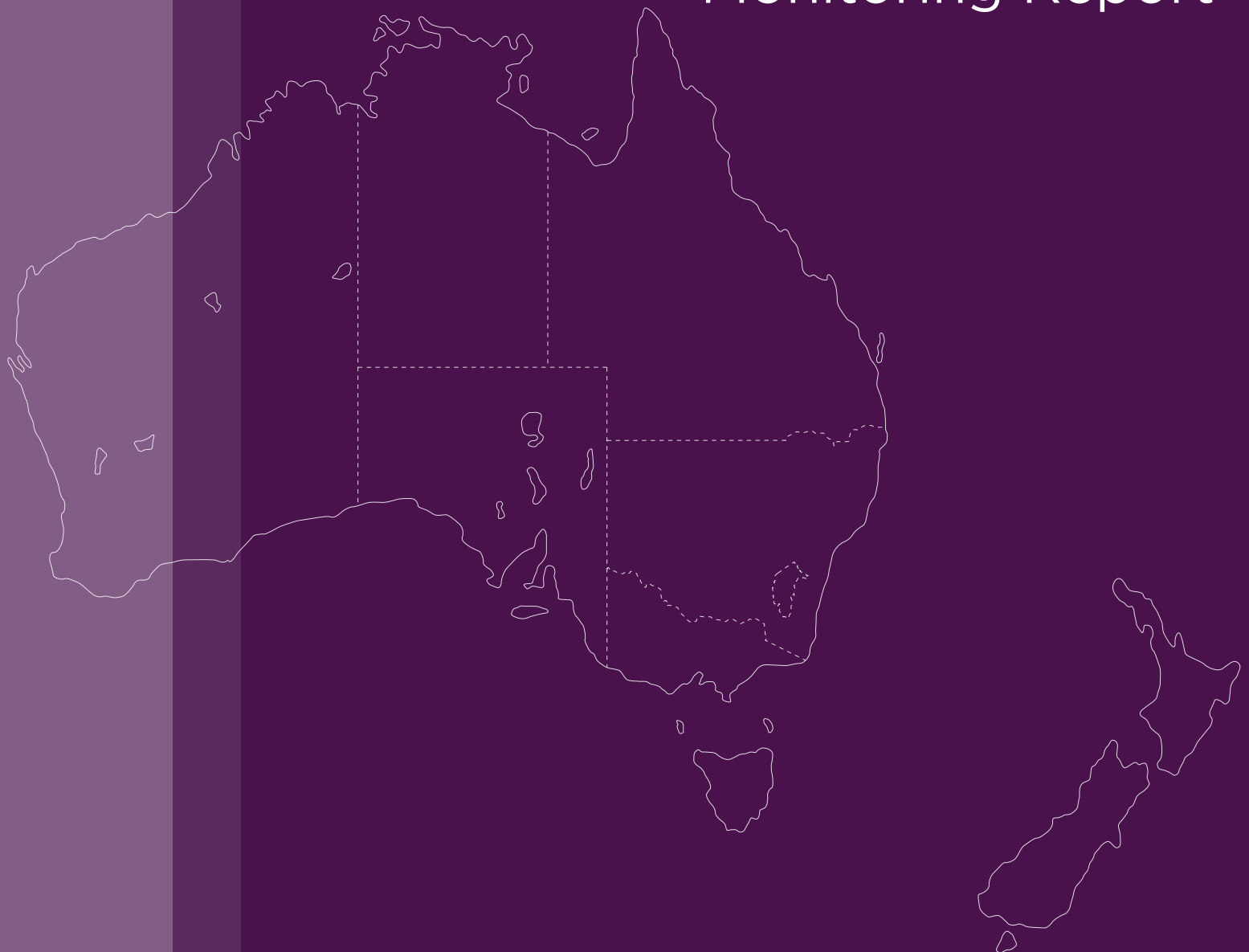




safe work australia

Comparative Performance Monitoring Report



**Comparison of work health and safety and workers'
compensation schemes in Australia and New Zealand**

17th Edition

SAFE WORK AUSTRALIA

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workers' compensation schemes
in Australia and New Zealand

Seventeenth Edition
October 2015

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Important Notice

Safe Work Australia provides the information given in this document to improve public access to information about work health and safety information generally. The vision of Safe Work Australia is Australian workplaces free from injury and disease. Its mission is to lead and coordinate national efforts to prevent workplace death, injury and disease in Australia.

Foreword

The Labour Ministers' Council released the first Comparative Performance Monitoring (CPM) report in December 1998. The CPM project was transferred to Safe Work Australia when it was established in 2009. The CPM reports provide trend analysis on the work health and safety and workers' compensation schemes operating in Australia and New Zealand. This is the 17th annual report of the CPM project.

The CPM is complemented by the [Australian Workers' Compensation Statistics](#) report, which provides more detailed analysis of national workers' compensation data using key variables such as occupation, industry, age and sex with supporting information on the circumstances surrounding work-related injury and disease occurrences. The CPM is also complemented by the [Comparison of Workers' Compensation Arrangements in Australia and New Zealand](#), which discusses the way that each scheme deals with key aspects such as coverage, benefits, self-insurance, common law and dispute resolution. The publications can be found at the Safe Work Australia website.

Statement of purpose

The purpose of the CPM is to provide measurable information to support policy making and program development by governments on work health and safety and workers' compensation in order to meet the goal of Australian and New Zealand workplaces being free from injury and disease and to enable durable return to work and rehabilitation for injured and ill workers. The information should provide:

- (a) measurement of progress against national strategies
- (b) identification of factors contributing to improved work health and safety and workers' compensation performance (which includes consideration of resources), and
- (c) measurement of changes in work health and safety and workers' compensation over time, including benchmarking where appropriate.

A strategic review of this report commenced in July 2015. This review became warranted following the substantial changes to the workers' compensation and work health and safety arrangements in Australia over recent years plus the endorsement of the 2012–22 Australian Work Health and Safety Strategy (Australian Strategy) including new targets.

The current Review is to examine the report's underlying approach, methodology, current content and indicator framework to ensure it is meeting current and any anticipated needs of jurisdictions, unions, industry and other stakeholders. Further, the Review will explore whether there are opportunities to enhance or improve the reporting methodology and its indicator framework. Outcomes of the review will be implemented in the development of the 18th edition of the Report to be published in 2016.

Data

The data used in this report were most recently supplied by jurisdictions for the 2013–14 financial year plus updates back to 2008–09. Readers should be aware that the data presented here may differ from jurisdictional annual reports due to the use of different definitions and the application of adjustment factors to aid the comparability of data. Explanatory commentary on the data items is contained within each chapter with additional information included in Appendix 1 - Explanatory Notes, at the end of this publication.

The data in this report were collected from:

- workers' compensation schemes and work health and safety authorities as follows:
 - New South Wales — WorkCover New South Wales
 - Victoria — Worksafe Victoria
 - Queensland — Workplace Health and Safety Queensland, Office of Industrial Relations-Queensland Treasury, Queensland Workers' Compensation Regulator and WorkCover Queensland
 - Western Australia — WorkCover Western Australia and WorkSafe Division, Department of Commerce
 - South Australia — Return to Work South Australia (RTWSA) and SafeWork SA
 - Tasmania — WorkSafe Tasmania and WorkCover Tasmania
 - Northern Territory — NT WorkSafe and Department of Justice
 - Australian Capital Territory — WorkSafe ACT and the Office of Regulatory Services within the Justice and Community Safety Directorate
 - Australian Government — Comcare
 - Seacare — Seacare Authority (Seafarers Safety, Rehabilitation and Compensation Authority), and
 - New Zealand — Accident Rehabilitation and Compensation Insurance Corporation and New Zealand Department of Labour
- the Return to Work Survey that replaced the Return to Work Monitor previously published by the Heads of Workers' Compensation Authorities. The full results of which can be accessed at swa.gov.au.
- The Australian Bureau of Statistics (ABS) provides estimates of the number of employees and hours worked based on the Labour Force Survey, the Survey of Employment and Earnings and data provided by Comcare. Further adjustments are performed using data from the Census, the Forms of Employment Survey and the Survey of Employment Arrangements, Retirement and Superannuation.

There are three changes that have been implemented in this report:

- (a) Indicator 9 is modified to report on number and incidence rate of traumatic injury fatalities occurring not on public roads by state of death.
- (c) The definition of a serious claim has been revised to align with the Australian Work Health and Safety Strategy 2012-2022.
- (d) The number of Enforceable undertakings by jurisdiction has been included in Indicator 13.

Coordination

This report has been compiled and coordinated by Safe Work Australia with assistance from representatives of all work health and safety and workers' compensation authorities in Australia and New Zealand.

Through a partnership of governments, employers and employees, Safe Work Australia leads the development of national policy to improve work health and safety and workers' compensation arrangements across Australia.

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Summary of findings

Performance against the Australian Work Health and Safety Strategy (Australian Strategy) 2012–2022

The reduction in the incidence rate of serious claims between the base period (2009–10 to 2011–12) and 2013–14 was 20%. This decrease was more than three times the interim rate of 6% improvement required to meet the target of a 30% reduction in the incidence rate of serious claims by 30 June 2022.

There was a 20% decrease in the national rate of Musculoskeletal claims between the base period (2009–10 to 2011–12) and 2013–14; more than three times the interim rate of 6% improvement required to meet the target of a 30% reduction in the incidence rate of Musculoskeletal claims by 30 June 2022.

The number of traumatic injury fatalities has continued to fall against a backdrop of increasing employment. This has resulted in a 24% improvement in the incidence of traumatic injury fatalities from the base period (2007 to 2010) to 2014; six times greater than the required improvement of 4% reduction in 2014. This result is even greater than the national target of 20% improvement by 30 June 2022. However, the volatility in this measure means that consistent improvement is still required to ensure the target is achieved.

Work health and safety performance

Over the past four years the incidence rate of serious injury and disease claims has fallen 12% from 12.4 claims per 1000 employees in 2009–10 to 11.0 in 2012–13. The preliminary data for 2013–14 indicates a further fall is most likely. While the preliminary incidence rate is 9.8, it is expected to rise by around 2–3% when the liability on all claims submitted in 2013–14 is determined.

The preliminary data also show that compensation has been paid for 151 worker fatalities in 2013–14 of which 114 involved injury and 37 were the result of work-related diseases. It is expected that this number will rise slightly when all claims are processed. The number of compensated fatalities decreased 20% from 281 in 2009–10 to 197 in 2012–13. These numbers are an under count as not all work-related fatalities are compensated. The Traumatic Injury Fatalities database compiled by Safe Work Australia shows that 213 workers died of injuries in 2012–13 which is close to one and a half times higher than the 147 injury fatalities recorded in the compensation system for the same period.

The preliminary workers' compensation claims data for New Zealand indicate that in 2013–14 the incidence rate of serious injury and disease claims was 10.8 claims per 1000 employees. New Zealand recorded a 6% decrease in incidence rates from 2009–10 to 2012–13.

There were 64 compensated fatalities in New Zealand in 2013–14. New Zealand recorded a 31% drop in the number of compensated fatalities from 130 in 2009–10 to 94 in 2012–13. The number of fatalities in 2010–11 was unusually high because of the Pike River disaster and the Christchurch earthquake, which together accounted for 84 deaths.

In Australia *Body stressing* continued to be the mechanism of injury/disease that accounted for the greatest proportion of claims (41%) although the number of claims due to this mechanism has decreased by 17% since 2009–10.

The highest incidence rate of serious injury and disease claims was recorded in the Agriculture, forestry & fishing industry and Transport, postal & warehousing industry (17.4 serious claims per 1000 employees) followed by Manufacturing (15.0),

Construction (14.7) and the Health care & social services industry (12.5).

In 2013–14 close to 204 500 workplace interventions were undertaken by work health and safety authorities around Australia. Australian jurisdictions issued 44 449 notices, 278 legal proceedings against businesses were finalised and \$10.0 million in fines were issued by the courts.

Workers' compensation scheme performance

The Australian standardised average premium rate fell 4% from 1.55% of payroll in 2009–10 to 1.48% of payroll in 2013–14. All Australian jurisdictions with the exception of Queensland, the Australian Government, Tasmania and the Northern Territory recorded falls in premium rates over this period. Comcare scheme recorded the lowest premium rate of all jurisdictions at 1.19% of payroll in 2013–14 while the Seacare scheme recorded the highest at 2.71%.

The New Zealand standardised average premium rate was 0.68% of payroll in the financial year 2013–14, a 28% decrease since 2009–10. The New Zealand rate remains lower than the Australian rate. One reason for the lower rate in New Zealand is that it does not provide the same level of coverage for mental disorders that Australian schemes provide.

The Australian average funding ratio for centrally funded schemes increased 12% from 112% in 2012–13 to 125% in 2013–14. All centrally funded schemes recorded increases in their funding ratios compared to the previous year. Comcare's funding ratio recorded 5% increase in 2013–14 after declining in 2011–12 due to a substantial increase in the valuation of claim liabilities.

The average funding ratio for privately underwritten schemes increased by 16% from 97% in 2012–13 to 113% in 2013–14. Tasmania recorded an increase (up 22%) from the previous year increasing from 105% to 128%. The Northern Territory also recorded an increase in their funding ratio (up 9%) from 91% 2012–13 to 99% in 2013–14. However Western Australia recorded a slight drop (down 2%) in their funding ratio compared to the previous year.

In 2013–14 Australian workers' compensation schemes made total payments of \$8.258 billion of which 53% was paid directly to the injured worker as compensation for their injury or illness and 23% was spent on medical and other services costs. Insurance operations expenses made up 19% of the total expenditure by schemes, higher (up 6%) than the percentage recorded in 2009–10. Regulation costs made up 1.5% of total scheme expenditure, while dispute resolution expenses accounted for 1.0% and other administration expenses accounted for 2.0%.

The 2013–14 Current Return to Work rate (equivalent to the Durable Return to Work rate reported in earlier CPM reports), was 77%. This is the same as seen in 2012–13. South Australia recorded the same Current Return to Work rate as in the previous year, while New South Wales, Victoria and Tasmania recorded decreases and the rest of jurisdictions recorded increases.

The rate of disputation on claims decreased to 5.4% of all claims lodged in 2013–14 compared to 6.6% in 2012–13. The percentage of disputes resolved within one month increased (up 7%) while the percentage of disputes resolved within 3, 6, and 9 months decreased between 2009–10 and 2013–14.

Chapter 1 – Progress against the Australian Strategy

The Australian Strategy 2012–2022 was launched in October 2012. The Australian Strategy builds on the work of the National OHS Strategy 2002–2012 and provides a framework to drive improvements in work health and safety (WHS) in Australia. It promotes a collaborative approach between the Commonwealth, state and territory governments, industry and unions and other organisations to achieve the vision of healthy, safe and productive working lives.

The Australian Strategy sets four outcomes to be achieved by 2022:

- reduced incidence of work-related death, injury and illness, achieved by
- reduced exposure to hazards and risks using
- improved hazard controls and supported by
- an improved work health and safety infrastructure.

The Australian Strategy sets three targets to measure the progress towards achieving the vision by 2022:

- a reduction of at least 20 per cent in the number of worker fatalities due to injury
- a reduction of at least 30 per cent in the incidence rate of claims resulting in one or more weeks off work, and
- a reduction of at least 30 per cent in the incidence rate of claims for musculoskeletal disorders resulting in one or more weeks off work.

This report presents the first data on progress against targets in the Australian Strategy.

Achievements against the national targets for fatality are measured using the Traumatic Injury Fatality database while the National Data Set for Compensation-based Statistics (NDS) is the source to measure achievements against the national targets in the incidence rate of serious claims and of claims for musculoskeletal disorders resulting in one or more weeks off work.

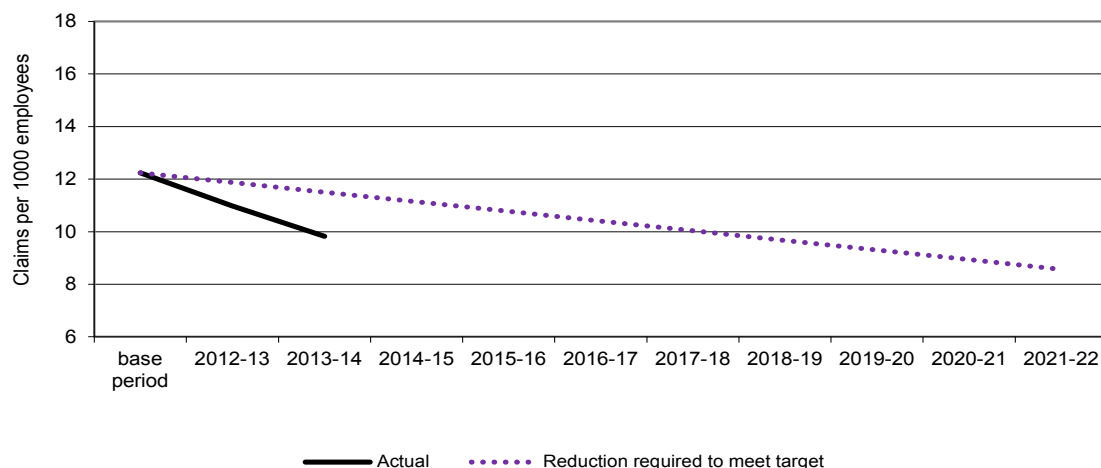
A new standard definition of ‘serious claims’ has been used for analysis to enable greater comparability between jurisdictions. Under this definition, a serious claim is a workers’ compensation claim for an incapacity that results in a total absence from work of one working week or more. Claims arising from a work-related fatality or a journey to or from work or during a recess period are excluded from the definition of a serious claim. One working week is defined as lost when the number of hours lost is greater than or equal to the number of hours usually worked per week. This definition takes into account the different employer excesses that exist in the various schemes.

Due to the year to year volatility in the number of work-related fatalities, the baseline for the national fatality target was agreed as the average of the four years from 2007 to 2010. While the slowdown in the Australian economy as a result of the Global Financial Crisis (GFC) may have made a contribution to the relatively low number of work-related fatalities in more recent years, it is unlikely to have been the only cause. Taking a four-year average diminishes the possible impact of the GFC.

Injury and disease target - serious claims

Indicator 1 shows a 21% decrease in the incidence rate of serious claims between the base period (2009–10 to 2011–12) and the projected 2013–14 data. This decrease is more than three times the interim rate of 6% improvement required to meet the target of a 30% reduction in the incidence rate of serious claims by 30 June 2022.

Indicator 1 – Incidence rate of serious* compensated claims, Australia, base period (2009–10 to 2011–12) to 2021–22

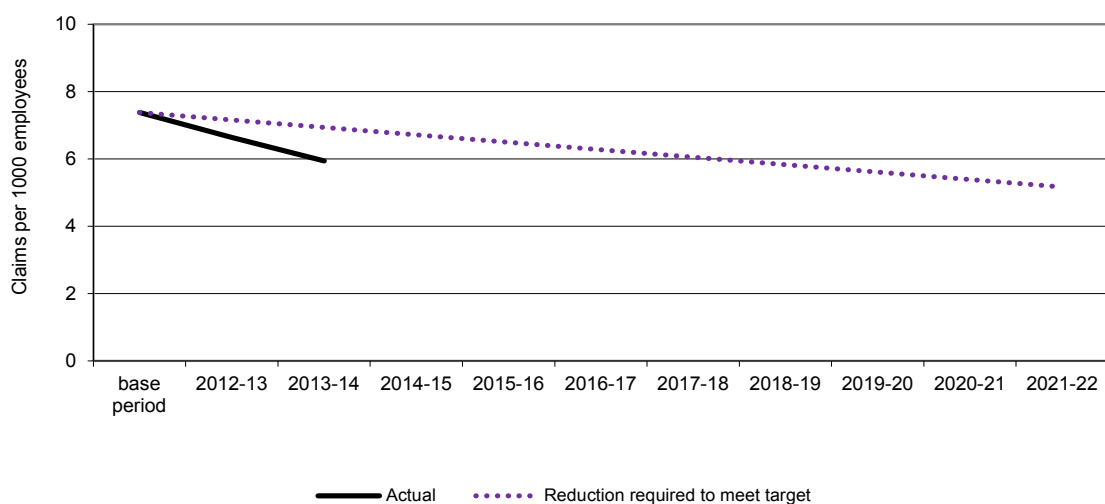


* Includes accepted workers' compensation claims involving one or more weeks compensation. Fatalities and claims arising from a journey to or from work are excluded.

Injury and disease target - musculoskeletal claims

Indicator 2 shows a 20% decrease in the national rate of Musculoskeletal claims between the base period (2009–10 to 2011–12) and the projected 2013–14 data. This decrease is three times more than the interim rate of 6% improvement required to meet the target of a 30% reduction in the incidence rate of Musculoskeletal claims by 30 June 2022.

Indicator 2 – Incidence rate of serious* compensated musculoskeletal claims, Australia, base period (2009–10 to 2011–12) to 2021–22

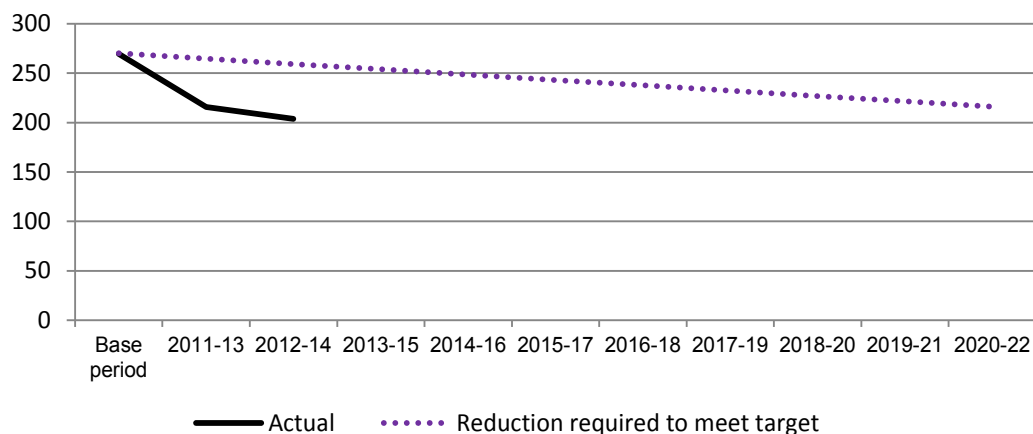


* Includes accepted workers' compensation claims involving one or more weeks compensation. Fatalities and claims arising from a journey to or from work are excluded.

Traumatic injury fatalities target

Indicator 3 (including incidents both on a public road and not on a public road) shows that fatality numbers have been falling since the base period (2007 to 2010). Since the base period there has been a 24% decrease in the number of traumatic injury fatalities. This is six times greater than the required result of 4% reduction for 2014. This result is even greater than the national target of 20% improvement by 30 June 2022. However, the volatility in this measure means that consistent improvement is still required to ensure the target is achieved.

Indicator 3 – Number of traumatic injury fatalities, Australia, base period (2007 to 2010) to 2020–22



Note that a table of jurisdictional improvements in fatalities has not been included due to the volatility of these data. Information on the number of traumatic injury fatalities recorded by each jurisdiction can be found in Indicator 9 (including incidents not on a public road only) while information on compensated fatalities due to occupational diseases recorded by each jurisdiction can be found in Indicator 10.

Chapter 2 – Work health and safety performance

The data used in this chapter are accepted workers' compensation claims lodged in each financial year plus fatalities information from additional sources. Workers' compensation data are currently the most comprehensive source of information for measuring work health and safety performance. While there are some limitations, most notably that the data reflect the injury experience of employees only and under-report the incidence of disease, workers' compensation data still provide a good indication of work health and safety trends. The estimates of the number of employees and hours worked (supplied by the ABS) have been recently revised back to 2007–08. This change and the change in the definition of serious claims (outlined below) means that incidence and frequency rates published in this report will differ to those previously published.

Serious claims

There are two major changes to the data in this report that affect comparison with previous reports:

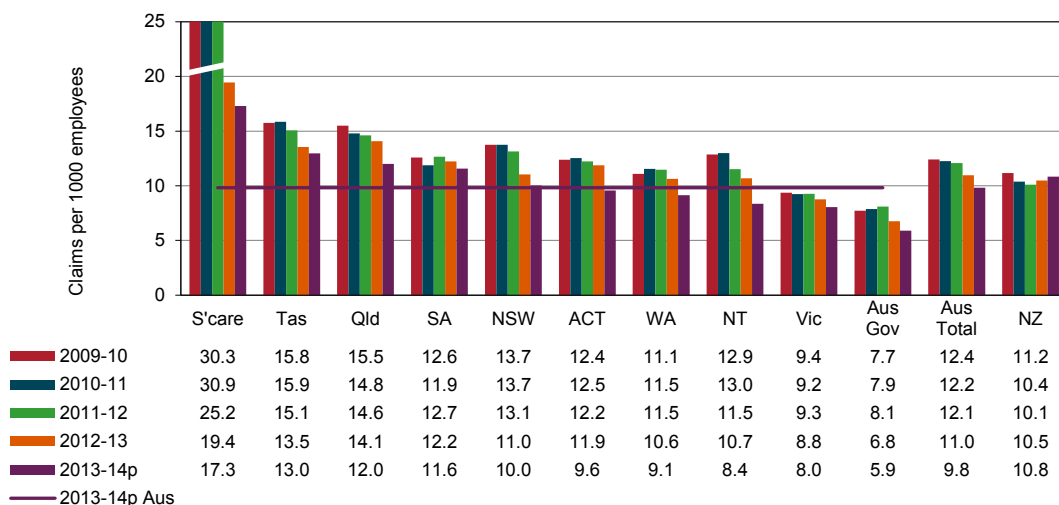
1. The estimates of the number of employees and hours worked that are used to calculate incidence and frequency rates have been revised back to 2007–08 by the ABS. Incidence and frequency rates published in this report will differ to those previously published. Furthermore, the number of employees and hours worked for Owners/Managers of Incorporated Enterprises (OMIEs) in Queensland were included in the 2013–14 data supply following the change in the definition of worker. The definition of worker was changed by the *Industrial Relations (Transparency and Accountability of Industrial Organisations) and Other Acts Amendment Act 2013*. The change to definition of worker commenced on 1 July 2013. Including OMIEs resulted in about 10% increase in Queensland's number of employees and number of hours worked for the 2013–14 financial year.
2. The definition of a serious claim has been revised to align with the Australian Strategy 2012–2022. Under the new definition, a serious claim is one that results in compensation being paid for an absence from work of one working week or more. This definition excludes claims arising from a work-related fatality or claims for injuries that occurred during a recess period away from the workplace. As with the previous definition, claims for injuries incurred on a journey to or from work are not included. The new definition of serious claims results in fewer claims than the previous definition. Refer to Appendix 1 (Explanatory notes) for further information.

Indicator 4 shows that the Australian incidence rate for serious claims has steadily declined over the past four years, decreasing 11% from 12.4 to 11.0 claims per 1000 employees between 2009–10 and 2012–13. Preliminary data for 2013–14 show an incidence rate of 9.8 claims per 1000 employees. While it is expected that this rate will rise when updated data are available, the preliminary data indicate a 11% improvement in incidence rates compared to the previous year.

Falls in the incidence rates of serious claims from 2009–10 to 2012–13 were recorded by all jurisdictions. Seacare recorded substantial decrease (36%), New South Wales (20%), the Northern Territory (17%), Tasmania (15%), the Australian Government (12%), Queensland (9%), Victoria (6%), Western Australia (5%) and the Australian Capital Territory (4%). Seacare recorded the highest incidence rate of serious claims in 2012–13 with 19.4 claims per 1000 employees, while the Australian Government recorded the lowest rate with 6.8 claims per 1000 employees followed by Victoria with 8.8 claims per 1000 employees.

Over the period 2009–10 to 2012–13 New Zealand recorded a 6% decrease in the incidence rate of serious claims, dropping from 11.2 to 10.5 claims per 1000 employees.

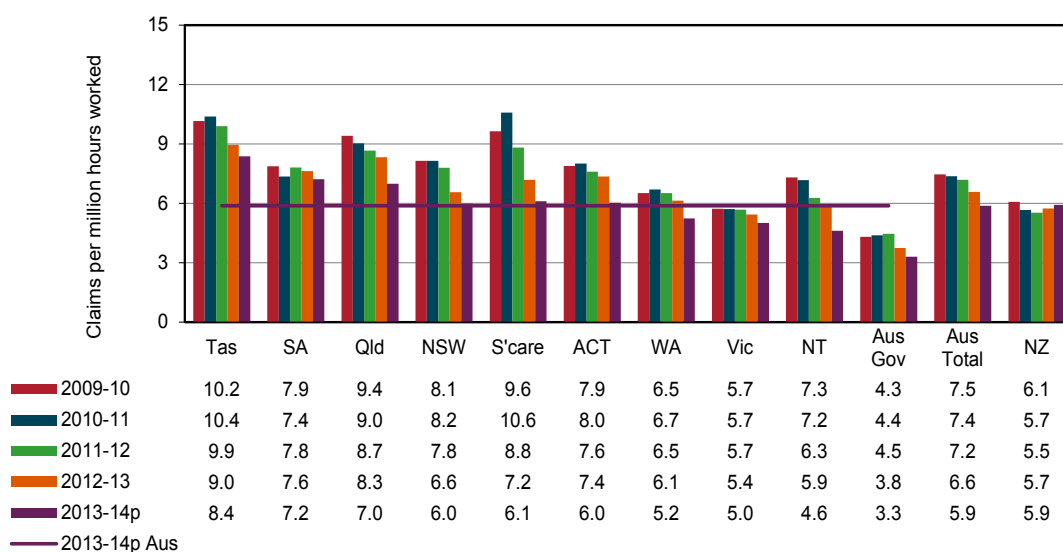
Indicator 4 – Incidence rates of serious* injury and disease claims by jurisdiction



* Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

Indicator 5 shows the Australian frequency rate of serious claims decreased 12% from 7.5 claims per million hours worked in 2009–10 to 6.6 in 2012–13. Preliminary data for 2013–14 shows the Australian frequency rate of serious claims was 5.9 claims per million hours worked. Although the frequency rate data show a similar level of improvement to incidence rates, there are differences in the ranking of jurisdictions. Tasmania recorded the highest frequency rate at 8.4 claims per one million hours worked but the second highest incidence rate. Seacare also changed position due to the 24-hour basis on which their frequency rates are calculated. Refer to Note 1 in Appendix 1 (Explanatory notes) for further information.

Indicator 5 – Frequency rates of serious* injury and disease claims by jurisdiction



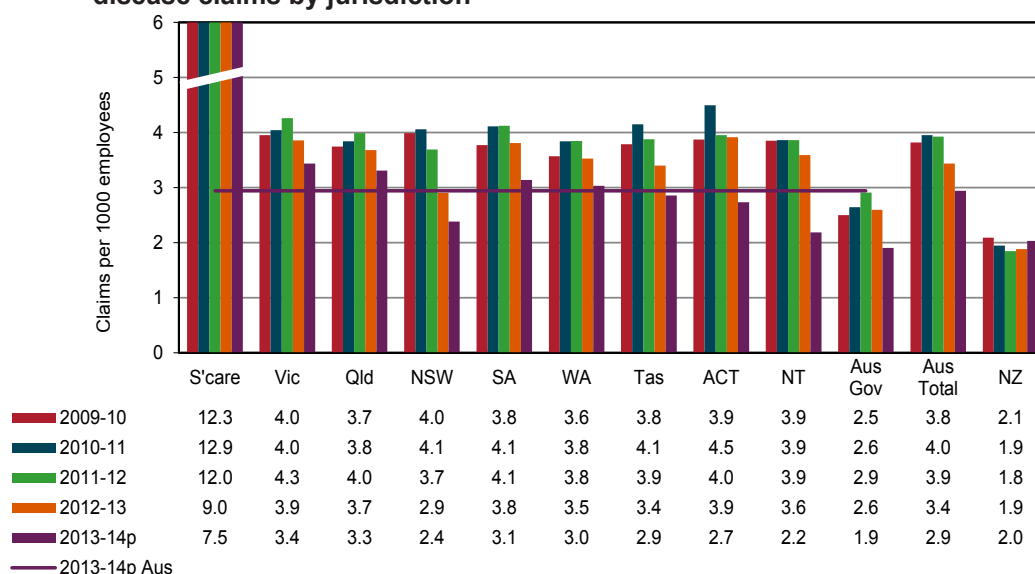
* Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

Long term claims - twelve or more weeks of compensation

Indicator 6 shows the incidence rate of long term injury and disease claims in Australia was relatively steady over the 2009–10 to 2012–13 period. While the 2013–14 results show a 14% decrease in the incidence rate. These data should be treated with caution due to the shorter development time these claims have had compared to claims from previous years. On average 31% of serious claims resulted in 12 or more weeks of compensation over the five year period.

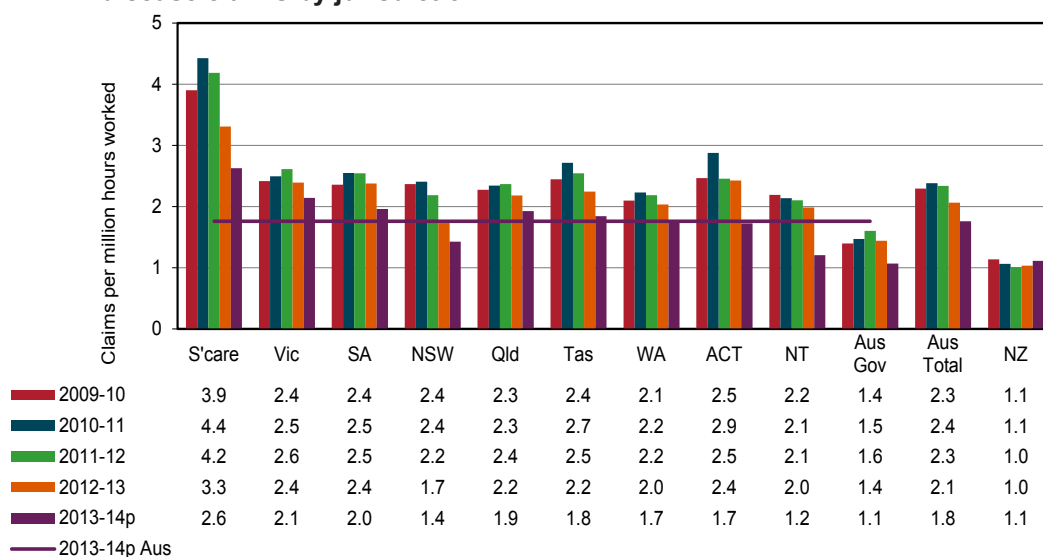
The Australian Government was the only jurisdiction to record an increase in incidence rates of long term claims over the period 2009–10 to 2012–13 while Queensland, South Australia and the Australian Capital Territory recorded no changes in rates over the same period. New Zealand recorded a 10% decrease over this period with its rate remaining lower than that of Australia.

Indicator 6 – Incidence rates of long term (12 weeks or more compensation) injury and disease claims by jurisdiction



With the exception of Victoria, South Australia and the Australian Government (which were stable over the period) the frequency rates of long term claims in Indicator 7 show a similar pattern to the incidence rates during the comparative period.

Indicator 7 – Frequency rates of long term (12 weeks or more compensation) injury and disease claims by jurisdiction



Duration of absence

The duration of absence associated with claims provides an indication of the severity of injuries occurring in Australia. Indicator 8 shows the variation across the jurisdictions in the percentage of claims involving selected periods of compensation. These data are based on claims lodged in 2011–12, which is the most recent year that reliable data are available for this indicator.

Indicator 8 – Serious* claims: Percentage involving selected periods of compensation, 2011–12

Jurisdiction	Less than 6 weeks	6 weeks or more	12 weeks or more	26 weeks or more	52 weeks or more
New South Wales	57	43	28	16	9
Queensland	55	45	27	13	5
Tasmania	55	45	26	13	7
South Australia	52	48	33	21	14
Western Australia	51	49	34	21	11
Australian Capital Territory	50	50	32	18	10
Northern Territory	47	53	34	18	7
Australian Government	47	53	36	22	12
Victoria	37	63	46	30	21
Seacare	31	69	79	26	11
Australian Average	51	49	33	19	11
New Zealand	68	32	18	8	3

* Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

Indicator 8 shows that 51% of claims in Australia resulted in less than six weeks of compensation. The jurisdictional rates were similar except for Seacare where only 31% of claims were resolved in this time. Victoria (37%), the Australian Government and the Northern Territory (47% each) had low percentages as well. Injured workers in the Seacare scheme face unique problems in return to work that need to be considered when interpreting the Seacare results for this indicator. Refer to Note 4 at Appendix 1 (Explanatory notes) for further information.

Victoria had the highest percentage of claims continue past 52 weeks of compensation (21% of claims) followed by South Australia (14% of claims). Queensland had the lowest percentage (5%) of claims continuing past 52 weeks of compensation, partly due to the lump sum nature of the Queensland scheme.

The New Zealand scheme finalised a higher proportion of claims within six weeks (68%) than did Australian schemes on average (51%).

Work-related traumatic injury fatalities

Traumatic injury fatality data are sourced from workers' compensation data, fatality notifications to the various work health and safety authorities and information in the National Coronial Information System (NCIS). Only around 60% of work-related fatalities recorded in the traumatic injury fatalities collection are typically compensated. This is in part due to self-employed workers not being covered by workers' compensation schemes. Many self-employed workers work in high risk sectors such as agriculture, transport and construction. Information presented in this indicator include only workplace fatal incidents not on a public road.

There is no change to the source of information in this edition of the CPM on disease-related fatalities. This information is only available through the NDS. Incidents that occurred on a public road are not included in this indicator because some fatalities, particularly those related to traffic incidents, may be missed due to the way these deaths are identified. The information in the NCIS relies heavily on information collected reports which may not include sufficient information to identify whether or not the deceased was working at the time of the incident.

Indicator 9 shows between 2010 and 2014 calendar years there was a 25% decrease in the number of workers killed while working. Incidents which did not occur on a public road decreased by 23% while incidents which occurred on public roads recorded a 29% decrease. Of the 212 worker deaths identified in 2012–13, 136 were compensated.

New Zealand supplied data for 2008–09, 2009–10 and 2010–11. Incidents not involving a motor vehicle increased by 38% between 2008–09 and 2010–11 while incidents involving a motor vehicle increased by 14% during the same period.

Indicator 9 – Traumatic injury fatalities by state of death

	2010	2011	2012	2013	2014	5yr Average
Incidents not on a public road						
New South Wales	46	41	52	40	44	45
Victoria	31	32	21	24	29	27
Queensland	39	43	45	35	30	38
Western Australia	23	19	16	21	15	19
South Australia	14	16	7	12	7	11
Tasmania	5	6	4	7	6	6
Northern Territory	5	5	4	4	1	4
Australian Capital Territory	1	1	2	1		1
Australian total	164	163	151	144	132	151
New Zealand*	83	75	63	u/a	u/a	u/a
Incidence rate (incidents not on a public road per 100 000 workers)						
New South Wales	1.3	1.2	1.5	1.1	1.2	1.3
Victoria	1.1	1.1	0.7	0.8	1.0	1.0
Queensland	1.7	1.9	2.0	1.5	1.3	1.7
Western Australia	1.9	1.5	1.2	1.6	1.1	1.5
South Australia	1.8	2.0	0.9	1.5	0.9	1.4
Tasmania	2.1	2.5	1.7	3.0	2.5	2.4
Northern Territory	4.2	4.1	3.2	3.1	0.7	3.0
Australian Capital Territory	0.5	0.5	1.0	0.5	0.0	0.6
Australian total	1.5	1.5	1.3	1.3	1.1	1.3
New Zealand*	3.9	3.5	2.9	u/a	u/a	u/a

* New Zealand work-related fatalities are identified by motor vehicle and non-motor vehicle. Figures are three year moving averages. Data for 2011–12 and 2012–13 are not available and are denoted by "u/a".

Work-related disease fatalities

Workers' compensation data contain some information on disease-related fatalities but are known to understate the true number of fatalities from work-related causes. It can be difficult to associate a disease that becomes evident later in life with exposure to a chemical or substance that occurred many years earlier while at work. Some occupational diseases such as asbestosis and mesothelioma are compensated through separate mechanisms while many other diseases go unreported and/or uncompensated.

Indicator 10 shows in 2013–14 there were 37 accepted workers' compensation claims for a work-related fatality involving an occupational disease in Australia. The number of occupational disease-related fatalities is expected to rise as more claims lodged in 2013–14 are accepted. There was a substantial decrease (down 41%) in the number of fatalities related to occupational diseases in Australia from 2009–10 to 2012–13.

New Zealand recorded 22 disease-related compensated fatalities in 2013–14. Over the period 2009–10 to 2012–13 New Zealand recorded a 22% decrease in the number of compensated disease fatalities.

Indicator 10 – Compensated Fatalities involving occupational diseases by jurisdiction

Jurisdiction	2009–10	2010–11	2011–12	2012–13	2013-14p	5yr Average
New South Wales	12	7	11	5	4	8
Victoria	24	13	11	4	1	11
Queensland*	17	17	26	14	11	17
Western Australia	8	10	6	5	5	7
South Australia	2	3	0	1	0	2
Tasmania	1	2	0	0	0	2
Northern Territory	0	0	0	0	0	0
Australian Capital Territory	1	0	0	0	0	1
Australian Government	21	21	23	22	16	21
Seacare	0	0	0	0	0	0
Australian Total	86	73	77	51	37	65
New Zealand	51	32	35	40	22	36

* The majority of compensated fatalities for occupational diseases in Queensland and the Australian Government are due to mesothelioma or asbestosis. Queensland compensates more of these fatalities through its scheme than is the case in other jurisdictions where compensation is more often sought through separate mechanisms including common law.

Fatalities are recorded in the NDS against the date of lodgement of the claim, not the date of death. Data revisions from previous years can occur where a claim is lodged in one year but not accepted until after the data are collected for that year, or for an injury or disease in one year, where the employee dies from that injury or disease in a subsequent year. This is particularly the case with disease fatalities where considerable time could elapse between diagnosis resulting in a claim being lodged and death.

Safe Work Australia reports annually on mesothelioma using data from the National Cancer Statistics Clearing House. The most recent Mesothelioma in Australia: Incidence 1982 to 2009, Mortality 1997 to 2011 is available from swa.gov.au.

Claims by mechanism of incident

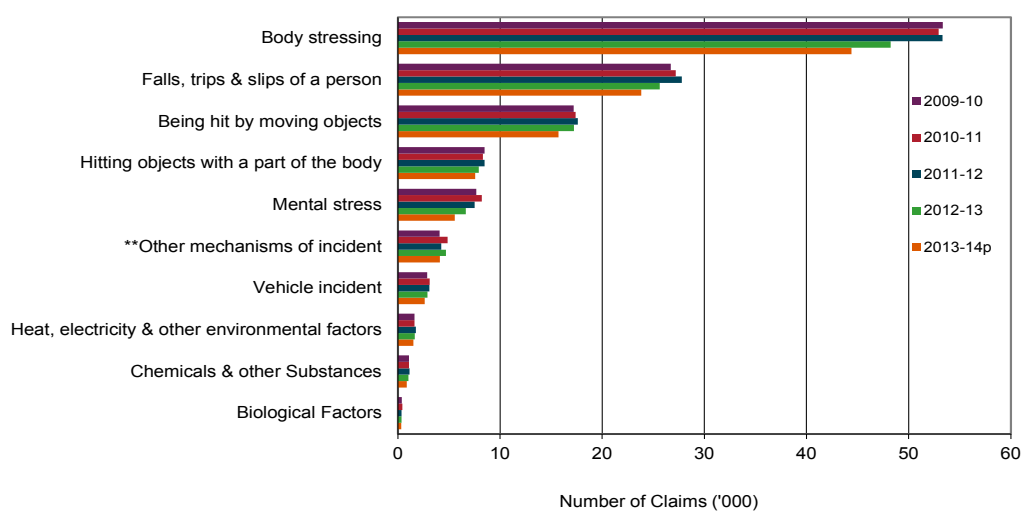
Claim patterns can be analysed using the Type of Occurrence Classification System (TOOCS), which is a series of codes providing information on the cause of the incident and the type of injury or disease sustained. Coding for the Mechanism of incident is intended to identify the overall action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease. More information on TOOCS can be found at swa.gov.au.

Indicator 11 shows the number of serious claims by Mechanism of incident over the past five years. *Body stressing* accounted for 42% of the 106 565 serious claims in 2013–14. Mental stress showed the greatest decrease in claims between 2009–10 to 2012–13 (13%), followed by body stressing (10%), hitting objects with a part of the body (7%) and biological factors (6%), while claims associated with heat, electricity and other environmental factors increased by 1% and being hit by moving objects kept unchanged.

Readers should be aware that the new definition of serious claims results in fewer claims than the previous definition. Almost all the claims due to the mechanism of *Sound & pressure* have been excluded from the new definition as very few of them have one week or more time lost from work. Claims due to the mechanism Mental stress accounted for 6% of claims in 2012–13 while claims due to falls, slips and trips of a person accounted for 22% in 2012–13. Claims due to the mechanism sub-group Vehicle incident kept unchanged between 2009–10 to 2012–13 and accounted for 2.5% of claims in 2012–13.

More detailed information on claims by Mechanism of incident can be found in the Australian Workers Compensation Statistics report published at swa.gov.au.

Indicator 11 – Mechanism of incident: number of serious* claims by year, Australia



*Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

**Other mechanisms of incident include Sound & pressure, Other & multiple mechanisms of incident, Roll over, Slide or cave-in and Unspecified mechanisms of incident.

Claims by size of business (in the private sector)

Indicator 12 compares the incidence of serious workers' compensation claims by size of business in 2009–10 and 2013–14. Eight Australian jurisdictions and New Zealand collect compensation data by size of business. However there are differences in the methodologies used by schemes to collect this information and caution should be exercised when making jurisdictional comparisons. This indicator reports on the private sector only and excludes those industry sectors that are wholly or substantially public sector industries i.e. Public administration & safety, Health care & social assistance, Education & training and Financial & insurance services.

Victoria and Queensland have been excluded from this indicator as they do not provide these data.

In 2009–10 the lowest incidence rate of serious claims for Australia was recorded by the 1-19 employees group (12.2 claims per 1000 employees) followed by the 200 or more group. Western Australia, South Australia, Tasmania, the Australian Capital Territory and Seacare followed this pattern, while in New South Wales and the Northern Territory the lowest incidence rate was recorded by businesses with 200 or more employees. In 2009–10 the highest incidence rates were recorded by businesses with 20–199 employees in all jurisdictions.

In 2013–14 Australian businesses with 1–19 employees recorded the lowest incidence rate of serious claims (7.3 claims per 1000 employees). The 200 or more employees group had the highest incidence rate of serious workers' compensation claims in 2013–14 in Western Australia, South Australia, Tasmania. Overall there was a substantial decline in the incidence rate of serious claims in each employee groups from 2009–10 to 2013–14.

In New Zealand the incidence rate of serious claims decreased for 1–19 employees and 200 or more employees groups between 2009–10 and 2013–14.

Indicator 12 – Size of business: incidence rates (claims per 1000 employees) of serious* claims by jurisdiction (private sector only)**

	1–19 employees	20–199 employees	200 or more employees
2009–10			
New South Wales	10.0	13.2	7.6
Western Australia	9.1	13.8	10.3
South Australia	9.2	18.8	10.5
Tasmania	8.6	28.4	15.7
Northern Territory	19.3	16.7	4.0
Australian Capital Territory	6.7	22.2	10.1
Seacare	0.0	67.7	19.7
Australia***	12.2	21.9	14.0
New Zealand	15.8	12.0	9.3
2013–14			
New South Wales	7.0	7.9	5.4
Western Australia	6.0	8.8	13.4
South Australia	10.0	14.8	24.3
Tasmania	6.6	15.7	19.6
Northern Territory	12.1	10.7	2.0
Australian Capital Territory	6.2	14.0	7.7
Seacare	0.0	48.6	11.3
Australia***	7.3	9.4	10.0
New Zealand	13.2	12.6	8.0

* Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

** This indicator shows patterns at two points in time. Selecting different points may show a different pattern.

*** Consists only of the Australian jurisdictions listed above.

Chapter 3 – Work health and safety compliance and enforcement activities

Jurisdictions encourage work health and safety compliance using a variety of mechanisms ranging from education, advice and information through to prosecution. Inspectors appointed under legislation may visit workplaces for the purpose of providing information, presentations, training and advice, investigating incidents or dangerous occurrences and ensuring compliance with work health and safety legislation. Where breaches are detected the inspector, based on risk, may issue notices or escalate the action to formal procedures, which are addressed through the courts for serious contravention of the legislation.

Indicator 13 provides details on specific work health and safety compliance and enforcement activities undertaken by jurisdictions each year from 2009–10 to 2013–14. The reader should note that the compliance and enforcement data for Indicator 13 do not include the mining sector. Mine inspectors have a different mechanism for enforcement measures and have been excluded from the data due to different legislation operating across jurisdictions. Due to this exclusion it is possible that the number of field active inspectors shown in this report may differ to inspectorate numbers shown in jurisdictional reports.

A summary of the compliance and enforcement activities shows in 2013–14 there were:

- 89 367 proactive workplace visits around Australia
- 53 337 reactive workplace visits around Australia
- 1107 field active inspectors employed around Australia
- 44 449 notices issued by Australian jurisdictions
- 18 enforceable undertakings accepted by Australian jurisdictions
- 278 legal proceedings against duty holders finalised
- 244 legal proceedings resulting in a conviction, order or agreement, and
- \$10.0 million in fines issued by Australian courts.

Interventions

A high proportion of intervention activities in New South Wales align to resolve issues through workplace visits, office-based follow up and stakeholder engagement. New South Wales integrates components of proactive prevention programs with reactive or activity to ensure greater coverage. The number of 'Workplace visits-proactive' almost doubled (up 92%) and the number of 'Workshops/presentations/seminars - proactive' increased by almost three fold (up 189%) in 2013–14 compared to the previous year. The number of 'Workplace visits - reactive' dropped by 19% while the number of 'Other intervention activities - reactive' recorded a substantial decrease (down 41%) in 2013–14 compared to the previous year.

In Victoria the number of 'Workplace visits - proactive' recorded a slight increase (up 8%) while the number of 'Workplace visits - reactive' decreased slightly (down 5%) in 2013–14 compared to the previous year.

In Queensland, proactive workplace visits recorded a drop (down 13%) while the number of reactive workplace activities recorded a substantial drop (down 59%) in 2013–14 compared to the previous year. Queensland advises its inspectorate is focusing on strategies that will enhance its reach and effectiveness across industries. Greater emphasis is being directed to engage with workplaces, develop networks

and provide advice to workplaces.

The Australian Government focussed on a number of proactive efforts through campaign delivery and best practice forums during the past three financial years. The Australian Government has continued to refine its activities in the past two financial years in-line with embedding the Work Health and Safety Act and newly developed policies and procedures. All figures for proactive and reactive activities for previous years were reviewed and updated to more accurately reflect the enforcement activities during the five years.

The Australian Capital Territory recorded a substantial increase in the number of proactive workplace visits (up 151%) and in the number of reactive workplace visits in 2013–14 (up 26%) compared to the previous year.

The Northern Territory recorded an increase in the number of proactive workplace visits (up 62%). The introduction of harmonised law has resulted in an increased focus on education and advice activities, which is reflected in the increase in proactive visits. The number of reactive workplace visits also increased (up 22%) compared to the previous year.

Inspectors

The number of field active inspectors employed around Australia remained relatively stable between 2009–10 and 2013–14. Field active inspectors are defined as gazetted inspectors whose role is to spend the majority of their time ensuring compliance with the provisions of the work health and safety legislation. In some jurisdictions inspectors engage in other activities to improve the work health and safety capabilities of businesses and workplaces (i.e. a compliance field role). They include investigators (where applicable) who are appointed to work with the enforcement provisions by doing worksite visits, gathering evidence and drawing conclusions. They also include current vacancies and staff on extended leave, managers of the inspectorate regardless of whether undertaking field active work, auditors (who are gazetted as inspectors) who are responsible for creating an audit template, completing the auditing process and providing feedback. Staff involved in giving advice and information packs from the office, and business advisory officers and community education officers have been excluded.

The number of field active inspectors remained stable since 2009–10 in all jurisdictions with the exception of the Australian Government and the Australian Capital Territory. In line with the recommendations of the Getting Home Safely report, the ACT Government funded additional inspector positions for WorkSafe ACT in 2013–14, resulting in a substantial increase in the number of field active inspectors in the Australian Capital Territory (up 36%) compared to the previous year. The Australian Government recorded a slight increase (up 5%) in 2013–14 compared to the previous year.

Although repeat visits and the number of inspectors in attendance are counted separately for both proactive and reactive workplace intervention measures, this is not the case in Western Australia where inspectors in attendance are not counted separately. Please refer to Note 2 of the Explanatory notes for more details.

Notices

Where inspectors identify a breach under their work health and safety legislation a notice may be issued. Australian jurisdictions issued 44 449 notices in 2013–14. In 2013–14, 178 infringement notices (down 23%), 3848 prohibition notices (down 8%) and 40 423 improvement notices (down 5%) were issued in Australia.

Data on notices cannot be compared directly across jurisdictions as notices are issued differently in each jurisdiction. For example, in some instances a single notice may be

issued for multiple breaches of the legislation, while in other instances separate notices are issued for each breach identified.

In 2013–14, there was a substantial increase from the previous year in the number of notices issued by the Australian Capital Territory (up 43%), Tasmania (up 25%) and Western Australia (up 5%). In contrast, substantial decreases were recorded in South Australia (down 29%), Queensland (down 18%) and New South Wales (down 17%). New Zealand recorded a substantial increase (up 125%) in the number of total notices issued.

Enforceable undertakings

An enforceable undertaking is a legally binding agreement entered into as an alternative to having the matter decided through legal proceedings for contravention of the Act. An enforceable undertaking provides an opportunity for significant work health and safety reform to be undertaken. Typically the activities associated with an undertaking are substantial and must aim to deliver tangible benefits to the workplace, industry or the broader community.

An enforceable undertaking will generally not be accepted where the offence relates to reckless conduct or where an infringement notice has been issued for the contravention.

Enforceable undertakings were introduced with harmonised work health and safety legislation and jurisdictions who moved from state and territory based acts to the harmonised laws were no longer able to issue infringement notices for a number of offences which explains the substantial decrease (down 62%) in the national number of infringement notices issued in 2013–14 compared to the previous year. Queensland recorded the largest decrease in the number of infringement notices issued in 2013–14 (down 71%), New South Wales (down 65%) and Tasmania (down 59%) compared to the previous year.

There were 18 enforceable undertakings accepted by regulators in 2013–14 compared to 20 in the previous year and six in 2011–12.

Legal proceedings

A conviction, order or agreement is defined (with or without penalty) once it has been recorded against a company or individual in the judicial system. All legal proceedings recorded in the reference year are counted regardless of when the initial legal action commenced. Data for Victoria and the Australian Capital Territory is limited to the number of successful prosecutions resulting in a conviction, fine or both. Prior to the introduction of the model work health and safety legislation in January 2012 which allows for enforceable undertakings, Queensland legislation did not allow for agreements. Western Australian legislation does not provide for orders or agreements.

Most Australian jurisdictions recorded a decrease in the number of legal proceedings finalised and a decrease in the number of legal proceedings resulting in a conviction, order or agreement. Across Australia there was an 18% fall from the previous year in the number of legal proceedings finalised and a 16% fall in the number of legal proceedings resulting in a conviction, order or agreement. Notable decreases occurred in New South Wales (down 43% and 47% respectively), Victoria (down 34% and 39% respectively), Queensland (46% and 40% respectively) and Western Australia (down 32% and 33% respectively).

In New Zealand the number of proceedings finalised were similar to the previous year while there was a slight decrease (down 6%) in the number of legal proceedings resulting in a conviction, order or agreement compared to the previous year.

Fines

The total amount of fines awarded by the courts in 2013–14 was \$10.0 million, a 30% decrease from the previous year. In some instances the courts declare that penalty amounts are to remain confidential. Therefore the data recorded in Indicator 13 are only those amounts known publicly.

In 2013–14, with the exception of the Australian Capital Territory and the Australian Government all jurisdictions recorded decreases in the amount of fines awarded by the courts compared to the previous year. This decrease varied between 15% in Victoria and 51% in New South Wales.

The Australian Government reported almost three times the total amount of fines (up 292%) awarded by the courts in 2013–14. This increase was due to two prosecutions successfully undertaken compared to only one in the previous year.

Indicator 13 – Work health and safety compliance and enforcement activity by jurisdiction

	#NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	Seacare	^a Total Aus	NZ
Number of workplace visits: proactive	2009–10 8 915	^b 28 104	^b 25 733	^c 7 045	7 208	4 218	55	u/a	195	43	81 516	12 905
2010–11	9 736	^b 24 934	^b 22 544	^e 6 609	8 732	5 360	54	761	1 526	40	80 296	12 065
2011–12	<u>6 577</u>	^b 21 945	^b 26 343	^e 5 228	9 201	4 442	946	433	3 324	49	78 488	13 224
2012–13	10 162	^b 21 040	^b 27 839	^e 5,243	8 409	3 224	935	195	3 091	43	80 181	8 872
2013–14	19 505	^b 22 721	^b 24 208	^e 5 662	8 915	3 439	1 514	490	2 856	57	89 367	11 927
Number of workshops/presentations/seminars/forums: proactive	2009–10 631	u/a	5 115	^a 323	295	222	20	u/a	85	2	6 693	603
2010–11	3 015	u/a	4 129	^a 335	334	191	49	161	763	4	8 981	355
2011–12	<u>1 065</u>	u/a	4 592	^a 285	345	172	102	218	1 703	13	8 495	269
2012–13	223	u/a	2 865	^a 334	377	257	94	168	1 776	u/a	6 094	219
2013–14	644	u/a	2 744	^a 319	279	125	51	159	2 001	u/a	6 322	u/a
Number of workplace visits: reactive	2009–10 15 661	16 514	1 999	^a 4 646	13 871	2 741	3 996	u/a	425	30	59 883	5 352
2010–11	16 370	17 413	2 389	^a 4 754	10 562	2 644	3 672	1 613	210	66	59 693	5 435
2011–12	<u>13 652</u>	18 567	2 446	^a 4 446	9 510	3 230	2 889	1 574	244	u/a	56 558	4 908
2012–13	12 782	19 782	1 697	^a 4 573	9 698	3 298	2 875	1 886	536	u/a	57 127	4 231
2013–14	10 403	18 845	^b 698	^a 4 148	9 338	3 623	3 514	2 384	384	u/a	53 337	927
Other reactive interventions	2009–10 19 138	u/a	12 648	13 495	2 673	0	u/a	u/a	906	0	48 860	4 268
2010–11	23 263	u/a	11 296	13 814	11 806	0	u/a	0	1 191	0	61 370	4 013
2011–12	<u>26 244</u>	u/a	11 715	17 307	11 869	0	u/a	0	1 426	0	68 561	4 814
2012–13	28 777	u/a	8 361	19 398	8 110	0	357	0	3 098	0	68 101	5 197
2013–14	17 019	u/a	6 280	20 264	9 278	0	259	0	2 372	0	55 472	1 243
Number of field active inspectors	2009–10 315	^e 255	221	^g 103	93	31	12	16	55	3	1 104	151
2010–11	315	^e 248	233	^g 103	93	31	12	23	44	4	1 106	^h 145
2011–12	<u>315</u>	^e 240	216	^g 103	93	31	12	23	44	4	1 081	^h 146
2012–13	315	^e 261	210	^g 103	93	31	17	22	44	1	1 097	^h 135
2013–14	315	261	211	^g 103	93	31	17	30	46	0	1 107	^h 160

Indicator 13 – Work health and safety compliance and enforcement activity by jurisdiction continued

	#NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	Seacare	^a Total Aus	NZ
Number of field active inspectors per 10 000 employees	2009–10	1.0	1.3	1.0	1.4	1.5	1.1	1.2	1.5	6.6	1.1	0.9
	2010–11	1.0	1.3	1.0	1.3	1.5	1.1	1.7	1.2	8.3	1.1	0.8
	2011–12	1.0	1.2	1.0	1.3	1.5	1.1	1.7	1.2	7.4	1.1	0.8
	2012–13	1.0	1.1	0.9	1.3	1.5	1.5	1.5	1.1	1.9	1.1	0.7
	2013–14	1.0	1.0	0.9	1.3	1.5	1.4	2.0	1.2	2.1	1.0	0.7
Number of other staff undertaking non-inspectorate activities	2009–10	u/a	57	16	13	0	0	u/a	24	2	136	11
	2010–11	u/a	64	16	13	0	0	3	32	2	154	11
	2011–12	u/a	57	15	11	0	0	4	28	2	143	12
	2012–13	u/a	71	14	11	0	0	4	27	2	154	u/a
	2013–14	0	u/a	5	12	0	0	4	36	2	140	u/a
Number of infringement notices issued	2009–10	1n/a	390	1n/a	1n/a	56	0	6	1n/a	0	1 140	4
	2010–11	1n/a	308	1n/a	1n/a	54	0	14	1n/a	0	964	10
	2011–12	1n/a	207	1n/a	1n/a	44	0	4	1n/a	0	612	23
	2012–13	1n/a	61	1n/a	0	18	0	29	1n/a	0	232	54
	2013–14	1n/a	58	1n/a	2	22	0	43	1n/a	0	178	101
Number of improvement notices issued	2009–10	21 600	9 072	10 640	1 841	224	132	187	36	20	55 913	1 187
	2010–11	20 551	6 140	10 416	2 347	92	99	265	17	47	51 300	1 081
	2011–12	17 907	7 039	8 212	2 295	79	68	282	26	28	44 795	1 430
	2012–13	16 137	5 489	11 967	1 951	105	138	544	19	31	42 499	2 068
	2013–14	15 834	4 424	12 568	1347	160	108	832	20	32	40 423	4 957
Number of prohibition notices issued	2009–10	928	2 291	705	628	167	51	103	26	3	5 758	356
	2010–11	754	1 839	603	885	139	82	139	5	5	5 285	364
	2011–12	645	1 759	401	857	132	72	135	13	0	4 615	554
	2012–13	476	1 363	553	832	122	109	177	18	1	4 202	1 205
	2013–14	499	1 220	550	629	121	122	195	14	0	3 848	2 416

Indicator 13 – Work health and safety compliance and enforcement activity by jurisdiction continued

	#NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	Seacare	^a Total Aus	NZ
Number of Enforceable undertakings												
2009–10	n/a	0	14	^m n/a	n/a	n/a	n/a	n/a	0	0	n/a	n/a
2010–11	n/a	0	8	^m n/a	n/a	n/a	n/a	n/a	0	0	n/a	n/a
2011–12	0	0	6	^m n/a	n/a	n/a	0	0	0	0	n/a	n/a
2012–13	0	3	17	^m n/a	0	0	0	0	0	0	n/a	n/a
2013–14	1	7	10	^m n/a	0	0	0	0	0	0	n/a	n/a
Number of legal proceedings finalised												
2009–10	'81	149	96	49	51	15	1	3	3	0	448	91
2010–11	'93	103	93	36	46	19	1	1	5	0	397	67
2011–12	'84	116	98	54	37	10	4	2	2	0	407	84
2012–13	'80	91	98	28	29	8	1	3	2	1	341	98
2013–14	'46	122	53	19	23	5	1	4	5	0	278	97
Number of legal proceedings resulting in a conviction, order or agreement												
2009–10	'76	134	85	42	46	10	1	3	4	0	401	117
2010–11	'89	76	75	32	40	12	1	1	2	0	328	75
2011–12	'84	100	78	47	36	7	4	1	5	0	362	51
2012–13	'78	77	78	24	23	7	1	2	1	1	292	85
2013–14	'41	107	47	16	21	5	1	4	2	0	244	80
Total amount of fines awarded by the courts (\$'000)												
2009–10	\$5 614	\$7 674	\$3 812	\$781	\$877	\$48	\$60	\$15	\$335	\$0	\$19 216	\$3 022
2010–11	\$6 039	\$3 870	\$2 819	\$703	\$1 377	\$48	\$8	\$8	\$98	\$0	\$14 969	\$1 934
2011–12	\$7 922	\$5 946	\$3 161	\$1 735	\$1 825	\$175	\$336	\$15	\$890	\$0	\$22 005	\$1 238
2012–13	\$5 057	\$4 182	\$2 470	\$666	\$1 386	\$60	\$120	\$48	\$120	\$180	\$14 289	\$2 444
2013–14	\$2 481	\$3,673	\$1,910	\$423	\$956	\$33.2	\$5.1	\$58	\$470	\$0	\$10 009	\$3 512

^a Lines in the Table represent the implementation of the model work health and safety legislation in different jurisdictions, which resulted in some changes to enforcement tools used by jurisdictions. See the text to this chapter for further information. New South Wales, Queensland, the Northern Territory, the Commonwealth and the Australian Capital Territory implemented the model WHS legislation in January 2012. South Australia and Tasmania implemented the model WHS legislation in January 2013. Victoria and Western Australia have not implemented the model WHS legislation. Data below the lines shown in Indicator 13 were collected after implementing the model WHS legislation by most jurisdictions.

^a Totals only include jurisdictions that supplied the relevant data. ^b Does not include industry forums/ presentations where an inspection also occurs. ^c The number of inspectors in attendance are not counted separately. ^d Figures may be inflated when Inspectors and Community Education Officers present or attend the same event and therefore have been counted more than once. It is not possible to identify and separate such events from these figures. ^e Amended to include managers of inspectorate. ^f Decrease in reactive activities is indicative of the general decrease in incident notifications in the same period. ^g WA includes vacancies and auditors who are gazetted as inspectors for all years (FTEs). ^h The drop is due to budget cuts. ⁱ FTE figures supplied for external Consultants, ThinkSafe Small Business Managers and Community Education Officers. ^j The new structure within WorkSafe ACT (re Proactive, Reactive and High Risk Teams) was established on 1 July 2010, therefore there have been no specific recordings of statistics for the dates 2006–07 to 2009–10. ^k There is no legislative requirement for infringement notices in Western Australia, Victoria and the Australian Government, while in South Australia it commenced in January 2013 under WHS legislation. ^l Data are for number of defendants in successful Work health and safety prosecutions. ^m Enforceable undertakings are included in Western Australia under their 2004 OSH Act but none have been accepted since then.

Chapter 4 – Workers' compensation premiums and entitlements

Standardised average premium rates

The rates in this chapter are for policies that provided coverage during the reference financial years. The premium rates reported are 'earned premium'. Earned premium is defined as the amount allocated for cover in a financial year from premiums collected during the previous and current financial years, while written premium is defined as the amount of premium recorded for a policy at the time it is issued. The premiums reported are allocated for defined periods of risk, irrespective of when they were actually paid, enabling rates to be compared for each financial year. Goods and Services Tax charged on premiums is not included in the reported rates as most Australian employers recoup part or all of this tax through input tax credits.

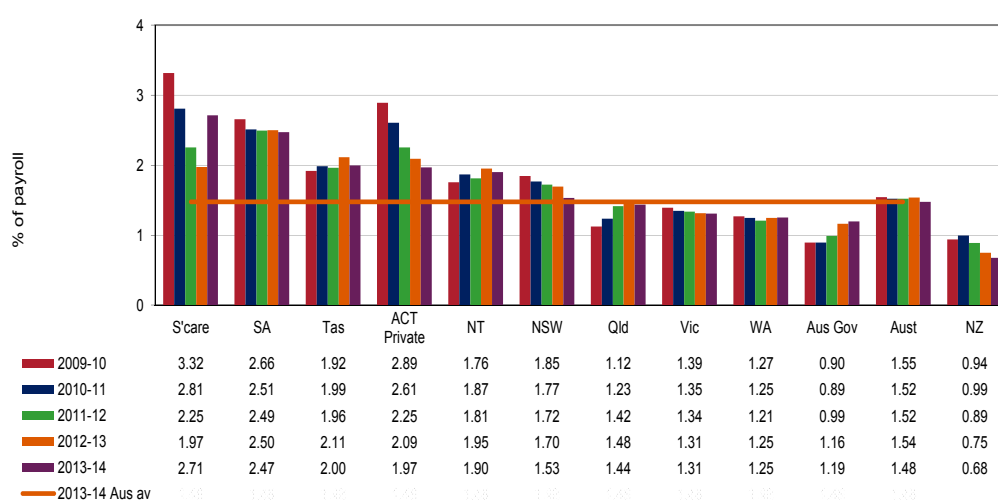
Indicator 14 shows that in 2013–14 the standardised Australian average premium rate was 1.48% of payroll, a 4% decrease from the previous financial year (1.54%).

New South Wales scheme recorded the largest percentage decrease (down 10%) from the previous financial year, followed by the Australian Capital Territory (down 6%) and Tasmanian scheme (down 5%).

Seacare recorded the highest premium rate in 2012–13 at 2.71% of payroll. However, this still represents a substantial drop (18%) from the 2009–10 premium rate of 3.32%. The Seacare scheme recorded the largest percentage increase (up 38%) from the previous year.

The Australian Government scheme recorded the lowest premium rate of all jurisdictions at 1.19% of payroll, up 3% from the previous year. Data for the Australian Government does not include the Australian Capital Territory Public Service.

Indicator 14 – Standardised average premium rates (including insured and self-insured sectors) by jurisdiction



Western Australia had the second lowest premium rate of the Australian jurisdictions at 1.25% of payroll. Victoria had the third lowest rate of the Australian jurisdictions at 1.31% of payroll. Queensland recorded a decrease in premium rate in 2013–14 following continuous increase during the four previous years, recording the fourth lowest premium rate of all jurisdictions at 1.44% of payroll.

To be consistent with the Australian jurisdictions, the New Zealand premium information includes the levy on employers to fund the workers' compensation portion of the 'Residual Claims Account'. This account relates to workers' compensation claims incurred prior to 1 July 1999 but excludes the liability for pre-1992 non-work injuries for earners. The New Zealand standardised average premium rate was 0.68% of payroll, a 9% decrease from the previous financial year. This rate continues to be much lower than the rate recorded for Australia. One reason for the lower rate in New Zealand is the New Zealand scheme does not provide coverage for the same range of mental disorders as the Australian schemes.

It should be noted that these data will be different to premium rates published directly by the jurisdictions due to the adjustments made to the data to enable more accurate jurisdictional comparisons. The principal regulatory differences that affect comparability and for which adjustments have been applied in this indicator are: the exclusion of provision for coverage of journey claims; the inclusion of self-insurers; the inclusion of superannuation as part of remuneration; and the standardisation of non-compensable excesses imposed by each scheme. The effect of each of these adjustments is shown in Appendix 1: Table 3 in the Explanatory Notes. Information on published rates can be found in the *Comparison of Workers' Compensation Arrangements in Australia and New Zealand* publication at swa.gov.au.

Entitlements under workers' compensation

Premium rates are set at a level to ensure sufficient funds are available to cover the entitlements payable under workers' compensation in the event an employee is injured or develops a work-related disease. Different entitlement levels across the jurisdictions can explain some of the differences in premium rates. Data provided in other chapters of this report should also be considered when comparing entitlements provided under the various workers' compensation schemes.

The following examples have been included to provide indicative entitlements payable in each jurisdiction. A brief summary of how entitlements are calculated is contained in Appendix 2 – Table 2. These entitlements are based on legislation current at 1 January 2014. More detailed information can be found in the *Comparison of Workers' Compensation Arrangements in Australia and New Zealand* publication at swa.gov.au.

Temporary impairment

This example details how jurisdictions compensate low, middle and high income employees during selected periods of temporary impairment. Entitlements for an injured employee are shown in the following table using pre-injury earnings of \$950 gross per week (award wage), \$1600 gross per week (non-award wage) and \$2200 gross per week (non-award wage). These profiles have been chosen to highlight the statutory maximum entitlements payable as well as jurisdictional differences in entitlements to workers employed under an award.

Scenario

The employee remains unable to work for a period of time before returning to their previous duties on a full-time basis. The employee has a dependent spouse and two children (aged 7 and 8). The employee injured their back and has lower back strain as a result.

Indicator 15 – Average percentage of pre-injury earnings for selected periods of incapacity, as at 1 January 2014

Level of pre-injury income	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	NZ
13 weeks of incapacity										
Low income	95	95	100	100	100	100	100	100	100	80
Middle income	95	95	85	100	100	100	100	100	100	80
High income	87	93	85	100	100	100	100	100	100	80
26 weeks of incapacity										
Low income	88	88	100	100	95	100	100	100	100	80
Middle income	88	88	85	93	95	100	100	100	100	80
High income	84	87	85	93	95	100	100	100	100	80
52 weeks of incapacity										
Low income	84	84	100	100	88	95	95	84	97	80
Middle income	84	84	80	89	88	95	88	83	97	80
High income	82	83	80	89	88	95	88	83	97	80
104 weeks of incapacity										
Low income	82	82	100	100	84	93	93	76	86	80
Middle income	82	82	78	87	84	93	81	74	86	80
High income	^(a) 81	82	^(b) 78	^(c) 87	84	93	81	^(d) 74	86	80

(a) Maximum weekly payment is capped at \$1,924.30. Refer to Appendix 1 (Explanatory note 3) for further information.

(b) In Queensland workers are paid a proportion of their normal weekly earnings (NWE) or a percentage of the original series amount of Queensland full time adult persons ordinary time earnings (QOTE) (i.e. 0 to 26 weeks 85% NWE or Award; 26 to 52 weeks 75% NWE or 70% QOTE). The percentages are calculated on the higher amounts of the two possible payments.

(c) In Western Australia there is a cap on weekly earnings set at twice the annual Average Weekly Earnings (WA) as published by the ABS each year. The weekly cap as at 30 June 2014 was \$2,448.50 and applied to all income levels. The prescribed amount for weekly payments is \$206,742.

(d) In the Australian Capital Territory a statutory floor applies after 26 weeks of total incapacity in this example. Statutory floor means the national minimum wage set by Fair Work Australia under the Fair Work Act 2009 (Cwlth). National minimum wage as at 1 January 2014 is \$622.20 (\$16.87 per hour). As of 1 July 2014 the full-time minimum wage increased to \$16.87 per hour, \$640.90 per week and casuals would get an extra 24% (\$20.30 per hour).

For low income earners (working under awards), Queensland and Western Australia provided the highest percentage (100%) of pre-injury earnings for 104 weeks of impairment. Therefore, these jurisdictions provide full coverage of earnings for low income employees under this scenario. After the 13th week of compensation, the Western Australian scheme does not compensate for overtime and bonuses and reductions in weekly payments would have occurred for non-award employees. The Tasmanian and the Northern Territory schemes provided the second highest percentage (93%) of pre-injury earnings in compensation at 104 weeks of incapacity for low income earners followed by the Australian Government (86%) then South Australia (84%). The Australian Capital Territory provided the lowest percentage of pre-injury earnings for 104 weeks of impairment (76%) due in part to the step-down in benefits to 65% of pre-injury earnings after 26 weeks of compensation (see Appendix 2 – Table 2 for more details).

For middle income earners with 104 weeks of impairment, Tasmania provided the highest percentage of pre-injury earnings (93%) followed by Western Australia (87%) then the Australian Government (86%). The Australian Capital Territory provided the lowest percentage of pre-injury earnings for the full period of impairment (74%) due in part to the step-down in benefits to 65% of pre-injury earnings after 26 weeks of compensation.

In contrast to the low income scenario, where seven of the nine Australian jurisdictions provided full income protection for the first 13 weeks, the middle and high income scenarios show that only six jurisdictions provided full income protection for middle and high income earners for this period of incapacity.

New Zealand provided same percentage (80%) of pre-injury earnings regardless of income level or weeks of incapacity.

Permanent impairment

This scenario shows the entitlements payable for a degree of permanent impairment caused by a workplace injury. Each jurisdiction has a predetermined statutory maximum lump sum payment for injuries causing permanent impairment. Maximum amounts are payable in cases of full and permanent impairment. Appendix 2 – Table 2 lists entitlements under workers' compensation schemes for each jurisdiction. The following scenario is indicative only for these types of payments.

Scenario

As a result of a workplace incident the employee was diagnosed with complete Tetraplegia below the 6th cervical neurological segment. This resulted in paralysis of his hands, impaired upper body movement and paralysis of the trunk and lower limbs. He lost all lower body function and was wheelchair-bound. Impairment was total and permanent and there was no real prospect of returning to work.

The employee's pre-injury earnings were \$1600 gross per week. The employee is 35 years of age and has a dependent spouse and two children aged 7 and 8. The younger child entered the workforce at 16 and the older child remained in full-time education until age 25. The employee contributed to a superannuation fund. There was no contributory negligence on his part, however there was negligence on the part of the employer.

Indicator 16 details the entitlements payable to the injured employee. The statutory component includes the weekly benefits payable for the remainder of the employee's working life (30 years in this instance) and all lump sum payments for permanent impairment. The common law component is an estimate of the additional payment available under a common law settlement, where applicable. All figures exclude medical and like services such as attendant care. Appendix 2 – Table 1 identifies the jurisdictions that have access to common law. In the Australian Capital Territory common law awards regularly exceed the statutory entitlement for equivalent injuries, therefore the recovery provisions do not result in a zero net common law. The Courts are able to consider permanent impairment and loss of earnings very broadly and without restriction, and frequently make awards on the basis of possible foregone career progression. The damages amounts can far exceed the limited and capped statutory entitlements. Australian Government workers are more likely to accept the statutory lump sum payment than pursue a common law settlement.

In Western Australia, New South Wales, Queensland, Tasmania and the Australian Capital Territory there is no upper limit on compensation that could be expected from a common law claim under this scenario. The Australian Capital Territory did not provide a figure for this scenario. Western Australia provided a figure of \$3 159 499 which is based on the average of the five highest common law payments for claims finalised between 2012–13 and 2013–14. A figure of \$1 285 578 was provided by New South Wales based on legislation as at 1 January 2014. Queensland provided a figure of \$1 547 768, which is based on an example similar to this scenario.

In Victoria the common law cap applicable at 1 January 2014 is \$1 830 920 comprising of, a maximum for pain and suffering of \$555 350 and for pecuniary loss \$1 275 570. Statutory benefits received are deducted from common law damages awarded. After any common law settlement medical and like expenses continue to be payable.

The South Australian scheme is limited to statutory compensation. In South Australia legislative changes resulted in a significant increase in the maximum lump sum amount payable to workers who suffer a permanent serious injury or illness. This amount was \$471 741 in 2013–14. The South Australian system is weighted so that more compensation is paid to those with moderate to serious permanent injuries rather than those with minor permanent injuries.

The entitlements provided by the New Zealand scheme in this scenario are comparable to those provided by Australian jurisdictions. However, there is no access to common law under the New Zealand scheme.

Workplace fatality

This example examines the entitlements payable to dependants of an employee who died following a work related injury. Entitlements to dependants are paid by way of a lump sum and/or weekly benefits, depending on the employee's circumstances and scheme design. The date of death for this example was 1 January 2014.

Pecuniary entitlements may be affected by common law payments in jurisdictions where there is access to common law redress. South Australia and the Northern Territory have no access to common law, while the Australian Government has limited access to common law. In Victoria there may be access to an additional lump sum under the Wrongs Act.

Scenario

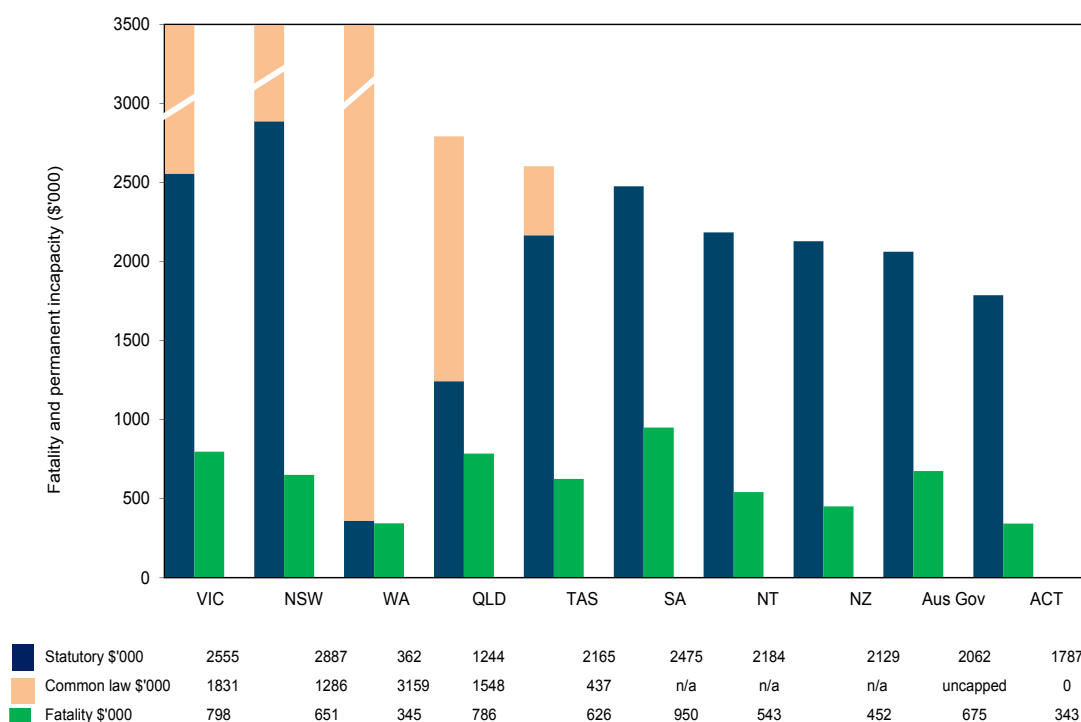
The employee and family circumstances in this scenario are the same as in the previous example but in this case the workplace incident resulted in death. The spouse did not re-enter the workforce or re-marry for 10 years.

Indicator 16 shows that total entitlements payable to dependants in the case of a fatality varied across jurisdictions. South Australia provided the highest entitlement payable to dependants in Australia following a workplace incident resulting in a fatality at the amount of \$950 147, followed by Victoria at \$797 670 then Queensland at \$785 640. The lowest entitlements for a fatality were provided in the Australian Capital Territory (\$342 595) and Western Australia (\$345 423). Appendix 2 – Table 2 provides more details on how these entitlements are calculated.

In Victoria, legislative changes that were enacted from April 2010 increased lump sum amounts payable from \$273 970 to \$503 000 backdated for all claims not determined from 10 December 2009. The lump sum amount increased to \$610 890 in 2013–14.

In the Australian Government scheme, benefits under the Safety, Rehabilitation and Compensation (SRC) Act were amended with lump sum payments set at \$675 125 in 2013–14.

In New Zealand \$452 012 is payable to dependants which is lower than all but two Australian jurisdictions. The New Zealand scheme provides little in the way of lump sum amounts but provides high weekly benefits to the spouse and children while the children remain dependants.

Indicator 16 – Entitlements for permanent incapacity or fatality as at 1 January 2014**Notes:**

New South Wales workers' compensation arrangements allow most injured workers to sue for modified common law damages only - these are known as work injury damages. Workers are limited to recovering past and future economic loss only. There is no upper limit on compensation that can be paid for a work injury damages claim. The figure provided by NSW is based on the following assumptions: legislation as at 1 January 2014; the worker does not have access to other heads of damages (eg motor vehicle accident or Civil Liability claim); the worker has no residual earning capacity; assume a settlement date of 01 January 2016. When a worker successfully recovers damages, the worker is liable to repay out of those damages the amount of weekly compensation that a person has already been paid in respect of the injury.

In Queensland there is no upper limit on compensation that could be paid for a common law claim. The amount provided is based on an example. The common law additional amount excludes all statutory payments made and the estimated proportion of the lump sum payment attributed to medical and carer services (only one payment is made to the worker).

In the Australian Capital Territory Common Law is uncapped so an amount is unable to be determined.

In Western Australia a cap on common law benefits applies for injuries with more than 15% to less than 25% whole of person impairment (WPI). The cap amount is \$434 160. However, in this example no common law cap would apply as the impairment would likely exceed the 25% or more WPI threshold. The figure provided (\$3,159,499 excluding medical and carer costs) is based on the average of the five highest common law payments for claims finalised between 2009/10 and 2013/14. It should be noted that weekly benefits and common law payments are not mutually exclusive. Common law payments are inclusive of weekly benefits, therefore, any statutory entitlements received would be deducted from the amount ordered at the common law claim.

In Victoria the pain and suffering maximum is \$555 350 less any sum received as a Statutory Lump Sum. For pecuniary loss the maximum amount is \$1 275 570 less any amount received in weekly benefits prior to settlement plus tax paid on the weekly benefits received.

Chapter 5 – Workers' compensation scheme performance

There are significant differences in the funding arrangements for the various schemes around Australia. The schemes that are centrally funded (New South Wales, Victoria, Queensland, South Australia, Comcare and New Zealand) have their work health and safety and workers' compensation functions, staffing and operational budgets funded by premiums. For those jurisdictions with privately underwritten schemes, funding for the non-workers' compensation functions comes directly from government appropriation. This difference in funding arrangements may have an impact on the data shown in this section.

Assets to liabilities ratio

This section reports the standardised ratio of assets to net outstanding claim liabilities (funding ratio) for each jurisdiction over the past five years. This indicator is a measure of the adequacy of the scheme to meet future claim payments. Ratios above 100% indicate that the scheme has more than sufficient assets to meet its predicted future liabilities. Conversely, low ratios could be an indication of the need for a scheme to increase its premium rates to ensure assets are available for future claim payments. Funding ratio trends should therefore be considered in conjunction with the premium rates reported elsewhere in this report.

Self-insurers are excluded from the funding ratio measures as the workers' compensation assets and liabilities are not quarantined from the rest of the self-insurer's business. Self-insurers are regulated in each jurisdiction and are required to lodge financial guarantees with the regulatory authority to provide security for workers' compensation entitlements. The level of the guarantee varies between jurisdictions. A summary of the current requirements can be found in the *Comparison of Workers' Compensation Arrangements in Australia and New Zealand* at swa.gov.au.

The data shown in this indicator may differ from jurisdictions' annual reports due to the use of standard definitions of assets and liabilities.

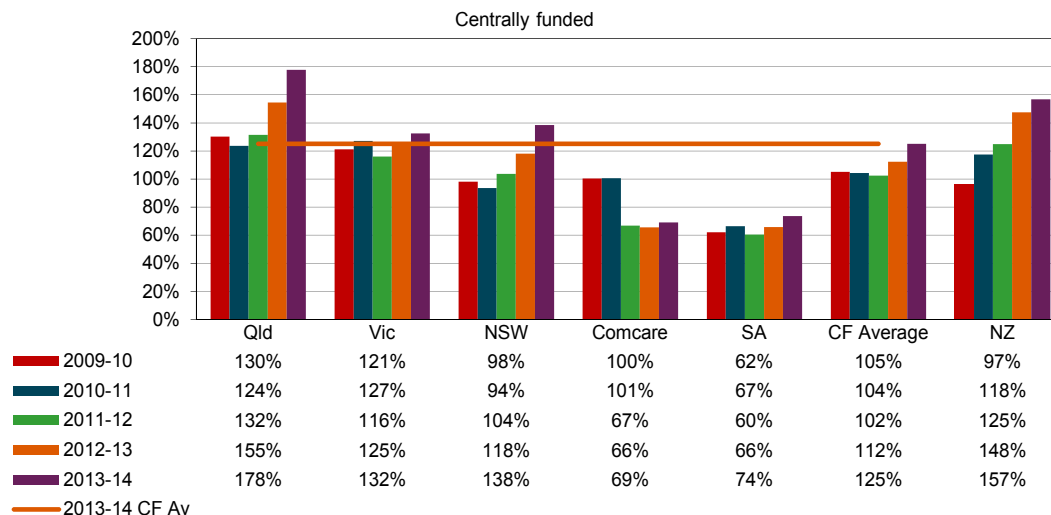
While a standard definition of the funding ratio of net outstanding claim liabilities has been adopted to improve comparability across jurisdictions, there remain fundamental differences between centrally managed and privately underwritten schemes.

Insurers in privately underwritten schemes are governed by the Australian Prudential Regulatory Authority's (APRA) prudential regulatory requirements to make sure that enough funds are available to cover all liabilities. Including the measure for privately underwritten schemes alongside centrally funded schemes is misleading because the funding ratio measure for privately underwritten schemes does not capture the true extent of the private schemes' abilities to meet future claim payments. Therefore, the funding ratios of privately underwritten schemes are shown on a separate graph to those for the centrally funded schemes.

Indicator 17a shows that the average funding ratio for centrally funded schemes was 125% in 2013–14, thirteen percentage points more than the previous year. Comcare's funding ratio slightly increased in 2013–14 after declining in 2011–12 and 2012–13 due to a substantial increase in the valuation of claim liabilities. All centrally funded schemes recorded an increase in funding ratios compared to the previous year. South Australia and Comcare were the only centrally funded schemes with funding ratios below 100%, indicating that assets may not be sufficient to meet future liabilities in these jurisdictions.

In New Zealand, the substantial increase in funding ratio during the five year period (up 62%) was mainly due to a 63% increase in total assets while the outstanding claims liabilities were stable since 2009–10. This improvement in the assets position was mainly due to the continuous surplus achieved since the 2009–10 financial year through improved investment returns, reduced scheme costs paid, decrease in un-expired risk liabilities and reduced movements in outstanding claims liability.

Indicator 17a – Standardised ratio of assets to net outstanding claim liabilities for centrally funded (CF) schemes

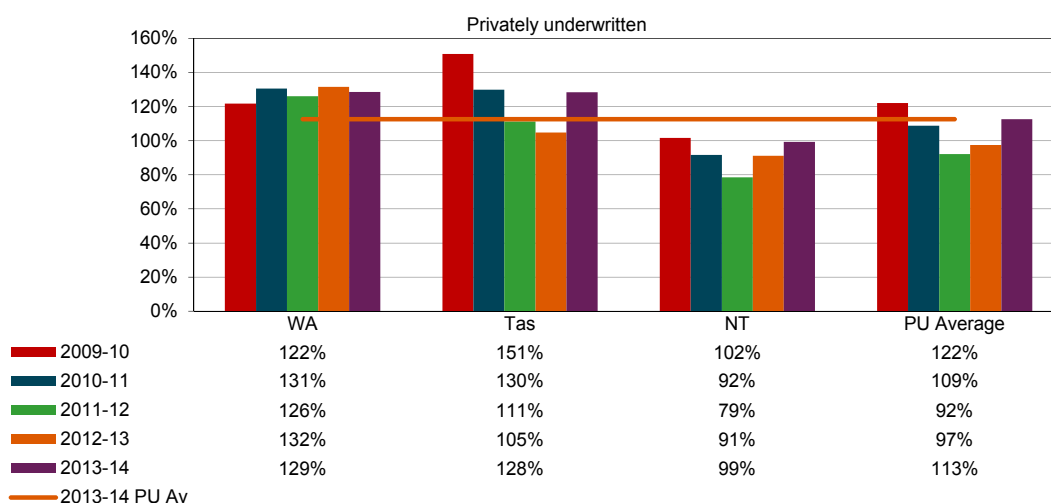


Indicator 17b shows that in 2013–14 the average funding ratio for privately underwritten schemes was 113%, an increase of sixteen percentage points from the previous year. This is due to the increases in the funding ratios observed in two out of the three privately underwritten schemes (Tasmania and the Northern Territory). Western Australia recorded a 2% drop in its funding ratio in 2013–14 compared to the previous year.

Tasmania and Western Australia have funding ratios above 100%, indicating that assets are sufficient to meet future liabilities in these jurisdictions.

The Seacare and Australian Capital Territory Private schemes are privately underwritten, but no data are currently available for this indicator.

Indicator 17b – Standardised ratio of assets to net outstanding claim liabilities for privately underwritten (PU) schemes



Scheme expenditure

Since centrally funded and privately underwritten schemes have different financial structures the jurisdictions have been shown in their respective funding arrangement group. While the standardisation methodology provides a comparable measure across the two groups, caution should still be exercised when making such comparisons.

Indicator 18 shows the amount and proportion of total scheme expenditure paid out in payments to injured employees plus administrative costs for the periods 2009–10 and 2013–14.

Total scheme expenditure across Australia increased by 13% over the four years from 2009–10 to 2013–14. All jurisdictions recorded increases in their total expenditure during the same period. The largest percentage increase was recorded by Tasmania (up 46%) followed by Western Australia (up 40%) and the Australian Government (up 24%). The components of scheme expenditure to record substantial increases were Dispute resolution expenses (up 47%), Other administration expenses (up 34%) and Insurance operations expenses (up 30%).

Payments direct to workers decreased 3% over the four years and accounted for 53% of total expenditure. This is a slightly lower proportion than in 2009–10 when Payments direct to workers accounted for 56% of total expenditure. All jurisdictions recorded increases in expenditure on Payments direct to workers ranging from 1% in Queensland to 66% in Tasmania. The exception to this was South Australia and New South Wales, that paid out 14% and 6% less to workers in 2013–14 than they did in 2009–10 respectively. The drop in South Australia was still associated with a major review of long term claimants in 2008–09. Direct compensation is paid to injured employees either as weekly benefits, redemptions, common law settlements (excluding legal costs) and non-economic loss benefits.

Dispute resolution expenses recorded the largest percentage increase in expenditure of all the cost items (up 47%) with all jurisdictions except South Australia, the Australian Government and Seacare recording an increase for this item.

Other administration expenses recorded the second largest percentage increase in expenditure of all cost items (up 34%) between 2009–10 to 2013–14 and accounted for 2% of total expenditure in 2013–14. All jurisdictions recorded increases in expenditure on Other administration with the exception of Seacare.

Costs associated with Insurance operations recorded a 30% increase in 2013–14 compared to 2009–10 across Australia. Costs associated with Insurance operations include expenditures for insurer's representatives in legal matters, medical reports, investigation and fees paid to agents. All jurisdictions recorded increases in the proportion of total expenses for Insurance operations ranging between 11% in Comcare to 61% in Seacare.

Services to claimants expenses increased 13% over the four years and accounted for 22% of total expenses in 2013–14. All jurisdictions recorded increases in the proportion of scheme costs dedicated as services to claimants with the exception of New South Wales and Seacare. Costs associated with Services to claimants include expenditures for medical and legal services plus expenditures for other services like funeral, interpreting and transport services.

The New Zealand proportions display a different pattern to the Australian schemes with a lower proportion in Direct to claimant expenditure and a higher proportion in Services to claimant expenditure. This is due to the nature of the New Zealand scheme where a greater proportion of workers' medical costs are identified as work-related.

Indicator 18 – Scheme expenditure

Scheme Costs	Centrally funded					Privately underwritten					Australia	NZ
	NSW	Vic	Qld	SA	Comcare	WA	Tas	NT	Seacare			
Expenditure (\$M)												
2009–10												
Direct to claimant	1 194.5	930.3	896.5	342.4	160.4	429.5	48.7	51.1	10.3		4 063.6	249.5
Services to claimant	636.5	378.6	205.2	116.3	62.4	184.7	28.2	19.1	2.3		1 633.3	165.5
Insurance operations	432.3	391.2	103.5	76.8	47.2	189.8	25.5	5.8	1.8		1 273.7	51.0
Regulation	25.8	59.1	8.2	5.5	0.8	4.3	1.9	0.0	0.0		105.6	26.9
Dispute resolution	32.1	23.0	9.5	5.9	4.1	4.4	1.1	0.4	0.4		80.9	0.0
Other administration	10.5	39.5	30.3	23.8	15.9	7.0	0.3	1.1	0.4		128.9	37.1
Total	2 331.7	1 821.7	1 253.1	570.7	290.8	819.7	105.7	77.5	15.2		7 286.0	530.0
2013–14												
Direct to claimant	1 123.3	1 099.6	902.3	295.2	193.4	601.9	80.9	61.2	12.8		4 370.5	243.3
Services to claimant	603.4	428.7	277.7	142.5	76.8	253.3	33.3	22.3	2.0		1 839.9	170.7
Insurance operations	590.0	455.1	120.2	112.2	52.2	274.2	36.0	7.6	2.9		1 650.4	42.3
Regulation	31.1	50.7	10.2	5.1	3.2	4.4	1.8	0.0	0.0		106.5	23.1
Dispute resolution	55.0	33.9	13.8	5.0	4.1	4.7	1.4	0.7	0.0		118.6	0.0
Other administration	14.1	44.5	38.8	32.4	30.3	9.5	0.8	1.5	0.4		172.2	38.3
Total	2 416.9	2 112.5	1 362.9	592.4	360.0	1 148.0	154.2	93.3	18.1		8 258.1	517.7

Indicator 18 – Scheme expenditure continued

Scheme Costs	Centrally funded					Privately underwritten					Australia	NZ
	NSW	Vic	Qld	SA	Comcare	WA	Tas	NT	Seacare			
Percentage of total expenditure (%)												
2009–10												
Direct to claimant	51.3	51.0	71.4	59.9	53.5	52.4	46.1	65.9	68.0		54.7	47.1
Services to claimant	27.3	20.8	16.4	20.4	21.5	22.5	26.7	24.7	15.0		22.8	31.2
Insurance operations	18.5	21.5	8.3	13.5	17.6	23.2	24.1	7.5	11.7		17.7	9.6
Regulation	1.1	3.2	0.7	1.0	0.7	0.5	1.8	0.0	0.2		1.9	5.1
Dispute resolution	1.4	1.3	0.8	1.0	1.6	0.5	1.0	0.5	2.4		1.1	0.0
Other administration	0.4	2.2	2.4	4.2	5.1	0.9	0.3	1.4	2.7		1.8	7.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		100.0	100.0
2013–14												
Direct to claimant	46.4	52.1	66.3	49.7	53.7	52.4	52.5	65.6	70.8		52.8	47.0
Services to claimant	25.0	20.3	20.4	24.1	21.3	22.1	21.6	23.9	11.0		23.2	32.9
Insurance operations	24.4	21.5	8.8	18.9	14.5	23.9	23.3	8.1	15.8		19.4	8.2
Regulation	1.3	2.4	0.7	0.9	0.9	0.4	1.2	0.0	0.2		1.5	4.5
Dispute resolution	2.3	1.6	1.0	0.9	1.1	0.4	0.9	0.8	0.0		1.1	0.0
Other administration	0.6	2.1	2.8	5.5	8.4	0.8	0.5	1.6	2.2		2.0	7.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		100.0	100.0

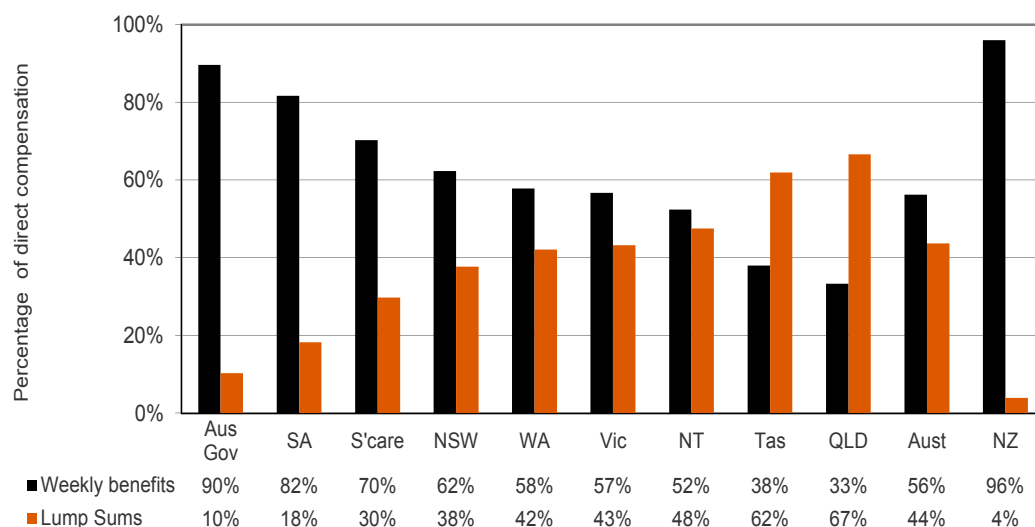
Administrative costs are affected by the type of scheme in operation. Indicator 19 shows the distribution of direct payments into weekly benefits and lump sums. The payment of long term weekly benefits results in higher administration costs. This indicator shows that in 2013–14 most Australian schemes paid out more as weekly benefits than lump sum benefits. Tasmania and the Northern Territory recorded equal proportions. The Queensland scheme is the only one which paid out more in lump sum payments than in weekly benefits.

In two out of the nine Australian jurisdictions the proportions of benefits paid as lump sums in 2013–14 were less than what was recorded in the previous year. New South Wales recorded the same proportions as in the previous year. Seacare recorded a substantial increase (up 99%) in the proportion of benefits paid as lump sum followed by Tasmania (up 21%) compared to the previous year.

The Tasmanian increase in lump sum benefits (from 51% to 62%) was mainly due to the fact that the redemption of future income maintenance payments were more than doubled in 2012–13 when compared to the previous year.

Overall in Australia in 2013–14 a larger proportion (up 3%) of benefits were paid as a lump sum compared to the previous year, with all jurisdictions except Comcare and the Northern Territory recording increases in the proportion paid as lump sums. The New Zealand scheme doubled the proportion of benefits paid as a lump sum compared to the previous year. However the New Zealand scheme has little provision for lump sum payments.

Indicator 19 – Direct compensation payments by type and jurisdiction, 2013–14



Current return to work

This section presents the Current Return to Work rate compiled from data published in the [Return to Work Survey report](#) commissioned by Safe Work Australia.

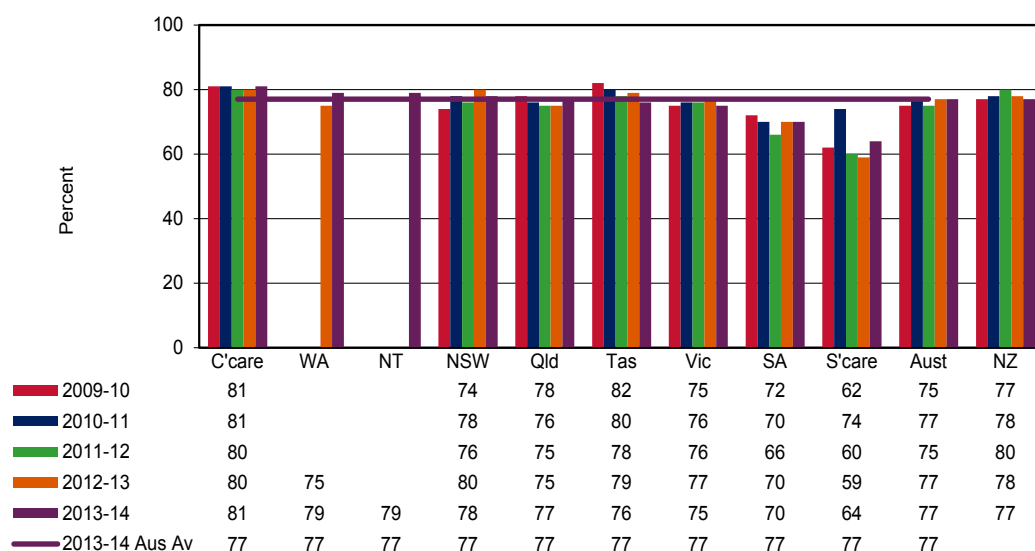
The Return to Work Survey replaces the Return to Work Monitor that was produced by Heads of Workers' Compensation Authorities (HWCA). The survey includes injured workers who have been paid 10 or more days of compensation and whose claim was submitted seven to nine months prior to the survey. This is the same as used in the Return to Work Monitor and hence data from the two surveys have been used in Indicator 20. The New Zealand Accident Compensation Corporation (ACC) and all Australian jurisdictions except the Australian Capital Territory took part in the survey.

Current Return to Work refers to an injured worker who was working at the time of the survey and is the equivalent to the previous 'Durable Return to Work' item reported in the Return to Work Monitor. This measure is based on Question C1 'Are you currently working in a paid job?' and Question C7 'Can I just confirm, have you returned to work at any time since your workplace injury or illness?'. It reports the proportion of injured workers who state 'yes' to both questions.

Current Return to Work rates reported here are estimates based on a sample of the eligible population. Differences between and within jurisdictions should be interpreted with caution. More information on this aspect and the Survey design can be found in Note 4 in Appendix 1.

Indicator 20 reveals that in 2013–14 over three quarters of Australian and New Zealand (77%) workers had returned to work following their injury and were still working at the time of interview.

Indicator 20 – Current return to work rate



The highest Current Return To Work rates were recorded in Comcare (81%), Western Australia and the Northern Territory (79% each), New South Wales (78%), Queensland (77%), Tasmania (76%) and Victoria (75%). Most jurisdictions recorded either similar or increases in the Current Return to Work from the previous year. The exceptions were New South Wales, Tasmania and Victoria whose Return to Work rate fell from last year. The small sample size for Seacare creates volatility and year on year variations should be interpreted with caution.

Each jurisdiction faces varying challenges in their endeavours to improve return to

work rates. Some drivers of return to work are defined by legislation and can only be influenced by the nature of the scheme design (whether it is short or long term in nature). For example, the benefit structure can influence return to work, as can the associated step down provisions and legislative differences regarding early claims reporting, employer obligations and common law arrangements.

Disputation rate

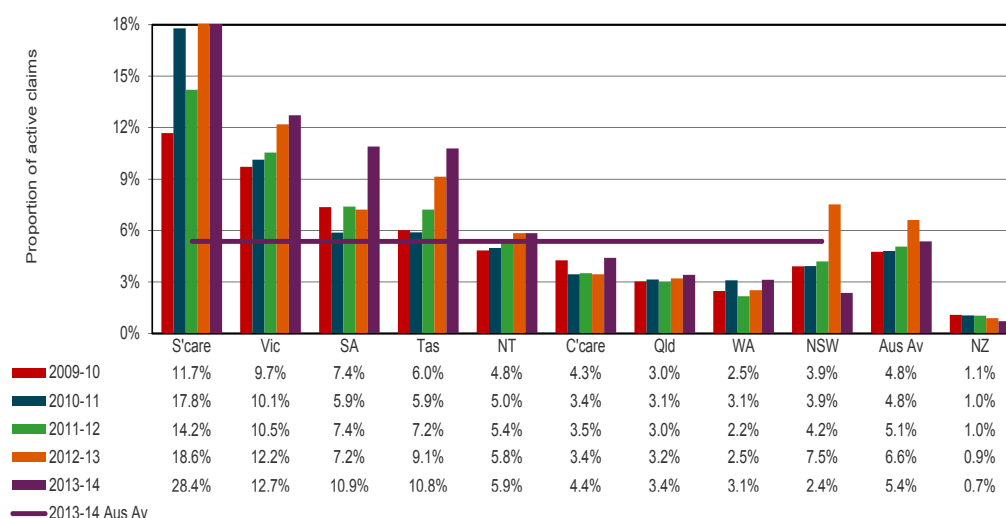
A dispute is an appeal to a formal mechanism, such as a review officer, conciliation or mediation service, against an insurer's decision or decisions relating to compensation. Disputes exclude common law and also exclude redemptions and commutations unless processed as disputes through the jurisdiction's dispute resolution system.

Indicator 21 shows the number of new disputes as a proportion of 'active' claims in the reference financial year. An active claim is described as any claim on which a payment of any type was made during the reference financial year (including claims with medical treatment costs only) regardless of when that claim was lodged.

The measure includes all disputes lodged for the year against any active claim that had any type of payment in the reference financial year. The comparison of disputation rates between jurisdictions must be treated with caution due to jurisdictional differences in scheme design, types of decisions that can be appealed, dispute resolution models and the cost of appeals.

Indicator 21 shows that the Australian disputation rate has increased by 12.5% since 2009–10. In 2013–14 the Australian disputation rate was 5.4% of active claims, a decrease (down 18%) compared to the previous year. With the exception of New South Wales all other jurisdictions recorded increases in disputation rates during the five year period.

Indicator 21 – Proportion of claims with dispute



Significant reforms to the Western Australian workers' compensation dispute resolution system came into effect on 1 December 2011 and the new Conciliation and Arbitration Services (CAS) commenced operation on that date. For the purposes of this indicator, Western Australia has combined the data from old and new systems.

The disputation rate for South Australia recorded a substantial increase (up 51%) in 2013–14 compared to the previous year due to the substantial increase in the number of new disputes lodged in the reference financial year reflecting the improved performance of the scheme's agent model where claim decisions under the Act are

now being made in a more timely manner. The disputation rate for South Australia recorded a 47% increase since 2009–10.

New South Wales recorded a substantial decrease (down 68%) in 2013–14 compared to the previous year. Legislative amendments made in late June 2012 led to a large increase in applications between July 2012 and April 2013. This was the transition period for the introduction of some of the provisions of the amended legislation. During these 10 months the Workers Compensation Commission registered approximately 88% more applications than average. The significant increase in workload led to substantial delays in resolution of disputes. Total lodgement of applications during the 2013–14 year dropped to approximately 46% of the pre-amendment average. New South Wales was the only jurisdiction to record a decrease from the previous year.

Comcare recorded a disputation rate of 4.4% in 2013–14. This represents a 29% increase from 2012–13.

New South Wales, Western Australia and Queensland reported the lowest disputation rates of all the Australian jurisdictions at 2.4%, 3.1% and 3.4% of active claims respectively.

Seacare recorded the highest disputation rate at 28.4% of active claims in 2013–14. In 2013–14, 85 applications were lodged with the Administrative Appeals Tribunal (AAT) amounting to 29% increase from the previous year. The number of applications to the AAT relative to the claims lodged indicates the propensity for seafarers and their representatives to seek a review of their claim. This ratio provides a means of determining disputation rates. In 2013–14, the disputation rate was 28.4%. This represents a substantial increase (up 53%) from 2012–13 and the highest disputation rate since 2009–10.

Recent increases in the Tasmanian disputation rate can partly be attributed to provisions introduced into the Tasmanian legislation in 2010, including that all settlements occurring within two years of the date of the claim lodgement must be referred to the tribunal for approval and for all parties to notify the tribunal of a dispute in respect to injury management.

The New Zealand disputation rate is very low because of the universal nature of its accident compensation scheme. Since people are covered whether the incident occurs at work, home, on the road, playing sport and whether they are employed, self-employed or a non-earner (child, pensioner, student, unemployed) there are very few disputes relating to cover.

Dispute resolution

The speed disputes are resolved depends on the systems and processes in place for each jurisdiction. Generally, the simpler the process, the faster the dispute is resolved. Where there is a lag in the collection, exchange and lodgement of information by one or more parties, disputes are likely to be more adversarial and therefore more costly. A high percentage of disputes resolved in a longer time frame may also indicate that there are a high number of more complex disputes being dealt with within a jurisdiction, or that there are some mandatory medical or legal processes in place that inherently delay resolution.

South Australia and the Northern Territory cannot supply data on the time required to resolve disputes.

Indicator 22 demonstrates that in the past five years in Australia there has been an increase (up 6%) in the proportion of disputes resolved within one month.

The percentage of disputes resolved within three months decreased by 14%, while the percentage of disputes resolved within six and nine months decreased by 23% and 18%, respectively, during this period.

Indicator 22 – Percentage of disputes resolved within selected time periods (cumulative)

Jurisdiction	Within 1 month	Within 3 months	Within 6 months	Within 9 months
2009–10				
NSW	8.2	45.3	87.9	96.3
Victoria	6.9	64.5	85.0	93.1
Queensland	15.0	81.6	93.1	95.6
Western Australia	30.2	50.1	72.0	83.4
Tasmania	50.6	63.1	79.1	90.2
Comcare	2.8	10.0	21.4	39.4
Seacare	8.3	12.5	25.0	54.2
Australia	10.9	56.8	83.4	91.6
New Zealand	8.2	33.9	84.6	99.8
2013–14				
NSW	1.5	6.2	20.4	39.2
Victoria	12.1	64.3	83.0	91.5
Queensland	11.8	87.6	94.4	96.6
Western Australia	35.8	79.6	89.5	96.0
Tasmania	58.5	70.0	79.7	86.9
Comcare	4.8	14.5	29.8	49.6
Seacare	10.0	16.0	32.0	60.0
Australia*	11.6	48.8	63.9	75.0
New Zealand	10.2	32.1	77.7	91.4

In 2013–14 almost half the disputes (49%) were resolved within three months of the date of lodgement on average for Australia. Queensland resolved the highest proportion of disputes (88%), followed by Western Australia (80%), Tasmania (70%) and Victoria (64%) within a three month period.

Comcare, Western Australia and Seacare recorded increases in the proportion of disputes resolved within the four selected time periods. Western Australia recorded substantial increases in the percentage of disputes resolved (up 18%, 59%, 24% and 15%) within one, three, six and nine months respectively. This is mainly due to the significant reforms to the Western Australian workers' compensation dispute resolution system that came into effect on 1 December 2011.

Overall, Comcare disputes generally took more time to resolve than disputes in other jurisdictions. As Comcare disputes proceed to an external and independent body, Comcare has minimal control over the associated time frames for dispute resolution. These disputes tend to be quite complex and require a long time to resolve. Comcare recorded substantial increases in the proportion of disputes resolved within the four selected time periods (up 71%, 45%, 39% and 26%) within one, three, six and nine months respectively.

Seacare also recorded notable increase in the proportion of disputes resolved within the four selected time periods (up 20%, 28%, 28% and 11%) within one, three, six and nine months respectively. However, the proportions for all the time periods are some of the lowest of all jurisdictions. The time it takes to resolve applications in the seafarers jurisdiction is influenced by many factors, particularly the time needed by

parties to obtain further evidence such as expert medical evidence as well as any delays associated with ensuring all related claims are before the AAT. The nature and complexity of the decisions under review will affect the time within which any agreed resolution can be reached or the applications can be progressed to hearing and determination. The number of applications made to the AAT is relatively small. Small changes in the number of cases finalised at particular times can result in relatively large percentage changes in the resolution rates within the specified timeframes.

In 2013–14, Tasmania resolved 58% of disputed claims within one month, substantially higher than any other jurisdiction. The proportion of disputes resolved within three, six and nine months in Tasmania (70%, 80% and 87%) were all higher than the Australian average for these three resolution periods.

In contrast, less than 5% of disputes were resolved within one month in the New South Wales and Comcare schemes. The legislative amendments in New South Wales in late June 2012 led to a substantial increase in applications between July 2012 and April 2013. The significant increase in workload led to substantial delays in the WorkCover New South Wales' targeted time frames for the resolution of disputes. Total lodgement of applications during the 2013-14 year dropped to approximately 46% of the pre-amendment average.

The resolution times for New South Wales are also affected by the incorporation of a mandatory medical assessment into the Workers Compensation Commission's proceedings in relation to disputes over permanent impairment entitlements.

Entitlement to compensation for permanent impairment is the subject of most of the dispute applications lodged with the Workers Compensation Commission. While New South Wales resolved only 1.5% of disputes within one month, 20% within six months and 39% of disputes were resolved within nine months, more than 60% of disputes lodged in 2013–14 required more than nine months to be resolved.

The resolution times for Victoria are affected by the compulsory conciliation process, which may or may not involve medical panel referral, and the fact that court litigation can only occur at the conclusion of the compulsory conciliation process.

The proportion of disputes resolved in New Zealand is lower than the Australian average for the one month and three months time periods but higher than the Australian average for six months and nine months time periods.

Chapter 6 – Industry information

Claims by industry

The industry classification used to show incidence rates of serious claims has been updated to the Australian and New Zealand Standard Industrial Classification 2006 system (ANZSIC 2006). Indicator 23 shows the incidence rates of serious claims across industries in Australia based on the 2013–14 year. In 2013–14, the Agriculture, forestry & fishing industry and Transport, postal & warehousing industry recorded the highest incidence rate with 17.4 serious claims per 1000 employees followed by Manufacturing (15.0). Under the Australian Strategy 2012–2022 these industries together with Construction, Accommodation & food services, Public administration & safety and Health care & social assistance have been identified as national priorities for prevention activities.

Decreases in the incidence rate of serious claims from 2012–13 were recorded by all but two industries. The most notable reductions were seen in Financial & insurance services (19%), Other Service (17%), Agriculture, forestry & fishing and Manufacturing (15%).

Over the period 2009–10 to 2012–13, the greatest percentage fall (33%) was recorded by the Rental, hiring & real estate services industry. The Information, media & telecommunications industry recorded the second largest percentage fall (27%) followed by Wholesale trade (22%). In contrast the Accommodation & food services industry recorded a 4% increase in incidence rate of serious claims. More detailed information on claims by industry can be found in the *Australian Workers' Compensation Statistics*, published at swa.gov.au.

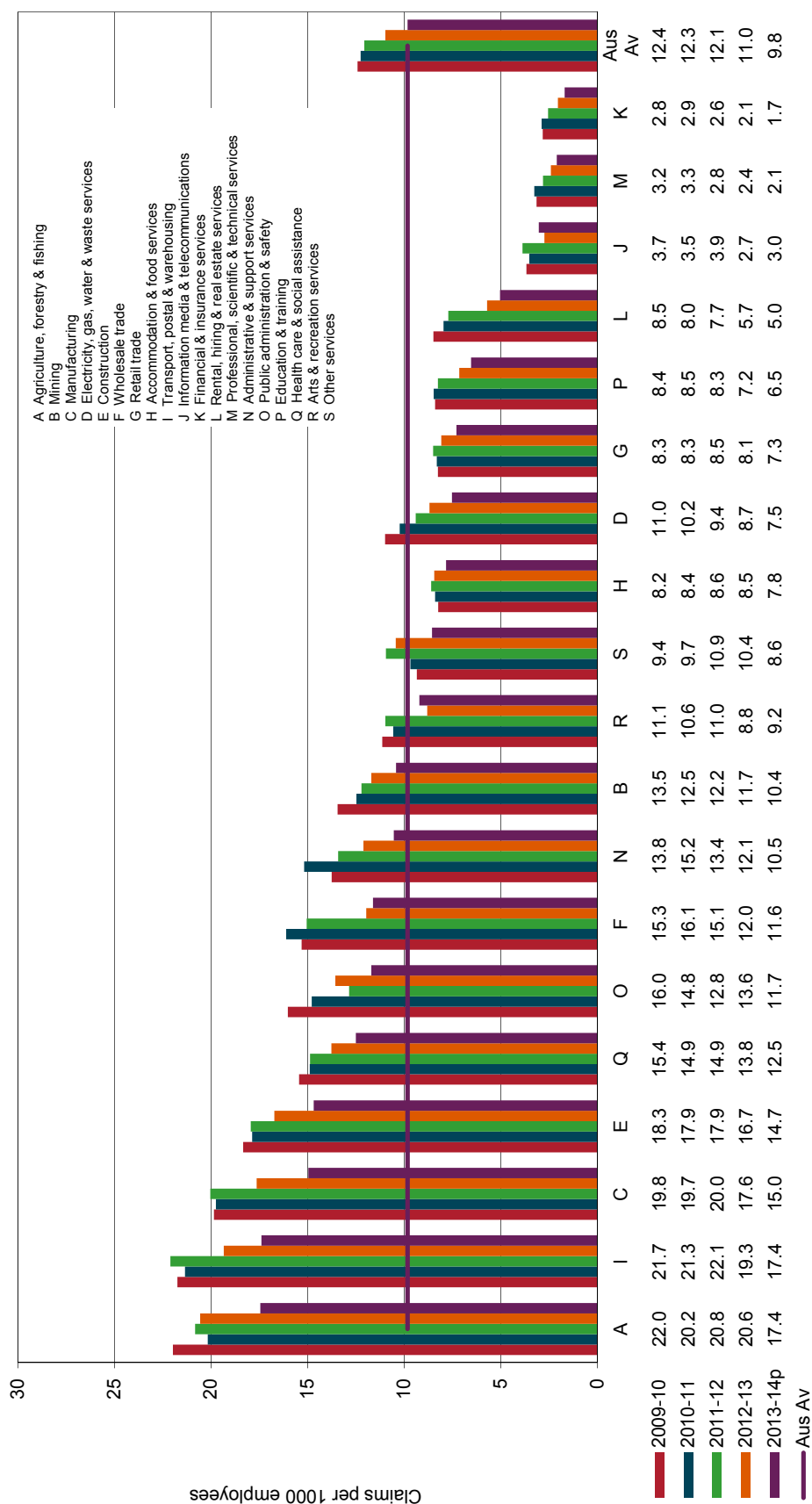
Premium rates by industry

Premium rates data are still shown using the 1993 version of the Industry Classification System as most jurisdictions are unable to supply premium data based on the 2006 Industry Classification System. Indicator 24 shows average premium rates by industry in Australia for the years 2009–10 to 2013–14. These data show that the Agriculture, forestry & fishing industry recorded the highest average premium rate at 3.67% of payroll. The lowest premium rate was recorded by the Finance & insurance industry at 0.27% of payroll.

Premium rates of nine out of the 17 industries have decreased since 2009–10. The largest percentage decrease (down 14%) was recorded by the property and business services industry. This was followed by Mining (down 13%) then Construction (down 12%) and Electricity, gas & water supply (down 11%). The largest percentage increase (25%) since 2009–10 was recorded by the Government administration & defence industry.

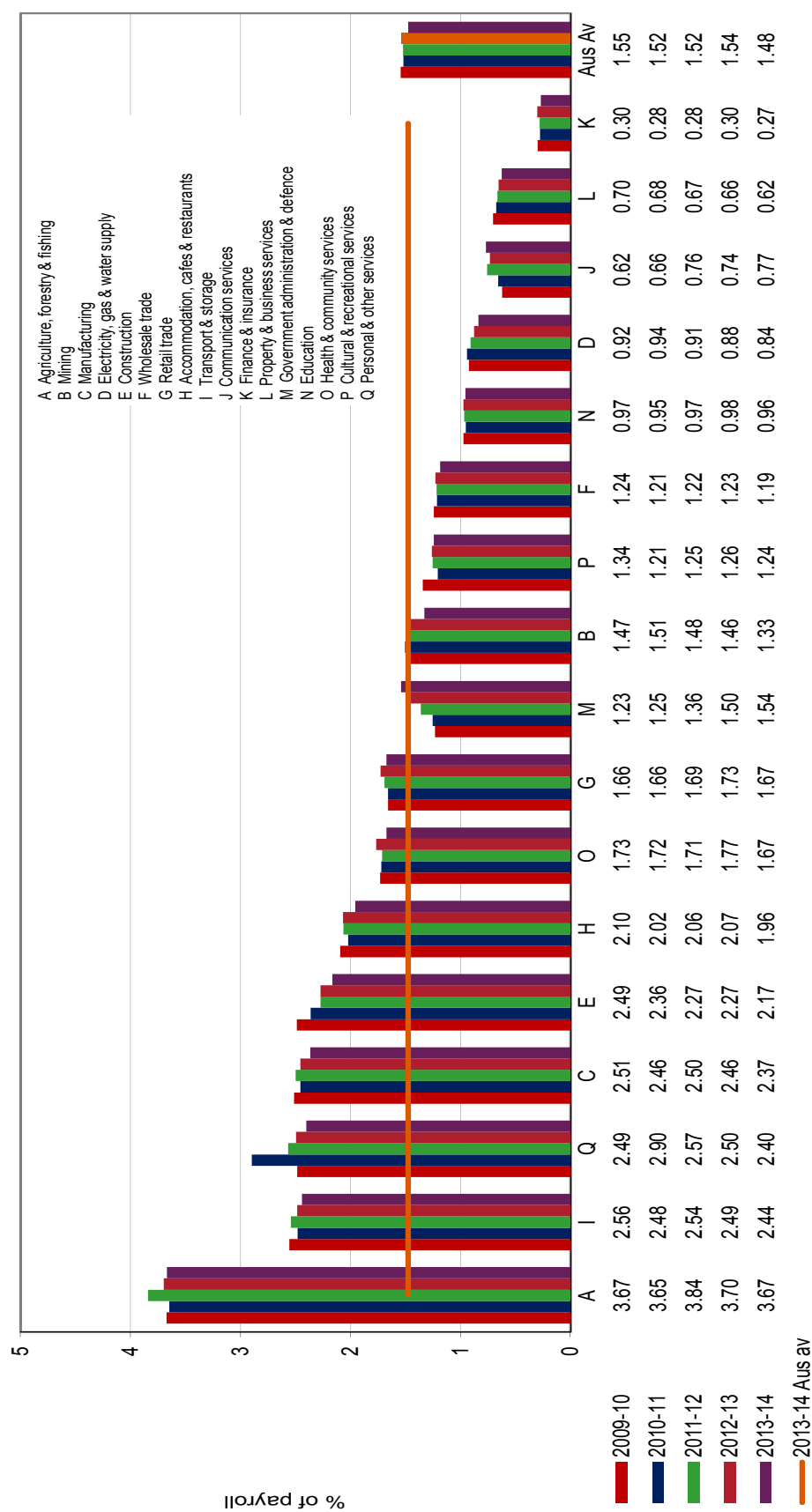
For a number of schemes the published industry rates are not based solely on risk-profile or performance, as some schemes cross-subsidise premiums. The premium rates quoted in this section of the report are based on premiums in each industry divided by remuneration in that industry.

Indicator 23 – Incidence rates of serious* claims by industry



* Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

Indicator 24 – Australian average premium rates by industry



Appendix 1 — Explanatory notes

1. Workers' compensation claims data

Scope

The data presented in this report are extracted from the National Data Set for Compensation-based Statistics (NDS), which are compiled annually from claims made under state, territory and Australian Government workers' compensation Acts. The New Zealand Accident Compensation Corporation (ACC) also collects data in accordance with the NDS. Except for the data used in Chapter one, this report is restricted to the new definition of serious claims.

New definition of a serious claim: Under the new definition, a serious claim is a workers' compensation claim for an incapacity that results in a total absence from work of one working week or more. Claims arising from a work-related fatality or a journey to or from work or during a recess period are excluded from the definition of a serious claim. One working week is defined as lost when the number of hours lost is greater than or equal to the number of hours usually worked per week.

Reporting on fatalities: This edition of the CPM reports on work-related injury fatalities in a different way to previous editions. Previous editions provided a comparison of compensated fatalities whereas this edition sources information from the traumatic injury fatalities collection. The traumatic injury fatalities collection provides the most accurate information on work-related injury fatalities because the data are sourced from workers' compensation data, fatality notifications to the various work health and safety authorities and information in the National Coronial Information System (NCIS). Only around 60% of work-related fatalities recorded in the traumatic injury fatalities collection are typically compensated. Further information about the traumatic injury fatalities collection and a detailed analysis of the data can be found at swa.gov.au.

There is no change to the source of information in this edition of the CPM on disease-related fatalities. This information is only available through the NDS.

The data in this report do not cover all cases of occupational injury and disease as generally only employees are covered by workers' compensation. Therefore many contractors and self-employed workers are not represented by these data. The exclusion of self-employed persons is likely to result in an underestimate of the number of cases in industries where self-employed persons are common, such as, Agriculture, forestry & fishing, Construction and Transport, postal & warehousing - Road transport, Administrative & support services and Arts & recreation services. However, the incidence and frequency rates shown in this report for all industries can be considered reliable as the denominators used in the calculation of the rates have been adjusted to exclude self-employed persons.

In addition, the following have been excluded from the data in this report:

- occupational injuries and diseases resulting in absences from work of less than one working week
- military personnel within the Defence Forces
- cases not claimed as workers' compensation or not acknowledged as being work-related, and
- claims for compensation to the Dust Diseases Board of New South Wales.

Australian Government employees working in each jurisdiction have been included in Australian Government figures rather than state or territory results. Australian Capital

Territory Public Service employees are covered by the Comcare scheme but operate under the work health and safety provisions of the Australian Capital Territory. These employees and their claims have been combined with Australian Capital Territory Private sector employees for reporting outcomes in Chapters 1 and 2 of this report.

The following table (Appendix 1 – Table 1) shows the preliminary number of serious claims, an estimate of the number of employees in each jurisdiction, and an estimate of the number of hours worked in each jurisdiction in 2013–14. Note that the number of serious claims shown for Victoria includes adjustment factors that are explained later in these notes. The employee and hours figures in Appendix 1 – Table 1 are those used to calculate the incidence and frequency rates in this report. Please note that the number of claims shown will increase when updated information is provided by the jurisdictions for next year's report.

Appendix 1 – Table 1: Summary of key jurisdictional data, 2013–14

Jurisdiction	Serious claims	% of claims	Employees	% of employees	Hours worked ('000)	% of hours worked
New South Wales	32 770	30.7	3 268 000	30.1	5 466 079 300	30.2
Victoria	20 980	19.7	2 607 300	24.0	4 185 690 700	23.1
Queensland	25 460	23.9	2 121 300	19.6	3 644 169 500	20.1
Western Australia	11 370	10.7	1 243 900	11.5	2 170 781 100	12.0
South Australia	8 380	7.9	724 500	6.7	1 160 434 100	6.4
Tasmania	2 690	2.5	207 100	1.9	320 711 700	1.8
Northern Territory	1 100	1.0	130 900	1.2	237 377 600	1.3
Australian Capital Territory	1 440	1.4	150 500	1.4	238 517 100	1.3
Australian Government	2 260	2.1	382 800	3.5	681 734 000	3.8
Seacare	130	0.1	7 500	0.1	21 302 000	0.1
Australian Total	106 580	100.0	10 843 800	100.0	18 126 797 200	100.0
New Zealand	20 320		1 876 613		38 055 019 500	

Time series and adjustment of scheme data

The estimates of the number of employees and their hours worked are supplied by the Australian Bureau of Statistics and these denominator data are based on the Labour Force Survey, the Survey of Employment and Earnings and data provided by Comcare. Further adjustments are performed using data from the Census, the Forms of Employment Survey and the Survey of Employment Arrangements, Retirement and Superannuation. These data are matched to the scope of the claims data but may not be exact, particularly in the smaller jurisdictions, due to the number of employees being derived from a survey of the population rather than a census.

The labour force estimates were recently benchmarked against the 2011 Census and 20 years recasting is currently underway. As a result, the ABS revised and supplied Safe Work Australia with estimates for the number of employees and hours worked back to 2007–08. This change and the change in the definition of serious claims means that the incidence and frequency rates published in this report will differ to those previously published.

Incidence and frequency rates, especially for the most recent years are, expected to rise as the number of accepted claims increases as a result of further data development. This may involve additional claims being accepted or shorter-term claims with temporary incapacity incurring additional time lost and subsequently matching the definition of a serious claim: one that involves one or more working weeks of time lost.

Claims data shown in this report for 2013–14 are preliminary unless otherwise stated. Therefore these data are likely to be understated and a comparison of 2013–14 data with those of previous years should be undertaken with caution.

In analysing trends over time, consideration needs to be given to any changes to jurisdiction-specific legislation and administrative processes during the period concerned, further details of which should be sought from the jurisdictions. Commentary relating to these comparisons should be read carefully where provided.

Frequency rates for the Seacare scheme have been calculated using a 24-hour basis. This is in recognition of the 24-hour risk of exposure to workplace hazards due to the nature of maritime industry employment. This definition is consistent with data published by the Seacare Authority.

Due to difficulties obtaining time lost in hours for the Northern Territory, data have been estimated using the definition of a working week of five working days. To make the data reported from the Northern Territory and data reported for all other jurisdictions comparable, the data for the Northern Territory has been increased by a factor of 1.3%.

Definition of injury and disease

Occupational injuries are defined as all employment-related injuries that are the result of a single traumatic event, occurring while a person is on duty, or during a recess period at the workplace, and where there was a short or non-existent latency period. This includes injuries that are the result of a single exposure to an agent(s) causing an acute toxic effect.

Occupational diseases are defined as all employment-related diseases that result from repeated or long-term exposure to an agent(s) or event(s), or that are the result of a single event resulting in a disease (for example, the development of hepatitis following a single exposure to the infection).

In this report, the injuries data also include claims for musculoskeletal disorders (MSD). This change was necessitated by the introduction of a new coding system in Victoria in 2002–03 that resulted in a large number of claims previously coded as sprains and strains (injuries) being coded as diseases of the musculoskeletal system and connective tissue. This more accurately reflects the repetitive and long term muscle stress that results in these conditions. To minimise the effect of this coding change on time series consistency, musculoskeletal disorders have been combined with the data on injuries for all years and all jurisdictions in this report. A similar change in coding practices across all other jurisdictions has been occurring progressively from 2005–06 as the 3rd edition of the Type of Occurrence Classification Scheme (TOOCS) is introduced in each jurisdiction.

Adjustment of Victorian and South Australian data

Only claims involving one or more weeks of compensation have been used for analysis in Chapters 1 and 2 to enable greater comparability in the jurisdictional data. This accounts for the different employer excesses that exist in various schemes. Under the Victorian and South Australian workers' compensation schemes the employer is generally liable for the first 10 days of lost wages by the injured worker. In addition to this, Victorian employers pay the first \$642 of medical services (as at 30 September 2013) unless the employer has elected the Excess Buyout option. More information on the Excess Buyout option can be found at worksafe.vic.gov.au.

As employers do not always provide WorkSafe Victoria and Workcover South Australia with information on claims lasting fewer than 10 days, an adjustment factor needs to be applied in order to compare Victorian and South Australian claims data with other

jurisdictions. To calculate the Victorian and South Australian under 10 day excess impact, the percentage of claims between one and two weeks duration for Victoria and South Australia was compared with the percentage of one to two weeks claims for other Australian jurisdictions. From this comparison, the number of Victorian and South Australian claims between one and two weeks was increased by a factor so that the percentage of such claims was similar to the Australian average. The analysis was undertaken at the industry division level to allow for a greater degree of homogeneity in respect of claim duration in Victoria. The application of the factors has increased the claims supplied by WorkSafe Victoria by 14% (from 20 507 to 23 371) and for South Australia by 12% (from 7878 to 8838).

Size of business

The number of employees in each of the three business size groups has been provided by the ABS. Estimates of employment figures by 'Small: less than 20 employees', 'Medium: 20-199 employees' and 'Large: 200 employees or more' business size groups published in the 2012–13 'Australian Industry' publication (ABS cat. No. 8155.0) are used. These estimates are produced annually using a combination of data directly collected from the annual Economic Activity Survey (EAS) conducted by the ABS and Business Activity Statement (BAS) data provided by businesses to the Australian Taxation Office (ATO). As figures in this publication are for 'Employment', the ABS Labour Force data were also used in order to be able to exclude self-employed persons from the 'Australian Industry' figures.

The scope and coverage of these estimates are for the private sector only, which consists of all business entities in the Australian economy except for entities classified as general Government. Data on the number of claims are collected in each jurisdiction by a variety of methods, some via the claim form and others by imputing estimates from the data supplied by employers.

Self-insurers joining Comcare - adjustment of claims

On 15 March 2007 new legislation came into effect that extended the coverage of the Occupational Health and Safety Act 1991 (the OHS Act) to organisations licensed to self-insure under the Safety Rehabilitation and Compensation Act 1988. Previously, former Commonwealth authorities and licensed private sector corporations operated under the Commonwealth workers' compensation regime, but were covered by state and territory work health and safety legislation in the jurisdictions in which they operated. This amendment removed the need for multiple compliance regimes. However, as the number of employees and hours worked were originally only available from the work health and safety jurisdictions, workers' compensation claims from those authorities and companies self-insuring with Comcare were allocated to their work health and safety jurisdictions for 2005–06 and 2006–07. In 2007–08, the ABS undertook a review of the methodology used to calculate the number of employees and hours data. As an outcome of this review, the number of employees and hours data are now available from the workers' compensation jurisdictions for these years and claims of those authorities and companies self-insuring under the Comcare scheme now remain within the scheme. Self-insurers have been included in the Comcare scheme if they were self-insuring with Comcare at June 30 in the relevant year.

2. Enforcement data

In 2009–10, Safe Work Australia, in collaboration with the Heads of Workplace Safety Authorities (HWSA) and states and territories reviewed a number of compliance and

enforcement definitions. A number of changes to these definitions were proposed and have been implemented since the eleventh edition of the report. They include:

- the number of legal proceedings finalised is now requested in place of legal proceedings commenced
- the HWSA definition of the number of legal proceedings resulting in a conviction, order or agreement is implemented in place of the number of prosecutions resulting in a conviction
- the number of field active inspectors has been amended to include managers of the field inspectors. The data also include investigators (where applicable) who are appointed to work with the enforcement provisions. Staff on extended leave are also included.
- proactive workplace intervention is now split into two measures: (A) Workplace visits and (B) Workshops\Presentations\Seminars Forums and data are now supplied separately, and
- reactive workplace intervention is also split into two measures: (A) Workplace visits and (B) Other reactive interventions.

Following the Australian Government's decision in March 2007 to grant licensed self-insurers coverage under the 1991 OHS Act, the number of employees regulated by Comcare increased by 35% from 291 535 full-time equivalent (FTE) employees prior to the March 2007 legislative amendment to an estimated 445 000 FTE employees as at June 2014. In response Comcare increased its field active inspectors from 22 in 2005–06 to 46 by 30 June 2014, based in seven regional offices across Australia. This ensured there were sufficient investigator resources to regulate the growing jurisdiction effectively. These increases can be directly related to the Federal Minister's direction of 2008 seeking stronger enforcement and justice outcomes and Comcare's 2015 Strategic Plan on healthier and safer workplaces.

Data provided by Western Australia in relation to proactive and reactive interventions include the number of visits (including repeat visits) for investigations with a completion date within the reporting period. In an effort to provide stable and reliable data and to prevent double counting, visits pertaining to open investigations have been excluded.

3. Premium rates and Entitlements

Issues affecting the comparability of premium rates across the schemes include:

- differences in benefits and coverage for certain types of injuries, in particular the coverage of the journey to and from work
- differences in claims management arrangements
- variations in the funding arrangements for delivery of work health and safety services, with some jurisdictions providing degrees of cross-subsidisation
- differences in the definitions of wages for premium setting purposes including whether superannuation contribution is part of wages
- different scheme excess deductibles (note that wage under-declaration has not been accounted for as it is considered to have a similar prevalence in each jurisdiction)
- different levels of self-insurance
- different industry mixes
- differences in premium calculation methodology, and
- different actuarial assumptions used in the calculation of premium rates.

Premiums in the self-insured sector

Most jurisdictions allow large employers to self-insure their workers' compensation if they prove they can manage the associated financial and other risks. Jurisdictions with a large proportion of employees under self-insurance arrangements include New South Wales, South Australia, Tasmania and the Australian Government. Significantly fewer self-insurers operate in Victoria, Queensland, Western Australia and the Australian Capital Territory Private Scheme. A number of methodologies are employed in this report to obtain an estimate of the amount of premium that self-insurers would pay.

Employer excess factors

Some schemes have non-compensable excesses where the employer pays the first five or 10 days compensation and/or meets medical expenses to a maximum amount. To improve comparability of premium rates a common deductible of the first five days compensation with no medical costs has been applied. The factors applied to the insured sector data in each jurisdiction are shown in Appendix 1 – Table 2. Adjustment factors are also applied to the self-insured sector to make the data consistent with the common deductible of the first five days compensation with no medical costs.

Appendix 1 – Table 2: Premium rate adjustment factors (%)

Jurisdiction	Employer excess factors			Journey factor
	Insured sector		Self insured sector Time lost excess	
	Time lost excess	Medical expenses excess		
New South Wales	n/a	n/a	-1.5	-8.5
Victoria	2.0	1.0	-3.0	n/a
Queensland	n/a	n/a	n/a	-6.5
Western Australia	-1.9	n/a	n/a	n/a
South Australia	2.0	n/a	-3.0	n/a
Tasmania	n/a	0.3	-2.5	n/a
Northern Territory	-2.5	n/a	n/a	-3.0
Australian Capital Territory Private	-1.8	n/a	n/a	-7.5
Australian Government	-1.8	n/a	-4.5	n/a
Seacare	Excess adjustment factors reviewed annually			-6.0
New Zealand	n/a	n/a	n/a	-7.5

Journey factors

All jurisdictions except Victoria, Western Australia, Tasmania, Australian Government and New Zealand provide some level of coverage for journey claims. Hence, an estimated amount equal to the cost of providing this coverage has been removed from the premium rates of the jurisdictions that provide this type of coverage. The factors applied are shown in Appendix 1 – Table 2. In New Zealand journey claims are covered by a different scheme.

Seacare scheme

Seacare scheme policies often include large excesses, ranging from \$5000 to \$100 000, representing approximately three weeks to more than 12 months compensation, with the majority of policies containing excesses in the \$5000 to \$25 000 range. An adjustment factor has been developed to take into account the large and variable deductible.

Effect of adjustment factors on premium rates

Appendix 1 – Table 3 presents average premium rates with various adjustments to assist comparability. Each column in this table represents progressively adjusted premium rates as follows:

Column 1. These data are average premium rates for insured employers only, calculated using the definition of remuneration as used by that jurisdiction, i.e. superannuation included where applicable. GST was excluded in all cases. Rates are applicable to the employer and medical excesses that apply in each jurisdiction and should not be compared.

Column 2. These rates are average premium rates for the insured sector adjusted to include superannuation in the definition of remuneration. Estimates of superannuation were applied to Western Australia, Tasmania and the Northern Territory. All other jurisdictions were able to provide appropriate data. Data for New Zealand were also adjusted to include superannuation.

Column 3. These rates are the average premium rates for each jurisdiction including both the insured and self-insured sectors before any adjustment factors are applied.

Column 4. These rates adjust the rates in column 3 to account for the different employer excesses that apply in each jurisdiction. The adjustment made to the data from the self-insured sector may be different to the adjustment applied to the premium paying sector due to the assumption that a nil employer excess applies to the self insured sector.

Column 5. These rates further adjust the rates in column 4 to remove a component comparable to the cost of providing workers' compensation coverage for journeys to and from work. These adjustments apply to all jurisdictions except Victoria, Western Australia, Tasmania and New Zealand where the coverage for these types of claims is outside the workers' compensation system.

Legislative changes to the NSW workers' compensation system

In June 2012 the New South Wales Government introduced legislative changes to the New South Wales workers' compensation system. The changes affect all new and existing workers compensation claims, except for claims from:

- police officers, paramedics and fire fighters
- workers injured while working in or around a coal mine
- bush fire fighter and emergency service volunteers (Rural Fire Service), Surf Life Savers, SES volunteers), and
- people with a dust disease claim under the Workers' Compensation (Dust Diseases) Act 1942.

Claims by these exempt workers continue to be managed and administered as though the June 2012 changes never occurred. For exempt workers the weekly payment for first 26 weeks is 100% for award and 80% for non-award. After 26 weeks, the lesser of 90% Average Weekly Earnings or the statutory rate (\$439.50) and additional \$115.80 for a dependent spouse and \$185.20 for two dependent children.

Appendix 1 – Table 3: Effect of adjustment factors on premium rates in 2013–14

Jurisdiction	Average premium rates for premium paying sector		Total ^(a) average premium rate	Total ^(a) average premium rate adjusted for employer excess	Total ^(a) average premium rate adjusted for employer excess and journey claims
	Unadjusted	Adjusted to include super-annuation			
	1	2	3	4	5
NSW ^(b)	1.52	1.52	1.68	1.67	1.53
Vic	1.33	1.33	1.27	1.31	1.31
Qld ^(c)	1.45	1.45	1.54	1.54	1.44
WA ^(d)	1.42	1.29	1.28	1.25	1.25
SA	2.80	2.80	2.43	2.47	2.47
Tas	2.19	1.99	1.99	2.00	2.00
NT	2.19	1.99	2.01	1.96	1.90
ACT Private	2.14	2.14	2.17	2.13	1.97
Aus Gov	1.49	1.49	1.22	1.19	1.19
Seacare ^(e)	2.88	2.88	2.88	2.88	2.71
Australia	1.50	1.50	1.54	1.54	1.48
NZ	0.97	0.88	0.73	0.73	0.68

(a) Total of adjusted premium for insured sector plus calculated premium for self-insured sector. (b) The NSW average premium rates also include the dust diseases levy which is not part of the WorkCover New South Wales scheme but is payable by employers in that State. (c) Queensland includes stamp duty levied at a rate of 5% of the premium including GST. (d) Note that there are no self-insurers in the Seacare scheme.

4. Return to work data

In 2012 a working group consisting of representatives of Australian and New Zealand workers' compensation authorities, unions and employer groups developed a survey instrument and sampling methodology to measure return to work outcomes of injured workers receiving workers' compensation. In June 2012 Safe Work Australia's Strategic Issues Group for Workers' Compensation (SIG-WC) agreed to the survey instrument and methodology and the Social Research Centre was contracted to undertake the survey.

Data for the 2013–14 Australia and New Zealand Return to Work (RTW) indicator are drawn from the RTW - Headline Measures Report. This measure is based on Question C1 'Are you currently working in a paid job?' and Question C7 'Can I just confirm, have you returned to work at any time since your workplace injury or illness?'. It reports the proportion of injured workers who state 'yes' to both questions.

In order to maintain the time series for two key measures reported in the previous Return to Work Monitor, a group of workers with 10 or more days off and whose claim was submitted 7-9 months prior to the survey was purposefully sampled from within the broader population. Interviewing was conducted between 1 May and 2 June 2013. The 2013–14 sample consisted of 2397 injured workers who had made a workers' compensation claim (Appendix 1 – Table 4). The Northern Territory participated in the 2013–14 survey for the first time. The Australian average for each year is calculated using the jurisdictions that participated in the survey for that year. The full RTW Survey report can be viewed at swa.gov.au.

Appendix 1 – Table 4: Return to Work Survey: Sample size by state and territory 2013–14

Jurisdiction	Total Sample Size
New South Wales	451
Victoria	403
Queensland	456
South Australia	245
Western Australia	400
Tasmania	225
Comcare	125
Northern Territory	78
Seacare	14
TOTAL of Australian jurisdictions	2 397
New Zealand	345

Research design and sample selection

The following paragraph is taken from the RTW Headline Measures Report:

“The National Return to Work Survey differs from the previous Return to Work Monitor by using a broader population from which the sample is drawn. Telephone interviews (4679 in total) were undertaken with injured workers with a claim date between 1 April 2012 and 28 February 2014 across two time-based cohorts. The Historic Cohort (n=2397) refers to injured workers of premium payers who had 10 or more days off work and whose claim was submitted 7-9 months prior to the survey. The Balance Cohort (n=2282) refers to injured workers of premium payers or self-insurers who had one or more days compensated, are not members of the Historic Cohort and had payment related activity on their claim in the last 6 months”. In order to maintain the same time series for the two key measures reported in the Return to Work Monitor, only data from the Historic Cohort are included in the CPM report.

Interpretation of Seacare Authority return to work results

Seacare Authority injured workers face unique problems in attempting to return to work that need to be considered when interpreting Seacare data. To facilitate graduated return to work for an injured seafarer, a supernumerary position on a ship needs to be found but there are few supernumerary positions available. Also it can be difficult to include shore-based duties as part of a graduated return to work as many seafarers live in different locations to their employers' offices.

Injured seafarers have to be passed as medically fit under fitness-for-duties regulations to resume full pre-injury duties. The injury time for seafarers may also be extended by the fact that ships are away from port for four to six weeks, meaning that injured workers may not be able to resume work immediately after they are deemed fit to do so. These factors can result in injured workers waiting additional time to return to work.

5. Assets to liabilities ratio (Funding ratio) data

Different measures of assets to liabilities can arise from different economic and actuarial assumptions in valuing liabilities as well as differences in the definitions of:

- assets and net assets, and
- liabilities, such as allowance in some schemes for prudential margins, and allowance for different levels of claim handling expenses.

Different definitions of net assets have been addressed in this publication by the application of a consistent definition. For centrally funded schemes, net assets are equal to the total current and non-current assets of the scheme minus the outstanding claim recoveries as at the end of the reference financial year. For privately underwritten schemes, assets are considered to be the insurers' overall balance sheet claims provisions.

A consistent definition of net outstanding claim liabilities has also been adopted, but there are still some differences between jurisdictions in the measurement of net outstanding claim liabilities. These relate to the different claim handling expense assumptions by jurisdictions for which adjustments have not been applied.

Net outstanding claim liabilities for centrally funded schemes are equal to the total current and non-current liabilities of the scheme minus outstanding claim recoveries as at the end of the reference financial year. For privately underwritten schemes, liabilities are taken as the central estimate of outstanding claims for the scheme (excluding the self-insured sector) as at the end of the reference financial year.

For jurisdictions with a separate fund dedicated to workers' compensation (centrally funded schemes), the assets set aside for future liabilities can be easily identified from annual reports. Centrally funded schemes operate in Victoria, Queensland, South Australia, Comcare and New Zealand.

For jurisdictions where workers' compensation is underwritten by insurance companies (privately underwritten schemes), assets are set aside to meet all insurance liabilities but the insurance companies do not identify reserves specifically for workers' compensation liabilities. For these schemes net assets are considered to be the balance sheet provisions made by the insurers at the end of each financial year. Privately underwritten schemes operate in Western Australia, Tasmania, the Northern Territory, the Australian Capital Territory and Seacare.

The New South Wales scheme is a managed fund, combining some of the features of centrally funded schemes and privately underwritten schemes.

In 2012-13 Comcare changed its accounting policy in relation to the provisions for outstanding claims liabilities. The change was made in response to a recommendation 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 actuarial estimates at a 75% probability of sufficiency instead of the central estimate and aligns Comcare's financial reporting with industry practice and prudential management principles.

Prudential margins

Many jurisdictions add prudential margins to their estimates of outstanding claims liabilities to increase the probability of maintaining sufficient assets to meet the liabilities estimate. This is done in recognition that there are inherent uncertainties in the actuarial assumptions underlying the value of outstanding liabilities. The addition of a prudential margin will lower the assets to liabilities ratio for that jurisdiction. As some

jurisdictions do not have prudential margins, these margins have been removed from the estimates to enhance comparability. For jurisdictions that use prudential margins in determining their liabilities there will be a greater discrepancy between the ratios shown in this report and those shown in their annual reports. The margins that have been removed are:

- New South Wales — a risk margin of 3% from 2008–09, 2009–10 and 2010–11 and 12% from 2011–12, 2012–13 and 2013–14.
- Victoria — A risk margin of 8.5% for the WorkCover scheme from 2008-09 to 2011-12, and 8.0% for 2012-13 and 2013-14. The risk margin for the Insurers' Guarantee Fund and the Uninsured Employers and Indemnity Funds is 40% for the period 2008-09 to 2013-14.
- Queensland — a prudential margin of 12.7% from 2008–09, 13% from 2009–10, 10.1% from 2010–11, 9.5% from 2011–12, 10.1% from 2012–13 and 9.7% from 2013–14.
- South Australia — a prudential margin of 5.2% from 2008–09, and 5.5% from 2009–10, 2010–11, 2011–12, 2012–13 and from 2013–14.
- Northern Territory — a prudential margin of 13% from all years.
- Comcare — a prudential margin of 13.0% from premium business and a 13.0% margin from pre-premium business.

The liabilities for the remainder of the schemes are central estimates without prudential margins.

6. Scheme expenditure data

The data items for this measure are as follows:

- Direct to worker costs are compensation paid to injured employees either as weekly benefits, redemptions, lump sums, common law settlements (excluding legal costs) and non-economic loss benefits.
- Services to worker costs include medical treatment, rehabilitation, legal costs, return to work assistance, transportation, employee advisory services and interpreter costs that are used to assist employees recover from their injury and return to work.
- Insurance operations costs encompass claims management, premiums/ levy management, fees paid to agents, medical reports, licensed insurer expenses, registration of employers, collection of premiums and other costs associated with the claims management and premium collection functions of the scheme.
- Dispute resolution costs include all activities associated with the finalising of disputes other than the direct costs associated with a claim, such as legal representation costs, which are included as claim payments. Dispute resolution costs also include costs associated with departments of justice/courts, conciliation, medical panels and workers' compensation tribunals/courts.
- Other administration costs include expenditure associated with corporate administration, but exclude corporate administration costs allocated to work

health and safety. Costs encompass executive management, board/management committee, corporate planning and reporting, finance, human resources and personnel, administration, audit costs, corporate legal costs, bank charges and IT costs (including depreciation).

- **Regulation costs** include licence and performance management, compliance activity, fraud investigations, litigation and prosecution, return to work and compensation advertising, IT costs, injury management and return to work research, actuarial services and administration and overseeing of self-insurers and exempt employers.

Appendix 2 — Key features of Australian Workers' Compensation Schemes

Appendix 2 – Table 1: Key features of Australian workers’ compensation schemes as at 1 January 2014

Fund Type	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aust Gov
Cover for journey claims	Managed fund Yes ^(a)	Central fund No ^(b)	Central fund Yes	Private insurers No	Central fund No ^(c)	Private insurers No	Yes - Limited ^(d)	Yes	No ^(e)
Common law available	Yes	Yes - limited	Yes	Yes	No	Yes	No	Yes	Yes - Limited
Redemptions/ Settlements available	Yes	Yes - limited	Yes	Yes	Yes ^(f)	Yes	Yes	Yes	Yes - Limited
Number of employees ^(g)	3 268 000	2 607 300	2 121 300	1 243 800	724 500	207 200	130 900	135 000	382 800
Number of self-insurers	68 ^(h)	38	25	27	66 plus 44 crown	11 ⁽ⁱ⁾	4	7	30 ^(j)
Standardised avg premium rate (%)	1.53	1.31	1.44	1.25	2.47	2.00	1.90	1.97	1.19
Funding ratio (%)	138	132	178	132	66	128	99	not available	69
Disputation rate (%)	2.4	12.7	3.4	3.1	7.2	10.8	5.9	n/a	4.4
Current return to work rate (%)	78	75	77	79	70	76	79	n/a	81

a) limited coverage continues for police officers, firefighters, paramedics, bushfire fighters, emergency services volunteers, and workers injured while working in or around coal mines. For all other workers injured on or after 19 June 2012 there must be a real and substantial connection between employment and the accident or incident out of which the personal injury arose.

b) Journey claims as a result of a transport accident are covered by the TAC in Victoria for injuries sustained to/from work. Journey injuries sustained in the course of work are compensable under the Accident Compensation Act 1985.

c) Journey claims are only covered in SA in limited circumstances - the journey must have been undertaken while carrying out work duties. Commutes between home and work are only compensable where there is a 'real and substantial connection' with employment.

(d) Journey claims not covered if the incident involves a motor vehicle. These are covered by the Motor Accidents (Compensation) Amendment Act 2007.

(e) As of 13 April 2007, the SRC Act was amended to remove coverage for non-work related journeys and recess breaks, however on 7 December 2011 section 6 of the SRC Act was amended to reinstate ordinary

recess claims.

(f) A worker is only eligible if: (a) they have returned to work but are entitled to \$30pw; (b) they are 55 years and have no current work capacity; or (c) the Tribunal orders a redemption due to exceptional circumstances. A redemption can only be reached by agreement between the worker and WorkCover SA or self-insured employer.

(g) Number of employees is supplied by the ABS using Labour Force Survey data as a base, with a number of adjustments applied to account for differences in coverage for some jurisdictions. A redistribution can only be reached by agreement between the worker and WorkCover SA or self-insured employer.

g) Number of employees is supplied by the AD
h) 61 self-insurers plus 7 specialised insurers

(ii) *Not including the Tasmanian*

Appendix 2 – Table 2: Weekly entitlements under Australian workers' compensation schemes for award wage earners as at 1 January 2014^(a)

Jurisdiction	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aust Gov
Entitlements expressed as a percentage of pre-injury earnings for award wage earners									
0-13 weeks (total incapacity)	95% ^(b)	95%	85% of NWE ^(c) (or 100% under industrial agreement)	100%	100%	100%	100%	100%	100%
14-26 weeks (total incapacity)	80%	80%	85% of NWE ^(c) (or 100% under industrial agreement)	100% (excl O/T & bonuses)	90%	100%	100%	100%	100%
27-52 weeks (total incapacity)	80%	80%	75% NWE or 70% QOTE ^(c)	100% (excl O/T & bonuses)	80%	90% or 95% ^(d)	75-90%	65% or Stat Floor	27-45 wks 100% 46-52 wks 75%
53-104 weeks (total incapacity)	80% (excl O/T)	80% (excl O/T)	75% NWE or 70% QOTE ^(c)	100% (excl O/T & bonuses)	80%	53-78 weeks 90% or 95% ^(d) , 79-104 weeks 80% or 85% ^(d)	75-90%	65% or Stat Floor	75%
104+ weeks (total incapacity)	80% - (excl O/T; cease at five years unless > 30% WPI, or 21 - 30% WPI and no work capacity or working 15+ hours and earning at least \$168 per week.	80% (excl O/T; subject to work capacity test after 130 weeks)	75% NWE if > 15% impairment, otherwise an amount equal to the single pension rate ^(e)	100% (excl O/T & bonuses)	80% (ongoing entitlement after 130 weeks is subject to a work capacity review)	80% or 85% ^{(d)(e)}	75-90%	65% or Stat Floor	75%

(a) Entitlement benefits in Victoria, WA, TAS, NT, ACT, & NZ do not include superannuation contributions. Compensation in the form of a superannuation contribution is payable in VIC after 52 weeks of weekly payments.

(b) maximum weekly payment is capped at \$1924.30.

(c) NWE - normal weekly earnings, QOTE - Original series amount of Queensland full-time adult persons Ordinary Time Earnings.

(d) If there is medical evidence that the worker is unable to perform the worker's usual duties with the employer, and there is medical evidence that the worker is able to return to perform suitable alternative duties with the employer and the employer does not enable the worker to undertake suitable alternative duties as part of the worker's employment by the employer.

(e) But not exceeding: (i) 9 years from the date of the initial incapacity, if the worker's permanent impairment (if any), at a percentage of the whole person, is less than 15% or is not assessed; or (ii) 12 years from the date of the initial incapacity, if the worker's permanent impairment, assessed at a percentage of the whole person, is 15% or more but less than 20%; or (iii) 20 years from the date of the initial incapacity, if the worker's permanent impairment, assessed at a percentage of the whole person, is between 20% and 30%; or (iv) the period extending from the date of the initial incapacity to the day on which the entitlement of the worker ceases in accordance with Section 87 of the Workers Rehabilitation and Compensation Act 1988, if the worker's permanent impairment, assessed at a percentage of the whole person, is 30% or more.

Appendix 2 – Table 3: Other entitlements under Australian workers' compensation schemes for award wage earners as at 1 January 2014

Jurisdiction	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aust Gov
Lump Sums- maximum	>75% impairment: \$220 000 (plus additional 5% for back impairment ^(a))	\$545 350	\$296,165 permanent impairment + \$335,500 gratuitous care.	\$206,742 + \$155,056.50 in special circumstances ^(b)	\$471 747	\$336,581	\$301,454 permanent impairment	\$150 000 cpi indexed	\$172,314.33 permanent impairment + \$64,617.92 non-economic loss
Limits- medical and hospital	\$50 000 or greater amount fixed by the Authority and published in the Gazette or directed by Workers Compensation Commission ^(c)	52 weeks from cessation of weekly payments ^(d)	"Medical - reasonable expenses with regard to the injury. Hospital - 4 days (>4 days if reasonable)"	\$62,023 + \$50,000 in special circumstances	No limit	No limits but entitlements cease one year following the cessation of weekly benefits, or if not entitled to weekly benefits, one year following the date the claim is made	No limit	No limit	No limit
Death benefits (all jurisdictions pay funeral expenses to differing amounts)	\$504,350 + \$128.20pw for each dependant child	\$555,350 (shared) + pre- injury earnings- related pensions to a maximum of \$2050 pw for dependant partner/s and children	\$554,750 + \$14,825 to dep. spouse + \$29,640 for each dep. family member under 16 or student + \$109,65pw per child to spouse while children are under 6 yrs + \$137,05pw per dep. child/ family member while children/family members are under 16 yrs or a student	\$283,418 + \$54.20 pw for each dependant child + max of \$62,023 for medical expenses	\$471,747+ 50% of worker's NWE to totally dependent spouse + 25% of worker's NWE to totally dependent orphaned child + 12.5% of worker's NWE to totally dependent non- orphaned child.	\$336,581 +100% weekly payment 0-26 weeks, 90% weekly payment 27-78 weeks, 80% weekly payment 79-104 weeks + \$121.65pw for each dependant child	\$376 818 plus \$144.93 for each dependant child to max of 10 children	\$150 000 cpi indexed + \$50 cpi indexed per week for each dependant child	\$492,145.52 lump sum + \$10,971.47 funeral + \$135.34pw for each dependant child

(a) Workers exempt from the June 2012 legislative changes to the NSW workers' compensation system may also be entitled to pain and suffering lump sum compensation (max \$50,000). Exempt workers include: police officers, paramedics and fire fighters, workers injured while working in or around a coal mine, bushfire fighters and emergency service volunteers (Rural Fire Service, Surf Life Savers, SES volunteers) and people with a dust disease claim under the Workers Compensation (Dust Diseases) Act 1942.

(b) Lump sum shared under statutory formulae between spouse and children. Pension payable to partner for 3 years and to children until age of 16 (or 21 in full-time study).

(c) Entitlements cease 52 weeks from cessation of weekly payments or claim for compensation is made if no payments for weekly compensation are payable. The 52 week limit does not apply to exempt workers or workers who meet the definition of seriously injured workers under section 32A of the 1987 Act.

(d) Except for workers who receive pecuniary loss damages, receive a statutory voluntary settlement or meet statutory requirements for ongoing entitlement.

Appendix 3 — Jurisdictional contact information

Jurisdiction	Organisation	Contact details
New South Wales	State Insurance Regulatory Authority	www.sira.nsw.gov.au
	SafeWork NSW	www.safework.nsw.gov.au
	Customer Service Centre	13 10 50
Victoria	WorkSafe Victoria	Advisory Service 1800 136 089 info@worksafe.vic.gov.au www.worksafe.vic.gov.au
Queensland	Workplace Health and Safety Queensland – Office of Industrial Relations - Queensland Treasury	Infoline 1300 369 915 www.worksafe.qld.gov.au
Western Australia	WorkCover WA	(08) 9388 5555 www.workcover.wa.gov.au
	WorkSafe WA - Department of Commerce	1300 307 877 www.commerce.wa.gov.au/WorkSafe
South Australia	Return to WorkSA (rtwsa)	13 18 55 www.rtwsa.com
	SafeWork SA	1300 365 255 www.safework.sa.gov.au
Tasmania	WorkSafe Tasmania	Helpline 1300 366 322 (inside Tas) (03) 6166 4600 (outside Tas) wstinfo@justice.tas.gov.au www.workcover.tas.gov.au www.worksafe.tas.gov.au
Northern Territory	NT WorkSafe	1800 250 713 ntworksafe@nt.gov.au www.worksafe.nt.gov.au
Australian Capital Territory	WorkSafe ACT - Office of Regulatory Services	(02) 6207 3000 www.worksafe.act.gov.au
Seafarers	Seacare Authority	(02) 6275 0070 seacare@comcare.gov.au www.seacare.gov.au
Australian Government	Comcare	1300 366 979 www.comcare.gov.au
New Zealand	Accident Compensation Commission	64 4918 4295 www.acc.co.nz

