

Health and Safety Performance – Lost Time Injuries (LTI) – More Effective Management of Likelihood and Consequence

For decision:

For noting:

Te whakarāpopototanga matua / Executive summary

1. This report highlights what we are doing to reduce our Lost Time Injury (LTI) rates, and what is required going forward to better manage AT's return to work programme.
2. The Lost Time Injury Frequency Rate (LTIFR) is not an effective measurement of consequence of workplace injury, as an injury requiring one day off work is recorded as an LTI in the same way as an injury requiring several months off work.
3. Lost Time Injury Days (LTID) is another way to record injury rates. This places more weight on the recovery and duration of the injury and how well it is managed. It can still be affected by the work a person does so an Office Worker may need less time off work than a Transport Compliance Officer.
4. AT is covering the surcharge of ACC consultations, this removes financial barriers our people may have in seeking medical treatment and ensures they receive treatment to assist with Return to Work (RTW) as soon as possible.
5. AT will measure and report on LTID in addition to LTIFR. This will place a focus on the management of incidents via processes such as robust return to work plans and support.

Ngā tuinga ō mua / Previous deliberations

6. LTIFR, LTIs, and LTIDs are currently reported at every AT Board meeting.

Te horopaki me te tīaroaro rautaki / Context and strategic alignment

7. This report aligns with the safety requirements of the AT Business Plan 2020/2021, "Deliver Safe outcomes for all, across the transport system" in line with the Government Policy Statement on Land Transport¹ and two AT Values, Tiakitanga Safe with us and Manaakitanga We care... Full stop. It also is aligned with the principles of a Safe System and Vision Zero.

¹ <https://www.transport.govt.nz/multi-modal/keystrategiesandplans/gpsonlandtransportfunding/previous-government-policy-statements/>

8. Many LTIs have short-term consequences, they are often described as 'high frequency, low consequence' injuries. A high LTI value may reflect lots of injuries with one or two days off.
9. Alternative injury classification schemes make distinctions between high, moderate and low severity (consequence) injury. These define severity in terms of impairment to the individual, rather than lost time. This provides a much greater correlation with damage to both the worker and the business (damage in terms of both physical/psychological and financial damage).
10. The Lost Time Injury Frequency Rate (LTIFR) follows a formula to indicate performance. The total number of lost time injuries in a certain period is divided by the total number of hours worked in that period, multiply by 200,000. This is the current recommended formula by the New Zealand Business Leaders Health and Safety Forum, noting that the forum does not have any industries that compare with ATs diverse range of activities.
 - $([\text{Number of LTI's in the reporting period}] \times 200,000) / (\text{Total hours worked in the reporting period})$.
11. LTIFR has been a Key Performance Indicator (KPI) in Health and Safety for a long time and is a Lag Indicator². A lost time injury is something that results time lost from work. It could be as little as one day or a shift off work being lost, or months of rehabilitation. It can arise from a small incident, like a sprained ankle from a trip, or from a WorkSafe notifiable event such an amputation from a fall from height.
12. The adoption of a Lost Time Injury Days (LTIDs) KPI will place a focus on the consequence of workplace injury and working proactively to return our people to productive work in an appropriate timeframe.
13. The increased focus on management of LTIDs aligns strongly with Safe System/Vision Zero principles, which says that even as we reduce the likelihood of incidents, they will still occur, but there are things that we can do to mitigate the consequences of these incidents.

Ngā matapakinga me ngā tātaritanga / Discussion and analysis

14. The Safety Team must review a variety of data sources, including SAP, Synergi and ACC Portal for claims to ensure accurate data. This is a time consuming and challenging exercise. Accurate data will ensure accurate reporting and trend analysis and is part of the proposed replacement H&S Case Management System.
15. We access a lot of data from our health and safety reporting system (Synergi). This has been summarised in Attachment 1
16. The benchmark across New Zealand in 2018, in the last report by the Business Leaders Health and Safety Forum³ states the LTIFR across all the forum members (77) that took part was 1.48. AT's rate has increased to above the Business Leaders benchmark.
17. The introduction of Transport Officers in 2017 saw an increase in AT's LTIFR, due to an increase in the number of staff out on the network. The LTIFR in 2017 before the introduction of Transport Officers was around 0.9. This increased to between 1.9 - 2.1 in 2019.
18. The Service Delivery team has 83% of ATs LTIs, a separate report has been prepared to investigate these in more depth.

² A leading indicator is a predictive measurement, for example; the percentage of people wearing hard hats on a building site is a leading safety indicator. A lagging indicator is an output measurement, for example; the number of accidents on a building site is a lagging safety indicator.

³ 2018 Benchmarking Report, Summary of findings (01 Jan 2018-31 Dec 2018 – plus five-year trends)

19. The LTIFR has remained stable since February 2018, even with increased health and safety reporting, which has more than doubled from an average of 150 per month in 2017, to around 390 per month in 2019. This increase has been as a direct result of encouraging our people to report incidents and improving ATs Health and Safety Case Management System.
20. LTIs also cover psychological injuries. Psychological injuries are harder to measure and appear to be under-reported. Based on the available information psychological LTIs are related to threats and aggressive behaviour towards our people from customers and the public. The use of in-house support and Employee Assistance Programme (EAP) has been used to support staff through the impact of threats and aggression. It is difficult to track LTID due to the confidential nature of these events.
21. AT is currently working to include a new leave type designed to support our people who have been involved in traumatic events, e.g. those interactions with customers typically described as threatening and/or aggressive. Traumatic Incident Stand-Down⁴, is 5 days paid leave, separate from sick leave, and can be taken following such an event. Further work needs to be done to determine if this will impact LTIFR and LTID.
22. Most of ATs workplace injuries are concentrated around lower limbs (details are captured in Attachment 1). Over 2016 - 2020 the top body locations for injuries have been Knee, Lower back, Ankle, Hand and Neck, in that order. The trend for the year 2019 has been consistent with Knee, Lower back, Ankle and now Hip/thigh.
23. Incidents appear to be spread throughout the city, with the exception being Downtown Carpark and 20 Viaduct Harbour, as these are main offices. This is a limitation of the current reporting system.

Since 2016 the location hotspots around the network are detailed below:

- Auckland City – Central, Waiheke, Downtown Carpark Building
- Auckland City Office - 20, Viaduct Harbour Avenue - Level 1
- Manukau City - Mangere East, 31 Wiri Station Rd
- North Shore City – Takapuna
- Train Stations - Britomart Train Station

Ngā tūraru matua / Key risks and mitigations

24. The Safety Team must review a variety of data sources, including SAP, Synergi and ACC Portal for claims to ensure accurate date. This is a time consuming and challenging exercise. Accurate data will ensure accurate reporting and is part of the proposed replacement H&S Case Management System.
25. Work has gone in to reduce the physical and psychological effects of LTI's across AT. This is detailed in Attachment 1.

⁴ PSA Collective agreement 2019-2021

26. Pre-employment health checks were introduced in 2016/2017 to partially mitigate the risks associated with the specific roles of Parking and Transport Officers. These checks include a health screening covering back problems, stress related issues, and a variety of other health related checks.
27. Timely reporting and early intervention ensure we can assist staff in returning to work in the best way possible. This also make sure we have accurate data to find trends.
28. The key element to reduce LTIDs is to ensure a timely return to full capacity by aiding staff in the recovery process, ensuring ACC support is fully utilised, and providing an alternate role to perform within AT if possible.
29. A healthy and engaged workforce is more resilient to injury and likely to return following an injury, which is covered under the Wellbeing aspect at AT.

Ngā ritenga-ā-pūtea me ngā rauemi / Financial and resource impacts

30. There are financial and resource impacts around providing employee medical advice and rehabilitation. These are detailed in attachment 2
31. LTI's result in an individual being unable to work, which may mean AT must cover with alternative staff which may incur overtime costs for the organisation.
32. A provider who is familiar with our process and alternative duties, and good return to work support from our in-house Occupation health and safety specialist, this can reduce the length of time a person is away from work, and associated costs.

Ngā whaiwhakaaro ō te taiao me te panonitanga o te āhuarangi / Environment and climate change considerations

33. There are no climate change or environmental considerations for this report.

Ngā reo o mana whenua rātou ko ngā mema pooti, ko ngā roopu kei raro i te maru o te Kaunihera, ko ngā hāpori katoa / Voice of mana whenua, elected members, Council Controlled Organisations, customer and community

34. This report deals with the LTIs for all our people who come from a diverse range of backgrounds.

Ngā whaiwhakaaro haumarū me ngā whaiwhakaaro hauora / Health, safety and wellbeing considerations

35. This report deals with LTIs for AT which is a key element in the management of Health and Safety and compliance with the Health and Safety at work Act 2015 and is critical for the health, safety and wellbeing of our people.


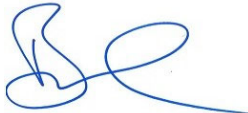
Ā muri ake nei / Next steps

36. The Safety team will continue to report on Lost Time Injury Days and Lost Time Injury Frequency Rate.

Te whakapiringa / Attachment

Attachment number	Description
1	Lost Time Injury Presentation – Data Analysis
2	Costs

Te pou whenua tuhinga / Document ownership

Submitted by	Steve Saunders Head of Health & Safety	
Recommended by	Bryan Sherritt EGM Safety	

Lost Time Injuries – LTIs

Paula Luijken

Attachment 1





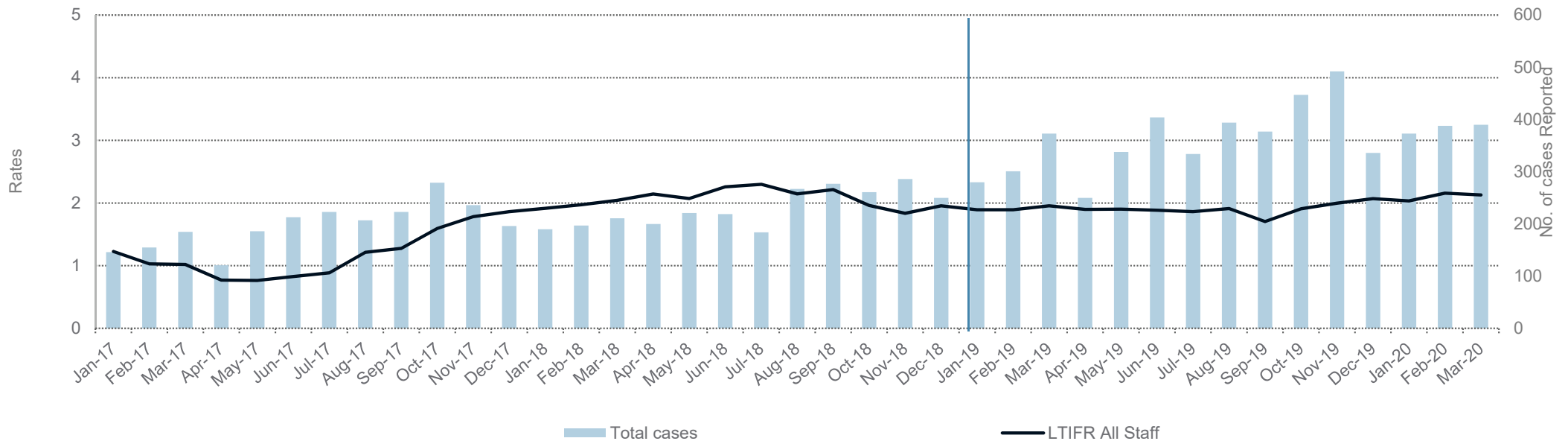
AT EMPLOYEE INJURIES

(pre – covid)

The number of cases have increased over time, incl. Incident cases reported by AT staff

2017 - an average of 150 reports per month.
 2019 - an average of 390 reports per month
 Over 100% increase.

Injury frequency rate for all AT staff Reported in Synergi*



*Lost time injury is where an injury prevents a worker from returning to work for 1 day/shift and is calculated per 200,000 Hours Worked – Business Leaders Forum 2018.



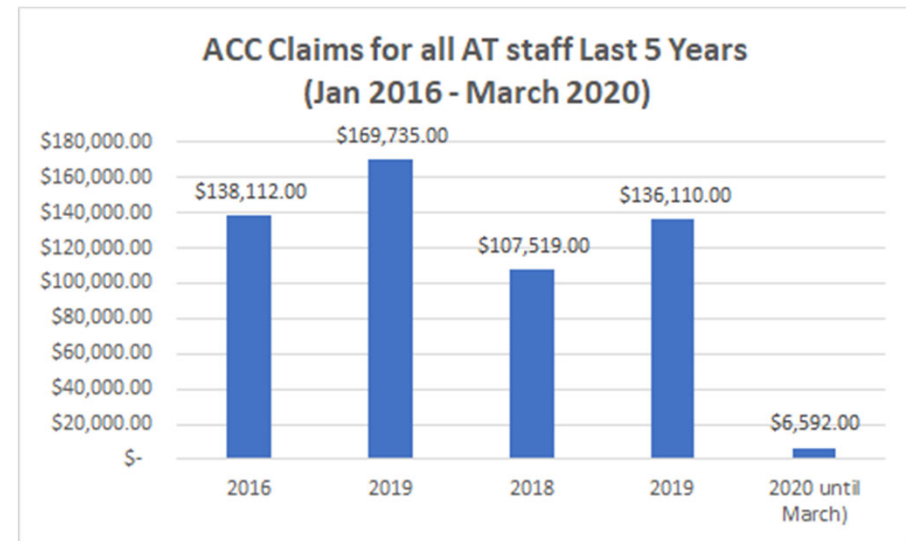
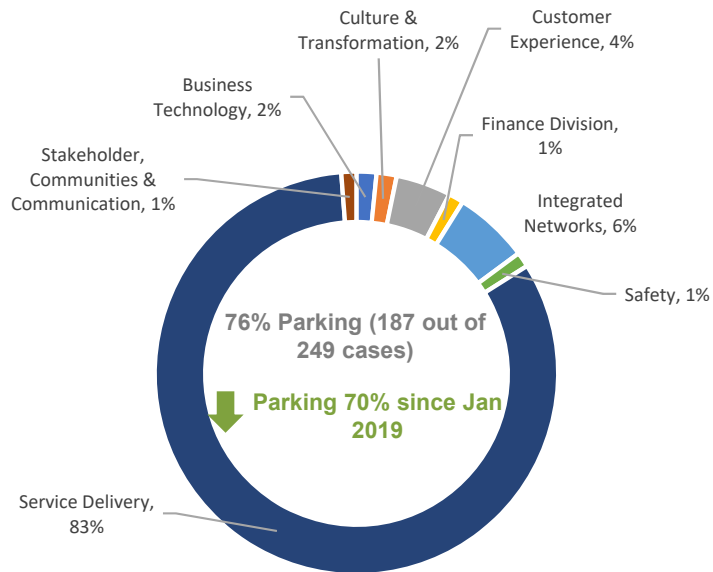


AT EMPLOYEE INJURIES LAST 5 YEARS

148 LTIs (in Synergi) resulted in 2146 days off work

267 ACC Work Related Accident Claims (Not all LTI) \$558,078.58

Injury for all AT staff Last 5 Years Reported in Synergi (2016 - March 2020)



LTI days by department

- 78% Service Delivery
- 13% Integrated Network
- 9% Customer Experience

Location Hot Spots for Injury Last 5 Years Reported in Synergi (2016 – March 2020)

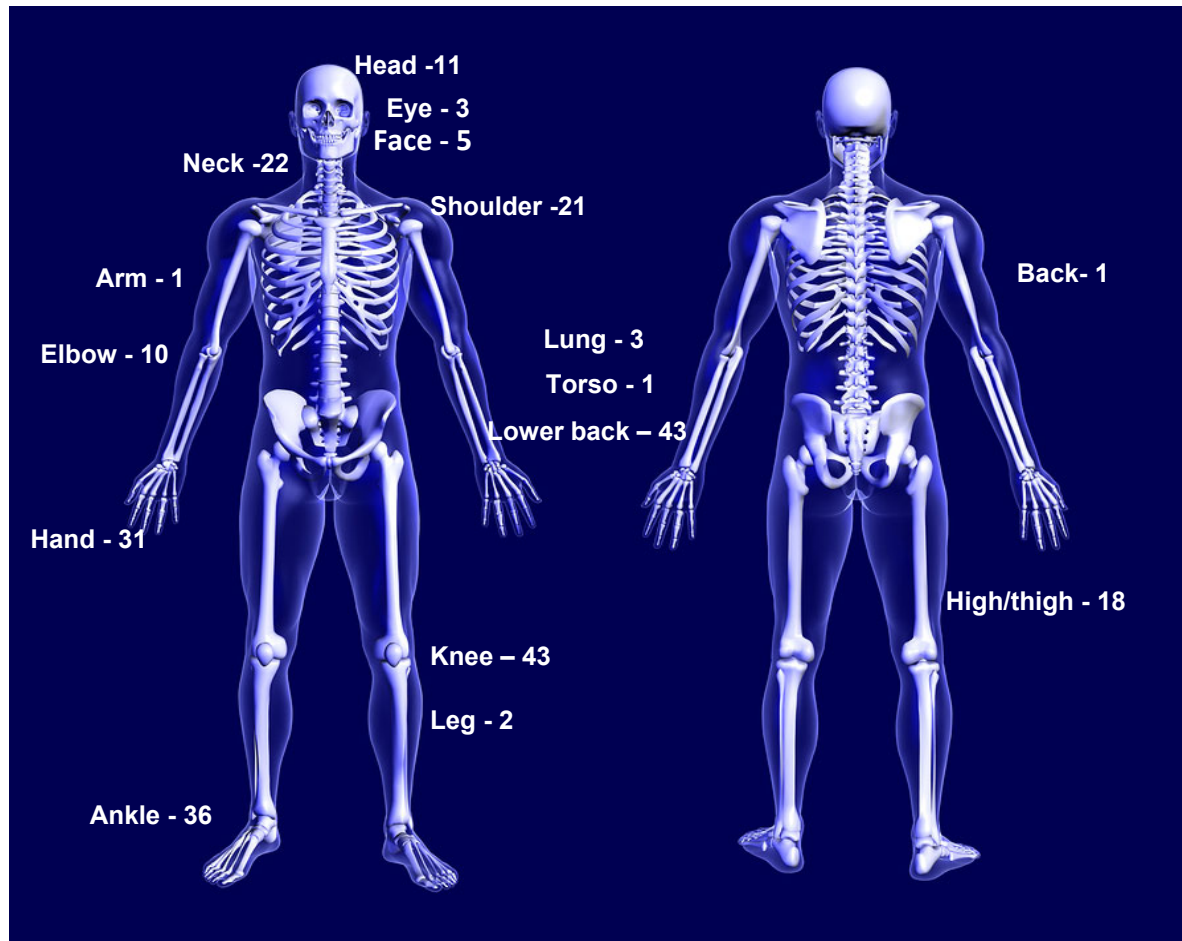
Auckland City – Central, Ponsonby, Waiheke, Downtown Carpark Building
 Auckland City Office - 20, Viaduct Harbour Avenue - Level 1 (&2)
 Manukau City - Mangere East, 31 Wiri Station Rd
 North Shore City – Takapuna
 Train Stations - Britomart Train Station, Morningside Train Station & Newmarket Train Station





AT EMPLOYEE INJURIES BODY LOCATION (ACC Claims)

Since Jan 2019:
There has been a reduction in the cost of lower back claims
Hand injuries have overtaken ankle injuries
Hip and thigh are now in the Top 5 injuries



ACC Claims for Top 5 Injured Body Location Last 5 Years
(2016- March 2020)

Location	# of claims	\$ claimed
Knee	43	\$98,869.49
Lower back	43	\$135,060.13
Ankle	36	\$95,311.90
Hand	31	\$22,768.35
Neck	22	\$38,281.70

ACC Claims for Top 5 Injured Body Location since Jan 2019

Location	# of claims	\$ claimed
Knee	15	\$49,459.76
Lower back	13	\$24,783.71
Hand	12	\$2,215.38
Ankle	8	\$14,659.25
Hip, thigh	7	\$1,389.01





AT EMPLOYEE INJURIES TYPES OF HARM

ACC Claims for Types of Harm since Jan 2019

Location	Types of Harm	Mechanism of Harm
Knee	Slip, Trip & Fall, Assaults	Walking on the network, Public interactions
Lower back	Ergonomics, manual handlings, Slip, Trip & Fall	Chalking tyres, working at desk, working with vehicle, carrying bag, lifting & shifting, walking on the network
Hand	Assaults, Crush injuries, Ergonomics, Insect bites, Manual handling injury, Slip, Trip & fall	Public interactions, working on boat, repetitive work, lifting & shifting, working on vehicle, working with ladder, walking on the network
Ankle	Slip, Trip & Fall	Walking on network, working at desk
Hip, thigh	Hit by moving object, Manual Handling, Slip, Trip & Fall	Walking on network, changing tyres

Hot Spots for Injury since Jan 2019 Reported in Synergi

- Auckland City – Central, Newmarket, Waiheke, Downtown Carpark Building
- Auckland City Office - 20, Viaduct Harbour Avenue - Level 1
- Manukau City - Mangere East, 31 Wiri Station Rd
- North Shore City – Takapuna
- Waitakere City - Glen Eden Central
- Train Stations - Britomart Train Station





Focus Areas

1. Timely Reporting and Early Intervention:

- Synergi case registration, triaging & close out to be on time including review of violence & abuse time off (trauma leave)
- People leader competency to submit ACC work-related absence
- Work with Culture & Transformation and SAP team to verify LTI on time
- LTI investigation for supervisors and people leaders, with H&S input (e.g. implement LTI investigation processes, using Incident Causation Analysis Method)
- Review task analysis, hazard registers and controls, e.g. task rotation to eliminate repetitive tasks, elimination of critical risks.





Focus Areas

2. Facilitate our People to Recover:

- Establish Return to Work – Injury Management processes:
 - Improve accountability of people leaders on following injury management processes
 - Establish alternative duties across AT to support early return-to-work
 - Collaborate with PSA Union on injury management processes and health/wellbeing support initiatives
 - Develop trauma leave management processes around threats and aggression





3. Fit for work (Promoting Healthy Workforce)

- Review health surveillance and well-being programme needs amongst vulnerable employee groups, especially delivery, e.g. mental health, visual screening, weight, health checks
- Implement well-being initiatives, e.g. annual podiatry review, mental health programmes, muscular-skeletal yearly survey
- Implement injury prevention programmes, e.g. physio clinics, pre-shift stretching exercises
- Review pre-employment screening and employee selection processes
- Establish consistent medical provider for workplace injuries, e.g. Whitecross
- Cover surcharges for initial medical consultation for workplace injuries
- Cover surcharges for employee rehabilitation following workplace injury



Costs

Examples of costs associated with paying the surcharge of ACC claims, follow up appointments and providing wellness initiatives for our staff.

These are currently funded from the Health and Safety Budget.

Pre-Employment Screening

New Employee Pre-Employment Screening – approx. 30 per year	Cost per person	Yearly Total
Dr Steve Culpán - present	\$130	\$3,900
Auckland City Physiotherapy – new potential provider includes podiatry	\$160	\$4,800

ACC Medical Assessments – (workplace injuries, non-work or illness)

Care Facility Pricing	Doctor visits Approx.	Cost per Visit	Total
White Cross and follow ups	15 per month for 12 months= 180	\$15.00	\$2,700
ACC CO- Payments (if not Whitecross)	10 per month for 12 months =120	\$50.00	\$6,000
ACC CO- Payments (if not Whitecross)	Follow ups =60	\$33.00	\$1,980

ACC Physio checks – All Workers

Physiotherapy visits Approx.	Cost per Year
10 per month @ \$20 for 12 months	\$2400

Skin Checks – All Field Workers (eg harbour master, Transport Compliance Officer)

All outdoor employees	Cost per person	Yearly Total
157	\$85.00 – full body*	\$13,345
157	\$45.00 – head, neck, hands*	\$7,065
	*One or the other	

Melanoma Education (online tool)

Employees	Cost per year
All	\$1,500

Podiatrist Checks – All Beat workers (workers that do a lot of walking)

Amount of Beat employees	Cost per person	Annual Cost
238	\$90	\$21,420

Flu Injections – All Employees Pre-Covid-19

Total Employees SD	Cost per person	Annual Cost
599	\$27	\$16,173

Desk Ergonomic Assessments

Employees	Cost per Year
Virtual Self Assessments on-line	In-house
Ergonomic Champions Training	3 @ \$300.00
Occupational Therapist	In-house
<i>External Occupational Therapist</i>	<i>\$250.00 per hour - not a current cost</i>

Car Ergonomic Assessments

Employees	Cost per individual
Car Assessments for drivers	\$450.00 each
AA Driver assessments	\$100.00 each

Total cost of the above is around \$76,000 some of which is already carried out. It does not currently include costs associated with Car Ergonomic Assessments.