COMPENDIUM OF WHS AND WORKERS’ COMPENSATION STATISTICS

March 2015
6th Edition
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INTRODUCTION

Comcare was established as a body under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) and reports to the responsible Minister. Comcare administers both the Commonwealth’s statutory framework for rehabilitation and workers’ compensation under the SRC Act, and is the regulator under the Work Health Safety Act 2011 (Cth) (WHS Act).

The Comcare scheme is a national safety, rehabilitation and workers’ compensation system that covers the Australian Government, the Australian Capital Territory (ACT) Government and licensed self-insurers.

Comcare partners with workers, their employers and unions to keep workers healthy and safe and reduce the incidence and cost of workplace injury and disease. There are three outcomes that guide Comcare:

> Outcome 1: The protection of the health, safety and welfare at work of workers covered by the Comcare scheme through education, assurance and enforcement.
> Outcome 2: An early and safe return to work and access to compensation for injured workers covered by the Comcare scheme through working in partnership with employers to create best practice in rehabilitation and quick and accurate management of workers’ compensation claims.
> Outcome 3: Access to compensation for people with asbestos-related diseases where the Commonwealth has a liability through the management of claims.

Scheme performance information presented in this Compendium has been compiled from a variety of sources including workers’ compensation claims, WHS incident notifications, survey data and financial reports. Claims based data can be subject to development and performance information and may therefore be updated when reported in future editions of this Compendium.
2 HIGHLIGHTS

Over the five years to 30 June 2014, the Comcare scheme experienced:

> a 19 per cent reduction in the incidence of accepted claims
> a six per cent decrease in the number of full-time equivalent (FTE) employees covered by the SRC Act
> a five per cent decrease in the number of FTE employees covered by the WHS Act.

3 COVERAGE

Figure 3.1 provides an overview of the Comcare scheme and shows the differences in coverage between the SRC Act and the WHS Act.

The WHS Act covers premium payers, licensed self-insurers and the Australian Defence Force (ADF). Since 1 July 2004 ADF members have been covered for workers’ compensation by the Military Rehabilitation and Compensation Act 2004 (MRC Act).

The SRC Act covers Australian Government and ACT Government premium payers and licensed self insurers.

Figure 3.1 Legislative coverage of relevant Acts 2014

Commonwealth safety, rehabilitation and compensation scheme

5. ADF coverage estimated includes reservist and cadets on a FTE basis consistent with other coverage estimates as at 22 September 2014. Previously this component of the ADF had been included on a headcount basis. This change has resulted in a lower coverage estimate for this sector of Comcare’s WHS jurisdiction.
3.1 SRC ACT COVERAGE

The Comcare scheme covers a relatively small number of employers and employees (compared to state and territory schemes) with a large geographic span. This section summarises scheme demographics including industry classification, employer size and the geographical location of employers covered by the SRC Act.

Figure 3.2 shows the number of full time equivalent (FTE) employees covered by the SRC Act as at 30 June 2014.

The Comcare scheme includes all Australian and ACT Government premium payers and licensed self-insurers. Section 100 of the SRC Act enables the Minister for Employment to declare a corporation eligible to be granted a self-insurance licence if satisfied that the corporation:

a) is, but is about to cease to be, a Commonwealth authority; or
b) was previously a Commonwealth authority; or
c) is carrying on business in competition with a Commonwealth authority or with another corporation that was previously a Commonwealth authority.

As at 30 June 2014 there were 29 licensed self-insurers in the Comcare scheme with Colonial First State Property Management leaving the scheme in March 2014.

As at 30 June 2014, there were approximately 371,000 FTE employees covered by the SRC Act, which is approximately three per cent of all employed persons in Australia. There were 214,000 FTE employees from premium payers (including the ACT Government) and 157,000 from licensed self-insurers. This represents a six per cent decrease in the number of FTE employees covered by the SRC Act since 30 June 2010. As at 30 June 2014, licensed self-insurers accounted for around 40 per cent of total FTE employees covered by the SRC Act.

Figure 3.2 SRC Act coverage

![Chart showing SRC Act coverage from 2010 to 2014](chart.png)

Table 3.1 provides a breakdown of FTE employees covered under the SRC Act by ANZSIC\(^2\) industrial classification as a percentage of all Australian industry as at 30 June 2014.

The data shows that the SRC Act coverage is three per cent of all Australian industry. The highest proportion are employed in the ‘Information media and telecommunications’ industry (25.5 per cent) followed by those employed in the ‘Public administration and safety’ industry (18.8 per cent) and ‘Financial and insurance services’ industry (14.8 per cent).

### Table 3.1 SRC Act coverage as a percentage of Australian industry as at 30 June 2014

<table>
<thead>
<tr>
<th>Industry</th>
<th>Comcare scheme FTE at 30 June 2014</th>
<th>Australian and ACT Government '000</th>
<th>Licensed self-insurers '000</th>
<th>Comcare scheme '000</th>
<th>Australian industry FTE at November 2013 '000</th>
<th>Comcare as percentage of total industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information media and telecommunications</td>
<td>9.4</td>
<td>39.2</td>
<td>48.6</td>
<td>190</td>
<td>826</td>
<td>25.5%</td>
</tr>
<tr>
<td>Public administration and safety</td>
<td>154.2</td>
<td>0.7</td>
<td>154.9</td>
<td>826</td>
<td>18.8%</td>
<td></td>
</tr>
<tr>
<td>Financial and insurance services</td>
<td>3.3</td>
<td>55.6</td>
<td>58.9</td>
<td>397</td>
<td>14.8%</td>
<td></td>
</tr>
<tr>
<td>Transport, postal and warehousing</td>
<td>6.2</td>
<td>46.1</td>
<td>52.3</td>
<td>598</td>
<td>8.7%</td>
<td></td>
</tr>
<tr>
<td>Professional, scientific and technical services</td>
<td>16.5</td>
<td>0.2</td>
<td>16.7</td>
<td>880</td>
<td>1.9%</td>
<td></td>
</tr>
<tr>
<td>Education and training</td>
<td>11.1</td>
<td>0</td>
<td>11.1</td>
<td>908</td>
<td>1.2%</td>
<td></td>
</tr>
<tr>
<td>Health care and social assistance</td>
<td>9.9</td>
<td>0</td>
<td>9.9</td>
<td>1418</td>
<td>0.7%</td>
<td></td>
</tr>
<tr>
<td>Manufacturing</td>
<td>0.4</td>
<td>4.8</td>
<td>5.2</td>
<td>949</td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td>0</td>
<td>4.6</td>
<td>4.6</td>
<td>1027</td>
<td>0.4%</td>
<td></td>
</tr>
<tr>
<td>All other industries</td>
<td>2.9</td>
<td>5.3</td>
<td>8.2</td>
<td>4442</td>
<td>0.2%</td>
<td></td>
</tr>
<tr>
<td>All industries</td>
<td>214</td>
<td>157</td>
<td>371</td>
<td>11 636</td>
<td>3.2%</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
1. All other industries includes: Accommodation and food services, Administration and support services, Arts and recreation services, Electricity, gas, water and waste services, Other services, Rental, hiring and real estate services and Wholesale trade.
2. Australian industry FTE estimate includes ADF.
4. Totals may not sum from components due to rounding.

\(^2\) ANZSIC 2006—Australian & New Zealand Standard Industrial Classification (ANZSIC) 2006 (ABS cat no. 1292.0)
Table 3.2 shows the geographic distribution of employees covered by the SRC Act across all Australian states and territories as at 30 June 2014. Comcare has offices in each capital city (except Hobart and Darwin) and in Newcastle to service the needs of the scheme. Comcare officers travel to worksites across Australia and internationally as required conducting audits, inspections and investigations, providing training and advice and assisting in issue resolution.

Table 3.2  SRC Act coverage by location as at 30 June 2014

<table>
<thead>
<tr>
<th>State</th>
<th>Premium payers ('000)</th>
<th>Licensed self-insurers ('000)</th>
<th>Total ('000)</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>43.0</td>
<td>59.3</td>
<td>102.3</td>
<td>27.6</td>
</tr>
<tr>
<td>Victoria</td>
<td>34.3</td>
<td>52.2</td>
<td>86.5</td>
<td>23.3</td>
</tr>
<tr>
<td>Queensland</td>
<td>22.3</td>
<td>19.6</td>
<td>41.9</td>
<td>11.3</td>
</tr>
<tr>
<td>South Australia</td>
<td>12.2</td>
<td>7.9</td>
<td>20.2</td>
<td>5.4</td>
</tr>
<tr>
<td>Western Australia</td>
<td>9.3</td>
<td>12.0</td>
<td>21.2</td>
<td>5.7</td>
</tr>
<tr>
<td>Tasmania</td>
<td>4.0</td>
<td>2.3</td>
<td>6.2</td>
<td>1.7</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>24.9</td>
<td>1.2</td>
<td>26.1</td>
<td>7.0</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>64.5</td>
<td>2.3</td>
<td>66.7</td>
<td>18.0</td>
</tr>
<tr>
<td>Total</td>
<td>214</td>
<td>157</td>
<td>371</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note:
1. Totals may not sum from components due to rounding.

Table 3.3 provides a breakdown of employers covered by the SRC Act according to employer size (small, medium and large) as at 30 June 2014.

Approximately 99 per cent of employees from licensed self-insurers worked for large employers.

Table 3.3  SRC Act coverage by size as at 30 June 2014

<table>
<thead>
<tr>
<th>Employer size</th>
<th>Premium payers</th>
<th>Licensed self-insurers</th>
<th>Scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>% of total</td>
<td>Number</td>
</tr>
<tr>
<td>Small (less than 100 FTE employees)</td>
<td>Employers</td>
<td>73</td>
<td>35.4%</td>
</tr>
<tr>
<td></td>
<td>FTE employees</td>
<td>3000</td>
<td>1.4%</td>
</tr>
<tr>
<td>Medium (100 to 499 FTE employees)</td>
<td>Employers</td>
<td>69</td>
<td>33.5%</td>
</tr>
<tr>
<td></td>
<td>FTE employees</td>
<td>16 000</td>
<td>7.5%</td>
</tr>
<tr>
<td>Large (500 or more FTE employees)</td>
<td>Employers</td>
<td>64</td>
<td>31.1%</td>
</tr>
<tr>
<td></td>
<td>FTE employees</td>
<td>195 000</td>
<td>91.1%</td>
</tr>
<tr>
<td>All employers</td>
<td>Employers</td>
<td>206</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>FTE employees</td>
<td>214 000</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note:
1. Totals may not sum from components due to rounding.
3.2 WHS ACT COVERAGE

Figure 3.3 shows the total number of FTE employees covered by the *Occupational Health and Safety Act 1991* (OHS Act) and the WHS Act between 30 June 2010 and 30 June 2014.

Employers covered by the OHS and WHS Acts include the Australian Government premium payers, licensed self-insurers and the Australian Defence Force (ADF). Employers covered by the WHS Act pay an annual contribution for the regulatory, policy and advisory functions administered by Comcare.

As at 30 June 2014, approximately 418 000 FTE employees were covered under the WHS Act. This coverage consisted of 199 000 FTE employees from the Australian Government, 157 000 from licensed self-insurers, and 62 000 from the ADF, representing a five per cent decrease in the number of FTE employees covered since 30 June 2010.
Table 3.4 provides a breakdown of FTE employees covered under the WHS Act by ANZSIC\(^3\) industrial classification as a percentage of all Australian industry as at 30 June 2014.

The data shows that the Comcare scheme’s WHS jurisdiction covers four per cent of all Australian industry. The highest proportion being employed in the ‘Information media and telecommunications’ industry and the ‘Public administration and safety’ industry (each with 25.5 per cent) followed by those employed in the ‘Financial and insurance services’ industry (14.8 per cent).

Table 3.4  WHS Act coverage as a percentage of Australian industry as at 30 June 2014

<table>
<thead>
<tr>
<th>Industry</th>
<th>Comcare WHS Jurisdiction FTE at 30 June 2014</th>
<th>Australian Govt FTE(^*) '000</th>
<th>Licensed self-insurers '000</th>
<th>ADF '000</th>
<th>Comcare WHS Jurisdiction '000</th>
<th>Australian Industry FTE at November 2013 '000</th>
<th>Comcare as percentage of total industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public administration and safety</td>
<td>148.1</td>
<td>0.7</td>
<td>62</td>
<td>210.8</td>
<td>826</td>
<td>25.5%</td>
<td></td>
</tr>
<tr>
<td>Financial and insurance services</td>
<td>3.3</td>
<td>55.6</td>
<td>58.9</td>
<td>797</td>
<td>14.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport, postal and warehousing</td>
<td>6.2</td>
<td>46.1</td>
<td>52.3</td>
<td>598</td>
<td>8.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information media and telecommunications</td>
<td>9.4</td>
<td>39.2</td>
<td>48.6</td>
<td>190</td>
<td>25.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional, scientific and technical services</td>
<td>16.4</td>
<td>0.3</td>
<td>16.7</td>
<td>880</td>
<td>1.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manufacturing</td>
<td>5</td>
<td>4.9</td>
<td>9.9</td>
<td>949</td>
<td>1.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other industries</td>
<td>4.8</td>
<td>5.3</td>
<td>10.1</td>
<td>4 442</td>
<td>0.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td>0</td>
<td>4.7</td>
<td>4.7</td>
<td>1 027</td>
<td>0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and training</td>
<td>4.4</td>
<td>0.0</td>
<td>4.4</td>
<td>908</td>
<td>0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care and social assistance</td>
<td>1.7</td>
<td>0.0</td>
<td>1.7</td>
<td>1 418</td>
<td>0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All industries</td>
<td>199</td>
<td>157</td>
<td>62</td>
<td>418</td>
<td>3.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
1. All other industries includes: Accommodation and food services, Administration and support services, Arts and recreation services, Electricity, gas, water and waste services, Other services, Rental, hiring and real estate services and Wholesale trade.
2. Australian industry FTE estimate includes ADF.
3. ‘Totals may not sum from components due to rounding.
4. *Includes a small number of employees within prescribed Australian Government entities.
5. ADF coverage estimated includes reservist and cadets on a FTE basis consistent with other coverage estimates as at 22 September 2014. Previously this component of the ADF had been included on a headcount basis. This change has resulted in a lower coverage estimate for this sector of Comcare’s WHS jurisdiction.

\(^3\) ANZSIC 2006—Australian & New Zealand Standard Industrial Classification (ANZSIC) 2006 (ABS cat no. 1292.0)
4 WORKERS’ COMPENSATION AND WORK HEALTH AND SAFETY DATA

The data in this section is sourced from workers’ compensations claims lodged under the SRC Act and notifiable WHS incidents.

4.1 WORKERS’ COMPENSATION CLAIMS

Comcare maintains a data warehouse on behalf of the Safety, Rehabilitation and Compensation Commission (SRCC) which contains unit claims data supplied by licensed self-insurers and Comcare for all claims lodged under the SRC Act. The records include, but are not limited to, occurrence details, incapacity determinations, claim payments, medical, rehabilitation and disputation data. The data warehouse does not contain data for pre-2004 Defence Force claims managed by the Department of Veterans’ Affairs.

While total claim costs and estimates of outstanding liability are available for claims managed by Comcare, only actual claim payments are recorded for claims managed by licensed self-insurers. As a result, it is not possible to report aggregate scheme data relating to total claims costs within this Compendium.

4.1.1 Incidence of accepted claims

Figure 4.1 shows the incidence of claims accepted during the period 2009–10 to 2013–14 for premium payers, licensed self-insurers and for the overall scheme.

There has been a reduction of approximately 15 per cent in the incidence of claims accepted across the scheme since 2009–10. In the most recent period, the incidence of claims accepted by licensed self-insurers remained higher than that of the premium payers.

In 2013–14, licensed self-insurers accepted approximately 24 claims per 1000 FTE employees, compared to approximately 14 claims per 1000 FTE employees for premium payers.

Figure 4.1 Incidence of accepted claims
4.1.2 Claims by nature of injury

Figures 4.2, 4.3 and 4.4 show the incidence of claims accepted during the period 2009–10 to 2013–14 by condition claimed. Workers’ compensation claims are coded using the Type of Occurrence Classification System (TOOCS). See the glossary for more information.

An injury is generally the result of a single identifiable incident, such as tripping over a bin at work or having a heart attack, whilst a disease usually results from repeated or long-term exposure to an agent or event, such as repetitive typing or driving for long periods in a static position. Under the SRC Act, psychological conditions are determined using the disease provisions.

The scheme has observed a decrease in the incidence of injury claims but increases in both disease and psychological claims between 2009–10 and 2013–14.

Since 2009–10, premium payers have shown a decrease in injury claims but an increase in both disease and psychological claims, while licensed self-insurers show a decrease in all categories.

**Figure 4.2 Claims by nature of injury (premium payers)**

![Figure 4.2 Claims by nature of injury (premium payers)](image)

**Figure 4.3 Claims by nature of injury (licensed self-insurers)**

![Figure 4.3 Claims by nature of injury (licensed self-insurers)](image)
4.1.3 Claims by mechanism of incident

Figure 4.5 shows the percentage of claims by mechanism of incident for claims accepted during 2013–14 for both premium payers and licensed self-insurers. The mechanism of incident identifies the overall action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease.

Body stressing was the most prevalent mechanism of incident over the reporting period. During 2013–14 around half of all accepted claims for both premium payers and licensed self-insurers were due to body stressing. Falls, trips and slips also represented a significant proportion of claims, accounting for 19 per cent of both premium payers’ and licensed self-insurers’ claims. Being hit by moving objects accounted for nine per cent of premium payers’ and 11 per cent of licensed self-insurers’ claims.

Mental stress was a significant cause of claims for premium payers, accounting for 16 per cent of claims, compared to two per cent of claims for licensed self-insurers.
4.1.4 Time lost

Figure 4.6 shows the frequency of claims that first reached one day time lost during the period 2009–10 to 2013–14.

In 2013–14, the scheme recorded 6.6 claims with one day time lost per million hours worked—a similar result has been experienced since 2009–10. The higher frequency rate recorded by licensed self-insurers reflects, in part, differences in risk profile between premium payers and licensed self-insurers.

Figure 4.6 Frequency of claims with one day time lost

Figure 4.7 shows the incidence rate of claims that first reached one week time lost during the period 2009–10 to 2013–14.

Since 2009–10, the incidence rate of claims that reached one week time lost increased by seven per cent for premium payers and decreased by 11 per cent for licensed self-insurers.

Figure 4.7 Incidence of claims with one week time lost
4.2 WORKERS’ COMPENSATION CLAIM CHARACTERISTICS

Table 4.1 shows, for claims accepted during the period 2009–10 to 2013–14, a breakdown of total cost (cost to date plus estimated outstanding liability) by mechanism of incident. The data below covers premium payers only as total claim costs are not available for licensed self-insurers. It should be noted that the average total cost per claim is an estimate which may change as the claims mature.

During the period 2009–10 to 2013–14, body stressing injuries/diseases accounted for 46 per cent of all claims for premium payers and 34 per cent of total cost with an average total cost per claim of approximately $64 000. During 2013–14 body stressing injuries/diseases represented 45 per cent of claims and 38 per cent of total cost, with an average total cost per claim of approximately $129 000.

Between 2009–10 to 2013–14 mental stress claims accounted for 13 per cent of all claims, however these claims represented 43 per cent of total cost, with an average total cost per claim of approximately $291 000. During 2013–14, mental stress claims accounted for 16 per cent of all claims and 37 per cent of total claim costs, with an average total cost per claim of $342 000.

Table 4.1  Claims by mechanism of incident (premium payers)

<table>
<thead>
<tr>
<th>Mechanism of incident</th>
<th>% of all accepted claims</th>
<th>% of total claim costs*</th>
<th>Average total cost per claim ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009–10 to 2013–14**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body stressing</td>
<td>46%</td>
<td>34%</td>
<td>64 000</td>
</tr>
<tr>
<td>Falls, trips and slips</td>
<td>20%</td>
<td>11%</td>
<td>49 000</td>
</tr>
<tr>
<td>Mental stress</td>
<td>13%</td>
<td>43%</td>
<td>291 000</td>
</tr>
<tr>
<td>Hit by moving objects</td>
<td>8%</td>
<td>4%</td>
<td>46 000</td>
</tr>
<tr>
<td>Hitting objects with the body</td>
<td>4%</td>
<td>2%</td>
<td>33 000</td>
</tr>
<tr>
<td>Vehicle incidents and other</td>
<td>3%</td>
<td>3%</td>
<td>78 000</td>
</tr>
<tr>
<td>Sound and pressure</td>
<td>2%</td>
<td>Less than 1%</td>
<td>24 000</td>
</tr>
<tr>
<td>Chemicals and other substances</td>
<td>2%</td>
<td>3%</td>
<td>119 000</td>
</tr>
<tr>
<td>Heat, radiation and electricity</td>
<td>1%</td>
<td>Less than 1%</td>
<td>42 000</td>
</tr>
<tr>
<td>Biological factors</td>
<td>Less than 1%</td>
<td>Less than 1%</td>
<td>68 000</td>
</tr>
<tr>
<td>All mechanisms of incident</td>
<td>100%</td>
<td>100%</td>
<td>88 000</td>
</tr>
<tr>
<td>12 months to 30 June 2014**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body stressing</td>
<td>45%</td>
<td>38%</td>
<td>129 000</td>
</tr>
<tr>
<td>Falls, trips and slips</td>
<td>19%</td>
<td>13%</td>
<td>108 000</td>
</tr>
<tr>
<td>Mental stress</td>
<td>16%</td>
<td>37%</td>
<td>342 000</td>
</tr>
<tr>
<td>Hit by moving objects</td>
<td>9%</td>
<td>5%</td>
<td>92 000</td>
</tr>
<tr>
<td>Hitting objects with the body</td>
<td>3%</td>
<td>1%</td>
<td>56 000</td>
</tr>
<tr>
<td>Vehicle incidents and other</td>
<td>3%</td>
<td>3%</td>
<td>151 000</td>
</tr>
<tr>
<td>Sound and pressure</td>
<td>2%</td>
<td>Less than 1%</td>
<td>49 000</td>
</tr>
<tr>
<td>Chemicals and other substances</td>
<td>2%</td>
<td>Less than 1%</td>
<td>87 000</td>
</tr>
<tr>
<td>Heat, radiation and electricity</td>
<td>Less than 1%</td>
<td>Less than 1%</td>
<td>79 000</td>
</tr>
<tr>
<td>Biological factors</td>
<td>Less than 1%</td>
<td>Less than 1%</td>
<td>166 000</td>
</tr>
<tr>
<td>All mechanisms of incident</td>
<td>100%</td>
<td>100%</td>
<td>152 000</td>
</tr>
</tbody>
</table>

* Total cost is the cost to date plus estimated outstanding liability (estimated at May 2014).
** Year of initial determination.
Figure 4.8 shows the distribution of costs of claims for the three most common categories and all claims during 2009–10 to 2013–14.

> Six per cent of claims had a total cost of more than $500 000 with 33 per cent of these claims costing less than $5000.

> Twenty-two per cent of mental stress claims had a total cost of more than $500 000 while only seven per cent of these claims have a cost of less than $5000.

> Body stressing and falls, trips and slips of a person had approximately three per cent of claims with total cost greater than $500 000 and 31 and 40 per cent of claims with total costs less than $5000 respectively.

> These three categories of claim account for approximately three quarters of the total claims.
4.2.1 Body stressing

Figure 4.9 shows the incidence of body stressing claims accepted during the period 2009–10 to 2013–14. The data shows that the incidence of these claims across the scheme has reduced in the past three years, with the reduction most evident in workers’ compensation claims for licensed self-insurers.

**Figure 4.9 Incidence of body stressing claims**

![Incidence of body stressing claims chart](chart)

Figure 4.10 shows that since 2009–10, despite an increase in the average total cost* of accepted body stressing claims, the average total cost of these claims remained below that of all other claims. Latest estimates indicate that the average total cost of body stressing claims is approximately $129,000 per claim. The data below covers premium payers only as total claim costs are not available for licensed self-insurers.

**Figure 4.10 Average estimated total cost* of body stressing claims (premium payers)**

![Average estimated total cost chart](chart)

* Average total cost is the cost to date plus estimated outstanding liability (estimated at May 2014).
Figure 4.11 shows a breakdown, by mechanism of incident, of body stressing claims accepted during 2013–14 for both premium payers (1355 claims) and licensed self-insurers (1748 claims).

Significant differences in the mechanism of incident sub-groups for body stressing claims between premium payers and licensed self-insurers are apparent. Approximately 51 per cent of body stressing claims for premium payers were due to ‘repetitive movement with low muscle loading’ (which includes occupational overuse), with a further 24 per cent due to ‘muscular stress while lifting, carrying or putting down objects’. ‘Repetitive movement with low muscle loading’ was less significant for licensed self-insurers, with only 10 per cent of body stressing claims attributed to this cause. The predominant cause of body stressing claims for licensed self-insurers was ‘muscular stress while lifting, carrying or putting down objects’ accounting for 41 per cent with ‘muscular stress while handling objects (other than lifting, carrying or putting down)’ accounting for 35 per cent and ‘muscular stress with no objects being handled and ‘repetitive movement, low muscle loading’ both accounting for 14 and 10 per cent respectively of all body stressing claims for licensed self-insurers.

**Figure 4.11 Body stressing claims by mechanism of incident—Initially accepted in 2013–14**

Figure 4.12 shows a breakdown of body stressing claims accepted during 2013–14 by occupation group. ‘Clerical and administration’ workers accounted for the largest number of body stressing claims (approximately 46 per cent of all body stressing claims across the scheme). Licensed self-insurers also recorded a significant number of body stressing claims in the ‘machinery operators and drivers’, ‘technicians and trades workers’ and ‘labourers’ occupational groups.

**Figure 4.12 Body stressing claims by occupation—Initially accepted in 2013–14**
4.2.2 Mental stress

Figure 4.13 shows the incidence of mental stress claims accepted during the period 2009–10 to 2013–14.

During the period the incidence of mental stress claims across the scheme increased by 61 per cent, with an 88 per cent increase seen for premium payers and a 24 per cent decrease for licensed self-insurers. The incidence of mental stress claims has been consistently lower for licensed self-insurers than for premium payers in the scheme.

Figure 4.13 Incidence of mental stress claims

Figure 4.14 shows that during the reporting period the average total cost* of accepted mental stress claims remained high compared to all other claims. Latest estimates indicate that the average total cost of mental stress claims was approximately $342 000. The data below covers premium payers only as total claim costs are not available for licensed self-insurers.

Figure 4.14 Average total cost* of mental stress claims (premium payers)

* Average total cost is the cost to date plus estimated outstanding liability (estimated at May 2014).
Figure 4.15 shows a breakdown, by mechanism of incident, of the number of mental stress claims accepted during 2013–14 for both premium payers (496 claims in total) and licensed self-insurers (60 claims in total). This figure shows the similarities in the mechanism of incident sub-groups for mental stress claims between premium payers and licensed self-insurers.

For both premium payers and licensed self-insurers, the most significant sub-groups for mental stress claims were ‘work pressure’ and ‘work-related harassment and/or bullying’ (39 and 25 per cent of claims respectively).

Figure 4.15 Mental stress claims by mechanism of incident—Initially accepted in 2013–14

Figure 4.16 shows that licensed self-insurers, when compared to premium payers, had higher proportions of claims in the sub-groups of ‘exposure to workplace and/or occupational violence’ (17 per cent of claims compared to eight per cent respectively) and ‘exposure to traumatic event’ (17 per cent of claims compared to four per cent of claims respectively).

Figure 4.16 Proportion of mental stress claims by mechanism of incident—Initially accepted in 2013–14
Figure 4.17 shows the number of mental stress claims accepted during 2013–14 by occupation group. The largest number of claims for premium payers was for employees classified as ‘clerical and administration’ workers followed by ‘managers’, ‘professionals’ and ‘community and personal service workers’. The largest number of mental stress claims for licensed self-insurers was also for ‘clerical and administration’ workers with the second highest groups being ‘managers’ and ‘machinery operators and drivers’.

**Figure 4.17 Mental stress claims by occupation—Initially accepted in 2013–14**

[Bar chart showing the distribution of mental stress claims by occupation for premium payers and licensed self-insurers. The occupations are listed as follows, with the number of claims for each group indicated:]

- **Clerical and administrative workers**: 297 claims (Premium payers) and 94 claims (Licensed self-insurers)
- **Managers**: 94 claims (Premium payers)
- **Professionals**: 76 claims (Premium payers) and 52 claims (Licensed self-insurers)
- **Community and personal service workers**: 52 claims (Premium payers) and 17 claims (Licensed self-insurers)
- **Machinery operators/drivers**: 15 claims (Premium payers) and 3 claims (Licensed self-insurers)
- **Technical and trades workers**: 3 claims (Premium payers) and 2 claims (Licensed self-insurers)
- **Sales workers**: 2 claims (Premium payers) and 2 claims (Licensed self-insurers)
- **Labourers**: 1 claim (Premium payers) and 2 claims (Licensed self-insurers)
4.2.3 Claims by mechanism of incident and gender

Figures 4.18 and 4.19 show the distribution of claims accepted during 2013–14 by mechanism of incident and gender.

For premium payers, males accounted for approximately 37 per cent of all claims related to ‘falls, trips and slips’ and ‘body stressing’, while for licensed self-insurers, males accounted for approximately 76 per cent of claims related to ‘falls, trips and slips’ and ‘body stressing’.

The data presented in Figures 4.16 and 4.17 are actual claim numbers and do not take into account the relative proportion of male and female workers employed by premium payers and licensed self-insurers.

Note: The category ‘all other mechanisms of incidents’ includes ‘biological factors’, ‘sound and pressure’, ‘heat’, ‘electricity and other environmental factors’ and ‘chemicals and other substances’.

Figure 4.18 Claims by mechanism of incident—Initially accepted in 2013–14 (Males)

Figure 4.19 Claims by mechanism of incident—Initially accepted in 2013–14 (Females)
4.2.4 Claims by age group (premium payers)

Figure 4.20 shows the estimated incidence of claims accepted during the period 2009–10 to 2013–14 by age group. The data covers claims for the Australian and ACT Government premium payers only as age distribution data is not available for licensed self-insurers. The incidence rates shown below were estimated using age distribution data for the ACT Government and the Australian Public Service\(^4\) which accounts for approximately 82 per cent of workers employed within ACT Government and Australian Government premium payers.

The data shows a reduction in the incidence of claims for all age groups with the exception of the under 25s in 2013–14 from 2012–13. This 34 per cent increase can be attributed to a 22 per cent decrease in the number of employees in this category.

\(^4\) Australian Public Service Commission, Australian Public Service Employee Database internet interface (APSEDii)
4.2.5 Claims by mechanism of incident and age group (premium payers)

Figure 4.21 shows the estimated incidence of claims accepted during 2013–14 by mechanism of incident and age group. The data covers claims for Australian and ACT Government premium payers only as age distribution data is not available for licensed self-insurers. The incidence rates shown below were estimated using age distribution data for the ACT Government and the Australian Public Service which accounts for approximately 82 per cent of workers employed within Australian Government premium payers.

The data shows that the incidence of claims for ‘body stressing’ peaks for those workers aged 45 and over. The incidence of claims for ‘falls, trips and slips’ generally increases with age, and ‘mental stress’ is more prevalent within the under 25 age group.

Figure 4.21 Estimated incidence of claims with one week time lost by mechanism of incident and age group (premium payers)—2013–14

Note:
1. All Other category is a sub-total of biological factors, chemicals and other substances, heat, radiation and electricity, and sound and pressure.

5 Australian Public Service Commission, Australian Public Service Employee Database internet interface (APSEDii)
4.2.6 Average estimated total cost of claims by age (premium payers)

Figure 4.22 shows the average total cost* of claims accepted during 2013–14 by age group. The data covers claims for the Australian and ACT Government premium payers only.

The data indicates that the age groups 35–44 years and 45–54 have the highest average total cost of claims.

Figure 4.22 Average estimated total cost* of claims by age (premium payers)—2013–14

* Average total cost is the cost to date plus estimated outstanding liability (estimated at May 2014).
4.3 PREVENTION TARGETS

The Australian Work Health Safety Strategy 2012–2022 (Australian Strategy), implemented by Safe Work Australia (succeeds the previous National OHS Strategy (National Strategy)) and sets three National targets for a reduction of at least:

> 20 per cent in the number of worker fatalities due to injury
> 30 per cent in the incidence rate of claims resulting in one or more weeks off work
> 30 per cent in the incidence rate of claims for musculoskeletal disorders resulting in one or more weeks off work.

Comcare scheme targets based on the Australian Strategy were approved by the Safety, Rehabilitation and Compensation Commission and reviewed and implemented during 2013–14. The 2013–14 target for the incidence of claims resulting in one or more weeks off work has been set at 7.3.

4.3.1 Claims with one week time lost

Performance against both the Australian Strategy and previous National Strategy are based on the incidence of claims (excluding commuting claims) that first reached one week time lost during the period.

Figure 4.23 shows scheme performance against the National Strategy targets over a ten-year period. The scheme achieved a 27 per cent reduction between 2002 and 2012 with 8.3 claims per 1000 FTE employees. This was less than the target of 6.8 claims per 1000 FTE employees, a 40 per cent reduction over ten years under the previous National Strategy. Performance has reduced in 2013–14 to 7.5.

Figure 4.23 Claims with one week time lost (Australian Government premium payers and licensed self-insurers)
4.3.2 Deaths

The number of deaths reported in Table 4.2 is based on accepted claims lodged under the SRC Act (i.e. compensated deaths). Due to the different statutory definitions which apply to compensated deaths under the SRC Act, compared to notifiable deaths under the WHS Act, the number of compensated deaths reported may not correlate with the number of notified deaths in each year. For example, incidents resulting in bystander deaths are notifiable under the WHS Act, whereas compensated deaths only relate to employees under the SRC Act.

No compensable injury death claims were accepted by the scheme during 2013–14.

There were 11 compensable disease death claims accepted by the scheme in 2013–14. Premium payers reported 10 of these deaths and one was reported by licensed self-insurers.

Table 4.2 Compensated deaths (Australian Government premium payers and licensed self-insurers)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Australian Government premium payers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Disease</td>
<td>9</td>
<td>25</td>
<td>12</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td><strong>Licensed self-insurers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Disease</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Injury</td>
<td>10</td>
<td>27</td>
<td>18</td>
<td>27</td>
<td>11</td>
</tr>
<tr>
<td>Disease</td>
<td>10</td>
<td>27</td>
<td>18</td>
<td>27</td>
<td>11</td>
</tr>
</tbody>
</table>
4.4 NOTIFICATIONS OF WHS INCIDENTS

A person conducting a business or undertaking (PCBU) is required to notify Comcare of dangerous incidents that expose a person to a serious risk to that person’s health or safety, and incidents that result in a death, serious injury or illness of a person. For these incidents to be notifiable, they must have arisen out of the conduct of the PCBU’s business or undertaking. Dangerous incidents must also be attributed to a workplace. Since the introduction of the WHS Act from 1 January 2012, death, serious injury or illness and dangerous incident notifications relate to workers and third parties such as bystanders. Under the WHS Act, the term, ‘worker’, is broader than ‘employee’ and includes in addition to employees, contractors, subcontractors, employees of labour hire companies working for the PCBU, outworkers, apprentices, trainees and volunteers.

4.4.1 Notification incidence rate

Figure 4.24 shows the incidence of WHS notifications during the period 2009–10 to 2013–14, reported as a rate per 1000 FTE employees, with the exception of death notifications, which are reported per 100 000 FTE employees.

Compared to the 2009–10 outcome there was a 53 per cent overall decrease in the incidence of notifications for the scheme during 2013–14. This decrease was driven by a 56 per cent reduction in the incidence of serious personal injury notifications, some of which may be explained by moving to the WHS Act which has more defined reporting requirements.

Notifications for deaths increased in 2011–12 with the extended definition of ‘worker’. The notified deaths rate increased a further 52 per cent in 2013–14.

The majority of notifications over the five reporting periods related to dangerous incidents, which comprised approximately 67 per cent of all notifications during 2013–14 (excluding deaths).

Figure 4.24 Notifications incidence rate (scheme)
4.4.2 Notifications by mechanism of incident

Table 4.3 shows a breakdown of WHS incident notifications received by Comcare during 2013–14 by mechanism of incident. Overall, ‘being hit by moving objects’ accounted for 30 per cent of all notifications, followed by ‘heat, electricity and other environmental factors’ (21 per cent), ‘chemicals and other substances’ (18 per cent) and ‘falls, trips and slips of a person’ (10 per cent).

The largest number of notifications received by Comcare related to dangerous incidents, with 1186 notifications in total. Dangerous incidents are defined as incidents in relation to a workplace that expose a worker or any other person to a serious risk to a person’s health and safety. Of these, 33 per cent related to ‘being hit by moving objects’, 30 per cent related to ‘heat, electricity and other environmental factors’ and 24 per cent related to ‘chemicals and other substances’.

A serious injury or illness is defined as an injury or illness requiring the injured person to have immediate treatment as an in-patient in a hospital or medical treatment within 48 hours of exposure to a substance (see glossary and/or section 36 of the WHS Act for details). Approximately 24 per cent of serious injury or illness notifications related to ‘being hit by moving objects’ or ‘falls, trips and slips of a person’ and 18 per cent to ‘vehicle incidents and other’.

The number of notified deaths reported in this section is based on the number of notifications received under the WHS Act. Due to the different statutory definitions, the number of notified deaths reported may not correlate with the number of compensated deaths under the SRC Act in each year. For example, incidents resulting in bystander deaths are notifiable under the WHS Act but only employees are covered under the SRC Act.

### Table 4.3 Notifications by mechanism of incident (scheme)—2013–14

<table>
<thead>
<tr>
<th>Mechanism of incident</th>
<th>Death</th>
<th>Dangerous incident</th>
<th>Serious injury or illness</th>
<th>Total</th>
<th>% of all notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being hit by moving objects</td>
<td>15</td>
<td>387</td>
<td>139</td>
<td>541</td>
<td>30%</td>
</tr>
<tr>
<td>Heat, electricity and other environmental factors</td>
<td>1</td>
<td>354</td>
<td>24</td>
<td>379</td>
<td>21%</td>
</tr>
<tr>
<td>Chemicals and other substances</td>
<td>0</td>
<td>287</td>
<td>38</td>
<td>325</td>
<td>18%</td>
</tr>
<tr>
<td>Falls, trips and slips of a person</td>
<td>3</td>
<td>33</td>
<td>138</td>
<td>174</td>
<td>10%</td>
</tr>
<tr>
<td>Vehicle incidents and other</td>
<td>14</td>
<td>47</td>
<td>105</td>
<td>166</td>
<td>9%</td>
</tr>
<tr>
<td>Sound and pressure</td>
<td>0</td>
<td>54</td>
<td>5</td>
<td>59</td>
<td>3%</td>
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<tr>
<td>Biological factors</td>
<td>0</td>
<td>18</td>
<td>28</td>
<td>46</td>
<td>3%</td>
</tr>
<tr>
<td>Hitting objects with a part of the body</td>
<td>0</td>
<td>6</td>
<td>40</td>
<td>46</td>
<td>3%</td>
</tr>
<tr>
<td>Mental stress</td>
<td>9</td>
<td>0</td>
<td>36</td>
<td>45</td>
<td>2%</td>
</tr>
<tr>
<td>Body stressing</td>
<td>0</td>
<td>0</td>
<td>31</td>
<td>31</td>
<td>2%</td>
</tr>
<tr>
<td>All mechanisms of incident</td>
<td>42</td>
<td>1186</td>
<td>584</td>
<td>1812</td>
<td>100%</td>
</tr>
</tbody>
</table>
### 4.4.3 Notified worker fatalities

Table 4.4 shows a breakdown of worker fatalities notified to Comcare under the WHS Act.

Overall, there has been approximately a 43 percent decrease in the number of worker fatalities from 2009–10. Of the eight fatalities notified to Comcare, 50 per cent were from the ADF, 37.5 per cent from Australian Government premium payers and 12.5 per cent from licensed self-insurers.

This data excludes fatalities to third parties as well as those that are assessed by Comcare as not-notifiable. Prior to the implementation of the WHS Act on 1 January 2012, contractor fatalities were reported separately.

The number of notified deaths reported in this section is based on the number of notifications received under the WHS Act. Due to the different statutory definitions, the number of notified deaths reported may not correlate with the number of compensated deaths under the SRC Act in each year. For example, incidents resulting in some bystander deaths are notifiable under the WHS Act but not compensable under the SRC Act.

#### Table 4.4 Number of notified worker fatalities

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Australian Government premium payers</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker fatalities</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Contractor fatalities</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td></td>
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</tr>
<tr>
<td>Total fatalities</td>
<td>5</td>
<td>0</td>
<td>7</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Licensed self-insurers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker fatalities</td>
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<td>1</td>
<td>3</td>
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<td>5</td>
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<td>1</td>
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<td><strong>ADF</strong></td>
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</tr>
<tr>
<td>Worker fatalities</td>
<td>3</td>
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<td>2</td>
<td>3</td>
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</tr>
<tr>
<td>Contractor fatalities</td>
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<td>0</td>
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<tr>
<td>Total fatalities</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker fatalities</td>
<td>11</td>
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<td>8</td>
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<tr>
<td>Contractor fatalities</td>
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<td>6</td>
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<tr>
<td>Total fatalities</td>
<td>14</td>
<td>6</td>
<td>14</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

**Note:**
1. Reporting is impacted due to the introduction of the WHS Act on 1 January 2012. Contractors are considered workers and are not reported separately from that date.
5 WORKERS’ COMPENSATION CLAIMS MANAGEMENT

The Comcare workers’ compensation scheme is a ‘no fault’ scheme, with limited access to common law. This means that an injured employee does not have to prove negligence on behalf of the employer to be eligible to receive compensation for a work-related injury/disease. The scheme provides employees who have an accepted claim for work-related injury or illness access to:

> compensation for incapacity for 45 weeks at 100 per cent of their pre-injury salary and a reduced rate thereafter until age 65 (if injured after 63 years of age employees are entitled to a maximum of 104 weeks of compensation, 45 weeks at 100 per cent and then at a reduced rate thereafter)
> rehabilitation and return to work assistance from their rehabilitation authority (normally the employer)
> reasonable medical treatment
> lump sum payment for permanent impairment of at least 10 per cent
> death and funeral benefits for dependants and weekly benefits for dependent children.

5.1 PROCESS

Compensation is only payable under the SRC Act if the determining authority accepts liability for an employee’s injury or illness. The determining authority considers, but is not limited to, the following factors when determining liability:

> employment relationship—whether the injury arose out of or in the course of employment or, if a disease, the development of the condition was significantly contributed to by employment
> medical evidence
> exclusionary provisions—compensation is not payable where the condition:
  – was suffered as a result of reasonable administrative action taken in a reasonable manner in relation to the employee’s employment
  – was intentionally self-inflicted or resulted from unreasonable submission to an abnormal risk of injury
  – was a result of serious and wilful misconduct (unless the injury results in death or serious and permanent impairment)
  – occurred when commuting between home and usual place of work.
Figure 5.1 provides an overview of the determining authority claims lodgement and determination process. Note that this is an abridged version for general guidance purposes only.

**Figure 5.1  Broad scheme claim lodgement and determination process**

1. **Claim lodged**
2. **Is claim compliant?**
   - Yes: **Claim accepted**
   - No: **Further information sought**
3. **Did the injury or illness arise out of or in the course of, or significantly contributed to by the employee’s employment?**
   - Yes: **Rehabilitation and compensation**
   - No: **Claim rejected**

Note: This is an abridged version for general guidance purposes only.
The SRC Act provides a three-tiered review process:

1. **Internal review (reconsideration)** of the decision by the determining authority, by a party independent of the original decision.
2. **External merits review** of a determining authority’s reviewable decision, by the Administrative Appeals Tribunal (AAT).
3. **Judicial review** of the AAT’s decision, on a question of law, by the Federal Court or Federal Magistrates Court.

Employees or employers may choose to request a review if they are dissatisfied with a decision on a claim made by the determining authority. An employee may also request a review of a decision made by their rehabilitation authority (generally the employer).

The determining authority may also reconsider a matter of its ‘own motion’ where it considers the original determination was incorrect or if it receives information that changes its view of the original determination.

Once a reconsideration has been completed, that decision then becomes a ‘reviewable decision’ and either the employee or the employer may choose to apply to the AAT for an external review. Once the AAT has undertaken a merits review, the reviewable decision is either affirmed, revoked or varied.

Figure 5.2 provides an overview of the review and reconsideration process.

**Figure 5.2 Claim reconsideration and review process**
5.2 WORKERS’ COMPENSATION CLAIMS SUMMARY

5.2.1 Claims lodged

Figure 5.3 shows the incidence of claims lodged during the period 2009–10 to 2013–14. The data shows there has been a decrease of approximately 20 per cent in the incidence of claims across the scheme; the most recent period has seen a three per cent reduction.

Comcare premium payers experienced a five per cent decrease in the incidence of claims, from approximately 17 claims lodged per 1000 FTE employees during 2009–10 to approximately 16 claims per 1000 FTE employees during 2013–14.

The data shows that licensed self-insurers had a 30 per cent decrease in the incidence of claims, from approximately 40 claims per 1000 FTE employees during 2009–10 to 28 claims per 1000 FTE employees during 2013–14. Since 2009–10, the incidence of claims for licensed self-insurers has remained higher than that for premium paying employers.

Figure 5.3 Incidence of claims lodged
5.2.2 Claims determined

Figure 5.4 shows the number of claims determined per 1000 FTE during the period 2009–10 to 2013–14. The claims received pattern for the scheme outlined at 5.2.1 broadly mirrors the claims determined.

Figure 5.4 Incidence of claims determined

5.2.3 Determination timeframes

Table 5.1 shows the average time taken to determine new claims, from date of receipt by the determining authority, for all claims determined in the period 2009–10 to 2013–14. The data shows significant differences in the claim determination time between Comcare and licensed self-insurers.

Table 5.1 Average time (calendar days) to determine claims

<table>
<thead>
<tr>
<th>Nature of claim</th>
<th>Year of initial determination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comcare ( premium payers )</strong></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td>23</td>
</tr>
<tr>
<td>Disease (excluding psychological)</td>
<td>53</td>
</tr>
<tr>
<td>Psychological</td>
<td>117</td>
</tr>
<tr>
<td><strong>Licensed self-insurers</strong></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td>10</td>
</tr>
<tr>
<td>Disease (excluding psychological)</td>
<td>20</td>
</tr>
<tr>
<td>Psychological</td>
<td>29</td>
</tr>
<tr>
<td><strong>Scheme</strong></td>
<td></td>
</tr>
<tr>
<td>Injury</td>
<td>14</td>
</tr>
<tr>
<td>Disease (excluding psychological)</td>
<td>36</td>
</tr>
<tr>
<td>Psychological</td>
<td>88</td>
</tr>
</tbody>
</table>
Figure 5.5 shows the distribution of time taken to determine new claims, from date of receipt by the determining authority, for all claims determined in 2013–14. The data shows significant differences in the claim determination time depending on nature of injury.

Figure 5.5 Distribution of time (calendar days) to determine claims during 2013–14 (premium payers and licensed self-insurers)

5.2.4 Initial claims acceptance rate

Figure 5.6 shows the percentage of claims determined during the period 2009–10 to 2013–14 that were accepted. This includes claims that were accepted following reconsideration or review. This data is subject to development as claims may still be going through the review process.

As at 30 June 2014, 81 per cent of claims determined in 2013–14 were accepted. In the latest four years, licensed self-insurers and Comcare (i.e. for premium paying employers) have accepted a similar proportion of claims.

Figure 5.6 Initial claims acceptance rate
5.3 RECONSIDERATIONS

Table 5.2 provides data relating to requests for reconsideration decided during the period 2009–10 to 2013–14. The table also shows the percentage of determining authorities’ original decisions which were upheld following a request for reconsideration (affirmation rate).

There has been a five per cent increase in the number of reconsideration requests since 2009–10. The average time taken to decide requests for reconsideration has increased six per cent over the same period. The affirmation rate for both Comcare and licensed self-insurers remained relatively stable over the period 2009–10 to 2013–14.

Table 5.2 Requests for reconsiderations decided

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of requests decided</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comcare (premium payers)</td>
<td>1251</td>
<td>992</td>
<td>1061</td>
<td>1033</td>
<td>1319</td>
</tr>
<tr>
<td>Licensed self-insurers</td>
<td>982</td>
<td>1025</td>
<td>1005</td>
<td>1160</td>
<td>1216</td>
</tr>
<tr>
<td>Scheme</td>
<td>2233</td>
<td>2017</td>
<td>2066</td>
<td>2193</td>
<td>2535</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Injury</th>
<th>Disease (excluding psychological)</th>
<th>Psychological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comcare (premium payers)*</td>
<td>36</td>
<td>42</td>
<td>38</td>
</tr>
<tr>
<td>Licensed self-insurers</td>
<td>18</td>
<td>18</td>
<td>18</td>
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<tr>
<td>Scheme</td>
<td>26</td>
<td>33</td>
<td>32</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Injury</th>
<th>Disease (excluding psychological)</th>
<th>Psychological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affirmation rate at reconsideration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comcare (premium payers)</td>
<td>69%</td>
<td>70%</td>
<td>68%</td>
</tr>
<tr>
<td>Licensed self-insurers</td>
<td>80%</td>
<td>80%</td>
<td>78%</td>
</tr>
<tr>
<td>Scheme</td>
<td>74%</td>
<td>75%</td>
<td>73%</td>
</tr>
</tbody>
</table>

* Based on the number of calendar days from the date of commencement of the reconsideration to the decision date for a reviewable decision. A delay between receipt and commencement of a review may occur when the injured worker has indicated they will follow-up their request for reconsideration at a later date with further evidence (e.g. additional medical report) to support their claim.
5.4 AAT REVIEWS

Tables 5.3 and 5.4 show the number of AAT merits review applications finalised during 2012–13 and 2013–14 for premium payers and licensed self-insurers.

The data in Table 5.3 shows that the number of applications to the AAT that were finalised increased by 10 per cent for premium payers from 390 during 2012–13 to 430 during 2013–14. Fifty seven per cent of Comcare’s original decisions were affirmed without variation during 2013–14.

Table 5.3 Outcome of applications to the AAT (premium payers)*

<table>
<thead>
<tr>
<th>Outcome of applications</th>
<th>Number of applications finalised</th>
<th>Number of original decisions affirmed</th>
<th>Number of original decisions set aside or varied</th>
<th>Affirmation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications heard and determined by the Tribunal</td>
<td>80</td>
<td>50</td>
<td>30</td>
<td>63%</td>
</tr>
<tr>
<td>Applications finalised by consent</td>
<td>180</td>
<td>22</td>
<td>158</td>
<td>12%</td>
</tr>
<tr>
<td>Applications dismissed by consent</td>
<td>5</td>
<td>5</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Applications withdrawn by applicant</td>
<td>118</td>
<td>118</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Other applications dismissed, etc.</td>
<td>7</td>
<td>7</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Outcome of all applications</strong></td>
<td><strong>390</strong></td>
<td><strong>202</strong></td>
<td><strong>188</strong></td>
<td><strong>52%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome of applications</th>
<th>Number of applications finalised</th>
<th>Number of original decisions affirmed</th>
<th>Number of original decisions set aside or varied</th>
<th>Affirmation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications heard and determined by the Tribunal</td>
<td>92</td>
<td>68</td>
<td>24</td>
<td>74%</td>
</tr>
<tr>
<td>Applications finalised by consent</td>
<td>198</td>
<td>38</td>
<td>160</td>
<td>19%</td>
</tr>
<tr>
<td>Applications dismissed by consent</td>
<td>5</td>
<td>5</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Applications withdrawn by applicant</td>
<td>117</td>
<td>117</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Other applications dismissed, etc.</td>
<td>18</td>
<td>18</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Outcome of all applications</strong></td>
<td><strong>430</strong></td>
<td><strong>246</strong></td>
<td><strong>184</strong></td>
<td><strong>57%</strong></td>
</tr>
</tbody>
</table>

* Based on data supplied by the Administrative Appeals Tribunal
Table 5.4 shows the outcome of applications to the AAT for licensed self-insurers. The number of applications finalised increased by 14 per cent from 627 during 2012–13 to 715 during 2013–14.

Licensed self-insurers' original decisions were affirmed without variation in 76 per cent of cases during 2013–14.

<table>
<thead>
<tr>
<th>Outcome of applications</th>
<th>Number of applications finalised</th>
<th>Number of original decisions affirmed</th>
<th>Number of original decisions set aside or varied</th>
<th>Affirmation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications heard and determined by the Tribunal</td>
<td>51</td>
<td>36</td>
<td>15</td>
<td>71%</td>
</tr>
<tr>
<td>Applications finalised by consent</td>
<td>460</td>
<td>294</td>
<td>166</td>
<td>64%</td>
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<tr>
<td>Applications dismissed by consent</td>
<td>3</td>
<td>3</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Applications withdrawn by applicant</td>
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<td>98</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Other applications dismissed, etc.</td>
<td>15</td>
<td>15</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Outcome of all applications</td>
<td>627</td>
<td>446</td>
<td>181</td>
<td>71%</td>
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</tbody>
</table>

<table>
<thead>
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<th>Outcome of applications</th>
<th>Number of applications finalised</th>
<th>Number of original decisions affirmed</th>
<th>Number of original decisions set aside or varied</th>
<th>Affirmation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications heard and determined by the Tribunal</td>
<td>73</td>
<td>41</td>
<td>32</td>
<td>56%</td>
</tr>
<tr>
<td>Applications finalised by consent</td>
<td>484</td>
<td>342</td>
<td>142</td>
<td>71%</td>
</tr>
<tr>
<td>Applications dismissed by consent</td>
<td>3</td>
<td>3</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Applications withdrawn by applicant</td>
<td>138</td>
<td>138</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Other applications dismissed, etc.</td>
<td>17</td>
<td>17</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Outcome of all applications</td>
<td>715</td>
<td>541</td>
<td>174</td>
<td>76%</td>
</tr>
</tbody>
</table>

* Based on data supplied by the Administrative Appeals Tribunal
6 REHABILITATION AND RETURN TO WORK

A key objective of the Comcare scheme is the early and safe return to work of injured employees covered by the scheme. While employers are responsible for managing the rehabilitation and return to work of their injured or ill employees, Comcare provides support and advice to employers on how to manage their responsibilities.

Figure 6.1 sets out the general steps in the return to work process.

**Figure 6.1 Broad steps in the return to work process**

1. Supervisor becomes aware of injury and meets with the employee to discuss prevention of further injury and how the agency can support them to remain at or return to work.
2. Supervisor notifies case manager.
3. Supervisor, case manager, and employee discuss the injury and support needed from the agency.
4. Case manager decides if a workplace rehabilitation provider (WRP) should be engaged (s.36 SRC Act).
5. Case manager or WRP consult with the treating doctor.
6. Case manager decides if further assessment is needed (s.36 SRC Act).
7. **YES—assessment required**
   - Case manager refers to a WRP, legally qualified medical practitioner or panel for assessment.
   - Rehabilitation program developed to assist injured employee to return to work quickly and safely.
   - Case manager, employee, WRP, and doctor monitor and review implementation of rehabilitation program.
   - When employee returns to work, case manager may close the program.

    **NO—assessment not required**
    - Case manager initiates rehabilitation planning based on medical advice and in consultation with the employee and supervisor (s.37 SRC Act).
6.1 CLAIM DURATION

Figures 6.2 and 6.3 show the incidence of claims that first reached one, 12, 26 and 52 weeks lost time during the period 2009–10 to 2013–14 for premium payers and licensed self-insurers.

Premium payers experienced a slight increase in the incidence of claims across the lost time categories from 2009–10 to 2013–14.

Licensed self-insurers recorded an increase in lost time during the period 2009–10 to 2013–14 in all periods of lost time experienced with the exception of the one week category.

Figure 6.2 Incidence of claims with one week or more lost time (premium payers)

Figure 6.3 Incidence of claims with one week or more lost time (licensed self-insurers)
In the Comcare scheme, not all accepted claims have lost time. This varies according to the nature of injury, with only approximately 50 per cent of injury and physical disease claims having some lost time. For psychological claims the number is much higher with approximately 80 per cent having some lost time.

For claims with some lost time, the typical duration of incapacity varies depending on the nature of injury. Figure 6.2 illustrates that psychological injury claims continue on incapacity for longer periods than claims for injury or physical disease.

**Figure 6.4  Lost time to date survival—2009–10 to 2013–14 (Comcare scheme)**

![Lost time to date survival graph](image)
Table 6.1 shows the percentage of lost time claims accepted during the period 2009–10 to 2013–14 that reached selected incapacity durations. The data shows that claim durations for premium payers are longer than for licensed self-insurers. It should be noted that these figures may change as claims mature, in particular for the most recent reporting periods.

### Table 6.1 Lost time to date

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium payers—Injury</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted claims</td>
<td>1023</td>
<td>1014</td>
<td>1078</td>
<td>940</td>
<td>762</td>
</tr>
<tr>
<td>One week or more</td>
<td>71%</td>
<td>72%</td>
<td>76%</td>
<td>76%</td>
<td>77%</td>
</tr>
<tr>
<td>Six or more weeks</td>
<td>32%</td>
<td>36%</td>
<td>37%</td>
<td>39%</td>
<td>36%</td>
</tr>
<tr>
<td>12 or more weeks</td>
<td>21%</td>
<td>23%</td>
<td>23%</td>
<td>26%</td>
<td>22%</td>
</tr>
<tr>
<td>26 or more weeks</td>
<td>12%</td>
<td>14%</td>
<td>13%</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Premium payers—Disease</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted claims</td>
<td>1087</td>
<td>1284</td>
<td>1104</td>
<td>1129</td>
<td>906</td>
</tr>
<tr>
<td>One week or more</td>
<td>85%</td>
<td>88%</td>
<td>88%</td>
<td>90%</td>
<td>87%</td>
</tr>
<tr>
<td>Six or more weeks</td>
<td>53%</td>
<td>60%</td>
<td>62%</td>
<td>64%</td>
<td>58%</td>
</tr>
<tr>
<td>12 or more weeks</td>
<td>41%</td>
<td>45%</td>
<td>47%</td>
<td>49%</td>
<td>43%</td>
</tr>
<tr>
<td>26 or more weeks</td>
<td>29%</td>
<td>29%</td>
<td>33%</td>
<td>33%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Licensed self-insurers—Injury</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted claims</td>
<td>2078</td>
<td>1776</td>
<td>1730</td>
<td>1606</td>
<td>1483</td>
</tr>
<tr>
<td>One week or more</td>
<td>52%</td>
<td>56%</td>
<td>57%</td>
<td>57%</td>
<td>58%</td>
</tr>
<tr>
<td>Six or more weeks</td>
<td>20%</td>
<td>22%</td>
<td>25%</td>
<td>26%</td>
<td>22%</td>
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<td>12 or more weeks</td>
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<tr>
<td>26 or more weeks</td>
<td>6%</td>
<td>7%</td>
<td>8%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Licensed self-insurers—Disease</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepted claims</td>
<td>610</td>
<td>869</td>
<td>846</td>
<td>606</td>
<td>461</td>
</tr>
<tr>
<td>One week or more</td>
<td>73%</td>
<td>71%</td>
<td>71%</td>
<td>68%</td>
<td>67%</td>
</tr>
<tr>
<td>Six or more weeks</td>
<td>34%</td>
<td>32%</td>
<td>35%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>12 or more weeks</td>
<td>20%</td>
<td>18%</td>
<td>23%</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>26 or more weeks</td>
<td>12%</td>
<td>10%</td>
<td>12%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>
6.1.1 Median lost time—injury and disease

Figures 6.5 and 6.6 show the median duration of lost time to date for claims accepted during the period 2009–10 to 2013–14. This is based on lost time claims only (i.e. claims which have resulted in one day or more lost time from work). It should be noted that data for more recent periods is relatively immature and the median duration of accepted disease claims in particular is expected to increase.

For premium payers, the median duration of lost time to date for injury claims has increased from 2.6 weeks during 2009–10 to 3.4 weeks during 2013–14. For disease claims, the median duration of time lost has increased from 7.4 to 9.1 over the same period.

Figure 6.5 Median lost time (premium payers)

![Median lost time (premium payers)](image)

Figure 6.6 shows that during the period 2009–10 to 2013–14, the median duration of incapacity for licensed self-insurers’ claims was consistently lower than for premium payers.

Figure 6.6 Median lost time (licensed self-insurers)

![Median lost time (licensed self-insurers)](image)
6.1.2 Current return to work rate

Figure 6.7 shows the proportion of injured employees who had returned to work and were working seven to nine months after lodging their claim (current return to work rate). The return to work performance reported below is from the Safe Work Australia National Return to Work Survey which has replaced the National Return to Work Monitor previously published by the Heads of Workers’ Compensation Authorities.

This measure is equivalent to the previously reported ‘durable return to work rate’. From 2012–13, the current return to work estimate for licensed self-insurers has been derived from applying the ratio of the premium payers’ historic outcome to the outcome from the new method, this was then applied to the new figure reported for licensed self-insurers.

The return to work performance of both premium payers and licensed self-insurers has remained at a consistently high level over the five periods reported.

Noting that the return to work performance is based on a survey of injured workers, and may be influenced to some extent by the survey sample, these results show only minor differences in the performance of licensed self-insurers, where available or derived, compared to the premium payers.

The National Return to Work Survey, which excludes self-insurers, reported that Comcare’s 2013–14 current return to work rate for premium payers was 81 per cent and remains above the national average (77 per cent).

Figure 6.7 Current return to work rate

![Current return to work rate graph]

<table>
<thead>
<tr>
<th>Year of survey</th>
<th>Premium payers</th>
<th>Licensed self-insurers</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009–10</td>
<td>81%</td>
<td>86%</td>
<td>81%</td>
</tr>
<tr>
<td>2010–11</td>
<td>81%</td>
<td>88%</td>
<td>80%</td>
</tr>
<tr>
<td>2011–12</td>
<td>80%</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>2012–13</td>
<td>80%</td>
<td>79%</td>
<td>81%</td>
</tr>
<tr>
<td>2013–14</td>
<td>81%</td>
<td></td>
<td>89%</td>
</tr>
</tbody>
</table>

6 Safe Work Australia—National Return to Work Survey 2014
7 SCHEME REVENUE AND EXPENDITURE

7.1 REVENUE

The Comcare scheme revenue sources include a combination of premiums, licence fees and regulatory contributions under the SRC Act and the WHS Act. Premium payers pay a workers’ compensation premium and a regulatory contribution, while licensed self-insurers pay a licence fee.

Under the SRC Act, Comcare managed workers’ compensation liabilities of $3.2 billion and held assets of $2.3 billion (as at 30 June 2014) on behalf of Commonwealth premium payers.

Comcare does not manage such liabilities or hold assets for the self-insured component of the scheme, which has estimated workers’ compensation liabilities of $467 million (June 2014). Each licensed self-insurer is required to make provisions in its audited accounts for these liabilities. In addition, these liabilities are backed by bank guarantees of some $719 million as well as other prudential safeguards.

The revenue from premiums in 2013–14 was $411.1 million, compared to $341.7 million in 2012–13.

Table 7.1 Scheme revenue

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium revenue $M</td>
<td>212.8</td>
<td>221.4</td>
<td>271.3</td>
<td>341.7</td>
<td>411.1</td>
</tr>
<tr>
<td>Licence fee revenue $M</td>
<td>12.8</td>
<td>13.3</td>
<td>13.8</td>
<td>14.8</td>
<td>14.8</td>
</tr>
<tr>
<td>Government appropriations $M</td>
<td>120.2</td>
<td>572.8</td>
<td>338.2</td>
<td>56.9</td>
<td>69.7</td>
</tr>
<tr>
<td>Interest $M</td>
<td>15.6</td>
<td>19.6</td>
<td>21.0</td>
<td>21.4</td>
<td>21.7</td>
</tr>
<tr>
<td>Sales of goods and rendering of services $M (including regulatory contribution)</td>
<td>23.0</td>
<td>19.6</td>
<td>21.1</td>
<td>20.3</td>
<td>22.1</td>
</tr>
</tbody>
</table>

Note: Government appropriations in 2010–11 and 2011–12 have been adjusted to reflect additional revenue available to Comcare following a change in accounting policy on the provision for outstanding claims liabilities. Refer to 7.4.1 Outstanding claims liabilities for additional information.
7.2 PREMIUMS

Figure 7.1 shows the average premium rates for Australian Government employers and the ACT Government. Employers are financially accountable for the cost of work-related injury and disease through the payment of an annual premium. The premium rate that Comcare sets for each employer reflects that employer’s claim frequency and average claim cost as a percentage of their payroll.

In 2013–14 there was an increase in the average premium rate for premium payers in the Comcare scheme. Australian Government premium payers have seen an average increase of 20 per cent. Over the same period, the ACT Government experienced an increase of 14 per cent.

In addition, the CPM Report⁷ states that in 2013–14 the standardised Australian average premium rate was 1.52 per cent of payroll, with the Australian Government scheme recording the lowest standardised premium rate of all jurisdictions at 0.99 per cent of payroll.

Figure 7.1  Australian Government and ACT Government premium rates (including GST)

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⁷ Comparative Performance Monitoring Report (CPM Report), Sixteenth Edition, 2014 www.swa.gov.au. Note that these data are different from Comcare published rates due to the adjustments made to the data to enable more accurate jurisdictional comparisons.
7.3 SCHEME PAYMENTS

Figure 7.2 shows total payments made for workers’ compensation claims for the financial years 2009–10 to 2013–14. These figures include payments to injured workers and payments for medical, rehabilitation, legal and administrative costs.

The total payments for workers’ compensation claims in 2013–14 was $410.5 million, which represents an increase of approximately 25 per cent from 2009–10.

**Figure 7.2 Workers’ compensation expenditure**

![Bar chart showing total payments for workers’ compensation claims from 2010 to 2014.](chart)

7.3.1 Scheme claim payments by type

Figure 7.3 provides a breakdown of claim payments by payment type for the financial years 2009–10 to 2013–14.

**Figure 7.3 Workers’ compensation payments**

![Pie chart showing percentage of all payments by type for 2010 to 2014.](chart)

Note:
‘Other’ includes: Death benefits, lump sum payments and non-compensation payments such as general investigation and travel (excluding ambulance) costs.
7.4 PERFORMANCE

7.4.1 Outstanding claims liabilities

Table 7.2 shows the value of outstanding claims liabilities for the premium-funded scheme for the period 30 June 2010 to 30 June 2014.

In 2012–13 Comcare changed its accounting policy on the provision for outstanding claims liabilities. The change was made in response to recommendations from an internal financial framework review, which was supported by the 2013 review of the SRC Act by Mr Peter Hanks QC and Dr Allan Hawke AC. The change involves reporting claims provisions on the basis of the actuarial estimate at a 75 per cent probability of sufficiency instead of the central estimate (50 per cent probability of sufficiency).

In line with this change all previous years’ liability figures have been adjusted to enable comparability.

The liability estimates are provided by independent consulting actuaries.

The increase in liability reflects the changes in valuation assumptions to take account of the most recent claims experience and changing economic conditions.

Table 7.2 Outstanding claims liabilities (premium funded scheme)

<table>
<thead>
<tr>
<th></th>
<th>30 June 2010</th>
<th>30 June 2011</th>
<th>30 June 2012</th>
<th>30 June 2013</th>
<th>30 June 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium payers $M</td>
<td>1430</td>
<td>1695</td>
<td>2458</td>
<td>2658</td>
<td>2766</td>
</tr>
</tbody>
</table>

7.4.2 Funding ratio

Table 7.3 sets out the funding ratio of assets to net outstanding claim liabilities (at 75 per cent probability of sufficiency). The measure indicates Comcare’s ability to meet future claim payments from assets currently available.

Comcare’s funding ratio saw a modest increase in 2013–14. This improvement is the result of a concerted and ongoing effort to enhance its claims management practices and partnering with employers to improve return to work outcomes. The initial decline was due to a substantial increase in the value of total claim liabilities.

Table 7.3 Comcare funding ratio

<table>
<thead>
<tr>
<th></th>
<th>30 June 2010</th>
<th>30 June 2011</th>
<th>30 June 2012</th>
<th>30 June 2013</th>
<th>30 June 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding ratio</td>
<td>104%</td>
<td>91%</td>
<td>65%</td>
<td>64%</td>
<td>68%</td>
</tr>
</tbody>
</table>
8 DATA SOURCES AND RELATED INFORMATION

Workers’ compensation claims data presented in this report are extracted from the SRC Commission Data Warehouse using data as at 31 August 2014. The Commission Data Warehouse is maintained by Comcare and holds unit record claims information for all determining authorities covered under the SRC Act. This includes the Australian and ACT Governments and licenced self-insurers.

The Safety, Rehabilitation and Compensation and Other Legislation Amendment Act 2007 amended the provisions of the Safety, Rehabilitation and Compensation Act 1988 to remove coverage for injuries sustained during non-work related journeys. Therefore, injuries sustained while travelling to and from work are not included in this report.

Work health safety notification and notified fatalities data presented in this report are extracted from Comcare’s Regulatory Management System. The Regulatory Management System holds information on all notifiable incidents that result in death, serious injury or illness or dangerous incident.

Full-time equivalent (FTE) employee data are collected by Comcare from all Australian and ACT Government and licenced self-insurers. Australian Defence Force (ADF) FTE is obtained from the ADF Annual Report or directly from the Department of Defence.

Related data sources:

Comcare Annual Reports

List of current licenced self-insurers under the SRC Act

Safe Work Australia national jurisdictional data:

Safe Work Australia’s Comparative Performance Monitoring Report (CPM)

Comparison of Workers’ Compensation Arrangements in Australia and New Zealand

National Return to Work Survey—Headline Measures Report

Australian Bureau of Statistics data:

Employment and Earnings, Public Sector, Australia, 2013–14 #6248.0.55.002

Australian Labour Market Statistics #6105.0

Australian and New Zealand Standard Industrial Classification (ANZSIC), 2006

Type of Occurrence Classification System (TOOCS)

Australian Public Service Employment Database internet interface (APSEDii)
# 9 GLOSSARY/DEFINITIONS

<table>
<thead>
<tr>
<th>Term/Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAT</td>
<td>Administrative Appeals Tribunal, which can on request, review administrative decisions by most Australian and ACT Government departments and authorities. This includes reviewing reconsideration decisions made by Comcare. Either an employee or an employer may request a review of a decision.</td>
</tr>
<tr>
<td>Accepted claim</td>
<td>A claim for compensation where liability has been accepted under the SRC Act.</td>
</tr>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td>ADF</td>
<td>Australian Defence Force</td>
</tr>
<tr>
<td>Administrative Appeals Tribunal</td>
<td>See AAT</td>
</tr>
<tr>
<td>Affirmation rate (appeals)</td>
<td>The percentage of the AAT’s affirmation of a determining authority’s original decision following an appeal.</td>
</tr>
<tr>
<td>Affirmation rate (reconsiderations)</td>
<td>The percentage of the determining authority’s affirmation of its original decision following a reconsideration.</td>
</tr>
<tr>
<td>ANZSIC 2006</td>
<td>The industry in which an occupational injury or disease occurred is classified in accordance with the <em>Australian and New Zealand Standard Industrial Classification 2006</em> (ANZSIC) (cat no. 1292.0).</td>
</tr>
<tr>
<td>Average claim cost to date</td>
<td>Average cost per claim (for a defined period of time) as at a specified date.</td>
</tr>
<tr>
<td>Average lost time to date</td>
<td>Average amount of time lost accumulated per claim as at a specified date for a defined period of time.</td>
</tr>
<tr>
<td>Case manager</td>
<td>Responsible for workplace-based management of an injured employee’s return to work plan, including initiating, coordinating and monitoring the rehabilitation process. The employer is responsible for providing case managers, who are usually employees of the organisation.</td>
</tr>
<tr>
<td>Central estimate</td>
<td>An estimate of the liability for outstanding claims which is intended to be the expected value of the liabilities, with no margin for the uncertainty of the estimation.</td>
</tr>
<tr>
<td>Claim</td>
<td>Any compliant claim for compensation, for example, the initial liability claim, claim for payment of medical expenses, claim for impairment payments, claim for cost of services rendered or claim for incapacity benefits.</td>
</tr>
<tr>
<td>Claim received</td>
<td>A claim for compensation where liability has not yet been determined under the SRC Act.</td>
</tr>
<tr>
<td>Claims acceptance rate</td>
<td>Accepted claims expressed as a percentage of determined claims.</td>
</tr>
<tr>
<td>Claims management</td>
<td>The management of an injured person’s claim, including registration of a claim, decision making, benefit payment and return to work planning. For a claim lodged with Comcare, a Comcare employee manages the claim.</td>
</tr>
<tr>
<td>Comcare scheme</td>
<td>The Commonwealth work health and safety, rehabilitation and workers’ compensation scheme.</td>
</tr>
<tr>
<td>Commission</td>
<td>See Safety, Rehabilitation and Compensation Commission</td>
</tr>
<tr>
<td>CPM Report</td>
<td>Comparative Performance Monitoring report, which is produced annually and provides a comparison of work health and safety and workers’ compensation schemes in Australia and New Zealand.</td>
</tr>
<tr>
<td>Commuting</td>
<td>Travel to or from work as defined in section 6 of the SRC Act. This does not include travel associated with employment. That is where travel is part of an employee’s duties or where the cost of travel is met by the employer.</td>
</tr>
</tbody>
</table>
Dangerous incident
Under section 37 of the *Work Health and Safety Act 2011*, a ‘dangerous incident’ means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person’s health and safety.

Date of determination
The date upon which a decision was made regarding liability to pay a claim or to provide rehabilitation. For a new claim the date of determination means the date upon which the first decision was taken to either accept or deny liability.

Date of injury or date of disease
Date when medical treatment was first sought, or first resulted in incapacity or impairment (disease) as defined by section 7(4) of the SRC Act.

Date of receipt
Refers to the date on which the claim or request for reconsideration, being compliant with legislative requirements, was received in the area responsible for determining claims.

Determination
A decision regarding liability for compensation or rehabilitation under the SRC Act. For a new claim, determination means the initial decision regarding liability.

Determining authority
An entity with legislative responsibility to receive, determine and pay workers’ compensation claims under the SRC Act, namely:

> Comcare
> corporations or Commonwealth authorities holding a self-insurance licence
> the Military, Rehabilitation and Compensation Commission.

Disease claim
Workers’ compensation claim coded with a nature of injury of between 401 and 599, or 721 and 949, using the Type of Occurrence Classification System 3rd Edition.

Disease
From 13 April 2007 any ailment suffered by an employee, or the aggravation of such an ailment, that is contributed to, to a significant degree (previously ‘contributed to in a material degree’), by the employee’s employment. Disease is defined by the Nature of Injury classification in the Type of Occurrence Classification System 3rd Edition.

Frequency rate
The number of cases expressed as a rate per million hours worked by employees.

Full-time equivalent (FTE) employees
The total hours worked by all employees in the reporting period divided by the average/standard hours worked in full-time jobs.

HWCA
Heads of Workers’ Compensation Authorities

Impairment
The loss, the loss of use, or the damage or malfunction, of any bodily system or function or part of such system or function. A permanent impairment is one that is likely to continue indefinitely.

Incapacity
A diminished ability to engage in any work; or to engage in work at the same level at which he or she was engaged immediately before the injury happened.

Incapacity benefit
A payment made by a determining authority to compensate for a period of incapacity.

Incidence rate
The number of cases expressed as a rate per 1000 FTE employees. Incidence rates for deaths are expressed as a rate per 100,000 FTE employees.

Injury claim
Workers’ compensation claim coded with a nature of injury of between 101 and 399, or 951 and 999, using the Type of Occurrence Classification System 3rd Edition.

Injured worker
An employee who makes a claim for compensation benefits in accordance with the SRC Act.

Liability
The effect of a determination. Where liability is accepted a legal obligation is created to pay compensation under the SRC Act.
Licensed self-insurers: A Commonwealth authority or a corporation that is a holder of a licence under Part VIII of the SRC Act.

Mechanism of incident: Type of Occurrence Classification System classification that identifies the overall action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease.

Median: The median is a measure of central tendency of a sample and is the value for which one half (50 per cent) of the observations when ranked will lie above that value and one half will lie below that value.

MOI: See mechanism of incident

MRC Act: Military Rehabilitation and Compensation Act 2004

Non-commuting injury: An injury sustained other than when travelling to or from work, as defined in s. 6 of the SRC Act. This includes travel associated with employment. That is where the travel is part of an employee’s duties or where the cost of travel is met by the employer (see commuting).

Notifiable incident: Under section 35 of the Work Health and Safety Act 2011 a ‘notifiable incident’ means:

(a) the death of a person; or
(b) a serious injury or illness of a person; or
(c) a dangerous incident.

Occupational rehabilitation: A managed process involving early intervention with appropriate, adequate and timely services based on assessed needs, and which is aimed at maintaining injured or ill employees in, or returning them to, suitable employment.

Person Conducting Business or Undertaking (PCBU): A person who conducts the business or undertaking. This could be an individual undertaking or a business working with others. The definition of a PCBU focuses on the work arrangements and the relationships to carry out the work.

Premium: A contribution made to Comcare in respect of the estimated costs of an employer’s workers’ compensation costs for a given financial year. It is based on fully funded principles and is designed to be responsive to the employer’s claims experience.

Premium claim: Claim with a date of injury after the introduction of Comcare’s premium system on 1 July 1989. Also referred to as an ‘insured’ claim.

Premium rate: Rate expressed as a percentage of wage/salary dollar, which when multiplied by the estimate of wage/salary, will provide the premium payable by that employer.

Pre-premium claim: Claim with a date of injury prior to the introduction of Comcare’s premium system on 1 July 1989. These claims and the resultant expenditure may also be called ‘uninsured’.

Provider: Person or organisation providing medical, rehabilitation or health services in relation to a work-related injury or disease.

Psychological Disease claim: Workers’ compensation claim coded with a nature of injury of between 702 and 719 ‘Mental Diseases’ using the Type of Occurrence Classification System 3rd Edition

Reconsideration: An employee or employer, who is dissatisfied with a decision made by Comcare, may ask for that decision to be reviewed by an officer not involved in the making of the decision in question. The result of such a review is a reviewable decision.

Rehabilitation: See occupational rehabilitation

Return to work plan (RTWP): A document detailing an injured worker’s rehabilitation program including return to work objectives, timeframes, a breakdown of proposed services and costs.
**Reviewable decision**
The term used to describe a decision reconsidered by Comcare under s. 38 or s. 62 of the SRC Act. Only when there is a reviewable decision can there be an application to the AAT (see also reconsideration and AAT).

**Safe Work Australia**
Safe Work Australia was established by the Safe Work Australia Act 2008 with primary responsibility to lead the development of policy to improve work health and safety and workers’ compensation across Australia.

**Safety, Rehabilitation and Compensation Act 1988 (SRC Act)**
The legislation which established Comcare and defines how the workers’ compensation function is to be administered for the Australian Government or ACT Government and any corporation that is a holder of a licence under Part VIII of the SRC Act.

**Safety, Rehabilitation and Compensation Commission (SRCC or the Commission)**
Is responsible for issuing licences for self-insurance and claims management. It reports to the Minister for Employment and Workplace Relations.

**Scheme**
See Comcare scheme

**Serious injury or illness**
Under section 36 of the Work Health and Safety Act 2011, a ‘serious injury or illness’ of a person means an injury or illness requiring the person to have:

(a) immediate treatment as an in-patient in a hospital; or

(b) immediate treatment for:

(i) the amputation of any part of his or her body; or

(ii) a serious head injury; or

(iii) a serious eye injury; or

(iv) a serious burn; or

(v) the separation of his or her skin from an underlying tissue (such as degloving or scalping); or

(vi) a spinal injury; or

(vii) the loss of a bodily function; or

(viii) serious lacerations; or

(c) medical treatment within 48 hours of exposure to a substance;

and includes any other injury or illness prescribed by the regulations but does not include an illness or injury of a prescribed kind.

**SRC Act**
See Safety, Rehabilitation and Compensation Act 1988

**SRCC**
See Safety, Rehabilitation and Compensation Commission

**Time lost claims**
All accepted claims which have resulted in one day or more time lost from work.

**TOOCS**
See Type of Occurrence Classification System

**Type of Occurrence Classification System (TOOCS)**
Provides a system for coding the circumstances surrounding an injury/disease occurrence. Current classification system in use is the Type of Occurrence Classification System 3rd Edition—TOOCS 3.1.

**WHS Act**
Work Health and Safety Act 2011

**WHS Code 2011**
Work Health and Safety Approved Codes of Practice 2011

**Work Health and Safety Act 2011 (WHS Act)**
Provides a balanced and consistent framework to secure the health and safety of workers and workplaces for Australian Government departments and authorities, and licensed self-insurers.
Work-related
The incident arose out of the conduct of the employer's undertaking, or work performed by an employee in connection with the employer's undertaking.

Workers' compensation expenditure
Expenditure under the SRC Act. Includes expenditure on incapacity, medical and associated travel, rehabilitation costs, certain legal costs and other claim related expenses.

Workplace
A workplace under section 8 of the Work Health and Safety Act 2011, a 'workplace' is:
(1) A place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work.
(2) In this section, place includes:
> a vehicle, vessel, aircraft or other mobile structure; and
> any waters and any installation on land, on the bed of any waters or floating on any waters.

WRP
Workplace Rehabilitation Provider under the SRC Act. Employers may only engage rehabilitation providers that have been approved by Comcare. Rehabilitation providers assist the employer's case manager to identify medically suitable duties as part of the return to work plan.

Year of initial determination
Financial year in which liability is first accepted for a claim.