented approximately 14% of costs (\$609,697) incurred for all injuries in 2009/10.

This strategy establishes processes to regularly review the causality of major injury types, establish initiatives to specifically address these, and monitor the ongoing risk at local and departmental levels.

**Figure 7 – Common Injury Types – DCS 2009/10<sup>5</sup>**



<sup>5</sup> All data as at 30/06/2010. 2009/10 Injury Type data may not be complete due to the 'lag effect' associated with WorkCover claims. Data to be reviewed and updated annually.

## 5.0 DCS WHS Strategy 2010 – 2014

### 5.1 Our WHS Mission

Our mission is **ZEROharm – all injuries are preventable**. This is based on an utmost desire to ensure that all our people – employees, volunteers and contractors – return home free of injury and illness every day to their families and loved ones.

To achieve this we want to be - our future is - an organisation in which:

- Safety of our people is a value that is not compromised
- Risk management is the foundation for all of our activities
- Leaders at all levels are safety role models
- Compliance with safety standards and procedures is absolute
- We do not just accept risk as 'part of the job'
- We continually strive to find and adopt safer, smarter and better ways of delivering services
- People are aware of the hazards and risks in their workplace and act accordingly
- Effective skills to lead and work safely are developed through ongoing training and mentoring
- "At risk" behaviours are not acceptable and are addressed when observed
- Safety excellence is recognised as good business
- Early and effective rehabilitation is paramount.

In terms of WHS performance, DCS wants stability, followed by steady improvement over time – let's continually improve and work out safer and smarter ways of doing business.

### 5.2 Strategic Intent

The DCS WHS Strategy 2010-2014 establishes the Department's intention to vigorously pursue and integrate a best practice approach to WHS for our people, which systematically eliminates or minimises risks to a level as low as reasonably practicable (ALARP), provides opportunities for safer, smarter and more efficient service delivery and has **ZEROharm** as its ultimate goal.

Fundamental to our success will be the leadership drive to achieve the following five strategic objectives over the life of the strategy:

1. Create safer workplaces
2. Build workforce capability to be actively engaged in WHS
3. Ensure injury and illness are effectively managed
4. Build effective WHS governance
5. Have a fit and healthy workforce

DCS acknowledges that safety is a great foundation upon which to facilitate further operational excellence towards the achievement of the DCS Corporate vision.

DCS is committed to the achievement of **ZEROharm** and believes it is a key organisational performance driver contributing to its vision of "*safe and secure communities*".

## 5.3 The Key Strategic Objectives

### 5.3.1 Create safer workplaces

To create an environment where **ZEROharm** can truly be achieved, we need everyone to think about safety in everything they do. Key to this is having a risk management approach to all of our activities.

It is acknowledged that the provision of emergency and corrective services comes with an element of risk and at all times this risk needs to be identified, and mitigation strategies put in place.

In support of the WHS mission of **ZEROharm - all injuries are preventable**, all workplace hazards and risks shall be systematically and effectively identified and eliminated or controlled to ensure the risk of workplace injury is managed to a level ALARP. Managing risk to a level ALARP is the primary means through which the department's **ZEROharm** mission and its performance targets will be realised.

Furthermore, by continually striving to find safer, smarter and better ways of working, we can create opportunities to improve operational efficiency and ensure that all our people return home, free of injury and illness every day to their families and loved ones.

### 5.3.2 Build workforce capability to be actively engaged in WHS

As stated by the Director-General:

“The safety of all employees, volunteers and contractors in the Department of Community Safety is of paramount importance and we have a collective responsibility to ensure that we have a safe and healthy workplace”.

Participation in the WHS agenda is central to staff having an understanding and appreciation of WHS issues and the part that they play in mitigating the risk to others in the workplace.

It starts with leaders demonstrating an overriding commitment to everyone's safety and wellbeing and ends with a safety culture where every person shows a genuine desire to assist and support each other in the pursuit of **ZEROharm**.

### 5.3.3 Ensure injury and illness are effectively managed

Unfortunately, from time to time, people may be injured in the workplace. This is acknowledged by the Department, but by no means does this suggest that some injuries are acceptable.

Effective injury management practices are essential in ensuring an employee's recovery and to reduce the social and economic costs that result when an employee is away from the workforce. Injury management is “the management of workers' injuries in a manner that is directed at enabling injured workers to return to work”. It is the responsibility of employers and injured workers to cooperate in this process.

### 5.3.4 Build effective WHS governance

The Department of Community Safety believes that to truly achieve **ZEROharm**, we must commit to the highest standards of WHS governance. This is based on the belief that there is a demonstrable link between high-quality governance and performance.

Achievement of an effective WHS culture across DCS is the prime responsibility of the organisation's leaders – in essence it will be a 'top down', performance outcome-driven process.

### **5.3.5 Have a fit and healthy workforce**

The services provided to the community by the Department of Community Safety cannot be undervalued. For this reason, we need to ensure that our staff are fit and healthy and able to perform their various responsibilities to the highest level.

If we are to deliver the highest level of service to the community and succeed in our journey towards **ZERO**harm, we need to understand the potential health risks for our people and to establish suitable mitigation measures, including fitness standards for a range of positions.

The Department also needs to provide suitable support to staff in achieving these standards.

Furthermore, many health issues transcend work life, so we must promote a work environment that contributes to our people being both fit for work and fit for life. The success of this approach is a shared responsibility between management and employees, volunteers and their families.

## 5.4 DCS WHS Management System

DCS believes that to truly achieve ZEROharm, we must commit to the highest standards of WHS governance. This is based on the belief that there is a demonstrable link between high-quality governance and WHS performance.

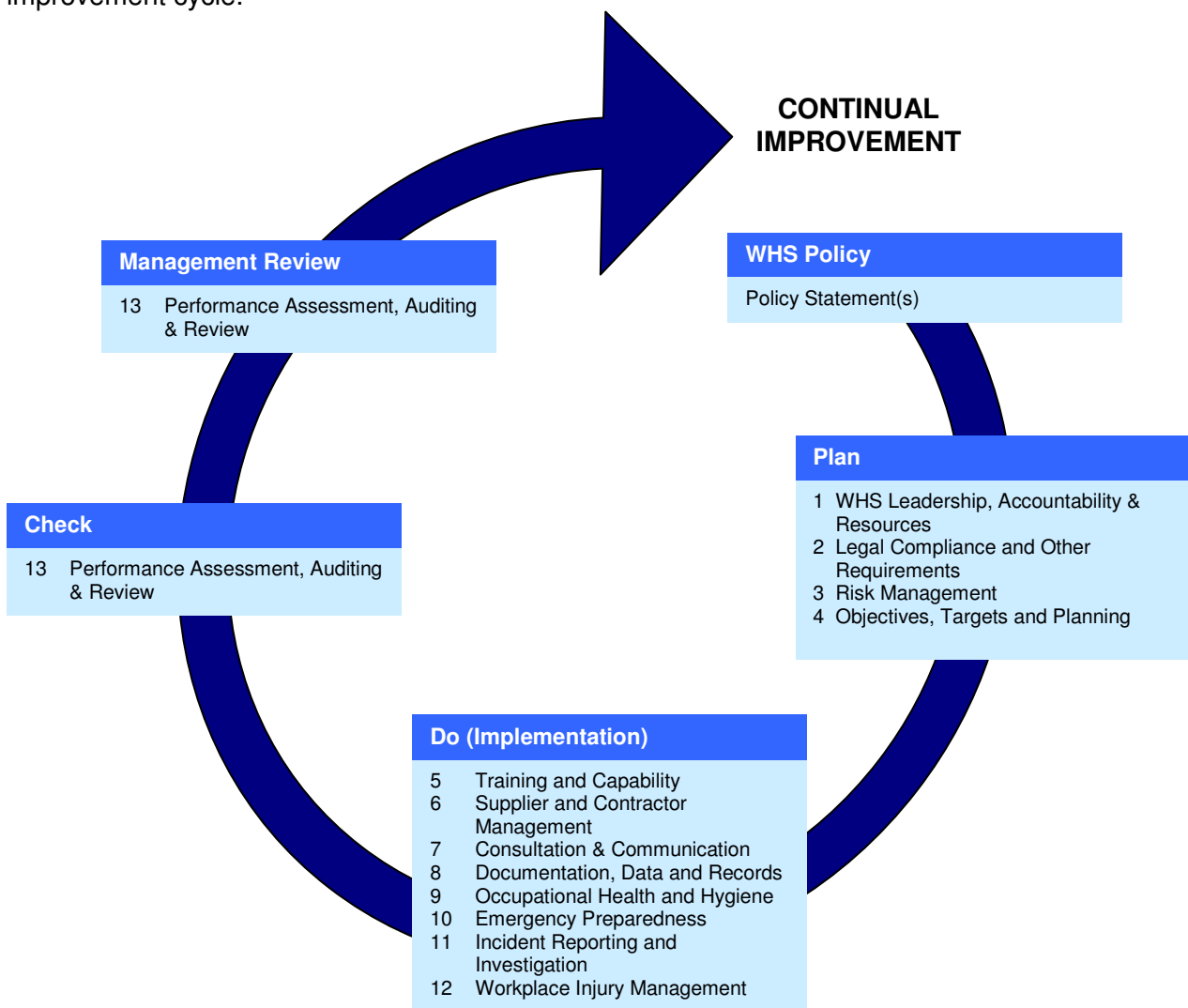
As part of our commitment to high-quality WHS governance, DCS has a clear hierarchy of WHS systems and documentation and recognises that having a robust and effective WHS management system is fundamental.

The new DCS WHS Management System is documented in the ***Core DCS Workplace Health and Safety Management Standards***. The WHS management system is designed on the principles of continuous improvement and based upon common standards such as AS4804:2001 and ISO9001:2008 and the Plan, Do, Check and Act continual improvement cycle.

There are currently 13 Core DCS WHS Management Standards, each with a number of performance requirements that provide the detail by which our divisions establish systems and processes to meet the purpose/intent of each standard.

Over the life of this strategy, we will see the progressive implementation of the new WHS management system. An audit program will be developed and implemented to monitor this progression and also to assist with the review and continual improvement of the system.

The figure below depicts the 13 Core DCS WHS Management Standards within the continuous improvement cycle.



## 5.5 DCS WHS Strategic Plan



# Department of Community Safety WHS Strategic Plan 2010-2014

Whole-of-government initiatives we commit to contributing to:	<b>Toward Q2: Health Ambition</b> Reduce the levels of obesity, smoking, heavy drinking and unsafe sun exposure amongst our workforce	<b>Safer and Healthier Workplaces Initiative</b> Reduce lost time injuries and the duration of lost time due to injury
DCS Vision	Safe and secure communities	
DCS Values	Accountability   Community Service   Diversity   Integrity   Leadership   Learning   Safety   Sustainability   Teamwork	
Our WHS Mission	ZERO Harm – all injuries are preventable.	
Our WHS Vision	Our future state is to be an organisation in which: <ul style="list-style-type: none"> <li>○ Safety of our people is a value that is not compromised</li> <li>○ Risk management is the foundation for all of our activities</li> <li>○ Leaders at all levels are safety role models</li> <li>○ Compliance with safety standards and procedures is absolute</li> <li>○ We do not just accept risk as “part of the job”</li> <li>○ We continually strive to find and adopt safer, smarter and better ways of delivering services</li> <li>○ People are aware of the hazards &amp; risks in their workplace and act accordingly</li> <li>○ Effective skills to lead and work safely are developed through ongoing training and mentoring</li> <li>○ “At risk” behaviours are not accepted and are addressed when observed</li> <li>○ Safety excellence is recognised as good business</li> <li>○ Early and effective rehabilitation is paramount</li> </ul>	
<b>DSC WHS Focus Areas and Strategies (to achieve the above)</b>		
1. Create safer workplaces	2. Build workforce capability to be actively engaged in WHS	3. Ensure injury and illness are effectively managed
1.1 Effectively identify hazards and manage risks to a level As Low As Reasonably Practicable (ALARP) 1.2 Improve standards and processes around incident investigation to prevent recurrence and ensure lessons are learned & shared 1.3 Increase understanding of our WHS risk profile and implement targeted risk reduction strategies	2.1 Build structures & processes to facilitate employee and volunteer participation in WHS 2.2 Increase the capability of managers to engage with the workforce on WHS and be more effective safety leaders 2.3 Improve workforce recognition and reward for WHS innovation	3.1 Maximise workplace rehabilitation and return to work outcomes 3.2 Achieve claim and premium reduction through enhanced injury management
4. Build effective WHS governance	5. Have a fit and healthy workforce	
4.1 Pursue leading WHS best practice and performance through the DCS WHS Management System 4.2 Build robust and effective governance structures throughout the organisation 4.3 Increase the capability of managers to critically evaluate performance	5.1 Support our people in the management of their own health related issues 5.2 Ensure safe and sustainable service delivery by having a ready workforce capable of meeting the physical, mental and emotional demands of their role	

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our target is **ZERO harm**




Tomorrow's Queensland: strong, green, smart, healthy and fair

## 5.6 DCS WHS Strategic Objectives, Objective Statements, Measures and Targets

The table below sets out the Strategic Objectives and Targets against Key Performance Indicators the Department will pursue during the life of the strategy.

Strategic Objectives	Objective Statement	Measures	Targets
<p><b>Create safer workplaces</b></p>	<p><i>To create an environment where Zero Harm can truly be achieved, we need everyone thinking about safety with everything they do. Key to this is having a risk management approach to all of our activities; we need to actively manage risk all of the time.</i></p> <p><i>We should not just accept risk as being 'part of the job'. We need to continually strive to find safer and better ways of working to reduce our risk and ensure we can all return home, free of injury and illness every day to our families.</i></p>	<ul style="list-style-type: none"> <li>• LTIFR</li> <li>• IDR</li> <li>• Hazard reporting and corrective actions</li> <li>• Incidents reported and investigated</li> <li>• Development and effective use and management of risk registers</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in LTIFR</li> <li>• Reduction in IDR</li> <li>• All reported hazards rectified within timeframes</li> <li>• All incidents reported and investigated within timeframes</li> <li>• Corporate, divisional and regional registers in place; plans in place to reduce risks to ALARP; and registers periodically reviewed.</li> </ul>
<p><b>Build workforce capability to be actively engaged in WHS</b></p>	<p><i>The safety of our people is a core value for our organisation and is pivotal to our business success. It starts with leaders demonstrating an overriding commitment to everyone's safety and wellbeing and ends with a safety culture where every person shows a genuine desire to assist and support each other in the pursuit of Zero Harm.</i></p>	<ul style="list-style-type: none"> <li>• Joint worker and management representation and involvement in WHS</li> </ul>	<ul style="list-style-type: none"> <li>• Committees in place at the workplace/area level (to address WHS), with at least 50% of membership being worker representatives.</li> </ul>
<p><b>Ensure injury and illness are effectively managed</b></p>	<p><i>Our organisation is committed to providing all staff with a safe and healthy work environment but in the event that workplace injury or illness does occur, we must ensure injury management is commenced as soon as possible. Assisting our people to achieve better outcomes earlier, will result in healthier workers, a healthier working environment, improved productivity and reduced costs.</i></p>	<ul style="list-style-type: none"> <li>• Average claim cost</li> <li>• Average claim duration</li> <li>• Average days to return to work (total or per claim)</li> <li>• No. of statutory claims</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction for each measure</li> </ul>

<p><b>Build effective WHS governance</b></p>	<p><i>The Department of Community Safety believes that to truly achieve ZeroHarm, we must commit to the highest standards of WHS governance. This is based on the belief that there is a demonstrable link between high-quality governance and performance.</i></p>	<ul style="list-style-type: none"> <li>• Periodic system audits show compliance with Core DCS WHS Management Standards and the Safer &amp; Healthier Workplaces criteria.</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance with Core DCS WHS Management Standards</li> <li>• Improved performance in each SHW element</li> </ul>
<p><b>Have a fit and healthy workforce</b></p>	<p><i>The health and wellbeing of our people is central to our business success. If we are to succeed in our journey towards Zero Harm, we need to understand the potential for health risks and establish suitable mitigation measures.</i></p> <p><i>Furthermore, many health issues transcend work life, so we must promote a work environment that contributes to our people being both fit for work and fit for life. The success of this approach is a shared responsibility between management and employees, volunteers and their families.</i></p>	<ul style="list-style-type: none"> <li>• Worker knowledge and behavioural change with respect to health and wellness</li> <li>• Participation rates in health and wellness programs</li> </ul>	<ul style="list-style-type: none"> <li>• Targets to be developed for each program</li> </ul>

## 5.7 DCS Initiatives

### Strategic Objective 1: Create safer workplaces

*To create an environment where Zero Harm can truly be achieved, we need everyone thinking about safety with everything they do. Key to this is having a risk management approach to all of our activities. We should not just accept risk as being 'part of the job'. We need to continually strive to find safer and better ways of working to reduce our risk and ensure we can all return home, free of injury and illness every day to our families.*

Strategies	Our Initiatives (2010 – 2014)	Target	Lead Agent
Effectively identify hazards and manage risks to a level <i>As Low As Reasonably Practicable</i> (ALARP)	<ul style="list-style-type: none"> <li>Develop and maintain corporate, divisional and regional risk registers, which are overseen and periodically reviewed by an appropriate committee.</li> <li>Develop and provide e-learning and promotional materials to ensure the bullying and harassment policy is fully implemented into the organisation.</li> <li>Roll out a communication strategy that ensures the appropriate sharing of information about current and emerging WHS issues and performance.</li> <li>Provide training and information to all divisions in the area of WHS risk management.</li> </ul>	<p>Risk registers developed and form part of committee agendas (March 2011).</p> <p>All staff have at least undertaken basic WHS risk management training (June 2011 &amp; ongoing)</p>	<p>WHSU / Divisions</p> <p>WHSU</p> <p>WHSU</p> <p>WHSU / Divisions</p>
Improve standards and processes around incident investigation to prevent reoccurrence and ensure lessons are learned and shared.	<ul style="list-style-type: none"> <li>Roll out common investigations training (Incident Cause Analysis Method (ICAM)) into all divisions.</li> <li>Develop basic tools and e-learning packages, especially for low level incident investigations.</li> <li>Share lessons learned in investigations.</li> </ul>	<p>Key staff have completed training by December 2011.</p> <p>Training materials developed and rolled out by December 2010.</p>	<p>WHSU / Divisions</p> <p>WHSU</p> <p>WHSU / Divisions</p>
Increase understanding of our WHS risk profile and implement targeted risk-reduction strategies through an evidence-based approach	<ul style="list-style-type: none"> <li>Report performance (by work area ie. region of core activity) for each division, and implement strategies.</li> <li>Evaluate the effectiveness of the Safety, Health and Environment (SHE) information management system, to identify opportunities to improve and enhance its use.</li> </ul>	<p>SHE reporting enhancements completed by March 2011</p> <p>Review of SHE undertaken by June 2011 and recommendations implements as agreed by all divisions.</p>	<p>WHSU</p> <p>WHSU</p>

## Strategic Objective 2: Build workforce capability to be actively engaged in WHS

*The safety of our people is a core value for our organisation and is pivotal to our business success. It starts with leaders demonstrating an overriding commitment to everyone's safety and wellbeing and ends with a safety culture where every person shows a genuine desire to assist and support each other in the pursuit of Zero Harm.*

Strategies	Our Initiatives (2010 – 2014)	Target	Lead Agent
Build structures and processes to facilitate employee and volunteer participation in WHS.	<ul style="list-style-type: none"> <li>• Improve employee representation and involvement in WHS decision-making by WHS committees at all levels of the organisation.</li> <li>• Create and implement a WHS promotional campaign which heightens the significance of WHS and encourages employee and volunteer participation in WHS consultation and decision making.</li> </ul>	<p>Tools and resources developed / provided to assist with representation and involvement by (June 2011)</p> <p>WHS promotional campaign developed and rolled out by (June 2011)</p>	<p>WHSU / Divisions</p> <p>WHSU</p>
Increase the capability of managers to engage with our people on WHS and be more effective safety leaders.	<ul style="list-style-type: none"> <li>• Incorporate WHS issues in divisional leadership and management programs, eg the PWP and Building Better Workplaces programs.</li> <li>• Incorporate WHS performance into performance and development plans at senior management level.</li> </ul>	<p>Ongoing</p> <p>By March 2011</p>	<p>WHSU</p> <p>WHSGC</p>
Improve staff recognition and reward for WHS innovation.	<ul style="list-style-type: none"> <li>• Develop a comprehensive WHS recognition and reward program for staff.</li> </ul>	<p>Program developed by January 2011.</p>	<p>WHSU</p>

### Strategic Objective 3: Ensure injury and illness are effectively managed

*Our organisation is committed to providing all staff with a safe and healthy work environment but in the event that workplace injury or illness does occur, we are committed to ensuring injury management is commenced as soon as possible. Assisting our people to achieve better outcomes earlier, will result in healthier workers, a healthier workplace, improved productivity and reduced costs.*

Strategies	Our Initiatives (2010 – 2014)	Target	Lead Agent
<p>Maximise workplace rehabilitation and return to work outcomes for our people.</p> <p>Achieve claim and premium cost reduction through enhanced injury management.</p>	<ul style="list-style-type: none"> <li>• Improve the standard of injury management within DCS, by:               <ul style="list-style-type: none"> <li>○ Reporting WHS injury management performance by work areas (eg, area/regional/facility comparison).</li> <li>○ Developing tools and resources to support best practice within DCS.</li> <li>○ Measuring rehabilitation and return to work performance and identifying the causes of high cost / high frequency claims and drivers for premium cost increases.</li> </ul> </li> <li>• Review minimum standards for injury management training and capability for every level of the organisation and implement strategies to improve WHS performance.</li> <li>• Re-launch the DCS-sponsored 'early intervention program' to enhance early rehabilitation, return to work and maintenance at work opportunities.</li> <li>• Identify opportunities to improve the working relationship with WorkCover and other key stakeholders in injury management to improve claim outcomes and to reduce costs.</li> <li>• Establish a working group, consisting of members of WHSSIC and Legal Services to undertake a review of common law management processes with the view to creating consistent practices and driving down claims experience.</li> </ul>	<p>SHE reporting enhancements completed by March 2011.</p> <p>Review of minimum training / capability of DCS personnel with rollout of program to up-skill staff (June 2011)</p> <p>EIF program relaunched by (December 2010)</p> <p>Working group established by (March 2011)</p>	<p>WHSU</p> <p>WHSU</p> <p>WHSU</p> <p>WHSU</p> <p>WHSGC</p>

## Strategic Objective 4: Build effective WHS governance

The Department of Community Safety believes that to truly achieve ZeroHarm, we must commit to the highest standards of WHS governance. This is based on the belief that there is a demonstrable link between high-quality governance and performance.

Strategies	Our Initiatives (2010 – 2014)	Target	Lead Agent
Build a common approach to the pursuit of leading WHS practice and performance through the DCS WHS Management System.	<ul style="list-style-type: none"> <li>Develop and implement an audit program across DCS to assess compliance with the WHS management system and improve the standard of performance in critical WHS process areas.</li> <li>Ensure DCS undergoes a periodic independent WHS management system audit according to the Safer and Healthier Workplaces initiative and implement recommendations as agreed by the Executive Leadership Team (ELT).</li> </ul>	<p>Audit program developed and implemented by (Dec. 2010)</p> <p>SHW audit undertaken as planned</p>	<p>WHSU</p> <p>WHSU</p>
Build robust and effective governance structures throughout the organisation.	<ul style="list-style-type: none"> <li>Implement the <i>Core DCS WHS Management Standard: Consultation and Communication</i>, particularly provisions relating to a cascading structure of WHS committees – corporate, divisional, regional and area level – to ensure that decisions and information at a departmental or divisional level filters through to and are implemented at the workplace level.</li> <li>Undertake a review of WHS governance structures to assess their effectiveness. Opportunities for improvement shall be implemented as agreed by the WHS Governance Committee.</li> </ul>	<p>Committee structures implemented by (March 2011) with clear evidence of communication between relevant committees</p> <p>Review completed by June 2011.</p>	<p>WHSU</p> <p>Divisions / WHSU</p>
Increase the capability of managers to critically evaluate performance.	<ul style="list-style-type: none"> <li>Enhance the level and quality of WHS data provided for the QAS Regional Performance Review process and provide similar data to other divisions and levels within the organisation undertaking a similar model of performance review.</li> </ul>	Implementation of RPR process throughout DCS by (Dec. 2011)	Divisions

## Strategic Objective 5: Have a fit and healthy workforce

*The health and wellbeing of our people is central to our business success. If we are to succeed in our journey towards Zero Harm, we need to understand the potential for health risks and establish suitable mitigation measures. Furthermore, many health issues transcend work life, so we must promote a work environment that contributes to our people being both fit for work and fit for life. The success of this approach is a shared responsibility between management and employees, volunteers and their families.*

Strategies	Our Initiatives (2010 –2014)	Target	Lead Agent
Support our people in the management of their own health-related issues.	<ul style="list-style-type: none"> <li>• Develop and implement programs that assist DCS employees to establish and maintain a healthy lifestyle, with a focus on the identified key health issues.</li> <li>• Deliver a seasonal influenza vaccination program for all divisions across the State.</li> <li>• Implement specific initiatives within DCS that contribute to the Q2 Health target of a 30% reduction by 2020 in relation to:               <ul style="list-style-type: none"> <li>○ Obesity</li> <li>○ Smoking</li> <li>○ Heavy drinking</li> <li>○ Unsafe sun exposure</li> </ul> </li> <li>• Investigate and provide appropriate opportunities for the involvement of staff family members in health and wellness activities.</li> </ul>	<p>Programs developed and rolled out. (ongoing)</p> <p>Program rolled out annually in preparation for the flu season.</p> <p>Initiatives implemented (ongoing)</p> <p>Increased family involvement in health and wellness activities over the course of the strategy (TBA)</p>	<p>WHSU / Divisions</p> <p>WHSU</p> <p>WHSU / Divisions</p> <p>WHSU / Divisions</p>
Ensure safe and sustainable service delivery by having a ready workforce capable of meeting the physical, mental and emotional demands of their role.	<ul style="list-style-type: none"> <li>• Develop and implement strategies that will provide a holistic and consistent approach to address the identified key health issues that impact on safe and sustainable service delivery, including the:               <ul style="list-style-type: none"> <li>○ review and development of medical and fitness for work standards (for priority risk groups), supported by baseline and periodic assessments;</li> <li>○ review of current support mechanisms and implementation of resources to assist employees to achieve and maintain medical and fitness for work standards (e.g. equipment, internal and external health and wellbeing programs, health promotion);</li> <li>○ development and implementation of processes to support baseline and periodic assessment of medical and fitness for work standards.</li> </ul> </li> </ul>	<p>Medical and fit for work standards reviewed and developed for priority risk groups (June 2011)</p> <p>Processes to support baseline and periodic medical and fit for work assessment developed and implemented (Jan. 2013)</p>	<p>WHSU / Divisions</p> <p>WHSU / Divisions</p>