Consultation Paper

Issues Paper and Proposal:

Review of Occupational Health and Safety professional services at
The University of Queensland, 2016-17.

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## Contents

1.0 Purpose.......................................................................................................................... 3
2.0 Background ................................................................................................................... 3
2.1 What is UQ’s intended HSW position in 2021? ............................................................ 3
2.2 Review Process .......................................................................................................... 4
2.3 UQ’s current approach to Health, Safety and Wellness service delivery .............. 4
3.0 Operational context ...................................................................................................... 4
3.1 UQ professional services functions reviews ............................................................ 5
3.2 Self-insurance for workers’ compensation ............................................................... 5
3.3 Our intention to be a safety leader ............................................................................ 5
3.4 HSW Strategy .......................................................................................................... 5
3.5 OHS risk appetite ...................................................................................................... 5
4.0 Principles of the occupational health and safety review ....................................... 6
5.0 Drivers for occupational health and safety services across UQ ............................. 6
6.0 Current occupational health and safety performance at UQ ................................. 7
7. Future Vision and transformation priorities - What is needed to move to the 2021 Vision? .................................................................................................................. 9
8.0 Findings ...................................................................................................................... 10
8.1 Uniforum data .......................................................................................................... 10
8.2 Base-lining exercise ................................................................................................. 13
8.3 Scope of Service ....................................................................................................... 15
8.4 Occupational Health and Safety Division ............................................................... 15
8.5 Distributed occupational health and safety resources ........................................... 17
8.6 General characteristics of UQ’s distributed OHS resources .................................. 19
8.7 Distributed OHS services – summary ................................................................... 19
8.8 Access to occupational health and safety services ............................................... 20
9. Proposals ...................................................................................................................... 21

### Appendices

1. A short history of the occupational health and safety function within the University of Queensland. .................................................................................................................. 23
2. Summary base line data: OHS professional services staff Jan 2017 ...................... 26
3. Services descriptions – Occupational Health and Safety ....................................... 28
4. Graphs .......................................................................................................................... 35
1.0 Purpose
The purpose of this review is to examine occupational health and safety professional services across UQ to ensure that UQ benefits from consistent, effective, progressive and responsive services, and to ensure UQ is well positioned to move to its intended future occupational health and safety positioning.

The purpose of this paper is to outline a proposal (or series of proposals) for the organisation of occupational health and safety services at UQ that will enable the above.

2.0 Background
One of the University of Queensland’s corporate goals is to be consistently ranked as one of the world’s top 50 universities and continue to be recognised as an international leader in research and teaching.

An on-going challenge is for the University to maintain this ambition while managing the numerous risks and operational challenges that impact on it at all levels of the organisation. UQ recognises that it works within a complex compliance framework, but remains committed to promoting the good health, wellbeing and safety of its staff and students.

Within this environment, UQ is conducting a strategic planning process to articulate a positive and strong vision for health, safety and well-being (HSW) at UQ across the next four years. This process is developing the HSW vision, principles and priorities to confirm UQ’s intended health, safety and wellness position in 2021. It will be important to ensure that our health, safety and wellness capabilities are well aligned to the position which UQ wishes its HSW function to evolve.

2.1 What is UQ’s intended HSW position in 2021?
By 2021 we intend this organisation to be recognised as a health, safety and wellness leader in the sector, and to have the following health, safety and wellness attributes:

- Managers and supervisors are aware that they influence the safety culture in their work areas and that their behaviour is the key to ongoing improvement.
- Leaders demonstrate their accountability and personal commitment to UQ’s cornerstone health, safety and wellness principles.
- Staff and students are confident that their health and safety is protected at UQ and is given the highest priority.
- People make informed decisions to prevent harm without constraining our core business of learning, discovery and engagement.
- We create positive health, safety and wellness opportunities rather than responding to negative consequences.

The University can only achieve this 2021 Vision if its occupational health and safety resource compliment is suitably resourced, appropriately deployed, and has the capability to be responsive to the effort to drive toward the future intended position of the University.

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1 According to The University of Queensland’s Health, Safety and Wellness Strategic Plan 2017-2021 (to be launched during semester 2, 2017).

2 As outlined in the Health, Safety and Wellness Strategic Plan 2017-2021.
2.2 Review Process

The "discovery" phase of this review broadly consisted of:

- conducting a base-lining exercise to determine the extent, location and activity of the formal, dedicated and multi-functional role occupational health and safety staff resources currently in place at UQ;
- reviewing recent Uniforum data relevant to UQ's occupational health and safety activity;
- conducting a scope of service process to determine the nature and extent of the occupational health and safety services to be provided across UQ;
- engaging the users/clients of occupational health and safety services at UQ to determine the required nature and extent of these services (bearing in mind UQ's legal and corporate responsibilities); and
- compiling information on resources and operating models at other universities.

A series of findings will be drawn from the discovery phase that will be outlined in a proposal for the organisation of occupational health and safety services at UQ.

The proposals have recently undergone preliminary consultation with members of the reference group for the review.

2.3 UQ’s current approach to Health, Safety and Wellness service delivery

The current UQ occupational health and safety management system is a distributed model, consisting of a small central division comprised of specialists and generalists working in conjunction with a range of occupational health and safety personnel distributed across Faculty, School, Institute, campus and centre levels. A review of other Go8 universities indicated that their operating models were broadly similar to that of UQ i.e. a distributed model that incorporates a central centre of corporate expertise with the presence of local OHS input of varying degrees across other work areas of the university.

A variation to the general UQ model has been applied to OHS services provided to the Faculty of Humanities and Social Sciences (HASS). Since 2014, a purchaser/provider model has been in place where the OHS Division and HASS jointly recruit an OHS Officer that is a member of the staff of the OHS Division, is funded by HASS, and provides services directly to HASS. Feedback from the faculty has been positive, indicating that the benefits of this approach includes enhanced professional development and less professional isolation for the incumbent, and better connection and access to the OHS Division and a broader range of services.

3.0 Operational context

This current review is being undertaken within an environment, or context, that includes the following:

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3 A short history of occupational health and safety at UQ and how the function developed here is at appendix 1.
3.1 **UQ professional services functions reviews**

Significant work is currently occurring to transform a range of professional services at UQ. The functions of human resources, finance, legal services and information technology are already well progressed in their review and implementation processes. The Chief Operating Officer has signalled the intention for the remaining professional service functions, including occupational health and safety to undertake a review of their functional areas as an integral part of the service improvement process.

This review will be mindful of the three key proposals put forward in the finance and HR reviews i.e. consolidating effort into professional service teams, creation of standardised roles and position descriptions, and the establishment of a “line of sight” between the functional “lead” and the point of local service delivery.

3.2 **Self-insurance for workers’ compensation**

UQ is one of 28 Queensland organisations with a workers’ compensation self-insurance licence, issued by the Queensland workers’ compensation regulator. There are significant cost and administrative advantages to the workers’ compensation self-insurance process, and to retain this licence, UQ needs to regularly demonstrate via external third party audits, stringent occupational health and safety systems, claims management and return to work standards.

3.3 **Our intention to be a safety leader**

UQ aims to be a recognised safety leader across the tertiary sector, and more broadly, across industry.

3.4 **HSW Strategy**

UQ is currently developing a multi-year health, safety and wellness strategy to articulate how it wants to be positioned in 2021. It will be essential to draw on the vision, principles and priorities developed during this HSW strategic planning process to ensure that our health, safety and wellness capabilities are well aligned to the position which UQ wishes its HSW function to evolve.

3.5 **OHS risk appetite**

The UQ Senate Risk Committee is currently considering the organisation’s risk appetite and tolerance levels for a range of risks to which it is exposed. Risk appetite is the nature and level of risk that the University is willing to accept in the pursuit of strategic objectives. The Risk Appetite Statement (RAS) comprises a series of statements on risks that the University is willing or not willing to take. The RAS is intended to be a useful means of ensuring that the senior University leadership team, management and decision makers align their individual and collective decisions based on a common, consistent standard of risk tolerance.

With respect to safety, the University will advocate an aspiration of zero harm and is open to innovation and prudent investment in strategies to protect the health and wellbeing of its staff, students and visitors with a focus on the prevention of high risks. The University supports a strong safety culture and expects employees to take personal responsibility for their own wellbeing and participating in an active and positive safety culture.
4.0 Principles of the occupational health and safety review

Four general principles have been identified to assist with consideration processes and decision making around this review. Any proposal as an outcome of this review should adhere to the intent of these principles.

**Table 1: Principles of the occupational health and safety review**

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Central, coordinated oversight</td>
<td>Oversight and management of the University's occupational health and safety function by the Director OHS Division has the clear benefit of enabling coordinated and appropriate oversight of the delivery of occupational health and safety services, as well as strategic overview of current and emerging OHS issues, priorities and risks. A clear line of sight of the occupational health and safety function will assure the University of a targeted, consistent and coordinated occupational health and safety effort.</td>
</tr>
<tr>
<td>4.2 2021 HSW Vision</td>
<td>The occupational health and safety function must drive the 2021 Vision and therefore, its occupational health and safety resources must be suitably deployed, capable and responsive to actively facilitate the effort to achieve the future desired position.</td>
</tr>
<tr>
<td>4.3 Place-based occupational health and safety services</td>
<td>The occupational health and safety function should ideally be &quot;place-based&quot;, physically co-located, or embedded, in a relevant business area where ever possible, but nevertheless operating together as a coherent, professional occupational health and safety team across the University.</td>
</tr>
<tr>
<td>4.4 Access to occupational health and safety services</td>
<td>Any future service delivery model needs to be designed to ensure that business units, regardless of scale, are able to access appropriate professional occupational health and safety services.</td>
</tr>
</tbody>
</table>

5.0 Drivers for occupational health and safety services across UQ

The drivers for determining the level of occupational health and safety resources across UQ are complex and vary to other professional services across the organisation. Unlike some other professional service functions, the main driver is not always a simple function of the size (FTE) of the organisational unit.

Identified drivers for the OHS function at UQ include:

- **Risk exposure** - the primary driver for determining level of occupational health and safety resources is risk exposure and the associated accessibility to appropriate advice and expertise to assist local management in controlling risk. [see Graphs 2, 3 and 4 at appendix 4].

- **Breadth of hazards/risk profile** – includes risk management across diverse learning, discovery and engagement operations including more than 2000 laboratory spaces, boating and diving activities, work in remote and isolated
locations, the use of hazardous substances (biological, chemical and radioactive), plant safety, large animal-handling activities etc.

- **Research intensity, complexity, nature and breadth** – novel research processes push into areas of undefined risk (that need to be identified and controlled, often with the assistance of more and more specialised advice).

- **Degree of capture by compliance requirements** - the regulatory compliance burden for the University in the areas of occupational health and safety has increased significantly over the last two decades. Facilitating compliance with the requirements of multiple regulators places higher demand on occupational health and safety resources.

- **Existing culture of the workplace and the traditional role of the local work health and safety coordinator** - This varies across the organisation from a role of facilitator and coach for managers and staff, to a technician role that has a variety of occupational health and safety tasks devolved to them from the “risk owner”. These tasks may consist of completing risk assessments, incident reports, being solely responsible for incident follow-up, chairing OHS committees etc.

### 6.0 Current occupational health and safety performance at UQ

Occupational health and safety performance at UQ is monitored on a regular basis. Performance and activity reports are provided to the University Senior Management Group, Vice-Chancellor’s Risk and Compliance Committee and the Senate Risk Committee at each of their meetings.

Regulators monitor performance through regular inspections and audits. The Office of Gene Technology Regulator receives a formal report from UQ annually regarding its relevant compliance requirements. UQ is subjected to a range of audits by external auditors in order to maintain its self-insurance status (across the areas of occupational health and safety, claims management and workplace rehabilitation).


A summary of relevant performance data is outlined below, demonstrating a good standard of occupational health and safety performance.

During 2016:

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4 UQ manages relationships with a range of regulatory bodies including but not limited to:

- Workplace Health and Safety Queensland
- Office of Gene Technology Regulator
- Department of Agriculture-Biosecurity
- Queensland Health (Radiation Health)
- Queensland Health (Public Health)
- Queensland Health (Drugs and Poisons)
- Electrical Safety Office
- Maritime Safety Queensland
- Queensland’s Workers’ Compensation Regulator
• UQ incurred the lowest number of workers’ compensation claims since the commencement of self-insurance in 2001 with 157 statutory claims (of which 143 were accepted).
• UQ incurred the lowest claims rate since 2001.
• The workers’ compensation regulator rated UQ’s performance risk profile for all eleven assessed categories at “low risk”.
• UQ experienced the lowest total cost to UQ (for year claim incurred) for at-work incidents since 2006.
• The UQ lost time injury frequency rate (LTIFR) dropped to 0.8, the best performance since this rate was measured.
• The January 2017 actuary report (on the 2016 year) comments, “the overall experience in 2016 was $831,000 better than projected in the previous report”.
• The Actuary data shows the reportable ECL (Estimated Claims Liability) dropping 22% from $1,358,000 to $1,060,000 which is the first time UQ has seen a decrease of this magnitude.
• The notional levy charge out rate, inclusive of all University operations and risk, remains at 0.25% of wages (after more than 10 years at this rate) despite increasing wages, medical and associated injury claim costs.
• The average damages claim cost dropped significantly in 2016 due to our one remaining damages claim settling in November 2016 for a low figure in context to scheme average settlements. Historically, UQ has been below the scheme average most years since commencing self-insurance in 2001. UQ has never been in a position where there have been no damages claims pending.
• 100 per cent of workers who made an accepted claim were successfully returned to work and the claim resolved. There were no Court appeals against any decision made by the Work Injury Management team in 2016.
• No enforcement notices/directives were issued by regulators to UQ during 2016.
• 199 certified physical containment laboratory facilities and 85 Quarantine Approved Premises/Approved Arrangements underwent biological safety inspections, and 93 research proposals for gene technology and high-risk biological compliance were assessed.
• OHS courses were delivered to over 38,000 participants including nearly 4,000 face-to-face training sessions through the staff development program, and more than 34,100 online course completions;
• 4283 staff were vaccinated under the staff influenza vaccination program;
• 261 staff were monitored in the Health Surveillance Program for animal allergens and hazardous chemicals work, and 247 staff in the Hearing Conservation Program.

UQ’s occupational health and safety climate is above the sector average. The results of the 2015 UQ staff engagement survey highlighted some broad staff perceptions around safety (see Table 2 below). Overall, safety-related items in the survey were scored higher (on average) by staff at UQ than by staff in other Australian and New Zealand universities, and also when compared to staff in other Australian Go8 universities.

The below results on staff perception puts UQ in a very good position with respect to the maintenance and continuous improvement of its OHS compliance management, OHS performance and safety culture efforts.
Table 2: OHS related results from VOICE Staff Engagement survey, 2015.

<table>
<thead>
<tr>
<th></th>
<th>% FAV 2015</th>
<th>UQ 2011 % diff.</th>
<th>UQ 2008 % diff.</th>
<th>Aust &amp; NZ uni % diff.</th>
<th>Go8 % diff.</th>
<th>All ind. % diff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping high levels of health and safety is a priority at UQ</td>
<td>88%</td>
<td>+1%</td>
<td>+4%</td>
<td>+11%</td>
<td>+6%</td>
<td>+14%</td>
</tr>
<tr>
<td>Staff are aware of their OHS responsibilities</td>
<td>88%</td>
<td>+3%</td>
<td>+6%</td>
<td>+12%</td>
<td>+7%</td>
<td>+20%</td>
</tr>
<tr>
<td>We are given all necessary safety equipment and training</td>
<td>88%</td>
<td>+3%</td>
<td>+7%</td>
<td>+17%</td>
<td>+10%</td>
<td>+20%</td>
</tr>
<tr>
<td>UQ leaders demonstrate their commitment to safety through their actions</td>
<td>80%</td>
<td>New item</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Future Vision and transformation priorities - What is needed to move to the 2021 Vision?

The intended health, safety and wellness position of UQ toward 2021 is summarized at section 2.1. The future position is one that moves beyond a compliance focus to one that emphasizes the need to further enhance the organisation’s safety culture as the means to ensure the next incremental increase in health, safety and wellness performance. Enhancing safety culture in an organisation is primarily reliant on the overt behaviours of organisational leaders. Members of the UQ OHS network will need to ensure that they have the skills to assist UQ leaders to achieve this. A focus should be on leadership capability particularly around thinking and working strategically, influence, change and relationship management. These are the core capabilities required to move into an “enabling” service model. A proposal has been developed around this issue.

5 Staff who responded with “strongly agree” or “agree”.  
6 Percentage points difference to 2011 survey.  
7 Percentage points difference to 2008 survey.  
8 Percentage points difference to average of 37 Australian and NZ universities in benchmark data.  
9 Percentage points difference to average of other Go8 universities in benchmark data.  
10 Percentage points difference to average of 2700 other Australian organisations in benchmark data.
8.0 Findings

8.1 Uniforum data

One of the 148 categories that were classified during the Uniforum process in 2016 (for the 2015 year) is “Manage occupational health and safety; Provide advice on emergency management” (GO07 – see Table 3).

Relevant Uniforum data in the OHS space consists of all professional staff and contractors for whom GO07 activity was reported during 2015. Activity of less than 10% of an employee’s available time is not captured in the UniForum data collection.

Table 3: Definition of GO07 - Manage occupational health and safety; Provide advice on emergency management

<table>
<thead>
<tr>
<th>Manage occupational health and safety; Provide advice on emergency management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes: Occupational Health and Safety (OHS) in research and non-research activities; OHS administration, reporting, local committee support, ergonomic assessment, safety in laboratories, hazardous materials, floor safety wardens, rescue teams (NZ); Employee education in Health and Safety.</td>
</tr>
</tbody>
</table>

A total wFTE of 52.38 for the GO07 category was delivered by a headcount of 252 staff i.e. 252 staff across UQ indicated that they conducted work activity that was described under GO07 for at least 10% of their work time\(^\text{11}\). This is the highest reported wFTE for universities in its Uniforum group. This should be interpreted as a positive construct in that UQ staff are integrating OHS responsibilities into their operational activity. The UQ Uniforum data indicates that the spread of roles that report undertaking GO07 activity for at least 10% of their work time (in addition to OHS managers, WHS coordinators and staff of the central OHS Division) is very broad. Table 4 provides an example of the reported roles.

Table 4: Examples of UQ roles that undertake GO07 activity for at least 10% of their work time

<table>
<thead>
<tr>
<th>School manager</th>
<th>Head Chef</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific manager/officer</td>
<td>Security manager/officer</td>
</tr>
<tr>
<td>Maintenance manager</td>
<td>Floor manager</td>
</tr>
<tr>
<td>Laboratory manager/technician</td>
<td>Office/administration manager</td>
</tr>
<tr>
<td>Director</td>
<td>Faculty executive manager</td>
</tr>
<tr>
<td>Infrastructure manager</td>
<td>Finance/HR Officer</td>
</tr>
<tr>
<td>Client service coordinator</td>
<td>Animal facility manager</td>
</tr>
<tr>
<td>Principal technical officer</td>
<td>Nurse</td>
</tr>
<tr>
<td>Deputy Director (Operations)</td>
<td>Clinic coordinator</td>
</tr>
<tr>
<td>Associate Director</td>
<td>Museum manager/officer</td>
</tr>
<tr>
<td>Research manager</td>
<td>Institute manager</td>
</tr>
<tr>
<td>Farm unit manager</td>
<td></td>
</tr>
</tbody>
</table>

\(^{11}\) Note that staff who held more than one contract during 2015 (concurrently or contiguously) appear in the GO07 data multiple times.
GO07 activity is widely distributed at UQ. Twenty-four per cent of this activity occurred within the central OHS Division; 76% occurred in other organisational units. This has remained very stable over the last three years (see Table 5).

All Go8 universities have a similar operating model for the provision of occupational health and safety services as they have a distributed model that incorporates a central OHS group and dispersed OHS practitioners across the university within Faculties, Schools etc. The data indicates that UQ is one of the universities in its group (of 24 universities) that has a greater proportion of its OHS resources distributed away from the centre. This is a similar pattern reported by University of New South Wales and University of Melbourne. University of Sydney has a slightly higher proportion of centralised activity and Monash University has a considerable degree of centralised activity compared to UQ.

Table 5: Location of GO07 activity – UQ degree of centralisation

<table>
<thead>
<tr>
<th></th>
<th>2013 (%)</th>
<th>2014 (%)</th>
<th>2015 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHS Division</td>
<td>24</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>Other central Divisions</td>
<td>15</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Faculty Offices</td>
<td>7</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Schools, Research Centres</td>
<td>36</td>
<td>34</td>
<td>33</td>
</tr>
<tr>
<td>Institutes</td>
<td>18</td>
<td>17</td>
<td>12</td>
</tr>
</tbody>
</table>

Table 6: Uniforum data – Occupational health and safety

Uniforum Fast Facts:

- A total wFTE of 52.38 in the GO07 category. This is the highest reported wFTE for universities in UQ’s Uniforum group.

- This was delivered by 252 staff/positions i.e. 252 staff records across UQ indicated that they conducted work activity that was described under GO07 for at least 10% of their work time.

- GO07 activity is significantly distributed at UQ – 24% occurred within the central OHS Division; 76% occurred in other organisational units (see Table 5). This has remained very stable over the last three years.

- Within individual faculties, GO07 activity occurs largely by School-based resources.

- 41% of the personnel conducting GO07 activities were at the classification level HEW 8 or above. UQ was ranked 17th amongst other universities in the group, indicating that UQ has a safety workforce that is comparatively less senior.

- Resourcing measures (actual cost, actual wFTE and staff headcount) for 2015 were slightly reduced compared to 2014 results.
8.2 Base-lining exercise

UQ employs dedicated [full or part time] occupational health and safety positions that formally manage the development, implementation and monitoring of the UQ occupational health and safety management system across one or more whole UQ organisational units. These roles may be engaged centrally, or by Faculties, Institutes, Schools, campuses or Centres across the University. The health and safety role is usually denoted in the title of their position description.

At UQ, unlike the majority of other Go8 universities, the biosafety compliance function (largely OGTR and quarantine compliance) is captured under the occupational health and safety function. This includes the compliance effort under the Gene Technology legislation and the Biosecurity legislation. For the purposes of this base-lining exercise, these compliance efforts will be combined. However, an additional process to report on occupational health and safety resources where the biosafety resourcing has been excluded (in an effort to provide better comparisons with other organisations) will also be included.

The wellbeing function is included in the scope of this base-lining exercise.

This review determined that there are 149 Work Health and Safety Co-ordinators\(^{12}\) (WHSC’s) nominated across the University, of which 42.4 FTE are actively involved in carrying out a formal occupational health and safety role. Of these 42.4 FTE WHSC’s, almost 30 FTE are distributed across Faculties, Schools and Institutes. Of the distributed OHS staff, a total of 20 FTE are in a full time, dedicated occupational health and safety role, 2.65 FTE are in dedicated part-time occupational health and safety positions, and a further 6.55 FTE are in multi-function roles performing between 10% to 80% of their time undertaking a formal dedicated occupational health and safety role (see Table 7).

A previous review of the occupational health and safety operations at UQ in 2012 determined that, at the time, there were 20 WHSCs in a full time role. In recent years there has been no movement in this number.

<table>
<thead>
<tr>
<th>Nature of OHS role</th>
<th>OHS Division*</th>
<th>Distributed OHS resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time, dedicated</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Part-time, dedicated</td>
<td>1.1</td>
<td>2.65</td>
</tr>
<tr>
<td>Multifunction (sharing OHS role with another role)</td>
<td>0.5</td>
<td>7.15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12.6</strong></td>
<td><strong>29.8</strong></td>
</tr>
</tbody>
</table>

\(^{12}\) The term WHSC here includes Occupational Health and Safety Managers.
Table 8: Summary base line data: OHS professional services staff - January 2017

<table>
<thead>
<tr>
<th>Area</th>
<th>Organisational unit</th>
<th>OHS</th>
<th>Biosafety compliance</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central - COO</td>
<td>OHS Division</td>
<td>9.6</td>
<td>3.0</td>
<td>12.6</td>
</tr>
<tr>
<td></td>
<td>P&amp;F</td>
<td>1.8</td>
<td></td>
<td>1.8</td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td>9.4</td>
<td>1.0</td>
<td>10.4</td>
</tr>
<tr>
<td>HABS</td>
<td></td>
<td>3.3</td>
<td>0.5</td>
<td>3.8</td>
</tr>
<tr>
<td>Medicine</td>
<td></td>
<td>3.5</td>
<td>0.1</td>
<td>3.6</td>
</tr>
<tr>
<td>EAIT</td>
<td></td>
<td>2.05</td>
<td></td>
<td>2.05</td>
</tr>
<tr>
<td>BEL</td>
<td></td>
<td>0.4</td>
<td></td>
<td>0.4</td>
</tr>
<tr>
<td>HASS</td>
<td></td>
<td>0.6</td>
<td></td>
<td>0.6</td>
</tr>
<tr>
<td>QBI</td>
<td></td>
<td>0.5</td>
<td>0.5</td>
<td>1.0</td>
</tr>
<tr>
<td>AIBN</td>
<td></td>
<td>0.6</td>
<td>0.4</td>
<td>1.0</td>
</tr>
<tr>
<td>IMB</td>
<td></td>
<td>0.4</td>
<td>0.6</td>
<td>1.0</td>
</tr>
<tr>
<td>SMI</td>
<td></td>
<td>0.5</td>
<td></td>
<td>0.5</td>
</tr>
<tr>
<td>CAI</td>
<td></td>
<td>0.8</td>
<td></td>
<td>0.8</td>
</tr>
<tr>
<td>QAAFI</td>
<td></td>
<td>1.3</td>
<td>0.4</td>
<td>1.7</td>
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<tr>
<td>Gatton campus</td>
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<td>(ODGC)</td>
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<td>Library Services</td>
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<td>0.5</td>
<td></td>
<td>0.5</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>35.85</td>
<td>6.45</td>
<td>42.4</td>
</tr>
</tbody>
</table>

Table 9: UQ base line data – Occupational health and safety

UQ base line exercise Fast Facts:

- 42.4 FTE are actively involved in carrying out a formal occupational health and safety role.
- Of these 42.4 FTE WHSCs, almost 30 FTE are distributed across Faculties, Schools and Institutes.
- The number of full-time WHSCs has not changed over recent years (20).
- There are many positions that conduct OHS activities as part of a multi-functional position.
- The Faculty of Science has almost three times as many OHS staff, compared to the faculty that has the second most OHS staff.
- The Faculty of Science has the highest proportion of full-time OHS staff compared to other areas of UQ (i.e. relies less on multi-functional positions).
- The four major Institutes have largely similar degrees of OHS resourcing.

Graph 1: Formal OHS resources x organisational unit
8.3 Scope of Service

The review conducted a facilitated “scope of service” work shop that discussed the range of occupational health and safety services currently being undertaken across UQ. Subsequent to the development of the Health, Safety and Wellness Strategy, further work will be conducted to ensure the scope includes those services that need to be undertaken in the future to move UQ to its desired position.

The compilation of the services description has been developmental and iterative in nature, drawing on current services provided by occupational health and safety staff across the University, existing duties required by the UQ Policies and Procedures Library, regulatory and compliance requirements, and most importantly, services that will assist UQ in achieving its desired position as described in its Health, Safety and Wellness Strategy 2017-2020.

The draft scope of service outlines the services that are provided by the central occupational health and safety division and by the distributed occupational health and safety staff. The current version of the OHS professional services description is at appendix 3.

8.4 Occupational Health and Safety Division

The Occupational Health and Safety Division is situated within the Chief Operating Officer portfolio and has been a stand-alone organisational unit since 2011. The primary role of the central Occupational Health and Safety Division is to:

- oversee policy and systems development;
- provide specialist services¹³; and
- ensure performance monitoring.

¹³ Specialist services include the areas of ergonomics, occupational hygiene, biosafety, boating and diving, occupational health, radiation safety.
The Occupational Health and Safety Division is also responsible for:

- compliance arrangements around the use of genetically modified organisms, quarantine material and high risk biological material;
- the maintenance of the UQ self-insurance workers’ compensation license and the associated claims management and return to work responsibilities; as well as
- the UQ Wellness program.

Detailed current functions of the Occupational Health and Safety Division, confirmed during the process of the services description workshops is at appendix 3. Functions have been classified into ten areas:

- Supporting UQ OHS governance and consultative mechanisms;
- Developing, managing and maintaining UQ’s OHS management system;
- Facilitating risk management processes at UQ;
- Developing and delivering health, safety and wellness programs;
- Providing advice, information and services;
- Monitoring UQ health, safety and wellness performance;
- Developing health, safety and wellness capability;
- Incident investigation;
- Engagement with regulators and stakeholders;
- Workers’ compensation self-insurance and return to work

The services description workshop also categorised the services to be provided by the Occupational Health and Safety Division and the services to be provided by the distributed occupational health and safety resources (see appendix 3)\(^\text{14}\).

The University of Queensland works with a very broad range of hazards and risks and it is acknowledged that the central Occupational Health and Safety Division does not have readily available expertise across all areas within its staff. Identified gaps are in the areas of electrical safety and complex mechanical systems/plant. To date, expertise in these areas are sourced when necessary from other areas of the university (e.g. P&F or EAIT for electrical safety advice) or externally.

The Occupational Health and Safety Division consists of a small group of specialist staff, summarised in Table 9 below.

<table>
<thead>
<tr>
<th>Specialty</th>
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</tr>
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<tr>
<td>Radiation safety</td>
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</tr>
<tr>
<td>Occupational hygiene</td>
<td>1.5</td>
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<tr>
<td>Occupational health nurse</td>
<td>1.0</td>
</tr>
<tr>
<td>Boating and diving</td>
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</tbody>
</table>

\(^\text{14}\) Some final work needs to be undertaken to complete the service descriptors. The scope of this work is to ensure the current descriptors incorporate services that encapsulate the direction of the Health, Safety and Wellness Strategy 2017-2021. This work has been scheduled for June 2017. The following step will be to develop the associated responsibilities/activities of clients of the UQ OHS network.
### Ergonomics
- Generalist/systems: 3.0
- Biosafety: 3.0
- Wellness program: 0.6
- Workers’ compensation/self-insurance: 2.6
- Management-Director: 1.0

**Total**: 15.2

Without the stand-alone areas of the Biosafety, Wellness and Workers’ compensation programs, the resourcing of the central Occupational Health and Safety Division consists of nine FTE.

The Occupational Health and Safety Division has a flat organisational structure, with 70% of its staff reporting directly to the Director (n=12).

The majority of specialist advisors are at HEW 8. The specialist nature of these positions, and the flat structure within the Occupational Health and Safety Division, leave few career development opportunities within the Division itself, an issue that has frequently been raised by staff.

The current role of the OHS Division has been described previously. The overall function of policy and systems development, and provision of specialist advice does not require significant change. Interviews with managers, clients and the OHS network reinforces this position. The role of performance monitoring is more recent and requires greater development and system sophistication.

It is acknowledged that a realignment of teams within the OHS Division will assist in focusing on these primary functions.

Overall the survey respondents were satisfied with the role and performance of the Occupational Health and Safety Division, and particularly supportive of the functions of central policy and systems development and the provision of specialist advisory services. Respondents were supportive of the distributed model and the principles of place-based services where practicable.

### 8.5 Distributed occupational health and safety resources

In addition to the small central Occupational Health and Safety Division, UQ benefits from a range of occupational health and safety professionals and practitioners across the enterprise. These resources have been deployed over time as a result of specific decisions made by Deans, Directors, Heads of School etc. to assist them in managing the varying risks that staff and students are exposed to within their work areas. This decision making process has been guided by organisational policy, but the actual decision to deploy staff has belonged to the local work areas.

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15. The current organisational chart of the Occupational Health and Safety Division is at attachment 3.

16. PPL 2.10.04 Staff responsibilities for occupational health and safety; PPL 2.10.06b Work Health and Safety Co-ordinator-Role and Function; PPL 2.10.09b Faculty/Institute Occupational Health and Safety Manager Role and Function.
As a result, there are occupational health and safety professionals and practitioners at various organisational levels e.g. at the Faculty level, within the individual Schools of a Faculty, at campus and Centre level etc.

Positions at the Faculty and Institute level are commonly titled Occupational Health and Safety Managers and are typically at the HEW8 or HEW9 classification levels. Positions at the School level are commonly titled Work Health and Safety Co-ordinators and are typically in the band HEW6 to HEW8 classification level. As well as varying classifications, these positions have a range of varying qualifications, experiences and capabilities.

A number of the distributed occupational health and safety staff are in “multifunction” positions. The occupational health and safety profession has a defined body of knowledge and it is important that appropriately skilled and qualified professionals are appointed to these positions. (Although there will always be exceptions), this challenges the assumption that multifunction positions can readily be used where high quality occupational health and safety expertise is required (and expected).

Where there is dedicated occupational health and safety positions at the Faculty and School level within the same Faculty it is usual for there to be no formal reporting line between the Occupational Health and Safety Manager and the Work Health and Safety Co-ordinators.

These distributed staff report to local management. Their role is largely to implement corporate occupational health and safety policy, advise local management on relevant occupational health and safety issues and perform occupational health and safety duties. The scope and complexity of the role depends on the organisational level of the position and the risks that staff and students are exposed to in the organisational units.

UQ also benefits from a large occupational health and safety network. This network consists of:

i) Formal OHS professional staff\(^{17}\) (these positions have been identified as part of this review’s baselining exercise [see Table 8]);

ii) Staff that perform significant OHS related duties as part of their primary role\(^{18}\) (e.g. floor managers, laboratory managers); and

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\(^{17}\) Dedicated occupational health and safety positions formally manage the development, implementation and monitoring of the occupational health and safety management system and related compliance systems across one or more UQ organisation units. These positions typically have occupational health and safety recognised in their position title and are therefore included in UQ’s formal professional occupational health and safety complement.

\(^{18}\) Many roles at UQ have assigned to them a range of occupational health and safety related duties that are integrated into, or a part of, their primary function; e.g. conducting inductions, inputting information regarding incidents and hazards into the corporate systems, workplace inspections, checking local resources such as first aid kits. Roles that often have strong occupational health and safety components are laboratory managers and floor managers. The safety duties of these roles are essential to the occupational health and safety system at UQ. However as in other universities, these roles are not included in UQ’s formal professional occupational health and safety complement. Typically, this activity may be captured in the annual Uniforum data gathered by UQ.
iii) Staff that act as a contact point for OHS related matters within their business unit.

8.6 General characteristics of UQ’s distributed OHS resources

- Line reporting to local management.
- Position that OHS position reports to varies across UQ e.g. in a Faculty, Executive Dean, Faculty Executive Manager; in a School, Head of School, School Manager, Facilities Manager; in an Institute, a Deputy Director.
- Many positions are multi-function positions (12) – the OHS role may be shared with a facilities role, student administration role or other professional roles.
- Varying levels of experience and qualifications.
- Not always recruited into the position solely for their OHS expertise (i.e: may not be “fit for purpose” with suitable qualifications and experience).
- Central OHS Division may not have any involvement with recruitment and selection.
- Each operating area accesses and controls its own resources with the consequence that there may not be parity of service delivery across the organisation. While largely driven by the inherent risks of an operation, the scale of the operation and its ability to resource (fund) the required service may also influence access to service delivery.

8.7 Distributed OHS services – summary

A more formal team approach (OHS Managers and work health and safety coordinators) across some of the faculties will enhance the current varied arrangements and allow for greater coordination by the relevant OHS Manager to provide more responsive and tactical service delivery across the entire faculty.

There is an argument that a move to direct line management to the Faculty OHS manager (where one exists) would allow:
- greater oversight and co-ordination across the Faculty,
- greater consistency of service,
- more timely and responsive deployment and therefore, access to OHS services
- greater input into recruitment and selection decisions
- a more direct line of communication between OHS Division and local work health and safety coordinators in Faculties.

Therefore, it is proposed that a dual reporting relationship between OHS Managers, existing line managers and work health and safety coordinators. The preferred arrangement is for a direct reporting line to be established between the OHS manager and the work health and safety coordinator for the reasons outlined above. Work health and safety coordinators would remain “place-based” and have a dual reporting relationship within their current School.

In the case of multifunction roles within Faculties, a dual reporting arrangement will be recognized where the position reports to the OHS manager for the purposes of OHS service delivery (other reporting relationships to remain the same).
In order to be able to recruit qualified and “fit for purpose” work health and safety skills into Faculties, it is important for Faculties to move over time, as opportunity arises, to discrete, professional work health and safety coordinator positions in faculty OHS teams (as opposed to multifunction positions).

8.8 Access to occupational health and safety services
One of the principles considered during the review process was the principle of “access to occupational health and safety services” – see section 4 and table 1. At a high level, all parts of UQ should have access to the general services of the UQ Occupational Health and Safety Division and benefit from its functions. The review found that the large majority of organisational units at UQ had access to a more local, formal occupational health and safety resource e.g. Faculty and School OHS managers, Institute OHS managers, and in some cases, Centre and campus OHS managers. It was apparent that a number of central Divisions did not have access to a local, formal resource e.g. parts of the DVC(A), DVC(R), DVC(EE) and COO portfolios. While the risk exposure in these areas may not be as high as in other parts of the university, some further attention may be warranted to ensure suitable services are provided as required.
9. Proposals

**Occupational Health and Safety Division**

1. Realign teams in the OHS Division to reinforce the major functions of the OHS Division. However, due to the small nature of the organisation unit, individuals will be expected to work across the teams as required. The three major teams of the OHS Division will be:

   a) **Governance and Systems:** (Core services - Supporting UQ OHS governance and consultative mechanisms, Developing, managing and maintaining UQ’s OHS management system, Monitoring UQ OHS performance, Engagement with regulators and stakeholders).

   b) **Professional Services:** (Core services - Providing advice, information and services, Facilitate risk management processes, Developing and delivering HSW programs, Developing OHS capability).

   c) **Work Injury Management:** (Core services - Administration of self-insurance licence requirements, Claims management, Return to work assistance).

2. Position descriptions for OHS Advisors in the OHS Division be revised in light of the “description of services” that has been developed.

3. Given the development of the Health, Safety and Wellness Strategy 2017 – 2021 and one of the priorities of the Strategy being Enhancing Wellness, and connecting occupational health and safety with wellness initiatives, it is proposed that the Occupational Health and Safety Division be renamed the Health, Safety and Wellness Division (HSW Division).

**Central, coordinated oversight of the UQ occupational health and safety function**

1. Position descriptions for OHS managers and Work health and safety coordinators be revised in light of the “description of services” that has been developed.

2. The reporting and communication lines to the OHS Division must be clearly articulated. OHS managers are to have a dual reporting line to the OHS functional head that sustains an effective matrix management model.

3. The OHS Division is to be involved in recruitment decisions of formal OHS staff across UQ, and to be formally involved in the recruitment process and decisions for OHS managers at UQ.

4. OHS Division to establish a robust OHS reporting framework across the enterprise and UQ business units where risk owners (e.g. Executive Deans, Directors) report regularly on the OHS performance of their organisational unit.

5. Maintain and enhance the existing strong engagement between the central OHS Division and the distributed OHS staff, particularly with UQ’s OHS managers.

6. The OHS Division provide additional oversight of required OHS services of a number of central Divisions that do not have access to a local, formal occupational health and safety resources e.g. parts of the DVC(A), DVC(R), DVC(EE) and COO portfolios.
Capability development
1. Continue to provide an on-going professional development program for the OHS network, with a particular emphasis on the skills and aptitudes required to meet the objectives of the HSW Strategy 2017-2021.

OHS service delivery in Faculties
1. A greater emphasis on establishing a team approach across the faculties (i.e. in those where there are multiple formal OHS resources), with the Faculty OHS Manager as team leader. This will encourage greater consistency of service delivery and access to service delivery across the faculty, greater coordination by the relevant OHS Manager to provide more responsive and tactical service delivery across the entire faculty. To enable this, it is proposed that Work health and safety coordinators (e.g. in Schools) have a reporting line to the OHS manager position in the respective Faculty. Formalise a dual reporting relationship between OHS managers, existing line managers and work health and safety coordinators in Schools. The preferred arrangement is for a direct reporting line to be established between the OHS manager and the work health and safety coordinator. A move to direct line management between Faculty OHS manager (where one exists) and work health and safety co-ordinator will allow:
   - greater oversight and co-ordination across the Faculty,
   - greater consistency of service across the Faculty,
   - more timely and responsive deployment and therefore, access to OHS services,
   - greater input into recruitment and selection decisions,
   - a more direct line of communication between OHS Division and local work health and safety coordinators in Faculties.

Work health and safety coordinators would remain “place-based” and have a dual reporting relationship within their current School.

2. In the case of multifunction roles, a dual reporting arrangement will be required where the position reports to the OHS manager for the purposes of OHS service delivery.

3. In order to be able to recruit qualified and “fit for purpose” work health and safety skills into Faculties, it is important for Faculties to move over time, as opportunity arises, to dedicated work health and safety coordinator positions in faculty OHS teams (as opposed to multifunction positions) and to recruit candidates that have skills that reflect the risk profile of the area.
A short history of the occupational health and safety function within the University of Queensland.

Occupational Health and Safety Division
Historically, a model has evolved at UQ that is a distributed, matrix-type model, consisting of a small central division working in conjunction with a range of occupational health and safety personnel distributed across Faculty, School, Institute, campus and centre levels.

The Occupational Health and Safety Unit was created in 1986 and initially consisted of a Director and one administrative support person within the Human Resources Division.

In 1989 the first occupational health and safety legislation was introduced in Queensland which increased obligations of employers and introduced strict penalties for non-compliance. As a result of this, further positions were added to the Occupational Health and Safety Unit, and by 1994 there were four specialist positions, namely Ergonomics, Occupational Hygiene, Radiation Safety, and Rural Safety.

In 1999 new Federal legislation was enacted relating to Gene Technology and a further specialist position of Biological Safety was created. The emphasis on Gene Technology legislation has continued, resulting in the addition of an Assistant Biosafety Adviser to the Unit in 2002 and a part-time Quarantine advisor. During 2012, to ensure ongoing compliance with the Federal Gene Technology Act, another Biosafety Advisor position was created. The current compliment of biosafety advisors consists of three FTE that oversee the general compliance requirements of the gene technology legislation, biosecurity legislation, plus the general duty requirements under the work health and safety legislation with respect to biological hazards (e.g. our work with high risk biological materials).

In 2000, a proposal was placed before University Senate for the University to self-insure for workers’ compensation. This proposal was approved and the Work Injury Management (WIM) team was established to administer self-insurance. The WIM team consists of a manager of the function, a claims manager and a part-time assistant claims manager. The team was located within the Occupational Health and Safety Unit as part of an operational model which includes injury prevention, claims management and rehabilitation.

In 2003, further prescriptive legislation was enacted in Queensland with the Electrical Safety Act and the Dangerous Goods Safety Management Act. The Dangerous Goods provisions were able to be met with existing resources, however the Electrical Safety provisions required specific qualifications and experience. As a result of this, an Electrical Safety Officer position within the Occupational Health and Safety Unit was created and filled in 2004. The Electrical Safety Officer position remained within the Occupational Health and Safety Unit until 2008. The Occupational Health and Safety Division currently relies on an ad hoc arrangement with electrical expertise within the
Property and Facilities Division, and on occasions, the Faculty of Engineering, Architecture and Information Technology.

With the increase in laboratories operated by UQ from approximately 800 in 2011 to 2000 in 2013 a further 0.5 FTE Occupational Hygiene (laboratory/chemical safety) was added in 2008 and an audit/rehabilitation co-ordination function position established in 2010.

The position of University Boating and Diving Officer was created around 1999-2000 in response to a number of cases of decompression sickness arising from poor diving practice and declining condition and safety standards of UQ vessels. A number of improvement notices from the regulator were issued to the university around this time. The position was originally a part of the Centre for Marine Studies, and was jointly funded by the Occupational Health and Safety Unit since 2006 along with the Centre for Marine Studies, and then in 2010, the Faculty of Science.

Following an administrative review of Human Resource Division in 2011, a primary recommendation was made by that review panel to remove the Occupational Health and Safety Unit from the HR Division and create an independent Occupational Health and Safety Unit Division with a Director and Deputy Director\(^{19}\) reporting directly to the Chief Operating Officer. This recommendation was approved by the Vice Chancellor’s Executive in March 2012.

The Occupational Health Nurse Advisor position, a role formerly held with the University Health Service under the Student affairs Directorate since 1987 was transferred in March 2013 to the OHS Division. The reason for this position transfer was due to most OHNA programs, such as hearing conservation, health surveillance and the staff flu vaccination program, being more aligned with University operations than with Student Affairs activities.

Responsibility for the the UQ Wellness Program (consisting of a 0.6 FTE resource) was transferred from Human Resources Division to the Occupational Health and Safety Division in 2014.

The role and functions of the Occupational Health and Safety Division have moved from direct incident investigation, reactive general advisory activity and on-the-ground implementation, to a more strategic planning, policy and systems development, monitoring and professional advisory role. This necessary shift has been due to the increasing size, number of sites, complexity and broad range of significant hazards of a Group of Eight University such as The University of Queensland.

The current organisational chart of the Occupational Health and Safety Division is at appendix 3.

**UQ occupational health and safety network**

In addition to the small central Occupational Health and Safety Division, UQ benefits from a range of OHS professionals and practitioners across the enterprise. These

\(^{19}\) Note that the Deputy Director position has never been filled nor specifically funded.
resources have been deployed over time as a result of specific decisions made by Deans, Directors, Heads of School etc to assist them in managing the varying risks that staff and students are exposed to within their work areas. This decision making process has been guided by organisational policy\textsuperscript{20}, but the actual decision to deploy staff has belonged to the local work areas.

Appointments have been largely made locally to meet identified local needs. In recent years, the Occupational Health and Safety Division has had a growing role in assisting the local areas with selection (e.g. sitting on a selection panel), but this remains on an “invitation basis”.

As a result, UQ currently has a variety of full-time positions and multifunctional positions that undertake formal occupational health and safety duties as part of their position. These positions have varying classifications across the organisation, and a range of varying qualifications, experiences and capabilities.

In 2012 the UQ Occupational Health and Safety Council sought a review of the occupational health and safety operations at UQ. This review determined that, at the time, there were 135 Work Health and Safety Co-ordinators\textsuperscript{21} (WHSC’s) across the University, of which 65 were actively involved in carrying out occupational health and safety support. Of the 65 active WHSC’s, a total of 20 were in a full time role with the other 45 WHSC’s functioning from 10% to 50% of their time in the role. This finding was consistent with the results from the Uniforum survey at the time, identifying a total of 48.4 FTE across all university operations (including the central Occupational Health and Safety Division), with a role of more than 10% in occupational health and safety.

The remaining non-active WHSC’s were originally appointed to a role that had some degree of occupational health and safety responsibility, but had since moved to other roles without this function.

The current review has conducted a baselining exercise to identify the current (2017) resourcing of the occupational health and safety function at UQ – see section 8.2. One of the aims of this review is to ensure that the occupational health and safety function at UQ is responsive to the future identified needs of the organisation.

\textsuperscript{20} see footnote 13
\textsuperscript{21} The term WHSC here includes Occupational Health and Safety Managers.
## Appendix 2

### 2. Summary base line data: OHS professional services staff Jan 2017

<table>
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<tr>
<th>Area</th>
<th>Organisational unit</th>
<th>OHS</th>
<th>Biosafety compliance</th>
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<td>P&amp;F</td>
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| Science       | Faculty Office      | 2    |                      | 2     |
|               | SMP                 | 0.4  |                      | 0.4   |
|               | SCMB                | 1    | 1                    | 2     |
|               | CMM                 | 1    |                      | 1     |
|               | SVS                 | 1    |                      | 1     |
|               | SAFS                | 2    |                      | 2     |
|               | GPEM                | 1    |                      | 1     |
|               | SBS                 | 1    |                      | 1     |

**Total: 10.4**

| HABS          | Faculty Office      | 1.6  | 0.4                  | 2     |
|               | SNMSW               | 0.6  |                      | 0.6   |
|               | Pharmacy            | 0.3  | 0.1                  | 0.4   |
|               | SHRS                | 0.3  |                      | 0.3   |
|               | QEAHKS              | 0.4  | 0.1                  | 0.5   |

**Total: 3.8**

| Medicine      | Faculty Office      | 1    |                      | 1     |
|               | Sch of Medicine     | 1    |                      | 1     |
|               | SBMS                | 1.5  | 0.1                  | 1.6   |

**Total: 3.6**

<p>| EAIT          | Faculty Office      | 1    |                      | 1     |
|               | Chem Eng.           | 0.55 |                      | 0.55  |
|               | Civil Eng           | 0.4  |                      | 0.4   |
|               | CRC Mining          | 0.1  |                      | 0.1   |</p>
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<thead>
<tr>
<th>Area</th>
<th>Organisational unit</th>
<th>OHS</th>
<th>Biosafety compliance</th>
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**Organisational totals**

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### Services Description – Occupational Health and Safety

#### Occupational Health and Safety

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<thead>
<tr>
<th>Core Services</th>
<th>Occupational Health and Safety Division</th>
<th>Distributed Services</th>
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</table>
| Supporting UQ health, safety and wellness governance and consultative mechanisms | • Establish organisational approach: contribute to and input into enterprise level committees - VCRCC and SRC.  
• Support/advise/coach Faculty and Institute OHS committees.  
• Provide specialist input, advice to committees where necessary e.g. IBC, OHS committees. | • Establish and provide on-going support to consultative mechanisms in area - OHS committees, HSRs etc.  
• Support/advise/coach local OHS committees and support and advise Chair of committee, plus facilitate the effective functioning of OHS committee.  
• Participate on consultative committees. |
| Developing, managing and maintaining UQ's OHS management system | • Establishment, on-going development and enhancement of corporate OHSMS.  
• Development and review OHS related polices, procedures, guidelines and programs.  
• Monitor the implementation of the UQ OHS management system across the organisation.  
• Develop HSW strategy. | • Implementing components of OHSMS e.g. organisational policies and procedures.  
• Participating in the development or review of corporate policies, procedures and guidelines.  
• Develop Faculty and School OHS management plans based on local risks.  
• Develop local emergency procedures.  
• Assist with internal and external OHSMS audits. |
## Occupational health and safety

### SERVICES DESCRIPTION

<table>
<thead>
<tr>
<th>Core Services</th>
<th>Occupational Health and Safety Division</th>
<th>Distributed services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate risk management processes at UQ</td>
<td>• Establish and develop risk management framework.</td>
<td>• Establish organisational unit risk priorities.</td>
</tr>
<tr>
<td></td>
<td>• Establish HSW risk priorities.</td>
<td>• Develop local risk registers.</td>
</tr>
<tr>
<td></td>
<td>• Establish risk management systems and tools i.e. UQSafe-Risk.</td>
<td>• Ensure the implementation of corporate risk management systems and tools i.e. UQSafe-Risk,</td>
</tr>
<tr>
<td></td>
<td>• Develop and monitor a corporate risk register.</td>
<td>including providing users with assistance with risk assessment writing, reviewing.</td>
</tr>
<tr>
<td></td>
<td>• Review OHS for events at UQ.</td>
<td>• Audit/formally review quality of risk assessments.</td>
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<tr>
<td></td>
<td>• OHS Minor works considerations.</td>
<td>• Monitor effectiveness of controls that are in place to mitigate/eliminate risk in workplace.</td>
</tr>
<tr>
<td></td>
<td>• Facilitate OHS input into design, procurement decisions etc. (e.g. input to PREM process, review/evaluate new furniture).</td>
<td>• Conduct necessary local inductions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Initiate minor works applications.</td>
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</tbody>
</table>

| Developing and delivering health, safety and wellness programs | Determine organisation-wide needs.                                                                 | Identify, prepare, develop, implement and monitor/evaluate local programs to improve OHS performance across Faculty/Institute based on risk profile. |
|                                                               | Consult and engage with relevant stakeholders during needs analysis and development.                  | • Deliver/participate in organisational projects and programs.                        |
|                                                               | Utilise specialists as required.                                                                     | • Advise on work-off campus activities.                                              |
|                                                               | Developing organisation-wide programs e.g. vaccinations, Fitness Passport.                            | • Develop and conduct local inductions.                                              |
|                                                               | Project manage/implement organisation-wide projects/programs.                                        |                                                                                      |
|                                                               | Monitoring and evaluation of organisation-wide projects/programs.                                    |                                                                                      |

29
# Occupational health and safety

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<tr>
<td>Providing advice, information and services</td>
<td>• Establish an information development and distribution network.</td>
<td>• Determine information needs at local level.</td>
</tr>
<tr>
<td></td>
<td>• Determine information needs.</td>
<td>• Provide both specialist and general advice, information and services to relevant parties as appropriate.</td>
</tr>
<tr>
<td></td>
<td>• Develop modes of communication.</td>
<td>• Develop and provide effective OHS, regulatory compliance and risk specific training at a local level and capability development initiatives at a local level (e.g. responsibilities and duties; safety training on specialised equipment, hazardous areas, local induction).</td>
</tr>
<tr>
<td></td>
<td>• Represent the University on OHS matters in professional forums, on government bodies and to the media in order to ensure consistent presentation of the University's viewpoint on OHS, to maintain a high level of awareness of current issues, and to project a high profile of the University's OHS standards.</td>
<td>• Provide relevant services as appropriate (e.g. ergonomics assessments).</td>
</tr>
<tr>
<td></td>
<td>• Brief senior management.</td>
<td>• Contribute to development and review of policies, procedures, systems and projects.</td>
</tr>
<tr>
<td></td>
<td>• QA of information products.</td>
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<tr>
<td></td>
<td>• Provide specialist advice and information on a range of specialty areas.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Develop and provide effective OHS, regulatory compliance and risk specific training and capability development initiatives for managers, supervisors, other workers and students.</td>
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| **Monitoring health, safety and wellness performance** | • Develop and review UQ OHS goals.  
• Report goal outcomes to management.  
• Develop and implement internal OHS audit program.  
• Follow-up internal audit CAPs.  
• Develop management reports on performance and trends.  
• Ensure University management is properly informed of emerging issues and the University’s OHS performance. (VCRCC, COO, SRC) | • Undertake workplace inspections/assessments and compile reports.  
• Develop and follow-up workplace assessment CAPs.  
• Follow-up internal audit CAPs.  
• Review and analyse local injury and incident reports and data.  
• Inform local managers and local OHS committee of relevant OHS and incident information.  
• Report on local area OHS performance (against set KPIs and UQ OHS goals) to management and OHS Division. |
| **Developing health, safety and wellness capability** | • Develop broad (UQ) OHS capability strategy through organisational needs analysis.  
• Develop, maintain and facilitate networks to assist with the provision of advice and services across organisation.  
• Monitor effectiveness of development program.  
• Recruit appropriate specialist resources and expertise to address organisational needs.  
• Develop the capability of UQ OHS network staff. | • Deliver staff development programs.  
• Coach local staff and managers on how to demonstrate safety leadership.  
• Participate in and actively contribute to networks that assist with the provision of health, safety and wellness advice and services across organisation.  
• Train and assist staff on using databases (e.g. QSafe, Chemwatch).  
• Mentor and foster safety culture with new and continuing staff.  
• Develop annual plan for local capacity development. |
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| Incident investigation             | • Policy and systems development and determine corporate approach to incident investigation.  
  • Monitor effective use of corporate incident reporting system, UQSafe-Incident.  
  • Quality assurance of investigations.  
  • Involvement in significant incident investigations e.g. participate in investigation team.  
  • Implement capacity development system for incident investigation.  
  • Notify regulator of notifiable incidents.  
  • Follow-up and on-going contact with regulators during investigation of notifiable incidents.  
  • Report outcomes to management.  
  • Develop corrective action plans where relevant. | • Ensure incidents are investigated, seek advice from internal and external parties, identify causative factors, develop and monitor remedial action plans, with a view to preventing recurrence.  
  • Ensure incidents are reported and timeframes are met.  
  • Notify OHS Division and local management of notifiable incidents.  
  • Involvement in, and in relevant cases, lead incident investigations.  
  • Develop and implement corrective action plan.  
  • Report outcomes to management.  
  • Monitor quality of local investigations.  
  • Train new users in UQ Safe-Incident. |
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| Engagement with regulators and stakeholders | • Engage and build relationships with external and internal stakeholders to facilitate better OHS outcomes for UQ.  
• Seek opportunities to engage with regulators to enhance their awareness of organisational systems.  
• Work with regulators to streamline compliance requirements.  
• Assist and advise on regulator policy development.  
• Accompany the regulator on-site, provide audit, inspection and investigation support (to both UQ business unit and regulator).  
• Notify the regulator of notifiable events as necessary.  
• OGTR annual audits.  
• Facilitate necessary authorities, permissions, certifications, approvals with regulators.  
• Facilitate any work required subsequent to regulator investigations, inspections and audits.  
• Seek legal advice as necessary during investigations. | • Engage and build relationships with external and internal stakeholders to facilitate better OHS outcomes for UQ.  
• Co-operate with regulators during inspections, audits, investigations.  
• Provide access and information to regulators.  
• Ensure all information is available to assist in the establishment of authorities, permissions, certifications and approvals with regulators.  
• Facilitate any work required subsequent to regulator investigations, inspections and audits. |
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| Workers’ compensation self-insurance, return to work | • Plan for maintenance of self insurance function and on-going license requirements.  
• Ensure the on-going organisational capacity to maintain self insurance status.  
• Determine liability on claims.  
• Manage claims/cases, including referrals to appropriate medical and rehabilitation services.  
• Liaise with investigators, medical service providers, legal practitioners, regulator, rehabilitation providers, insurance broker, actuary.  
• Liaise with local organisational units for suitability of duties on return to work provisions.  
• Co-operate with external auditors re license requirements.  
• Performance reporting.  
• Provide advice and relevant information to workers and business units. | • Assist in the implementation of RTW plans including the modification of work systems, purchasing and installation of equipment.  
• Assist any specialists in determining alternative duties. |
4.0 Graphs

Graph 2: No. of active risk assessments x organisational unit

Graph 3: No. of active risk assessments assessed as high or very high risk x organisational unit
Graph 4:  No. of workers’ compensation claims > 1 day time lost x organisational unit

WC claims > 1 day x Org. Unit.

2014  2015  2016