2017 Benchmarking Report

Summary of the findings

For the period 1 January 2017 to 31 December 2017, plus five-year trends

This report summarises information in the Forum’s full Benchmarking Report.

The full report includes detailed sector results. It is available to all participants who contribute their data to the benchmarking project.

If you would like to join the project and receive the full report please email: benchmarking@zeroharm.org.nz
Introduction

This report provides a summary of health and safety performance for Business Leaders’ Health and Safety Forum members participating in the benchmarking initiative. This is our sixth annual benchmarking report. It includes results for the 2017 calendar year and some trends for the five years from 2013 to 2017.

This benchmarking initiative was set up by members to help them identify and compare performance, to support decision-making and to track progress towards the Forum’s goals. Participating members can view their company and industry performance by logging on to the online reporting tool www.riskmanager.co.nz/benchmarking

76 members took part in benchmarking in 2017, up from 73 in 2016, providing data for 83 ‘entities’ within their businesses. The hours worked (sample size) for employees decreased slightly to 176.2 million hours, from 186.1 million in 2016. This equates to about 88,113 full-time employees.

Limitations on the data

This report largely focuses on injury rates, and these indicators have significant limitations. They are lag measures and do not reflect how well critical risks or health hazards are being managed. However, they do measure the acute harm caused by work. Capturing this information is recommended by international organisations such as the Global Reporting Initiative and the International Labour Organization.*

Analysis of the data suggests there is considerable under-reporting of some information. As a result, some injury indicators could be significantly higher than shown. For example, the actual Restricted Work Injury Frequency Rate could be three times the reported rate, and the severity rate could be more than double the reported rate. There was also considerable under-reporting of Near-miss data and First Aid Injuries. A significant fall in the All Injuries Frequency Rate was also partly due to several large employers not capturing this data.

This report is based on OSHA** definitions for reporting injury outcomes. All frequency rates are based on 200,000 hours worked.

Five-year trends for employees: 2013-2017

- **32% DECREASE** in total recordable injury frequency rate
- **3% DECREASE** in all injury frequency rate

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* ILO’s Code of Practice on Recording and Notification of Occupational Accidents and Diseases
** Occupational Safety and Health Administration (OSHA) is the United States health and safety agency.
57% REDUCTION
in the severity rate of lost time injuries

16% REDUCTION
in near-miss reporting frequency rate

2017 trends for employees

76 FORUM MEMBERS participated in the 2017 report

7 REPORTED ‘ZERO HARM’ (no employee recordable injuries)

5% FALL IN TRIFR to 3.13, from 3.29 in 2016

21% DECREASE in the LTI severity rate

23% FALL IN NEAR-MISS REPORTING to 21,135 from 28,931
Key results

Spike in fatalities in 2017
Unfortunately, 2017 was the worst year for fatalities since the benchmarking project began. Three employees and two contractors lost their lives while doing work for participants in the Benchmarking initiative. In the previous five years, two employees and four contractors died.

But injuries to employees fell and NZ tracking well against international comparison
By contrast the key injury indicator, Total Recordable Injury Frequency Rate (TRIFR), fell 5% for employees in 2017, to 3.13. There was also a 4% reduction in the Lost Time Injury Frequency Rate (LTIFR) for employees, to 1.48. In human terms, among participating members, about 3% of employees had an injury requiring medical treatment in 2017. There was a decline in the severity of injuries, with the Days Lost Frequency Rate reducing 21% to 9.4.

For an international comparison, the latest OSHA data (2016) from the United States has TRIFR at 2.9 for private industry, 3.7 for state government and 5.0 for local government.

Five-year trends for employees show mixed results
Positively, TRIFR for employees has fallen 32% since 2013. Lost time and Restricted work severity rates also decreased 57% and 53% respectively. However, there has been little change in the LTIFR and All Injury Frequency Rate (AIFR). The number of occupational illnesses rose from three in 2013 to 48 in 2017. But this rise likely represents improved reporting, rather than a change in performance.

We also analysed data from 45 members who have entered information for each of the last five years (2013-2017). This dataset removes variations caused by members joining or leaving the benchmarking initiative. It shows that these organisations achieved an average reduction of 28% in TRIFR and 8% in their AIFR. Meanwhile, their Near-miss Reporting Frequency Rate increased by 91%, suggesting an improving reporting culture.

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### Reported incident frequency rates – employees

<table>
<thead>
<tr>
<th>Measure (frequency rate)</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Annual change %</th>
<th>5-year change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total recordable injuries</td>
<td>4.58</td>
<td>3.93</td>
<td>4.53</td>
<td>3.29</td>
<td>3.13</td>
<td>-5%</td>
<td>-32%</td>
</tr>
<tr>
<td>Near-miss reports</td>
<td>28.60</td>
<td>29.15</td>
<td>39.30</td>
<td>31.09</td>
<td>23.99</td>
<td>-23%</td>
<td>-16%</td>
</tr>
<tr>
<td>First aid injury</td>
<td>6.61</td>
<td>4.49</td>
<td>6.67</td>
<td>12.78</td>
<td>7.75</td>
<td>-39%</td>
<td>17%</td>
</tr>
<tr>
<td>Medical treatment injury</td>
<td>2.35</td>
<td>2.12</td>
<td>2.50</td>
<td>1.42</td>
<td>1.23</td>
<td>-14%</td>
<td>-48%</td>
</tr>
<tr>
<td>Restricted work injury (RWI)</td>
<td>0.76</td>
<td>0.31</td>
<td>0.36</td>
<td>0.32</td>
<td>0.45</td>
<td>-39%</td>
<td>41%</td>
</tr>
<tr>
<td>Occupational illness</td>
<td>0.00</td>
<td>0.01</td>
<td>0.03</td>
<td>0.04</td>
<td>0.05</td>
<td>-49%</td>
<td>*</td>
</tr>
<tr>
<td>Lost time injury (LTI)</td>
<td>1.47</td>
<td>1.50</td>
<td>1.66</td>
<td>1.54</td>
<td>1.48</td>
<td>-4%</td>
<td>1%</td>
</tr>
<tr>
<td>All injuries</td>
<td>11.19</td>
<td>8.42</td>
<td>11.20</td>
<td>16.07</td>
<td>10.88</td>
<td>-32%</td>
<td>-3%</td>
</tr>
<tr>
<td>Days lost (LTI)</td>
<td>21.90</td>
<td>14.10</td>
<td>16.00</td>
<td>11.86</td>
<td>9.40</td>
<td>-21%</td>
<td>-57%</td>
</tr>
<tr>
<td>Days lost (RWI)</td>
<td>3.75</td>
<td>0.80</td>
<td>1.40</td>
<td>1.54</td>
<td>1.76</td>
<td>14%</td>
<td>-53%</td>
</tr>
</tbody>
</table>

Frequency rates based on 200,000 hours work.

### Reported incidents – employees

<table>
<thead>
<tr>
<th>Measure</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Annual change %</th>
<th>5-year change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total recordable injuries</td>
<td>3,279</td>
<td>2,842</td>
<td>2,802</td>
<td>3,060</td>
<td>2,756</td>
<td>-10%</td>
<td>-16%</td>
</tr>
<tr>
<td>Near-miss reports</td>
<td>20,488</td>
<td>21,101</td>
<td>24,336</td>
<td>28,931</td>
<td>21,135</td>
<td>-27%</td>
<td>3%</td>
</tr>
<tr>
<td>First aid injury</td>
<td>4,737</td>
<td>3,251</td>
<td>4,132</td>
<td>11,894</td>
<td>6,830</td>
<td>-43%</td>
<td>-44%</td>
</tr>
<tr>
<td>Medical treatment injury</td>
<td>1,685</td>
<td>1,549</td>
<td>1,549</td>
<td>1,325</td>
<td>1,082</td>
<td>-18%</td>
<td>-36%</td>
</tr>
<tr>
<td>Restricted work injury (RWI)</td>
<td>548</td>
<td>221</td>
<td>224</td>
<td>298</td>
<td>393</td>
<td>32%</td>
<td>-28%</td>
</tr>
<tr>
<td>Occupational illness</td>
<td>3</td>
<td>10</td>
<td>16</td>
<td>34</td>
<td>48</td>
<td>41%</td>
<td>*</td>
</tr>
<tr>
<td>Lost time injury (LTI)</td>
<td>1,055</td>
<td>1,084</td>
<td>1,027</td>
<td>1,436</td>
<td>1,304</td>
<td>-9%</td>
<td>24%</td>
</tr>
<tr>
<td>All injuries</td>
<td>8,016</td>
<td>6,093</td>
<td>6,933</td>
<td>14,954</td>
<td>9,586</td>
<td>-36%</td>
<td>20%</td>
</tr>
<tr>
<td>Days lost (LTI)</td>
<td>15,691</td>
<td>10,205</td>
<td>9,908</td>
<td>11,032</td>
<td>8,285</td>
<td>-25%</td>
<td>-47%</td>
</tr>
<tr>
<td>Days lost (RWI)</td>
<td>3,75</td>
<td>0.80</td>
<td>1.40</td>
<td>1.54</td>
<td>1.76</td>
<td>14%</td>
<td>-53%</td>
</tr>
</tbody>
</table>

* Results for Occupational Illness have been excluded as they are likely to represent improved reporting, rather than a change in performance.
Contractor injuries down in 2017

For contractors, TRIFR fell 11% to 1.95 in 2017. The AIFR declined 18% to 5.03. The LTI severity rate also decreased to 5.30. One negative trend was a 29% fall in the Near-miss reporting frequency rate to 103. However, this result was still much higher than the employee Near-miss rate of 24. The employee TRIFR and AIFR were also significantly higher than the rates reported for contractors. This suggests employees are reporting fewer near misses than contractors but are having more injuries.

32 members provided data for contractors in 2017 (31 in 2016), with just over 40.9 million hours worked. This was equivalent to 20,482 people working full-time for a year.

Four-year trends positive for contractors

We now have four-year’s worth of data for contractors and the trends across this period show a significant reduction in all measures. These include a 29% decline in TRIFR, 24% reduction in LTIFR, 26% fall in LTI Severity rate and AIFR down 49%.

### Contractor performance (past four years) compared with employee performance

<table>
<thead>
<tr>
<th>Measure (frequency rate)</th>
<th>Contractor 2014</th>
<th>Contractor 2015</th>
<th>Contractor 2016</th>
<th>Contractor 2017</th>
<th>Contractor annual change</th>
<th>Contractor 4 yr trend</th>
<th>Employee 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total recorded injuries</td>
<td>2.76</td>
<td>2.29</td>
<td>2.20</td>
<td>1.95</td>
<td>-11%</td>
<td>-29%</td>
<td>3.13</td>
</tr>
<tr>
<td>Near-miss</td>
<td>195.04</td>
<td>184.13</td>
<td>144.75</td>
<td>103.18</td>
<td>-29%</td>
<td>-47%</td>
<td>23.99</td>
</tr>
<tr>
<td>First aid</td>
<td>7.06</td>
<td>5.26</td>
<td>3.91</td>
<td>3.08</td>
<td>-21%</td>
<td>-56%</td>
<td>7.75</td>
</tr>
<tr>
<td>Medical treatment injury</td>
<td>1.14</td>
<td>0.92</td>
<td>0.96</td>
<td>0.83</td>
<td>-14%</td>
<td>-28%</td>
<td>1.23</td>
</tr>
<tr>
<td>Restricted work injury (RWI)</td>
<td>0.4</td>
<td>0.32</td>
<td>0.19</td>
<td>0.20</td>
<td>1%</td>
<td>-51%</td>
<td>0.45</td>
</tr>
<tr>
<td>Lost time injury (LTI)</td>
<td>1.21</td>
<td>1.05</td>
<td>1.04</td>
<td>0.92</td>
<td>-11%</td>
<td>-24%</td>
<td>1.48</td>
</tr>
<tr>
<td>All injuries</td>
<td>9.82</td>
<td>7.55</td>
<td>6.11</td>
<td>5.03</td>
<td>-18%</td>
<td>-49%</td>
<td>10.88</td>
</tr>
<tr>
<td>Days lost (LTI)</td>
<td>7.13</td>
<td>9.72</td>
<td>6.11</td>
<td>5.30</td>
<td>-13%</td>
<td>-26%</td>
<td>9.40</td>
</tr>
<tr>
<td>Days lost (RWI)</td>
<td>0.87</td>
<td>2.46</td>
<td>0.75</td>
<td>1.32</td>
<td>75%</td>
<td>52%</td>
<td>1.76</td>
</tr>
</tbody>
</table>

Definitions

- **Restricted work injury:** Where an injury prevents a return to work on normal duties for 1 day/shift or more
- **Lost time injury:** Where an injury prevents a return to work for 1 day/shift or more
- **Medical treatment injury:** Any significant work-related injury or illness diagnosed by a physician or other licensed health care professional. Includes managing and caring for a patient to combat a disease or disorder
- **Total recordable injury:** Total medical treatment injuries, restricted work injuries, lost time injuries and fatal injuries
- **First aid injury:** An injury requiring minor treatment
- **All injuries:** Total recordable injuries plus first aid injuries
- **Frequency rates** based on 200,000 hours worked

Forum results – total recordable injuries

Employee TRIFR continues to reduce

Overall, TRIFR has reduced by 32% since the 2013 figure of 4.58. The black line highlights the general downward trend over the past five years, with the exception of a spike in 2015. However, the decreases now appear to be levelling off, with a 5% reduction in TRIFR achieved in 2017.

Downward trend in injury rates for contractors

Contractor TRIFR has steadily decreased and the reported numbers indicate a very good level of performance.

Note the number of cases (grey bars) may increase while the frequency rate reduces, as the rate will depend on the number of hours worked over the rolling 12 month period.
Forum results – lost time injuries

Lost time injuries for employees – little change
Apart from an increase in 2015, LTIFR has remained reasonably constant over the five-year period and currently sits at 1.48. LTIFR captures reported injuries that resulted in at least one day being lost from work after the day of the injury or illness.

Downward trend in lost time injuries for contractors
There has been a reasonably consistent downward trend in LTIFR for contractors – down 24% over five years to 0.92.

Lost time injuries – Employees

Lost time injuries – Contractors
Contribute your data and receive the full report

This report summarises information in the Forum’s full Benchmarking Report. The full report includes detailed sector results, and information about the make-up of the overall results.

It is available to all Forum members who contribute their data to the benchmarking project.

We make this detailed information available to participants at no cost as a way of thanking them for contributing their information, and helping to ensure that the benchmarking project is successful.

If you would like to join the project and receive the full report please email: benchmarking@zeroharm.org.nz

About this report

This report uses information compiled by risk and safety consultancy Impac. Impac hosts the Forum’s online benchmarking tool that supports our benchmarking project, and participants can use it to get real-time information about their performance. Visit www.zeroharm.org.nz/resources/benchmarking for more information, including a link to the online tool and definitions.

Limitations on the data

This report may not reflect the level of risk of harm within participating businesses. Research has identified that the risk of serious and fatal harm does not necessarily drop with reductions in injury frequency rates, which generally only measure the frequency of less serious injury. The data may also be subject to errors relating to the way it is collected, classified and reported by member organisations and with collation of results. In particular, data quality is impacted by some participants not populating all measures or correctly applying the reporting definitions adopted by the Forum.

About the Forum

The Business Leaders’ Health and Safety Forum inspires and supports its members to become more effective leaders on health and safety. The Forum has nearly 350 members, who are CEOs or Managing Directors of significant New Zealand companies, or companies operating in high risk environments.