

Comparative Performance Monitoring Report



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

14th Edition

SAFE WORK AUSTRALIA

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workers' compensation schemes
in Australia and New Zealand

Fourteenth Edition
October 2012

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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. The CPM reports provide trend analysis on the work health and safety and workers' compensation schemes operating in Australia and New Zealand. Information in the report is designed to help gauge the success of different approaches undertaken by the various workers' compensation and work health and safety authorities to reduce the incidence of work-related injury and disease. This is the fourteenth annual report of the CPM project.

The CPM is complemented by the *Compendium of Workers' Compensation Statistics*, which provides more detailed analysis of national workers' compensation data using key variables such as occupation, industry, age and gender with supporting information on the circumstances surrounding work-related injury and disease occurrences. The Compendium series can be found at safeworkaustralia.gov.au.

Statement of purpose

Provide measurable information to support policy making and program development by governments on work health and safety and workers' compensation, to meet the goal of Australian and New Zealand workplaces 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.

Data

Data used in this report were most recently supplied by jurisdictions for the 2010–11 financial year plus updates back to 2006–07. Readers should be aware that 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 are contained within each chapter with additional information included in Appendix 1 - Explanatory Notes, at the end of this publication.

Data for this report are collected from:

- the 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, Department of Justice and Attorney General, Q-COMP and WorkCover Queensland
 - Western Australia — WorkCover Western Australia and WorkSafe Division, Department of Commerce
 - South Australia — WorkCover Corporation South Australia and SafeWork SA
 - Tasmania — Workplace Standards Tasmania and WorkCover Tasmania

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- Northern Territory — NT WorkSafe and Department of Justice
 - Australian Capital Territory — WorkSafe ACT and the Office of Regulatory Services within the Department of Justice and Community Services
 - 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 Australian Heads of Workers' Compensation Authorities' *Return to Work Monitor*, the full results of which can be accessed at hwca.org.au/reports_rtw.php and,
 - the Australian Bureau of Statistics, which provides denominator data, based on the *Labour Force Survey*, the *Survey of Employment and Earnings* and the *Survey of Employment, Earnings and Hours*.

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 drives national policy development on work health and safety and workers' compensation matters to:

- achieve significant and continual reductions in the incidence of death, injury and disease in the workplace
- achieve national uniformity of the work health and safety legislative framework complemented by a nationally consistent approach to compliance policy and enforcement policy, and
- improve national workers' compensation arrangements.

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Summary of findings

Performance against the National Occupational Health and Safety Strategy 2002–2012

The reduction in the incidence rate of injury and musculoskeletal claims between the base period (2000–01 to 2002–03) and 2010–11 was 28%. This is below the rate required to meet the target of a 40% improvement by 30 June 2012. South Australia recorded 41% and was the only jurisdiction to meet the required rate of improvement. While most other jurisdictions recorded improvements, the Australian Capital Territory and Seacare schemes recorded increases in their incidence of serious injury and musculoskeletal claims from the base period.

The number of compensated fatalities has continued to fall against a backdrop of increasing employment. This has resulted in a 47% improvement in the incidence of compensated fatalities from injury and musculoskeletal disorders from the base period to 2010–11. This is more than double the target of a 20% reduction by 30 June 2012.

Work health and safety performance

Over the past four years the incidence rate of serious injury and disease claims has fallen 10% from 14.5 per 1000 employees in 2006–07 to 13.0 in 2009–10. The preliminary data for 2010–11 indicates a further fall is likely. While the preliminary incidence rate is 12.2, it is expected to rise by around 2% when the liability on all claims submitted in 2010–11 is determined.

The preliminary data also show that compensation has been paid for 169 worker fatalities in 2010–11 of which 130 involved injury and musculoskeletal disorders and 39 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 26% from 290 in 2006–07 to 215 in 2009–10. These numbers are an undercount as not all work-related fatalities are compensated. The Traumatic Injury Fatalities report showed that 216 workers died of injuries in 2009–10 which is 44% higher than the 150 injury fatalities recorded in the compensation system for the same period.

The preliminary workers' compensation claims data for New Zealand indicate that in 2010–11 the incidence rate of serious injury and disease claims was 9.9 per 1000 employees. New Zealand recorded a 26% decrease in incidence rates from 2006–07 to 2009–10.

There were 146 compensated fatalities in New Zealand in 2010–11. This is a major increase on previous years due to two events: the Pike River disaster in which 29 workers died and the Christchurch earthquake in which 55 workers died. New Zealand recorded a 19% decrease in the number of compensated fatalities from 144 in 2006–07 to 116 in 2009–10.

Body stressing continued to be the mechanism of injury/disease that accounted for the greatest proportion of claims (40%). Claim numbers for this mechanism have decreased by 11% since 2006–07. This mechanism is receiving attention under the National Occupational Health and Safety Strategy. Claims for *Sound & pressure* recorded the largest increase of all mechanism groups: 34% over the period from 2006–07 to 2010–11. However, these claims represented only 4% of all serious claims in 2010–11.

The highest incidence rate of injury/disease was recorded in the Transport & storage

industry (21.9 serious claims per 1000 employees) followed by the Agriculture, forestry & fishing industry (21.2), the Manufacturing industry (21.1) and the Construction industry (18.7). These industries, together with the Health & community services industry, are receiving attention under the National Occupational Health and Safety Strategy.

In 2010–11 more than 211 300 workplace interventions were undertaken by work health and safety authorities around Australia. Australian jurisdictions issued 57 600 notices, 397 legal proceedings against businesses were finalised and \$15.5 million in fines were handed out by the courts.

Workers' compensation scheme performance

The Australian standardised average premium rate fell 17% from 1.79% of payroll in 2006–07 to 1.49% of payroll in 2010–11. All Australian jurisdictions recorded falls over this period. The Australian Government scheme recorded the lowest premium rate of all jurisdictions at 0.92% of payroll in 2010–11 while the Seacare scheme recorded the highest at 3.49%.

The New Zealand standardised average premium rate was 1.06% of payroll in 2010–11, a 13% increase from the previous year. 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.

In 2010–11 the Australian average funding ratio for centrally funded schemes dropped slightly to 104% from 105% in 2009–10 while the ratio for privately underwritten schemes recorded a substantial fall from 122% in 2009–10 to 109% in 2010–11. Notable falls from the previous year were recorded by Tasmania decreasing from 151% to 130% and the Northern Territory decreasing from 102% to 92%.

In 2010–11 Australian workers' compensation schemes spent \$7 448 million of which 55% 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 18% of the total expenditure by schemes, down from 20% in 2006–07. Regulation costs made up 1.6% of total scheme expenditure, while dispute resolution expenses accounted for 1.1% and other administration expenses accounted for 1.9%.

The 2010–11 Durable Return to Work rate increased from 75% to 77% of workers returning to work following a work-related injury or disease. This is lower than the peak of 80% seen in 2005–06. Seacare and New South Wales recorded the most substantial improvements in the Durable Return to Work rate from the previous year (19% and 5% increase respectively) while Queensland, South Australia and Tasmania recorded slight falls (3%, 3% and 2% decrease respectively).

The rate of disputation on claims increased to 4.8% of all claims lodged in 2010–11 compared to 4.7% 2009–10. Comcare recorded the greatest difference during this time, decreasing from 4.3% to 3.4%. While the percentage of disputes resolved within 3, 6 and 9 months remained stable between 2006–07 and 2010–11, there was a 57% increase in the proportion of disputes resolved within one month during the same period.

Chapter 1 – Progress against the National OHS Strategy

Collective efforts to improve Australia's work health and safety performance have been guided by the National Occupational Health and Safety Strategy 2002-2012. The strategy for the next decade – the Australian Work Health and Safety Strategy 2012-2022 (the Strategy) – will be launched in October 2012. This report presents data on the progress against targets in the National Occupational Health and Safety Strategy only because there has been no suitable measurement period for the new Strategy. Reporting against the National Occupational Health and Safety Strategy will continue until CPM 15 (2013) owing to the time lag in compilation of workers' compensation data, while reporting against the new Strategy will commence in CPM 16 (2014).

The National Occupational Health and Safety Strategy set national targets to reduce the incidence of work-related injury fatalities by at least 20% and to reduce the incidence of workplace injury (including musculoskeletal disorders) by at least 40% by June 2012. Achievements against the national targets for injury and fatality are measured using the National Data Set for Compensation-based Statistics (NDS). A standard definition of 'serious claims due to injury or musculoskeletal disorders' has been used for analysis to enable greater comparability between jurisdictions. Serious claims include all fatalities, all permanent incapacity claims (as defined by the jurisdictions) and temporary claims for which one or more weeks of compensation has been recorded. This definition takes into account the different employer excesses that exist in the various schemes.

The baseline for the national targets was calculated as the average incidence rate for the three-year period 2000–01 to 2002–03. This move was motivated by the desire to avoid publishing jurisdictional level data where one year of data may not be typical. A three-year base period smoothes the volatility in the data, resulting in a more typical starting point at which to measure progress against the targets. While the base period data are considered stable, revisions are likely for the more recent years. To ensure a more accurate measure of improvement is calculated, the most recent year of data have been projected forward to indicate the likely incidence rate once updated data are received.

Since its adoption in May 2002, the National Occupational Health and Safety Strategy has informed the work and strategic plans of all Australian work health and safety authorities as well as driving the work of Safe Work Australia. Safe Work Australia has worked to achieve the goals of the National Occupational Health and Safety Strategy in a variety of ways, including driving national harmonisation of work health and safety legislation, developing a compliance and enforcement policy to ensure nationally consistent regulatory approaches across all jurisdictions, encouraging excellence in work health and safety through the National Safe Work Australia Awards and improving the collection and analysis of work health and safety data and research to inform the development or evaluation of work health and safety policies and programs.

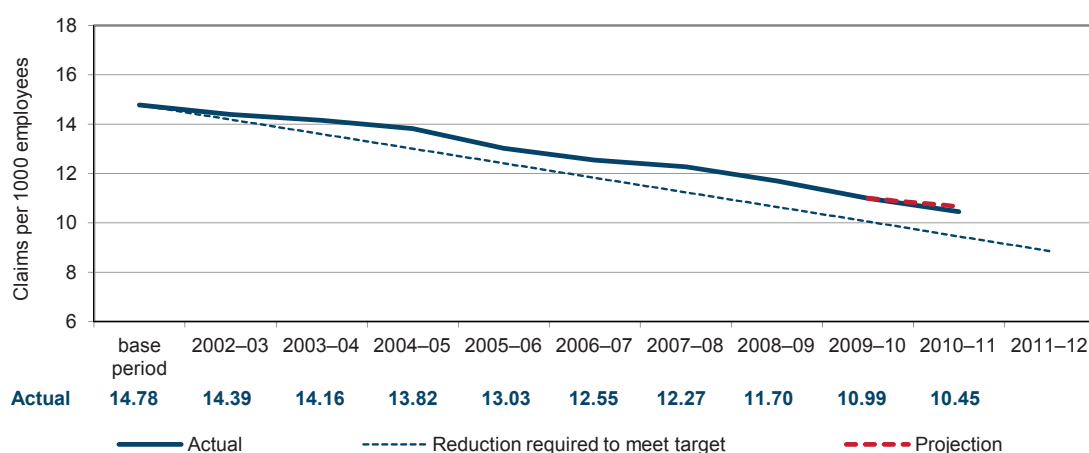
National compliance and intervention campaigns initiated by the Heads of Workplace Safety Authorities (HWSA) demonstrate the continuation of coordinated national programs relating to the priority injury risks and industries under the National Occupational Health and Safety Strategy. HWSA is currently targeting Quad bike safety. More information on HWSA campaigns can be found at www.hwsa.org.au.

All parties to the National Occupational Health and Safety Strategy are committed to achieving a steady improvement in work health and safety practices and performance and a corresponding decline in both the incidence and severity of work-related injuries.

Injury and musculoskeletal target

Indicator 1 shows there was a 28% decrease in the incidence rate of injury and musculoskeletal claims between the base period (2000–01 to 2002–03) and the projected 2010–11 data, which is still below the rate of 36% improvement required to meet the long term target of a 40% improvement by 30 June 2012. It is unlikely that Australia will meet the target.

Indicator 1 – Incidence rate of serious* compensated injury and musculoskeletal claims, Australia, base period (2000–01 to 2002–03) to 2010–11



* Includes accepted workers' compensation claims for temporary incapacity involving one or more weeks compensation plus all claims for fatality and permanent incapacity.

Jurisdictional progress

Indicator 2 shows how the jurisdictions are progressing towards the injury target. To be 'on target', jurisdictions would need to have recorded a 36% improvement from the base period.

Indicator 2 – Incidence rates (serious claims per 1000 employees) and percentage improvement of serious* compensated injury and musculoskeletal claims by jurisdiction.

Jurisdiction	Base period	2007–08	2008–09	2009–10	2010–11 Preliminary	2010–11 projected	Percentage improvement (%)**
South Australia	18.3	12.4	11.2	10.8	10.5	10.5	41.0
New South Wales	17.1	13.1	12.6	12.0	11.4	11.6	32.2
Victoria	11.3	9.0	8.6	8.1	7.6	7.8	31.0
Australian Government	8.8	5.5	6.8	6.2	5.9	6.2	29.5
Queensland	16.6	16.3	15.1	13.8	12.9	13.1	21.1
Northern Territory	12.4	12.1	11.0	11.0	9.8	10.0	19.4
Tasmania	16.2	14.7	14.9	14.1	13.5	13.7	15.4
Western Australia	12.5	12.4	11.8	10.9	11.0	11.4	8.8
Seacare	36.3	27.0	33.3	35.9	37.2	36.6	-0.8
Australian Capital Territory	11.4	11.5	11.8	12.1	11.9	12.0	-5.3
Australia	14.8	12.3	11.7	11.0	10.4	10.7	27.7

* Includes accepted workers' compensation claims for temporary incapacity involving one or more weeks compensation plus all claims for fatality and permanent incapacity.

** Percentage improvement from base period (2000–01 to 2002–03) to 2010–11 projected.

These data show that South Australia was the only jurisdiction to exceed the required rate of improvement to meet the target. However, all other jurisdictions, with the exception of Seacare and the Australian Capital Territory have recorded improvements in incidence rates since the introduction of the National Occupational Health and Safety Strategy.

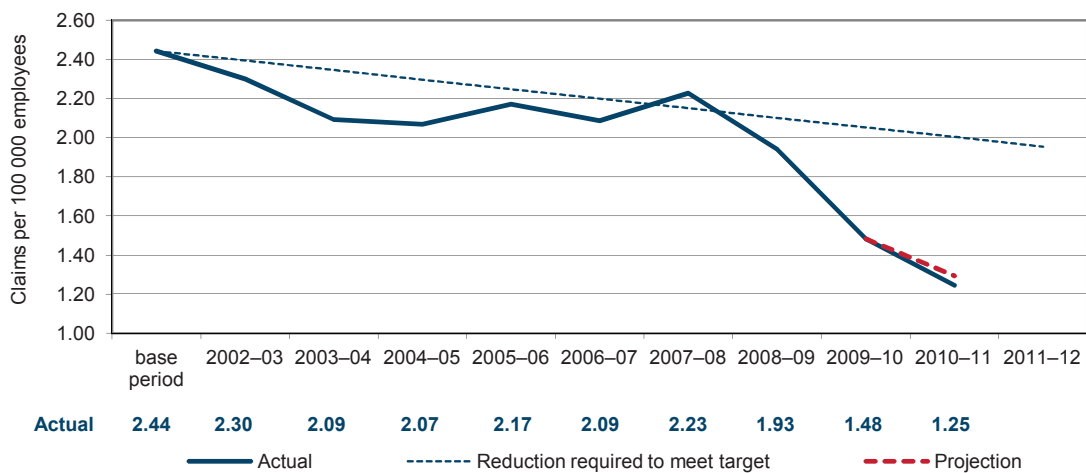
Changes to scheme operations since the base period can affect the percentage improvements shown in this indicator. Achievement of the target may be more difficult in the Australian Capital Territory due to reforms introduced during the base period that resulted in a higher level of reporting of claims since 2001–02.

Fatalities target

Indicator 3 shows that fatality incidence rates have been falling steadily over the past three years. Since the base period there has been a 47% decrease in the incidence rate of compensated injury and musculoskeletal fatality claims. This improvement is more than twice the required result to meet the target of a 20% reduction by 30 June 2012. The volatility in this measure means that this improvement should be interpreted with caution and consistent improvement is still required to ensure the target is actually achieved.

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 fatalities recorded by each jurisdiction can be found in Indicator 10.

Indicator 3 – Incidence rates of compensated injury & musculoskeletal fatalities, Australia, base period (2000–01 to 2002–03) to 2010–11



Chapter 2 – Work health and safety performance

The data used in this chapter are mainly accepted workers' compensation claims lodged in each financial year. 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. For fatalities these data are supplemented with the data from the Notified Fatalities dataset and the National Coroners' Information System (NCIS).

Serious claims

As there are different employer excesses across the various schemes, a standard reporting definition of a 'serious claim' has been adopted for analysis. Serious claims include all fatalities, all permanent incapacity claims (as defined by the jurisdictions) and temporary incapacity claims for which one or more weeks of compensation has been recorded. Refer to Note 1 of the Explanatory notes for further information.

Due to the different number of employees in each jurisdiction, rates have been calculated to assist with comparisons. Incidence rates compare jurisdictions on a 'per employee' basis and frequency rates allow a comparison on a 'per hour worked' basis.

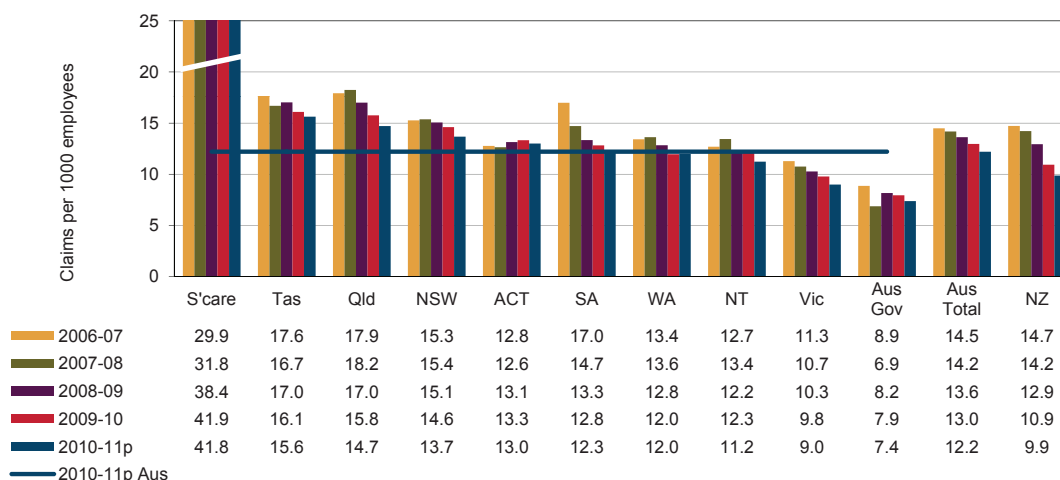
Indicator 5 shows that the Australian incidence rate for serious claims has steadily declined over the past four years, decreasing 10% from 14.5 to 13.0 claims per 1000 employees between 2006–07 and 2009–10. Preliminary data for 2010–11 indicates an incidence rate of 12.2 claims per 1000 employees. While it is expected that this rate will rise when updated data are available, the preliminary data indicate a continuing improvement in incidence rates.

Substantial falls in incidence rates from 2006–07 to 2009–10 were recorded by South Australia (down 25%), Victoria (down 13%), Queensland (down 12%), the Australian Government (down 11%), Western Australia (down 10%), Tasmania (down 9%) and New South Wales (down 5%). Seacare and the Australian Capital Territory were the only jurisdictions to record an increase in incidence rates during the same period (up by 40% and 4% respectively). Seacare recorded the highest incidence rate for 2009–10 at 41.9 claims per 1000 employees with the Australian Government recording the lowest rate at 7.9 claims per 1000 employees.

These data are higher than those shown in Chapter 1 because they include all injury and all disease claims. The National Occupational Health and Safety Strategy measurement only included injury and musculoskeletal disorder claims. However, both indicators show similar rates of improvement.

Over the period 2006–07 to 2009–10 New Zealand recorded a 26% decrease in incidence rates for serious claims, dropping from 14.7 to 10.9 claims per 1000 employees. The preliminary data for 2010–11 show a further 9% decrease to 9.9 claims per 1000 employees.

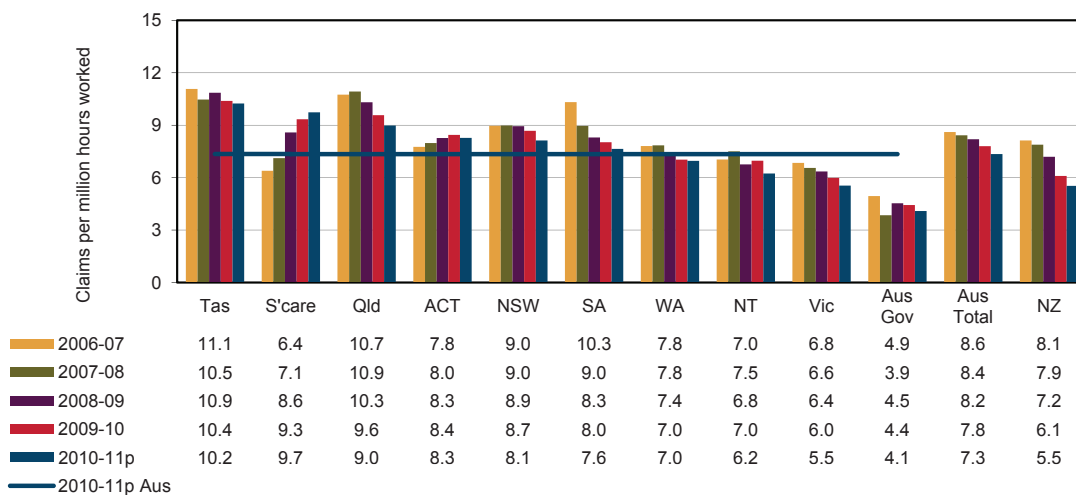
Indicator 5 – Incidence rates of serious* injury and disease claims by jurisdiction



* Includes all accepted workers' compensation claims involving temporary incapacity of one or more weeks compensation plus all claims for fatality and permanent incapacity.

Indicator 6 shows that in the 2010–11 preliminary data, the Australian frequency rate of serious claims was 7.3 claims per one million hours worked. While the frequency rate data show a similar level of improvement for Australia, there are differences in the order of the jurisdictions: Tasmania recorded the highest frequency rate of 10.2 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 the Explanatory notes for further information.

Indicator 6 – Frequency rates of serious* injury and disease claims by jurisdiction

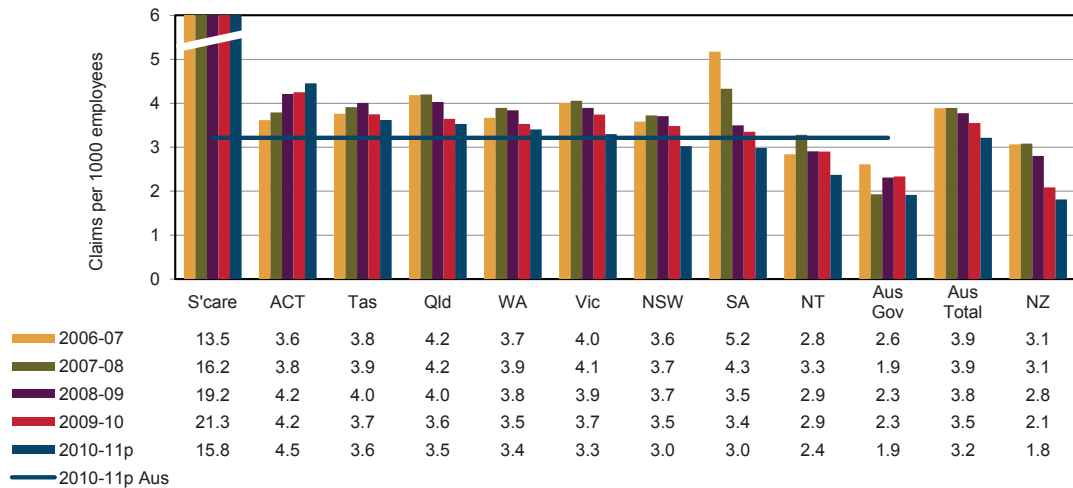


* Includes all accepted workers' compensation claims involving temporary incapacity of one or more weeks compensation plus all claims for fatality and permanent incapacity.

Long term claims - twelve or more weeks of compensation

Indicator 7 shows that the incidence rate for long term injury and disease claims in Australia decreased by 10% from 3.9 claims per 1000 employees in 2006–07 to 3.5 in 2009–10. While the 2010–11 data show a continuing decrease 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 27% of serious claims result in 12 or more weeks of compensation over the five year period.

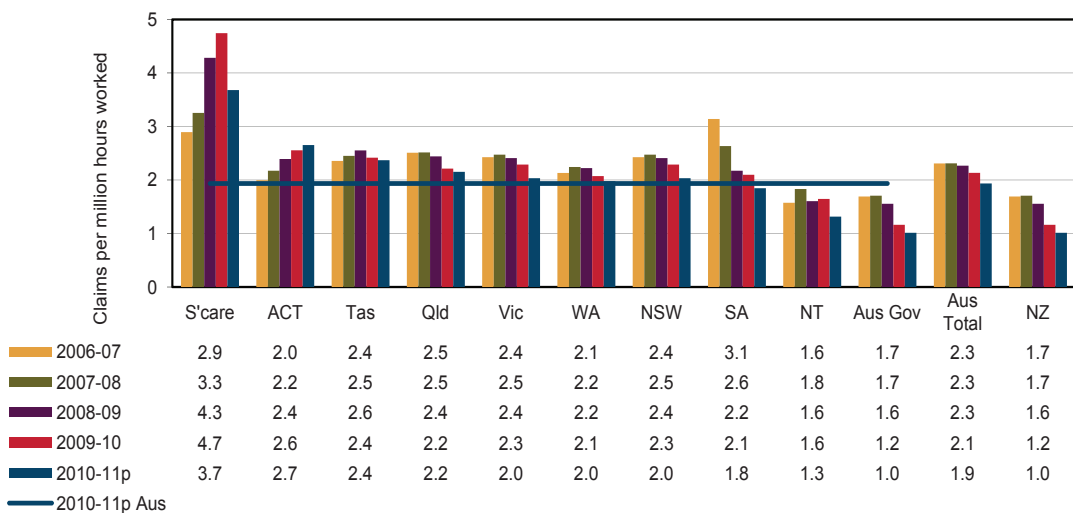
Indicator 7 – Incidence rates of long term (12 weeks or more compensation) injury and disease claims by jurisdiction



Seacare, the Australian Capital Territory and the Northern Territory were the only Australian jurisdictions to record increases in the incidence rates of long term claims over the period 2006–07 to 2009–10. New Zealand recorded a substantial decrease over this period (down by 32%) with its rate remaining lower than that of Australia.

The frequency rates of long term claims in Indicator 8 show a similar pattern to the incidence rates.

Indicator 8 – Frequency rates of long term (12 weeks or more compensation) injury and disease claims by jurisdiction



Duration of absence

The duration of absence for claims provides one indicator of the severity of injuries occurring in Australia. Indicator 9 shows the variation across the jurisdictions in the percentage of claims involving selected periods of compensation. These data are based on claims lodged in 2008–09, which is the most recent year that reliable data are available for this indicator.

Indicator 9 – Serious* claims: Percentage involving selected periods of compensation, 2008–09

Jurisdiction	Less than 6 weeks	6 weeks or more	12 weeks or more	26 weeks or more	52 weeks or more
New South Wales	63	37	25	15	9
Victoria	47	53	38	25	17
Queensland	60	40	24	10	3
Western Australia	56	44	30	18	11
South Australia	61	39	26	18	13
Tasmania	59	41	24	11	6
Northern Territory	59	41	24	12	5
Australian Capital Territory	53	47	32	18	10
Australian Government	55	45	28	17	8
Seacare	31	69	50	30	11
Australian Average	58	42	28	16	10
New Zealand	67	33	22	11	6

* Includes all accepted workers' compensation claims involving temporary incapacity of one or more weeks compensation plus all claims for fatality and permanent incapacity.

These data show that 58% of claims in Australia resulted in less than six weeks of compensation. The jurisdictional rates were similar except for Seacare where 31% of claims were resolved in this time and Victoria (47%). Injured workers in the Seacare scheme face unique problems in return to work that need to be considered when interpreting the Seacare results in this indicator. Refer to Note 4 of the Explanatory notes for further information.

Victoria had the highest percentage of claims continuing past 52 weeks of compensation (17% of claims) followed by South Australia (13% of claims), Western Australia and Seacare (11% each). Queensland had 3% of claims continuing past 52 weeks of compensation, partly due to the nature of the Queensland scheme, followed by the Northern Territory (5%) then Tasmania (6%).

The New Zealand scheme finalised a higher proportion of claims within six weeks than did Australian schemes on average. However, its scheme recorded the same proportion when compared to the previous year (67%).

Compensated fatalities

Indicator 10 shows that in 2010–11 in Australia there were 169 accepted compensated claims for a work-related fatality, of which 130 fatalities were due to injury and musculoskeletal disorders and 39 due to other diseases. The number of fatalities is expected to rise as more claims lodged in 2010–11 are accepted. There was a 26% decrease in the number of compensated fatalities in Australia from 2006–07 to 2009–10.

New Zealand recorded 146 compensated fatalities in 2010–11. Over the period from 2006–07 to 2009–10 New Zealand recorded a drop of 19% in the number of compensated fatalities.

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.

Workers' compensation data are known to understate the true number of fatalities from work-related causes, particularly deaths from occupational diseases such as asbestosis and mesothelioma where compensation is often sought through separate mechanisms including common law.

Indicator 10 – Compensated Fatalities by jurisdiction

Jurisdiction	2006–07	2007–08	2008–09	2009–10	2010–11p	5yr Average
Injury and musculoskeletal disorders						
New South Wales	49	46	52	37	39	45
Victoria	60	49	37	35	21	40
Queensland	43	68	55	30	28	45
Western Australia	27	20	22	14	23	21
South Australia	7	12	9	12	11	10
Tasmania	4	7	5	4	3	5
Northern Territory	2	9	6	5	3	5
Australian Capital Territory	1	4	2	1	1	2
Australian Government	7	6	3	12	1	6
Seacare	0	0	1	0	0	1
Australian Total	200	221	192	150	130	179
New Zealand	70	62	71	71	127	80
Other diseases						
New South Wales	8	17	18	12	5	12
Victoria	15	14	13	11	3	11
Queensland*	56	50	30	14	6	31
Western Australia	1	2	4	5	6	4
South Australia	2	1	1	1	2	1
Tasmania	0	2	0	0	1	2
Northern Territory	0	1	1	0	0	1
Australian Capital Territory	0	0	1	2	0	1
Australian Government	8	15	5	20	16	13
Seacare	0	0	0	0	0	0
Australian Total	90	102	73	65	39	74
New Zealand	74	39	34	45	19	42
Total						
Australia	289	323	265	215	169	252
New Zealand	144	101	105	116	146	122

* The majority of compensated fatalities for other diseases in Queensland 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.

Safe Work Australia is currently reporting annually on mesothelioma using data from the National Cancer Statistics Clearing House. The most recent of these publications *Mesothelioma in Australia: Incidence 1982 to 2008, Mortality 1997 to 2007* is available from safeworkaustralia.gov.au.

Deaths in the agricultural and construction sectors are also likely to be understated in the NDS data due to the higher proportion of self-employed workers in these industries who are not covered by workers' compensation. A more accurate representation of injury fatalities is available in the *Work-Related Traumatic Injury Fatalities, Australia 2008–09* report, which in addition to workers' compensation data uses coronial information and notified fatalities data to provide a more accurate estimate of the number of fatalities from work-related injuries. The report is available from safeworkaustralia.gov.au. See also indicator 11b.

As compensation may be sought through the Compulsory Third Party insurance scheme for motor vehicles work-related deaths from road traffic incidents may also be understated. Note that fatalities occurring from a journey to or from work are not included in these statistics.

Detailed information on the causes and other characteristics of fatalities reported through the NDS is contained in the *Compendium of Workers' Compensation Statistics*, which can be found at safeworkaustralia.gov.au.

Notified fatalities

While workers' compensation data are currently the most extensive source of information for measuring work health and safety performance there are some limitations. Other data sources can be used to supplement workers' compensation data and provide a more complete picture of work-related fatalities. One alternative data source is the Notified Fatalities dataset.

These data are collated from the work-related traumatic fatalities that are notifiable to jurisdictional work health and safety authorities under their legislation. The use of these data addresses some of the limitations of the compensated data by capturing fatalities occurring in categories of workers not covered by workers' compensation such as the self-employed. More information about the Notified Fatalities collection can be found at safeworkaustralia.gov.au.

Indicator 11a shows that the number of notified fatalities for workers decreased by 19% between 2006–07 and 2010–11. The volatility of work-related notified fatalities in Australia is highlighted by the decrease in the number of worker fatalities from the highest recorded over the collection period of 151 in 2008–09, to the lowest recorded of 111 in 2009–10.

Indicator 11a – Notified work-related traumatic fatalities, Australia

	2006–07	2007–08	2008–09	2009–10	2010–11	% chg
Workers	149	134	151	111	120	-19%

Note that Indicator 11a underreports work-related road traffic fatalities. These fatalities are investigated by the police and are not always notified to the work health and safety authority. Indicator 10 does not include deaths of persons who are not classed as employees, such as self-employed workers. The NDS data for 2010–11 are preliminary and likely to increase as more claims are accepted, while the Notified Fatalities data are not likely to increase. It is important to note that Indicator 11a is a volatile measure and can change from year to year.

Work-related traumatic injury fatalities

There is currently no single national data collection system that identifies all work-related injury fatalities. This means that the exact number of people who die as a result of work-related activities in Australia is difficult to establish accurately. The Traumatic Injury Fatalities dataset provides the best estimate of work-related injury deaths in Australia.

The Traumatic Injury Fatalities dataset incorporates information from the two datasets just discussed (compensated and notified fatalities) with additional information from the National Coronial Information System (NCIS). Further information on the Traumatic Injury Fatalities collection can be found at safeworkaustralia.gov.au.

Indicator 11b shows between 2006–07 and 2010–11 there was a 27% decrease in the number of workers killed while working. Non traffic incidents decreased 14% while Traffic incidents recorded a substantial decrease (down by 50%). Traffic incidents are those involving vehicles on public roads. The decrease in work-related traumatic injury fatalities observed in 2009–10 and 2010–11 may be related to the economic downturn associated with the global financial crisis. The 220 worker deaths identified in 2010–11 is 69% more than the 130 injury-related deaths identified through the compensation system.

Indicator 11b – Number of Traumatic Injury fatalities by traffic status, Australia

	2006–07	2007–08	2008–09	2009–10	2010–11	% chg
Non traffic incident	195	193	196	138	167	-14%
Traffic incident	105	99	93	82	53	-50%
Total	300	292	289	220	220	-27%

Claims by mechanism of injury/disease

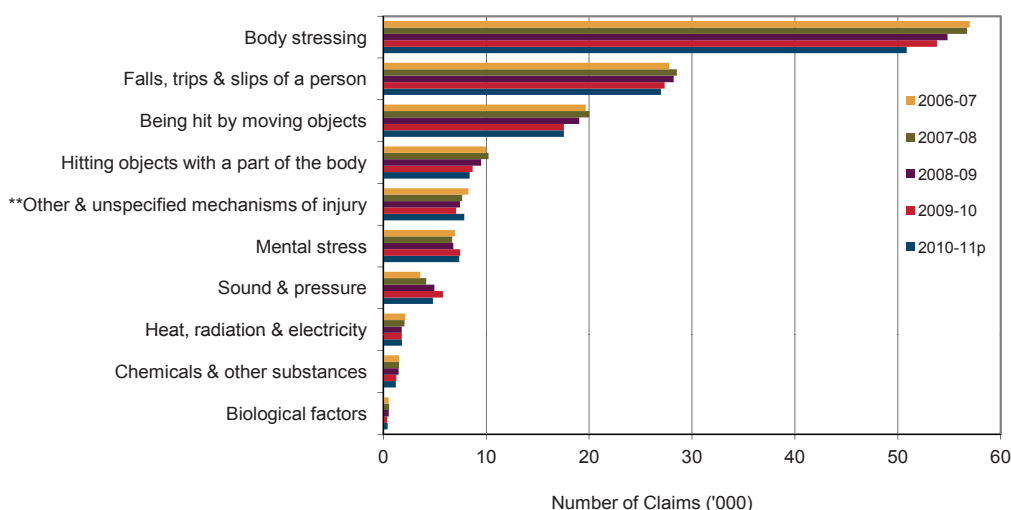
Claim patterns can be analysed using the *Type of Occurrence Classification System* (TOOCS), which is a series of codes providing information on the cause of the incident and the type of injury or disease sustained. One part of this system is the Mechanism of injury/disease, which is intended to identify the action, exposure or event that was the direct cause of the most serious injury or disease. More information on TOOCS can be found at safeworkaustralia.gov.au.

Indicator 12 shows the number of serious claims by Mechanism of injury/disease over the past five years. Under the National Occupational Health and Safety Strategy the following are priority mechanisms: *Body stressing*; *Falls, trips & slips of a person*; *Being hit by moving objects*; and *Hitting objects with a part of the body*. These priority mechanisms account for 82% of serious claims with *Body stressing* accounting for 40% of the 127 330 serious claims in 2010–11.

Among the priority mechanisms, the largest decrease in claims over the four years from 2006–07 to 2009–10 was recorded for *Hitting objects with a part of the body* (down by 13%), followed by *Being hit by moving objects* and *Body Stressing* (down by 11%). Claims for *Falls, trips & slips of a person* decreased by 3%. Claims due to the mechanism of *Sound & pressure* increased by 61%, however this category accounted for just 4% of all claims in 2009–10.

More detailed information on claims by Mechanism of injury or disease can be found in the *Compendium of Workers' Compensation Statistics*, published at safeworkaustralia.gov.au.

Indicator 12 – Mechanism of injury or disease: number of serious* claims by year, Australia



* Includes all accepted workers' compensation claims involving temporary incapacity of one or more weeks compensation plus all claims for fatality and permanent incapacity.
 ** Includes vehicle incidents.

Claims by size of business (in the private sector)

Indicator 13 compares the incidence of serious compensated claims by size of business for 2006–07 and 2010–11. 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. Government, administration & defence, Health & community services, Education and Finance & insurance.

Change of methodology

The incidence rates by size of business groups presented in this edition of the CPM report differ from previous editions. This is due to the adoption of new business size groups by the Australian Bureau of Statistics (ABS), which provides employee numbers used to calculate incidence rates. Refer to Note 1 of the Explanatory Notes for more information on the calculation of these employee groups.

Using the new business size groups resulted in a shift in the employee distribution and incidence rates among the three business size groups compared to the pattern based on previous proportions. This suggests the proportion of employees used in previous editions of the CPM report (which were based on 2005–06 ABS data) are no longer valid, and the figures shown in this edition of the report can not be compared to those in previous editions.

Victoria has been excluded from this indicator because more than 70% of its 2010–11 serious claims were missing size of employer information. In 2006–07 the lowest incidence rates were recorded for businesses with 1–19 employees for all jurisdictions with the exception of New South Wales and the Northern Territory, where the lowest incidence rates were recorded for businesses with 200 or more employees. In 2006–07 the highest incidence rates were recorded for businesses with 20–199 employees for all jurisdictions except Seacare.

In 2010–11 for all jurisdictions except the Northern Territory and South Australia, businesses with 1–19 employees had the lowest incidence rates of compensated claims. Furthermore, with the exception of Seacare, businesses with 20–199 employees had the highest incidence rate of compensated claims in 2010–11.

With the exception of New South Wales, the Australian Capital Territory and Seacare all other jurisdictions recorded a decrease in the incidence rates of compensated claims for businesses with 200 or more employees between 2006–07 and 2010–11.

In New Zealand the incidence rate of claims decreased for all size of business groups between 2006–07 and 2010–11.

Indicator 13 – 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
2006–07			
New South Wales	11.9	21.1	11.6
Western Australia	10.7	20.7	11.6
South Australia	10.7	26.8	17.2
Tasmania	10.1	27.8	17.2
Northern Territory	19.0	19.5	4.7
Australian Capital Territory	6.2	25.8	8.8
Seacare	n.p.	26.4	32.0
Australia***	9.6	20.9	12.4
New Zealand	23.0	16.7	9.3
2010–11p			
New South Wales	10.3	17.6	12.3
Western Australia	10.3	14.4	10.8
South Australia	8.8	22.4	8.6
Tasmania	10.3	22.9	13.5
Northern Territory	16.2	16.0	3.4
Australian Capital Territory	7.3	21.2	12.8
Seacare	n.p.	36.2	44.9
Australia***	7.4	18.1	11.3
New Zealand	10.9	9.4	5.7

* Includes all accepted workers' compensation claims involving temporary incapacity of one or more weeks compensation plus all claims for fatality and permanent incapacity in the private sector.

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

*** Consists only of 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 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 14 provides details on specific work health and safety compliance and enforcement activities undertaken by jurisdictions each year from 2006–07 to 2010–11. The reader should note that the compliance and enforcement data for Indicator 14 do not include the mining sector. Mines 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 show that in 2010–11 there were:

- 79 290 proactive workplace visits around Australia
- 61 588 reactive workplace visits around Australia
- 1101 field active inspectors employed around Australia
- 57 611 notices were issued by Australian jurisdictions
- 397 legal proceedings against businesses were finalised, and
- \$15.5 million in fines were handed out by Australian courts.

New definitions for field active inspectors and proactive and reactive workplace interventions were implemented in the previous edition of the CPM report (13th). Therefore, data on the proactive and reactive interventions and the number of field active inspectors in this report are not comparable with enforcement data in editions prior to the 13th. See Note 2 in the Explanatory notes for further details.

Interventions

Some jurisdictions were unable to provide five years of data based on the new definitions. Queensland was the only jurisdiction that supplied proactive and reactive workplace intervention data for the five financial years while Western Australia supplied these data for four financial years. Where jurisdictions were unable to supply data according to the new definition the table shows u/a (for unavailable).

A high proportion of intervention activities in New South Wales align to resolving issues raised by the community through workplace visits, office based follow up activities and stakeholder engagement mechanisms. In addition, New South Wales integrates components of proactive prevention programs (for example verification activities involving high risk licence or registration activities) within reactive or response activity to ensure greater coverage of high risk workplaces is achieved. This is reflected by the substantial increase in the number of workshops/presentations/seminars conducted in 2010–11 compared to the previous year.

In Queensland, proactive workplace visits recorded a 12% decrease in 2010–11 compared to the previous year. In contrast, a 17% increase in reactive workplace visits was recorded in 2010–11. The Queensland inspectorate is still 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. This shift in focus is manifested by the substantial increase in the number of workshops/presentations/seminars/forums conducted since 2008–09.

The Australian Government recorded substantial increases in the number of proactive and reactive workplace visits during 2010–11 compared to the previous year. This is due to the implementation of a new case management system in June 2010. This new system allows more accurate recording and reporting of intervention activities without relying on investigators reporting the number of visits on a monthly basis via a spreadsheet. This is also reflected by the substantial decrease (down by 84%) of the number of other staff doing non-inspectorate activities when compared with the previous year.

Inspectors

The number of field active inspectors employed around Australia has remained relatively stable between 2006–07 and 2010–11. Field active inspectors are defined as gazetted inspectors whose role is to spend the majority of their time enforcing provisions of the work health and safety legislation directly with workplaces. In addition, 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 making 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 have been excluded. Business advisory officers and community education officers have been also excluded.

The number of field active inspectors employed by the Australian Government increased in 2010–11. In contrast there was a substantial drop (down by 84%) in the number of other staff undertaking non-inspectorate activities in 2010–11. This is mainly due to the implementation of the new case management system allowing higher efficiency in recording and reporting activities.

Readers should note that although repeat visits and the number of inspectors in attendance are counted separately for both proactive and reactive workplace intervention measures, this is not so for 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 57 611 notices in 2010–11, an 8% decrease from the previous year. In 2010–11, 970 infringement notices, 5 292 prohibition notices and 51 349 improvement notices were issued in Australia.

Data for notices cannot be directly compared across jurisdictions as notices are defined by the separate legislation of each jurisdiction. For example, in some instances a single notice may be issued for multiple breaches of the legislation, while in other instances multiple notices are issued for each breach identified.

In 2010–11 the number of notices issued by the Australian Government was substantially less than those issued in 2009–10 (down by 65%). The substantial reduction in the number of notices issued was mainly due to the fact that in 2010–11

Comcare broadened the types of interventions it conducts and moved towards a much more proactive approach to addressing workplace issues. This is reflected in the increased number of proactive workplace visits and presentations/seminars/workshops. Comcare worked with employers in a more co-operative manner to resolve safety issues and this approach led to improved safety outcomes. Comcare continues to take enforcement action on especially bad cases.

The number of notices issued by Tasmania decreased by more than one third (down by 36%) during 2010–11, mainly due to the substantial drop (down by 59%) in the number of improvement notices issued. This is consistent with the Tasmanian enforcement policy. Inspectors have been empowered to achieve compliance (where relevant) without the need for formal notices.

In 2010–11, there was a substantial increase in the number of notices issued by the Seacare authority.

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. Queensland legislation does not allow for agreements and Western Australian legislation does not provide for orders or agreements.

In 2010–11 New South Wales recorded a 15% increase in the number of legal proceedings finalised and a 17% increase in the number of legal proceedings resulting in a conviction, order or agreement. This increase resulted from the temporary delay in the finalisation of some proceedings due to the High Court Kirk Group judgement in February 2010, which resulted in a large number of interlocutory applications being made including strike out motions and adjournment applications. In contrast, Victoria recorded a 31% decrease in the number of legal proceedings finalised and a 42% decrease in the number of legal proceedings resulting in a conviction, order or agreement. In 2010–11 Queensland, Western Australia and South Australia all recorded decreases in the number of legal proceedings finalised and legal proceedings resulting in a conviction, order or agreement.

Fines

The total amount of fines awarded by the courts in 2010–11 was \$15.5 million, a 20% decrease from the previous year. In some instances the courts declare that penalty amounts are to remain confidential. Therefore the data recorded in Indicator 14 are only those amounts known publicly.

In 2010–11 the Australian Capital Territory recorded a significant decrease in the amount of fines awarded by the courts compared to the previous year. The Australian Capital Territory assess this as a reflection of year on year variations and not representative of any decline in enforcement activity involving prosecutions or fines.

The Northern Territory reported a substantial decrease in the total amount of fines awarded by the courts in 2010–11. The Northern Territory has made a strategic decision to focus on capacity building and education through improvement and advisory notices rather than infringement notices. This strategy has been effective in lifting knowledge and compliance in a co-operative way.

Indicator 14 – Work health and safety compliance and enforcement activity by jurisdiction

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	^a Aus Gov	Seacare	^b Total Aus	NZ
Number of workplace visits: proactive	2006-07 u/a	^c 27 103	^c 24 134	⁶ 7 115	6 075	2 378	287	u/a	u/a	u/a	66 872	3 445
	2007-08 u/a	^c 23 836	^c 27 555	⁶ 7 02	5 745	2 375	280	u/a	u/a	u/a	65 534	3 153
	2008-09 u/a	^c 25 370	^c 20 211	⁷ 2 66	7 648	4 518	110	u/a	u/a	u/a	65 192	5 194
	2009-10 8 915	^c 28 104	^c 25 539	⁷ 0 45	7 208	4 218	55	u/a	¹ 95	43	81 341	5 409
	2010-11 9 736	^c 24 934	^c 22 441	⁶ 6 09	8 732	5 551	54	761	⁴ 32	40	79 290	5 406
Number of workshops/ presentations/ seminars/ forums: proactive	2006-07 u/a	u/a	1 669	u/a	u/a	u/a	u/a	u/a	u/a	n/a	1 667	731
	2007-08 u/a	u/a	1 306	243	u/a	u/a	u/a	u/a	u/a	n/a	1 549	589
	2008-09 u/a	u/a	2 580	² 95	226	359	u/a	u/a	u/a	12	3 471	814
	2009-10 631	u/a	³ 646	³ 23	295	222	20	u/a	85	2	5 206	873
	2010-11 3 015	u/a	² 981	³ 35	334	191	49	161	109	4	7 179	365
Number of workplace visits: reactive	2006-07 u/a	15 821	3 688	⁶ 2 53	13 818	1 159	5 022	u/a	u/a	11	45 766	3 415
	2007-08 u/a	14 626	3 391	⁶ 1 89	12 007	1 466	4 174	u/a	u/a	23	41 871	6 104
	2008-09 u/a	16 814	2 642	⁴ 8 50	15 871	1 524	3 449	u/a	u/a	12	45 159	6 923
	2009-10 15 661	16 514	² 310	⁴ 646	13 871	2 741	3 996	u/a	425	30	60 186	6 465
	2010-11 16 370	17 413	2 700	⁴ 7 54	10 562	2 644	3 672	1 613	1 794	66	61 588	6 641
Other reactive interventions	2006-07 u/a	u/a	15 023	10 918	u/a	0	u/a	u/a	u/a	0	25 900	9 849
	2007-08 u/a	u/a	16 658	13 463	u/a	0	u/a	u/a	u/a	0	30 104	10 837
	2008-09 u/a	u/a	15 790	12 030	u/a	0	u/a	u/a	u/a	0	27 811	11 269
	2009-10 19 138	u/a	14 457	13 495	2 673	0	u/a	u/a	906	0	50 603	9 685
	2010-11 23 263	u/a	12 945	13 814	11 806	0	u/a	0	1 508	0	63 336	9 448
Number of field active inspectors	2006-07 313	^e 225	225	^h 103	93	30	12	6	45	3	1 055	144
	2007-08 314	^e 212	217	^h 103	93	29	12	14	47	3	1 044	156
	2008-09 314	^e 253	235	^h 103	93	31	12	12	60	3	1 116	151
	2009-10 315	^e 255	221	^h 103	93	31	12	16	39	3	1 088	145
	2010-11 315	^e 248	233	^h 103	93	31	12	18	44	4	1 101	142
Number of field active inspectors per 10 000 employees	2006-07 1.1	1.0	1.3	1.1	1.4	1.5	1.2	0.4	1.4	8.5	1.1	0.8
	2007-08 1.0	0.9	1.2	1.1	1.3	1.4	1.2	1.0	1.3	7.5	1.1	0.9
	2008-09 1.1	1.0	1.3	1.0	1.3	1.5	1.1	0.9	1.7	6.4	1.1	0.8
	2009-10 1.0	1.0	1.2	1.0	1.3	1.5	1.1	1.2	1.1	6.6	1.1	0.8
	2010-11 1.0	0.9	1.2	1.0	1.3	1.5	1.1	1.4	1.2	8.3	1.1	0.8

Indicator 14 – Work health and safety compliance and enforcement activity by jurisdiction continued

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov ^a	Seacare	^b Total Aus	NZ
Number of other staff undertaking non-inspectorate activities	2006–07 u/a	u/a	41	u/a	10	0	0	^k u/a	u/a	1	52	9
	2007–08 u/a	u/a	38	4	12	0	0	^k u/a	u/a	2	56	13
	2008–09 u/a	u/a	49	15	13	0	0	^k u/a	u/a	2	68	12
	2009–10 34	u/a	57	16	13	0	0	^k u/a	13	2	125	11
	2010–11 34	u/a	64	5	13	0	0	3	2	2	123	11
Number of infringement notices issued	2006–07 726	n/a	612	n/a	n/a	u/a	173	8	n/a	0	1 519	23
	2007–08 620	n/a	643	n/a	n/a	37	201	13	n/a	0	1 514	9
	2008–09 686	n/a	506	n/a	n/a	49	0	10	n/a	0	1 251	10
	2009–10 688	n/a	393	n/a	n/a	56	0	6	n/a	0	1 143	2
	2010–11 588	n/a	314	n/a	n/a	54	0	14	n/a	0	970	11
Number of improvement notices issued	2006–07 13 243	12 040	14 631	10 249	3 258	188	30	137	37	17	53 830	1 345
	2007–08 13 109	10 279	14 391	9 724	2 328	161	136	129	18	16	50 290	356
	2008–09 10 832	18 363	8 149	9 833	2 396	169	209	99	31	17	50 081	747
	2009–10 12 161	21 600	9 072	10 640	1 841	224	132	187	36	20	55 898	853
	2010–11 11 326	20 551	6 189	10 416	2 347	92	99	265	17	47	51 349	1 097
Number of prohibition notices issued	2006–07 1 127	1 538	2 434	629	732	105	65	57	6	4	6 697	549
	2007–08 994	1 043	2 784	676	588	113	61	94	19	3	6 375	246
	2008–09 767	1 078	2 278	721	630	112	69	101	16	4	5 776	240
	2009–10 856	928	2 288	705	628	167	51	103	26	3	5 744	259
	2010–11 834	754	1 846	603	885	139	82	139	5	5	5 292	380

Indicator 14 – Work health and safety compliance and enforcement activity by jurisdiction continued

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	Seacare	Total Aus	NZ
Number of legal proceedings finalised	2006-07 ^{m303}	107	126	30	60	23	2	^{m6}	1	0	658	59
	2007-08 ^{m185}	125	102	26	57	24	10	^{m2}	1	0	532	41
	2008-09 ^{m98}	119	133	21	66	13	5	^{m3}	2	3	463	36
	2009-10 ^{m81}	149	96	49	51	15	1	^{m3}	3	0	448	56
	2010-11 93	103	93	36	46	19	1	1	5	0	397	41
Number of legal proceedings resulting in a conviction, order or agreement	2006-07 ^{m300}	87	102	ⁿ²⁹	56	16	2	2	1	0	595	80
	2007-08 ^{m182}	107	83	ⁿ²³	51	18	10	4	1	1	480	73
	2008-09 ^{m96}	107	102	ⁿ¹⁸	62	6	5	3	2	1	402	74
	2009-10 ^{m76}	130	85	ⁿ⁴²	46	10	1	3	3	0	396	79
	2010-11 89	76	75	ⁿ³²	40	12	1	1	5	0	331	51
Total amount of fines awarded by the courts (\$'000)	2006-07 \$11 086	\$1 716	\$2 953	\$457	\$1 299	\$236	\$23	\$135	\$198	\$0	\$18 103	NZ\$1 751
	2007-08 \$8 600	\$3 239	\$2 686	\$685	\$1 176	\$188	\$179	\$177	\$20	\$0	\$16 949	NZ\$1 553
	2008-09 \$4 602	\$6 796	\$3 247	\$470	\$1 365	\$81	\$693	\$165	\$375	\$100	\$17 894	NZ\$2 162
	2009-10 \$5 614	\$7 674	\$3 812	\$781	\$875	\$48	\$60	\$15	\$455	\$0	\$19 334	NZ\$2 221
	2010-11 \$6 039	\$3 870	\$2 819	\$703	\$1 467	\$48	\$6	\$8	\$582	\$0	\$15 542	NZ\$2 102

^a For the years prior to 2007-08, Australian Government data cannot be compared directly with the other jurisdictions. For more information please see Note 2 of the Explanatory notes. ^b Totals only include jurisdictions who supplied the relevant data. ^c Does not include industry forums/ presentations where an inspection also occurs. ^d The number of inspectors in attendance are not counted separately. ^e Amended to include managers of inspectorate. ^f 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. ^g Decrease in reactive activities is indicative of the general decrease in incident notifications in the same period. ^h WA now includes vacancies and auditors who are gazetted as inspectors for all years (FTEs). ⁱ The drop is due to budget cuts. ^j FTE figures supplied for external Consultants, ThinkSafe Small Business Managers and Community Education Officers. ^k The new structure within WorkSafe ACT (re Proactive, Reactive and High Risk Teams) was established on 1 July 2010; therefore there has been no specific recordings of the statistics for the dates 2006-07 to 2009-10. ^l There is no legislative requirement for infringement notices in Western Australia, Victoria, South Australia and the Australian Government. ^m Data are for number of defendants in successful Work health and safety prosecutions. ⁿ Western Australia legislation does not provide for orders or agreements.

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’, except for Western Australia which supplies premiums data on a written basis. 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.

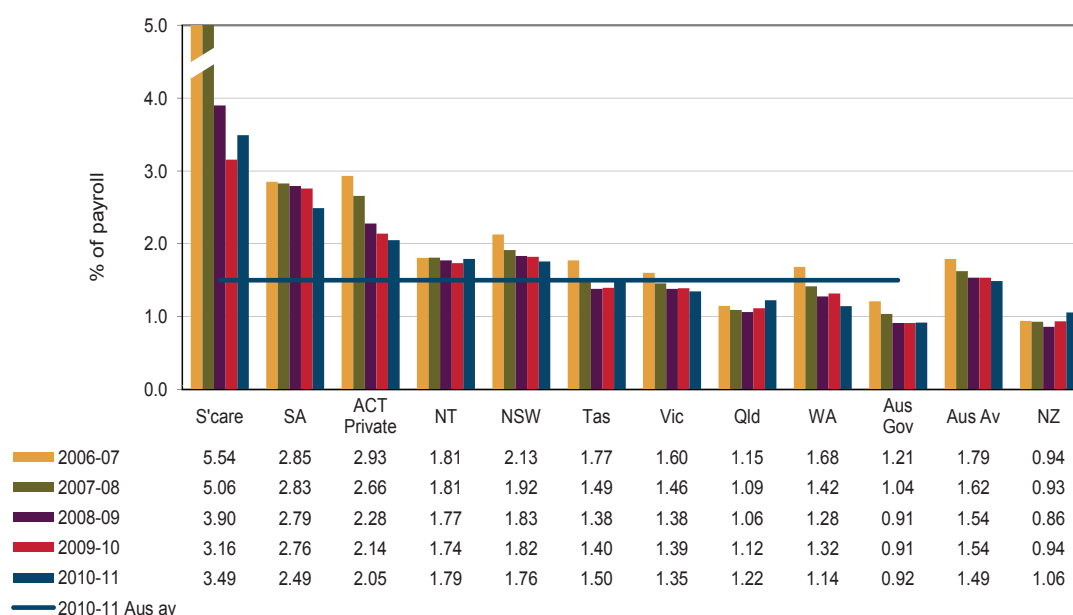
Indicator 15 shows that in 2010–11 the standardised Australian average premium rate was 1.49% of payroll, slightly less than that in the previous financial year.

The Western Australian scheme recorded the largest percentage decrease (13%) from the previous financial year followed by the South Australian scheme with a 10% decrease.

Seacare recorded the highest premium rate in 2010–11 at 3.49% of payroll due to the high risk nature of this industry. However this is still a substantial drop of 37% from the 2006–07 premium rate of 5.54%.

The Australian Government scheme recorded the lowest premium rate of all jurisdictions at 0.92% of payroll, followed by Western Australia at 1.14% of payroll. Data for the Australian Government does not include the Australian Capital Territory Public Service.

Indicator 15 – Standardised average premium rates (including insured and self-insured sectors) by jurisdiction



Despite a 10% increase from previous financial year, Queensland recorded the third lowest premium rate of all jurisdictions at 1.22% of payroll. Lower administrative costs along with strong financial and claims management and business efficiencies allows for lower premiums.

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 1.06% of payroll, a 13% increase 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 that its 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 Table 3 in the Explanatory Notes. Information on published rates can be found in the *Comparison of Workers' Compensation Arrangements* publication at safeworkaustralia.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 1: Table 7. These entitlements are based on legislation current as at 1 January 2011. More detailed information can be found in the *Comparison of Workers' Compensation Arrangements* publication at safeworkaustralia.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 \$800 gross per week (award wage), \$1300 gross per week (non-award wage) and \$2000 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 16 – Average percentage of pre-injury earnings for selected periods of incapacity, as at 1 January 2011

Level of pre-injury income	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	NZ
13 weeks of incapacity										
Low income	100	95	100	100	100	100	100	100	100	80
Middle income	80	95	85	100	100	100	100	100	100	80
High income	80	95	85	100	100	100	100	100	100	80
26 weeks of incapacity										
Low income	100	80	100	100	95	100	100	100	100	80
Middle income	80	80	85	93	95	100	100	100	100	80
High income	80	80	85	93	95	100	100	100	100	80
52 weeks of incapacity										
Low income	93	80	100	100	88	95	95	86	97	80
Middle income	67	80	80	89	88	95	88	83	97	80
High income	57	80	80	89	88	95	88	83	97	80
104 weeks of incapacity										
Low income	90	80	100	100	84	93	93	78	86	80
Middle income	60	80	78	87	84	93	81	74	86	80
High income	46	80	78	^(a) 87	84	93	81	74	86	80

(a) 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 2011 was \$2156.60 and applied to all income levels. In addition for a high income earner (e.g. \$2000 per week) the prescribed amount for weekly benefit (\$190 701) would be exhausted by 102 weeks of compensation. In Victoria there is a statutory maximum amount for weekly payments of \$1810 as at 1 January 2011.

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; reductions in weekly payments would have occurred for non-award employees. Tasmania and the Northern Territory provided the second highest percentage (93% each) of pre-injury earnings in compensation at 104 weeks of incapacity. The Australian Capital Territory provided the lowest percentage of pre-injury earnings for 104 weeks of impairment (78%) due in part to the step-down in benefits to 65% of pre-injury earnings after 26 weeks of compensation (see Appendix 1: Table 7 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%), the Australian Government (86%), and South Australia (84%). New South Wales provided the lowest percentage of pre-injury earnings for the full period of impairment (60%) due to the lower payments from the first day of injury for non-award workers and the restrictions applied after 26 weeks. In the New South Wales system once 26 weeks of compensation have been paid, the injured worker is entitled to the lesser of 90% of their average weekly earnings or the indexed statutory rate, plus extra entitlements for dependants (see Appendix 1: Table 7 for more details).

In contrast to the low income scenario, where eight 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.

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 1 Table 7 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 \$1300 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 17 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 1 Table 6 identifies the jurisdictions that have access to common law. In the Australian Capital Territory, if common law damages are awarded, statutory benefits paid will be deducted in order to ensure that the principle of no compensation benefit paid twice is maintained. Similarly, Australian Government workers are more likely to accept the statutory lump sum payment than pursue a common law settlement.

Total entitlements ranged from \$1.5 million in the Australian Capital Territory to \$5.2 million in New South Wales.

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. Western Australia provided a figure for this scenario of \$1 037 781 which is based on estimates from approved insurers within the Western Australian workers' compensation scheme. A figure of \$4 million was provided by New South Wales and is considered to be entitlements payable under common law for similar scenarios. Queensland provided a figure of \$1 348 084, which is based on an example similar to this scenario. Tasmania provided a figure of \$421 399 which was estimated based on net figures rather than gross earnings as per the previous year. Statutory benefits are repaid by the worker to compensation schemes if common law damages are awarded.

In South Australia legislative changes resulted in a significant increase in the maximum amount payable to workers who suffer a permanent serious injury or illness. In 2010–11 this amount was \$437 401. The South Australian system is now 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 2011.

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 deceased 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.

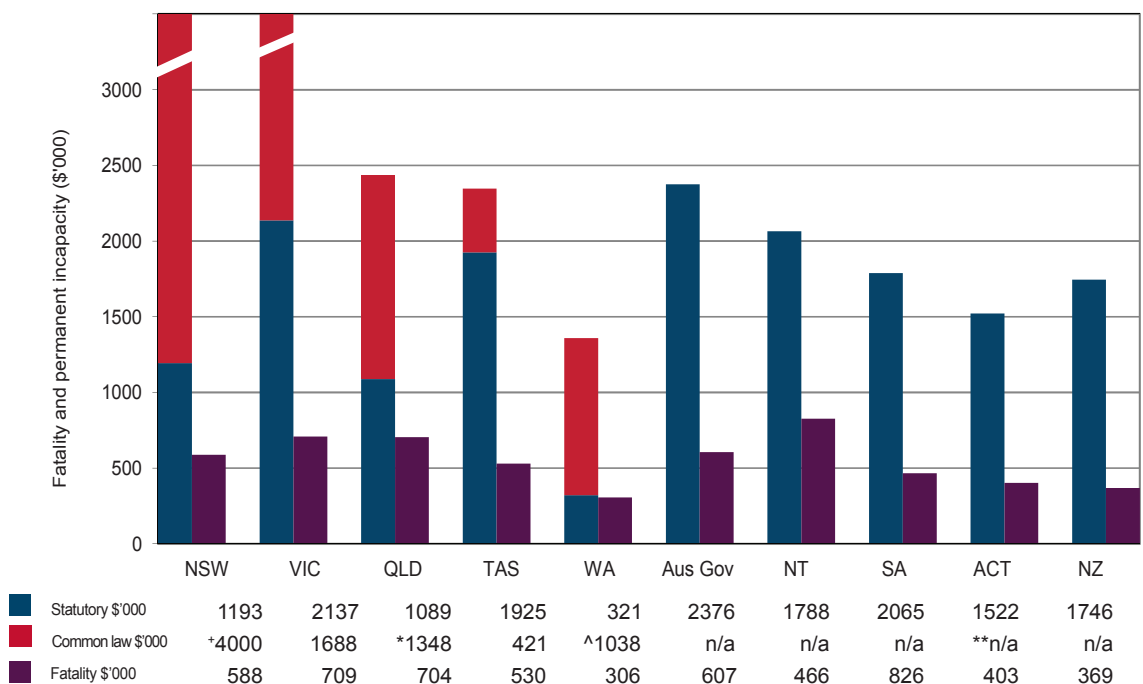
Indicator 17 shows that entitlements payable to dependants in the case of a fatality varied across jurisdictions. South Australia provided the highest entitlement payable to dependants in Australia following a workplace incident resulting in a fatality at \$826 000, followed by Victoria at \$709 000 and Queensland at \$704 000. The lowest entitlements for fatality were provided in Western Australia (\$306 000) and the Australian Capital Territory (\$403 000). Appendix 1 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. However, the higher rates could not be paid until 5 April 2010. The lump sum amount increased to \$527 610 in 2010–11.

In the Australian Government scheme, the *Employment and Workplace Relations Amendment Act 2009* amended the benefits under the Safety, Rehabilitation and Compensation (SRC) Act. The amendments were applied retrospectively to all compensable deaths occurring from 13 May 2008 with lump sum payments increased to \$459 000 in 2010–11.

In New Zealand \$369 000 is payable to dependants which is lower than all of the Australian jurisdictions but one. 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 17 – Level of entitlements for permanent incapacity or fatality as at 1 January 2011



* In New South Wales there is no upper limit on compensation that could be paid from a common law claim. The amount provided is an estimate of entitlements payable under common law for claims similar to the scenario in question.

* There is no upper limit on compensation that could be paid for a common law claim in Queensland. The amount provided is based on an example similar to the scenario in question.

** There is no upper limit on compensation that would be expected from a common law claim under this scenario in the Australian Capital Territory.

^ In Western Australia there is no upper limit on compensation that could be paid from a common law claim. The amount provided is based on estimates from approved insurers in the Western Australian scheme. However, damages awarded may be higher or lower than the estimates provided, depending on the specific circumstances of an individual case.

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.

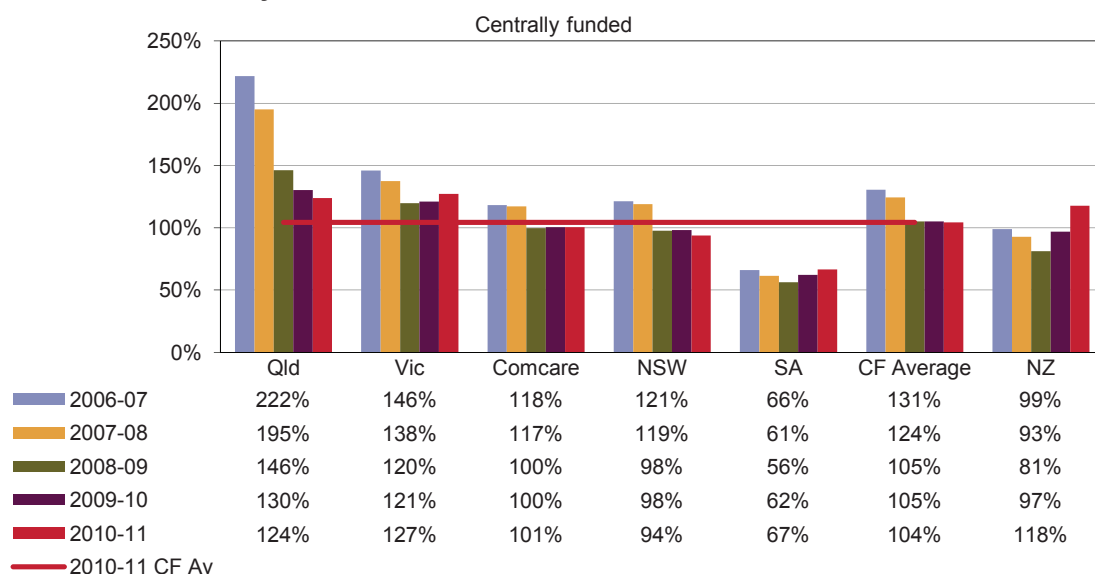
While a standard definition of the funding ratio of net outstanding claim liabilities has been adopted to improve comparability across jurisdictions, there still remain fundamental differences between centrally managed and privately underwritten schemes.

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 18a shows that the average funding ratio for centrally funded schemes was 104% in 2010–11, one percentage point less than the previous year. Victoria, Comcare and South Australian schemes recorded improvements, while the New South Wales and Queensland schemes recorded a decrease in funding ratio compared to the previous year. This slight drop might be linked to the negative impact of the global financial crisis. However all centrally funded jurisdictions, except South Australia and New South Wales, have funding ratios above 100%, indicating that assets are sufficient to meet future liabilities. South Australia has gradually increased its funding ratio from a low of 56% in 2008–09 to 67% in 2010–11.

In Queensland, the funding ratio has continually decreased since 2006–07, although it is still well above 100%. In New Zealand, the substantial increase in funding ratio during 2009–10 and 2010–11 was mainly due to a 34% increase in total assets while the outstanding claims liabilities decreased by 8% since 2008–09. 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 which resulted in a 22% increase in funding ratio in 2010–11 compared to the previous year.

Indicator 18a – Standardised ratio of assets to net outstanding claim liabilities for centrally funded schemes

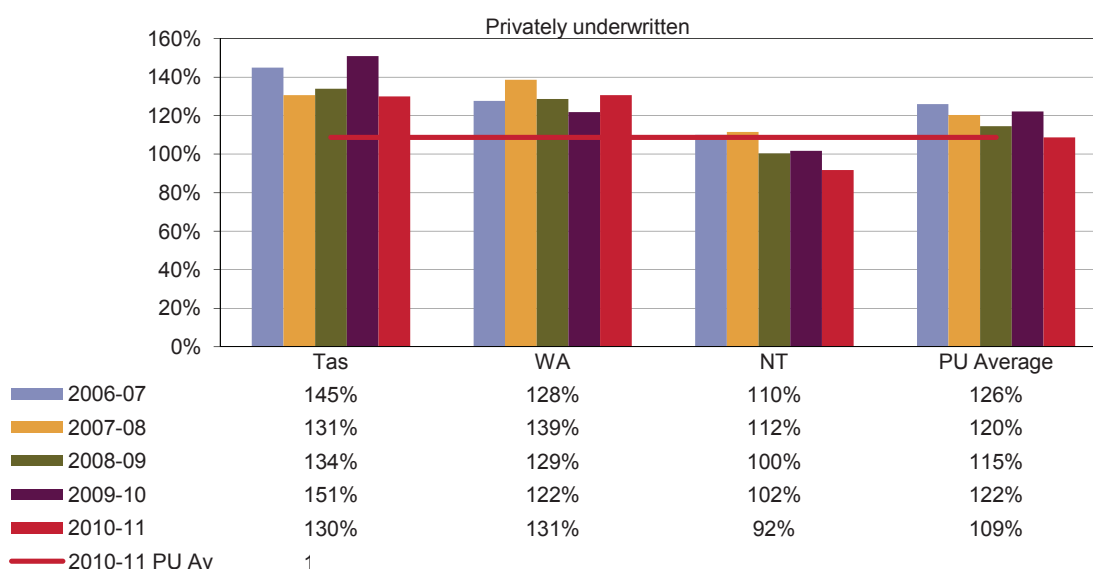


Indicator 18b shows that in 2010–11 the average funding ratio for privately underwritten schemes decreased 11% from the previous year. This is due to the falls in the funding ratios observed for Tasmania and the Northern Territory. Tasmania recorded a 14% drop in its funding ratio from 151% in 2009–10 to 130% in 2010-11. This was caused by a 21% increase in outstanding claims liabilities while assets increased by 4% only compared to the previous year.

With the exception of the Northern Territory, the Australian jurisdictions operating privately underwritten schemes have funding ratios above 100%, indicating that assets are sufficient to meet future liabilities.

The Seacare and Australian Capital Territory Private schemes are privately underwritten, but no data are currently available for this indicator. Refer to Note 5 of Explanatory notes for more information.

Indicator 18b – Standardised ratio of assets to net outstanding claim liabilities for privately underwritten schemes



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* at safeworkaustralia.gov.au.

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

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 19 shows the amount and proportion of total scheme expenditure paid out in payments to injured employees plus administrative costs for the periods 2006–07 and 2010–11.

This indicator shows that in 2010–11, compensation paid direct to the claimant accounted for just over half of all scheme expenditure. In 2010–11, all Australian jurisdictions, with the exception of Victoria, South Australia and Comcare, recorded an increase in the proportion of total scheme expenditure paid direct to the claimant compared to the expenditure paid in 2006–07. Direct compensation is paid to injured employees either as weekly benefits, redemptions, common law settlements (excluding legal costs) and non-economic loss benefits.

In 2010–11, seven of the nine Australian jurisdictions recorded a decrease in the proportion of total expenditure to insurance operations compared to 2006–07, with the most substantial falls recorded by Queensland (down by 33%), the Northern Territory (down by 30%), Seacare (down by 20%) and New South Wales (down by 17%). This resulted in an 11% decrease in the proportion of total expenditure dedicated to insurance operation functions by Australian schemes over this period. Costs associated with insurance operations include expenditures for insurer's representatives in legal matters, medical reports, investigation and fees paid to agents.

Four jurisdictions recorded decreases in the proportion of expenditure associated with other administration in 2010–11 compared to 2006–07, with Seacare recording the largest decrease of 5.7 percentage points. Costs associated with other administration include expenditure associated with corporate administration, but excludes corporate administration costs allocated to work health and safety.

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. In Australia, the Medicare system would most likely pick up some medical costs for work-related injuries where a workers' compensation claim is not submitted.

Indicator 19 – Scheme expenditure

Scheme Costs	Centrally funded					Privately underwritten						
	NSW	Vic	Qld	SA	Comcare	WA	Tas	NT	Seacare	Australia	NZ	
Expenditure (\$M)												
2006–07												
Direct to claimant	944.2	854.6	572.8	299.7	139.7	309.2	39.2	34.5	4.1	3 198.0	173.2	
Services to claimant	508.0	329.4	140.0	105.0	61.9	143.5	23.3	13.0	1.1	1 325.3	173.0	
Insurance operations	464.1	337.2	112.6	49.2	37.5	157.6	27.3	4.8	1.0	1 191.4	32.8	
Regulation	88.5	40.4	6.6	9.4	1.6	4.2	1.0	0.0	0.0	151.9	15.2	
Dispute resolution	26.0	21.0	7.5	2.8	1.8	4.7	1.1	0.2	0.7	65.9	0.0	
Other administration	11.7	16.3	36.4	19.9	6.4	5.7	0.5	0.7	0.4	98.0	23.7	
Total	2 042.5	1 599.0	875.8	486.1	249.0	625.0	92.3	53.3	7.3	6 030.4	417.9	
2010–11												
Direct to claimant	1 257.3	999.4	849.8	265.2	166.7	432.7	51.0	57.4	9.8	4 089.2	231.2	
Services to claimant	632.0	393.1	223.7	137.8	67.4	196.2	34.1	20.4	2.1	1 706.6	152.8	
Insurance operations	454.7	396.8	105.5	59.5	52.3	206.2	27.4	5.4	1.4	1 309.2	44.1	
Regulation	35.1	62.1	7.7	6.8	0.0	4.4	1.5	0.0	0.0	117.3	21.7	
Dispute resolution	26.1	23.9	10.6	10.1	4.4	4.5	1.3	0.4	0.0	81.4	0.0	
Other administration	12.4	37.6	33.3	34.7	17.5	7.3	0.5	1.2	0.0	144.5	30.3	
Total	2 417.6	1 912.8	1 230.5	514.1	308.2	851.4	115.8	84.8	13.3	7 448.2	480.3	

Indicator 19 – Scheme expenditure continued

Scheme Costs	Centrally funded						Privately underwritten					
	NSW	Vic	Qld	SA	Comcare	WA	Tas	NT	Seacare	Australia	NZ	
Percentage of total expenditure (%)												
2006–07												
Direct to claimant	46.2	53.4	65.4	61.7	56.1	49.5	42.5	64.7	55.9	53.0	41.4	
Services to claimant	24.9	20.6	16.0	21.6	24.9	23.0	25.3	24.5	15.0	22.0	41.4	
Insurance operations	22.7	21.1	12.9	10.1	15.1	25.2	29.5	9.1	13.2	19.8	7.9	
Regulation	4.3	2.5	0.8	1.9	0.7	0.7	1.1	0.0	0.4	2.5	3.6	
Dispute resolution	1.3	1.3	0.9	0.6	0.7	0.7	1.2	0.5	9.8	1.1	0.0	
Other administration	0.6	1.0	4.2	4.1	2.6	0.9	0.5	1.3	5.7	1.6	5.7	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
2010–11												
Direct to claimant	52.0	52.2	69.1	51.6	54.1	50.8	44.1	67.7	73.8	54.9	48.1	
Services to claimant	26.1	20.6	18.2	26.8	21.9	23.0	29.4	24.0	15.7	22.9	31.8	
Insurance operations	18.8	20.7	8.6	11.6	17.0	24.2	23.7	6.4	10.5	17.6	9.2	
Regulation	1.5	3.2	0.6	1.3	0.0	0.5	1.3	0.0	0.0	1.6	4.5	
Dispute resolution	1.1	1.2	0.9	2.0	1.4	0.5	1.1	0.5	0.0	1.1	0.0	
Other administration	0.5	2.0	2.7	6.7	5.7	0.9	0.5	1.4	0.0	1.9	6.3	
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 20 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 2010–11 the Seacare, Comcare, South Australian, New South Wales, Victorian, Western Australian and Tasmanian schemes paid out more as weekly benefits while the Northern Territory and Queensland schemes paid out more as lump sum benefits.

For Seacare, South Australia and Western Australia the lower proportion of benefits paid as lump sums in 2010–11 represents a shift from 2009–10, where the proportions of lump sum benefits paid were 12%, 50% and 49% of direct payments respectively.

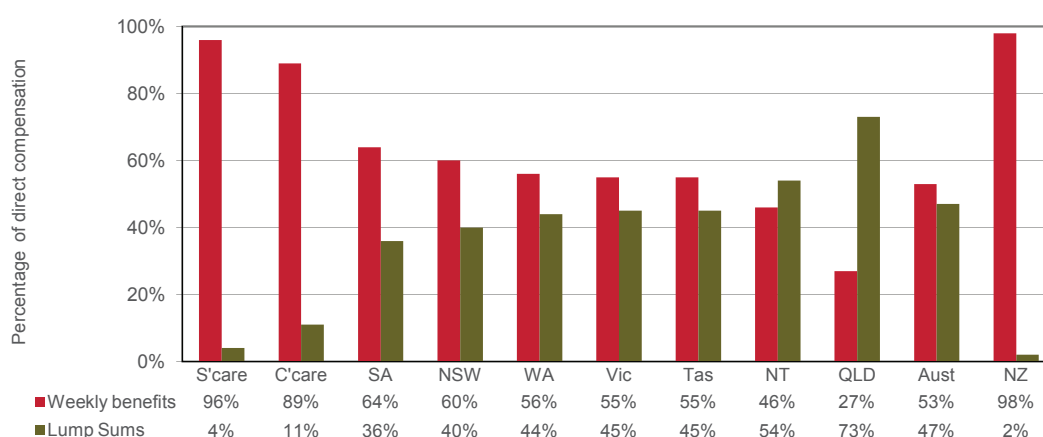
In South Australia there was a substantial decrease (14 percentage points drop) in the proportion of benefits paid as lump sums compared to the previous year. This was due to the fact that the redemption of future income maintenance and medical payments were greatly curtailed from 2010-11 as a result of a policy change. It is also due to an ongoing drop in lump sum applications resulting from legislative changes in 2009, moving from 'Table of Maims' to a 'whole-person impairment' (WPI) approach in calculating lump sum benefits.

In the Seacare scheme the proportion paid as a lump sum in 2010–11 was one third the proportion paid in 2009–10 and close to the proportions usually recorded prior to 2009–10, when there was an increase in the number of accepted claims. Also, in 2009–10, there was a claim for a fatality for the first time in the history of the scheme.

Overall in Australia in 2010–11 a lower proportion of benefits were paid as a lump sum compared to the previous year, with all jurisdictions except New South Wales, Comcare and the Northern Territory recording decreases in the proportion paid as lump sums. However, figures for 2010–11 should not be compared to those in the previous edition of this report as some jurisdictions update the scheme cost figures for previous years.

The New Zealand scheme has little provision for lump sum payments.

Indicator 20 – Direct compensation payments by type and jurisdiction, 2010–11



Durable return to work

This section presents the Durable Return to Work rate compiled from data published in the 2010–11 *Australia and New Zealand Return To Work Monitor* (RTW Monitor), which reports on return to work outcomes and injured workers' perceptions of the return to work process. The report can be found at hwca.org.au/reports_rtw.php. The survey includes injured workers who have been paid 10 days or more compensation, but does not include injured workers from organisations who self-insure their workers' compensation risk. Western Australia and the Australian Capital Territory do not participate in this survey. Refer to Note 4 of the Explanatory notes for more information.

The sample selected for all RTW Monitor surveys consists of injured workers who had:

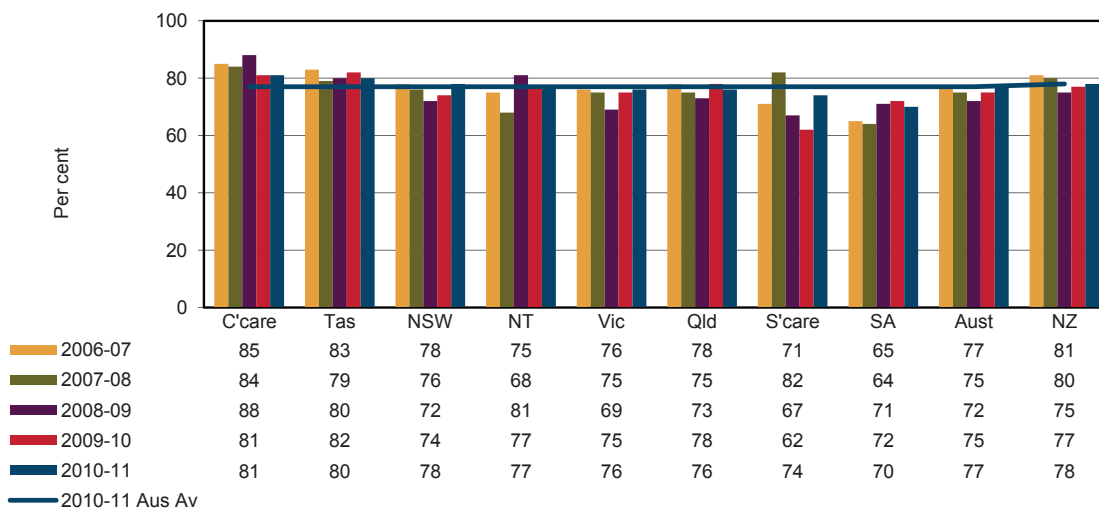
- submitted a claim seven to eight months before the date of the survey or seven to nine months for Tasmania, the Northern Territory and the Australian Government, due to the small number of claims in these jurisdictions. For Seacare, due to its even smaller size, the entire population of claimants were invited to be interviewed over four rounds in August, November, February and May, and
- 10 days or more compensation paid, inclusive of any excess.

Durable Return to Work refers to an injured worker who returned to work and was still working at the time of the survey, seven to nine months after their claim and is measured by the injured workers self-reporting their work status.

Durable 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. Refer to Note 4 in the Explanatory notes for further information.

Indicator 21 reveals that in 2010–11 over three quarters of Australian (77%) and New Zealand (78%) injured workers had returned to work and were still working at the time of interview.

Indicator 21 – Durable return to work rate



The Durable Return To Work rate was higher for injured workers in Comcare (81%), Tasmania (80%) and New South Wales (78%). Seacare recorded the largest increase in the Durable Return to Work rate in 2010–11 from the previous year (up 19%). Although Seacare recorded a big rise, their result has traditionally been fairly volatile due to their small sample size. Improvements were also recorded in New South Wales (up 5%). Queensland and South Australia each recorded a two percentage point decrease in the Durable Return to Work rate when compared with previous year.

Both the 2009–10 (75%) and 2010–11 (77%) Australian national Durable Return to Work rates were higher than the 2008–09 rate (72%). This reverses the decline in the Durable Return to Work rate that was observed in the previous three years (RTW Monitor, 2010–11).

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 be influenced by the nature of the scheme design (whether it is short or long tail 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 or 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.

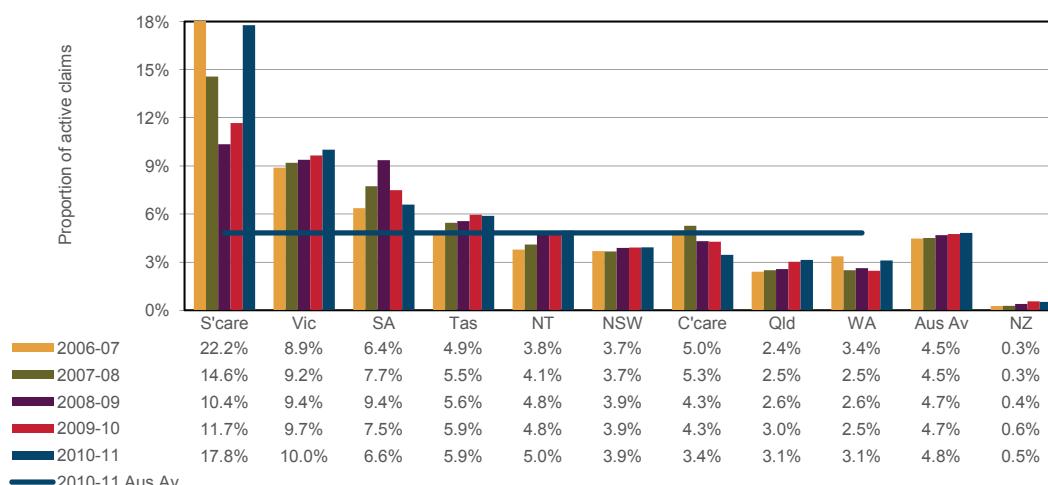
Change of methodology

The disputation rates data presented in this edition and in the CPM 13 report differ to those in previous editions. This is due to the adoption of a new definition designed to improve comparability between jurisdictions. This methodology has been applied to the last five years of disputation data. The number of active claims in the reference financial year rather than new claims lodged in the reference financial year are used to calculate disputation rates. 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.

Indicator 22 shows the number of new disputes as a proportion of 'active' claims in the reference financial year. 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 22 shows that the Australian disputation rate has recorded a modest 9% increase since 2006–07. In 2010–11 the Australian disputation rate was 4.8% of active claims; a slight increase compared to the previous year. In general the Australian disputation rate has shown no great fluctuations since 2006–07.

Indicator 22 – Proportion of claims with dispute



Readers should be aware that South Australia has updated its data back to 2006–07 to be in line with its new reporting system. Therefore rates for previous years shown in this edition are no longer comparable with those published in the previous edition of the report.

South Australia and Comcare were the only jurisdictions to record a decrease from the previous year. Queensland and Western Australia reported the lowest dispute rate of all the Australian jurisdictions at 3.1% of active claims, while Seacare recorded the highest rate at 17.8% of active claims in 2010–11.

In 2010–11, 26% of claims made by seafarers resulted in an application to the Administrative Appeals Tribunal (AAT) for review. This represents a 44% increase from the previous year, but remains lower than the rate seen in 2006–07. In 2010–11, 72 applications were lodged with the AAT. This is substantially higher than for the previous year. Of the applications finalised in 2010–11, 63% were finalised by consent of the parties, with no matters proceeding to a hearing, compared to 86% in the previous year.

The dispute rate for South Australia increased in 2008–09 mainly due to the major legislative changes that commenced from 1 July 2008. The rate for 2010–11 dropped and returned to levels similar to those recorded in 2007–08.

The dispute rate for Comcare decreased by 19% in 2010–11 compared to the previous year. This was mainly due to the 16% increase in the number of active claims lodged whilst the number of new disputes lodged recorded a 6% drop in 2010–11.

In New Zealand the Accident Compensation Commission is taking a more active management approach in the provision of rehabilitation and treatment. As a result more treatment, rehabilitation and surgery requests have been declined and consequently more claimants are seeking their cases be reviewed or reconsidered. This has led to an increase in the dispute rate for New Zealand since 2008–09. However, the dispute rate recorded a slight drop in 2010–11.

The New Zealand dispute 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 etc. 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

South Australia and the Northern Territory cannot supply data on the time required to resolve disputes. Seacare is included in this indicator for the first time as it recently started supplying these data. The speed that 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 timeframe 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.

Indicator 23 demonstrates that in the past five years in Australia there has been a substantial increase in the proportion of disputes resolved within one month.

The percentage of disputes resolved within three months decreased by 5%, while the percentage of disputes resolved within six and nine months increased slightly during this period.

Indicator 23 – Percentage of disputes resolved within selected time periods (cumulative)

Jurisdiction	Within 1 month	Within 3 months	Within 6 months	Within 9 months
2006–07				
NSW	2.8	51.9	87.6	97.3
Victoria	2.1	52.6	74.7	87.8
Queensland	14.7	77.3	90.0	94.2
Western Australia	19.5	44.2	65.2	74.1
Tasmania	45.2	59.9	77.0	85.1
Comcare	4.6	14.5	29.0	44.8
Seacare	1.6	9.5	22.2	46.0
Australia	6.6	52.7	78.3	88.7
New Zealand	1.5	63.7	88.8	93.8
2010–11				
NSW	7.8	42.0	86.0	95.5
Victoria	1.7	46.4	75.2	88.8
Queensland	15.2	81.6	93.1	95.7
Western Australia	41.7	62.6	82.5	91.6
Tasmania	59.4	71.6	83.2	90.7
Comcare	3.6	11.9	27.4	50.1
Seacare	8.5	36.2	63.8	74.5
Australia*	10.4	50.3	80.5	90.9
New Zealand	0.6	15.1	69.8	87.8

On average for Australia, half the disputes were resolved within three months of the date of lodgement, with Queensland resolving the highest proportion of disputes (82%) followed by Tasmania (72%) within that time.

During the five year period Seacare recorded substantial improvements in the proportion of disputes resolved within each of the selected time periods. The proportion of disputes resolved within one, three, six and nine months increased by close to five, four, three and two times respectively.

In 2010–11, Tasmania resolved 59% of disputed claims within one month, significantly higher than any other jurisdiction. The proportion of disputes resolved after nine months in Tasmania was similar to the Australian average.

In contrast fewer than 4% of disputes were resolved within one month in both the Victorian and Comcare schemes. The resolution times for Victoria are impacted 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.

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 no control over the associated timeframes for dispute resolution. These disputes tend to be quite complex and require a long time to resolve.

The resolution times for New South Wales are 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 over 70% of dispute applications lodged with the Commission. While New South Wales resolves a small percentage of disputes within one month, 86% of disputes are resolved within six months and 96% of disputes are resolved within nine months of lodgement.

New Zealand has adjusted current and historic figures for new claims to include all claims received regardless of claim acceptance. Previous data only included accepted claims. As a result of these changes and of updates to historic data the proportion of disputes resolved decreased compared to the proportions reported in previous editions.

The proportion of disputes resolved in New Zealand is lower than the Australian average for each time period. However, as noted in Indicator 22, this scheme has very few disputes to resolve.

Chapter 6 – Industry information

Claims by industry

Indicator 24 shows the incidence rates of claims across industries in Australia in descending order based on the 2010–11 year. In 2010–11, the Transport & storage industry reported the highest incidence rate at 21.9 claims per 1000 employees followed by the Agriculture, forestry & fishing industry (21.2) and the Manufacturing industry (21.1)

Under the National Occupational Health and Safety Strategy the following industries were identified as priorities for improvement: Transport & storage, Manufacturing, Construction and Health & community services. Following the first triennial review of the National OHS Strategy, the Agriculture, forestry & fishing industry was identified as a priority from 2005–06. These five industries account for 34% of all employees in Australia and 51% of all serious claims. Four out of the five highest incidence rates have been recorded in industries receiving focus under the National OHS Strategy. More information on the progress of these priority industries against the National OHS Strategy targets can be found at safeworkaustralia.gov.au.

Decreases in the incidence rate of claims from the previous year were recorded in most industries, the most notable of which were recorded in the Mining industry (17%), Electricity, gas & water supply (16%), Government administration & defence (15%) and Personal & other services (10%).

Over the period between 2006–07 to 2009–10, the greatest percentage fall (28%) over this period was recorded by the Electricity, gas & water supply industry. The Mining and Communication services industries each recorded the second largest percentage fall (25%), while the Manufacturing industry recorded the third largest percentage fall of 19%. More detailed information on claims by industry can be found in the *Compendium of Workers' Compensation Statistics*, which can be found at safeworkaustralia.gov.au.

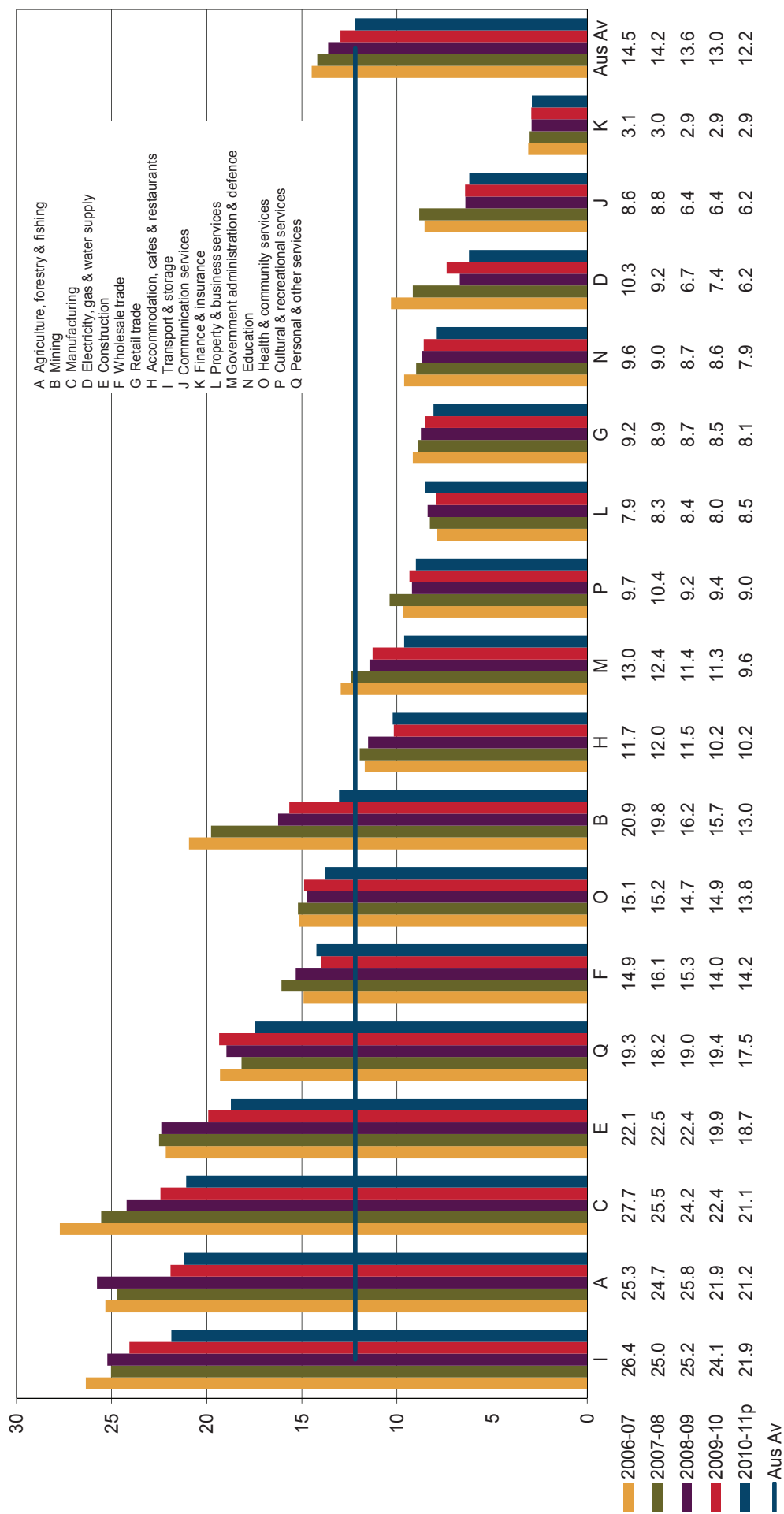
Premium rates by industry

Indicator 25 shows average premium rates by industry in Australia in descending order for the years 2006–07 to 2010–11. These data show that the Agriculture, forestry & fishing industry recorded the highest average premium rate at 3.7% of payroll. The lowest premium rate was recorded by the Finance & insurance industry at 0.3% of payroll.

Premium rates for all industries have decreased since 2006–07. The largest percentage fall (48%) was recorded by the Communication services industry. The Electricity, gas & water supply industry recorded the second largest percentage decrease (33%) followed by the Mining and Construction industries, each recording 28% decrease during the five year period.

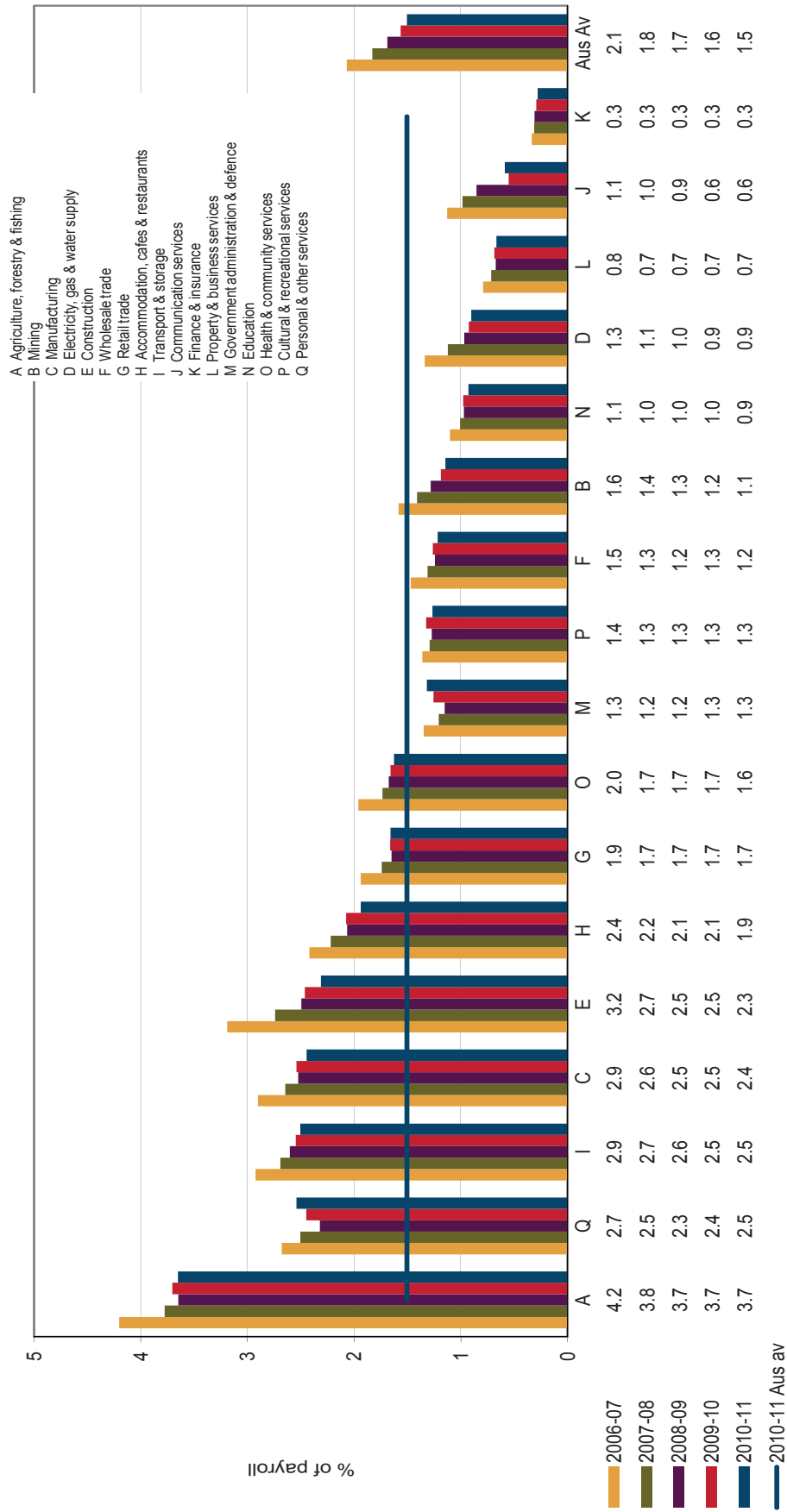
For a number of schemes the published industry rates are not necessarily based solely on risk-profile or performance, as some schemes cross-subsidise premiums. The premium rates quoted in this section of the report are based on premiums in each industry divided by remuneration in that industry.

Indicator 24 – Incidence rates of serious* claims by industry



* Includes accepted workers' compensation claims for temporary incapacity involving one or more weeks of compensation plus all claims for fatality and permanent incapacity

Indicator 25 – Australian average premium rates by industry



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 also collects data in accordance with the NDS. This report is restricted to serious claims that resulted in a fatality, permanent incapacity or a temporary incapacity with one week or more of compensation (time lost from work) excluding those occurring on a journey to or from work. One working week is defined as being lost when the number of hours lost is greater than or equal to the number of hours usually worked per week.

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 understatement of the number of cases for industries where self-employed persons are common, such as, Agriculture, forestry & fishing; Construction and Transport & storage - Road transport. 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:

- temporary disability occupational injuries 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 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 2010–11. 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 the table below 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 Table 1 – Summary of key jurisdictional data, 2010-11

Jurisdiction	Serious claims	% of claims	Employees	% of employees	Hours ('000)	% of hours
New South Wales	43 280	34.0	3 165 700	30.3	5 328 623 000	30.7
Victoria	23 760	18.7	2 643 300	25.3	4 284 634 000	24.7
Queensland	28 910	22.7	1 965 200	18.8	3 219 485 000	18.6
Western Australia	13 110	10.3	1 094 100	10.5	1 882 414 000	10.9
South Australia	9 000	7.1	729 700	7.0	1 177 804 000	6.8
Tasmania	3 270	2.6	209 000	2.0	319 113 000	1.8
Northern Territory	1 290	1.0	115 000	1.1	206 964 000	1.2
Australian Capital Territory	1 720	1.4	132 300	1.3	208 019 000	1.2
Australian Government	2 790	2.2	377 800	3.6	681 218 000	3.9
Seacare	200	0.2	4 800	0.0	20 649 000	0.1
Australian Total	127 330	100.0	10 437 000	100.0	17 328 922 000	100.0
New Zealand	17 830		1 806 700		3 224 840 000	

Time series and adjustment of scheme data

The estimates for number of employees and hours worked are supplied by the Australian Bureau of Statistics (ABS) and are based on the *Labour Force Survey* and the *Survey of Employment and Earnings* data. 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 are benchmarked against the Census every five years.

Incidence and frequency rates will differ from those presented in previous reports due to the number of accepted claims shown for a particular year increasing 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 2010–11 are preliminary unless otherwise stated. Therefore these data are likely to be understated and comparison of 2010–11 data with previous annual data should be undertaken with caution.

The projected number of injury and musculoskeletal claims for each jurisdiction in the reference financial year are derived from the growth rates between the preliminary and updated claims of the previous year.

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 in recognition of the 24-hour risk of exposure 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% from 2000–01 onwards.

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, and where there was a short or nonexistent 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 traumatic event where there was a long latency period (for example, the development of hepatitis following a single exposure to the infection).

In this report, Indicator 10 presents data on fatalities from injuries separately to fatalities from disease. In this indicator, 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. However 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 (only in Victoria), the employer pays the first \$592 of medical services (as at 30 September 2010) 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 less than 10 days, an adjustment factor needs to be applied in order to compare Victorian claims data with other jurisdictions. To calculate the Victorian and South Australian under 10 day excess impact, the percentage of claims of one and two weeks duration for Victoria and South Australia was compared with the percentage of one and two weeks claims for other Australian jurisdictions. From this comparison, the number of Victorian and South Australian one and two weeks claims was increased by a factor so that the percentage of such claims was similar to the Australian average for one and two weeks duration claims. The analysis was undertaken at the industry division level to allow for a greater degree of homogeneity in respect of claim duration. The application of the factors has increased the claims supplied by WorkSafe Victoria from 20 808 to 23 990 and from 7250 to 9003 for claims supplied by South Australia.

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 2009–10 'Australian Industry' publication (ABS cat. No. 8155.0) are used. These estimates are produced annually using a combination of directly collected data 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, 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 in this 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 43% from 291 535 full-time equivalent (FTE) employees prior to the March 2007 legislative amendment to an estimated 417 000 FTE employees as at June 2011. In response Comcare increased its field active inspectors (including other staff undertaking non-inspectorate activities) from 22 in 2005–06 to 44 by 30 June 2011, based in seven regional offices across Australia. This ensured there were sufficient investigator resources to regulate the growing jurisdiction effectively. The increased number of workplace interventions and court based enforcement actions 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 between 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. Standardised average premium rates

In 2008 Finity Consulting Pty Ltd was engaged to undertake a review of the standardisation methodology used to calculate the premium rate measure. A number of changes to the calculation of the premium rate measure were proposed and have been implemented since the eleventh edition of this report.

The significant changes are as follows:

- earned amounts for premiums and remuneration are to be supplied but written amounts can be supplied if earned amounts are too difficult to obtain
- the five most recent years' premiums and wages data is now submitted by jurisdictions, enabling the updated premium rates data to be published on a yearly basis
- all levies collected by jurisdictions are now included in the premium rate measure
- for self insurers, the chain ladder methodology has been discontinued and replaced with either actuarial estimates or insured sector rates, and
- to be consistent with other jurisdictions the premium rate measure for New Zealand now includes the levy on employers to fund the workers' compensation portion of the 'Residual Claims Account', which relates to workers' compensation claims incurred prior to 1 July 1999.

Other 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
- different levels of accident frequency and severity
- 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, for example some schemes have experience rating formulae and some have exemptions for employers with low payrolls, and
- different actuarial assumptions used in the calculation of premium rates.

The premium rate data in this report take into account differences in remuneration, self-insured premiums, employer excess and journey claim coverage.

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 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 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	-3.2	-7.5
Victoria	2.0	1.0	-2.9	n/a
Queensland	-1.5	n/a	-3.5	-6.0
Western Australia	-1.5	n/a	-1.8	n/a
South Australia	2.0	n/a	-2.9	n/a
Tasmania	n/a	0.4	-4.0	n/a
Northern Territory	-2.5	n/a	-2.9	-3.0
Australian Capital Territory Private	-2.0	n/a	-2.0	-6.0
Australian Government	-2.0	n/a	-3.0	n/a
Seacare	Excess adjustment factors reviewed annually			-7.1
New Zealand	n/a	n/a	2.9	n/a

Journey factors

All jurisdictions except Victoria, Western Australia, South 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 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 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, South Australia, Tasmania and New Zealand where the coverage for these types of claims is outside the workers' compensation system.

Appendix Table 3 – Effect of adjustment factors on premium rates in 2010–11

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)	1.76	1.76	1.91	1.90	1.76
Vic	1.38	1.38	1.31	1.35	1.35
Qld ^(c)	1.26	1.26	1.32	1.30	1.22
WA ^(d)	1.29	1.16	1.16	1.14	1.14
SA	2.77	2.77	2.45	2.49	2.49
Tas	1.63	1.48	1.51	1.50	1.50
NT	2.18	1.97	1.90	1.85	1.79
ACT Private	2.21	2.21	2.22	2.18	2.05
Aus Gov	1.02	1.02	0.94	0.92	0.92
Seacare ^(e)	3.76	3.76	3.76	3.76	3.49
Australia	1.50	1.50	1.55	1.55	1.49
NZ	1.38	1.25	1.06	1.06	1.06

(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) Western Australia includes a temporary levy to meet the costs associated with the failure of HIH Insurance Ltd. (e) Note that there are no self-insurers in the Seacare scheme.

4. Return to work data

Data for the 2010–11 *Australia and New Zealand Return to Work Monitor* (RTW Monitor) are drawn from a survey conducted by Campbell Research and Consulting on behalf of the Heads of Workers' Compensation Authorities. The survey is conducted in November and May each year. The 2010–11 sample consisted of 3007 injured workers who had made a workers' compensation claim. The figures reported in this section for Comcare include the Australian Capital Territory Public Service. The Australian Capital Territory Private Sector and Western Australia do not participate in this survey. The Australian average for each year is calculated using the jurisdictions that participated in the survey for that year. The full RTW Monitor report can be viewed at hwca.org.au.

Appendix Table 4 – Sample size by jurisdiction 2010–11

Jurisdiction	Total Sample Size
New South Wales	600
Victoria	600
Queensland	600
South Australia	401
Tasmania	354
Northern Territory	120
Comcare	248
Seacare	84
TOTAL of Australian jurisdictions	3 007
New Zealand	601

Sampling error

The following paragraph is taken from the RTW Monitor:

“A sample of all eligible injured workers is surveyed, as such the statistics produced have sampling error associated with them. That is, estimates from the survey may differ from the numbers that would have been produced if all eligible injured workers had been surveyed. The statistical estimate of sampling error is the standard error. The standard error provides a basis for measuring the precision to which the sample estimate can estimate the population value. There is about a 5% chance that the true value lies outside a range of two standard errors either side of the sample estimate. Such a range defines a 95% confidence interval for that estimate.”

Appendix 5 shows the standard errors for the current sample size at the 95% confidence interval. This table indicates that if the survey estimate produced a value of 50% then we can be 95% certain that the true value would lie between 48.2% and 51.8% if the entire population was surveyed.

Appendix Table 5 – Survey estimates of 50% and 80% at 95% confidence interval

Sample size	Survey estimate of 50%			Survey estimate of 80%		
	Confidence interval	Lower band	Upper band	Confidence interval	Lower band	Upper band
3 007	+/- 1.8%	48.2%	51.8%	+/- 1.4%	78.6%	81.4%
600	+/- 4.0%	46.0%	54.0%	+/- 3.2%	76.8%	83.2%
400	+/- 4.9%	45.1%	54.9%	+/- 3.9%	76.1%	83.9%
300	+/- 5.7%	44.3%	55.7%	+/- 4.5%	75.5%	84.5%
200	+/- 6.9%	43.1%	56.9%	+/- 5.5%	74.5%	85.5%
100	+/- 9.8%	40.2%	59.8%	+/- 7.8%	72.2%	87.8%

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 data

Along with the premium rates measure, Finity Consulting Pty Ltd was engaged to undertake a review of the standardisation methodology used to calculate the assets to liabilities ratio (funding ratio). A number of changes to the calculation of the funding ratio were proposed and have been implemented since the 11th edition of this report. The significant changes are as follows:

- the standardisation for different discount and inflation rates has been removed because it did not result in any significant improvement to the data

- for centrally funded schemes the funding ratio has been adjusted to remove non-claim liabilities from both the assets and liabilities
- for Comcare, 'pre-premium business' arising from claims prior to 1 July 1989 has been excluded from the measure as this is funded directly from special appropriations from the Australian Government, and
- to be consistent with other jurisdictions, the funding ratio measure for New Zealand includes claim liabilities and the corresponding assets in the 'Residual Claims Account'.

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.

For centrally funded schemes net outstanding claim liabilities 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.

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 — risk margin of 3% from 2005–06 and 12% from 2006–07, 2007–08, 2008–09 and 2009–10 and 2010–11.
- Victoria — prudential margin of 8.5% for the WorkSafe scheme and 40% for the Insurers' Guarantee Fund and the Uninsured Employers and Indemnity Funds from 2006–07, 2007–08, 2008–09, 2009–10 and 2010–11.
- Queensland — a prudential margin of 11.8% from 2006–07, 11.7% from 2007–08, 12.7% from 2008–09, 13% from 2009–10 and 10.1 from 2010–11.
- South Australia — a prudential margin of 5% from 2006–07, and 5.2% from 2007–08, 2008–09 and 5.5 from 2009–10 and 2010–11.
- Northern Territory — prudential margin of 15% from all years.
- Comcare — in 2006–07 a prudential margin of 6.9% from premium business and a 7.5% margin from pre-premium business. In 2007–08 a prudential margin of 9.6% from premium business and a 9% margin from pre-premium business. In 2008–09, 2009–10 and 2010–11 a prudential margin of 11.8% from premium business and a 12.7% margin from pre-premium business.

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

6. Scheme expenditure data

In addition to the premium rate and funding ratio measures, Finity Consulting Pty Ltd was engaged to undertake a review to the scheme expenditure measure in 2008. A number of changes to the measure were recommended and have been implemented since the 11th edition of this report. The new data items 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 encompass: 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 excludes 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 1 - Key features of Australian Workers' Compensation Schemes

Appendix Table 6 – Key features of Australian workers' compensation schemes as at 1 January 2011

Fund Type	NSW [#]		Vic	Qld		WA	SA		Tas	NT	ACT	Aust Gov
	Managed fund	Central fund		Central fund	Private insurers		Central fund	Private insurers				
Cover for journey claims	Yes	No ^(a)	No ^(a)	Yes	No	No	No ^(b)	No	Yes - Limited ^(c)	Yes	No ^(d)	
Common law available	Yes	Yes - limited	Yes - limited	Yes	Yes	No	No	Yes	No	Yes	Yes - Limited	
Redemptions/Settlements available	Yes	Yes - limited	Yes - limited	Yes	Yes	Yes	Yes ^(e)	Yes	Yes - Limited	Yes	Yes - Limited	
Number of employees^(f)	3 165 696	2 643 328	1 965 179	1 094 071	729 748	209 013	114 972	112 184	377 827			
Number of self-insurers	67	36	25 inc WCQ	27	68 plus 25 crown	11	4	7	29			
Standardised avg. premium rate (%)	1.76	1.35	1.22	1.14	2.49	1.50	1.79	2.05	0.92			
Funding ratio (%)	94	127	124	131	67	130	92	not available	101			
Disputation rate (%)	3.9	10.0	3.1	3.1	6.2	5.9	5.0	n/a	3.4			
Durable return to work rate (%)	78	76	76	n/a	70	80	77	n/a	81			

(a) 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.

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

(c) Journey claims not covered if incident involves a motor vehicle. This is covered by the Motor Accidents (Compensation) Amendment Act 2007.

(d) As of 13 April 2007, the SRC Act was amended to remove coverage for non-work related journeys, and recess breaks where there is a lack of employer control over work activity.

(e) All redemptions in SA are subject to legislative restrictions as of 1 July 2010. 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 WorkCoverSA or self-insured employer.

(f) Number of employees is supplied by the ABS using Labour Force Survey data as a base, with number of adjustments applied to account for differences in coverage for some jurisdictions.

Appendix Table 7 – Entitlements under Australian workers' compensation schemes for award wage earners as at 1 January 2011**

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)	100% (excl O/T)**	95%	85% of NWE*** (or 100% under industrial agreement)	100%	100%	100%	100%	100%	100%
14-26 weeks (total incapacity)	100% (excl O/T)**	80%	85% of NWE*** (or 100% under industrial agreement)	100% (excl O/T & bonuses)	90%	100%	100%	100%	100%
27-52 weeks (total incapacity)	90% (excl O/T) up to \$409.10pw + allowances	80%	75% NWE or 70% QOTE****	100% (excl O/T & bonuses)	80%	90% or 95%	75-90%	65% or Stat Floor	27-45 wks 100% 46-52 wks 75%
53-104 weeks (total incapacity)	90% (excl O/T) up to \$409.10pw + allowances	80% (excl O/T)	75% NWE or 70% QOTE****	100% (excl O/T & bonuses)	80%	53-78 weeks 90% or 95%, 79-104 weeks 80% or 85%	75-90%	65% or Stat Floor	75%
104+ weeks (total incapacity)	90% (excl O/T) up to \$409.10pw + allowances	80% (excl O/T, subject to work capacity test after 130 weeks)	75% NWE if > 15% impairment, otherwise 65% NWE or 60% QOTE (subject to work-related impairment)***	100% (excl O/T & bonuses)	80% (ongoing entitlement after 130 weeks is subject to a work capacity review)	80% or 85%	75-90%	65% or Stat Floor	75%
Other entitlements									
Lump Sums- maximum	>75% impairment: \$220 000 for multiple injuries or \$231 000 for back impairment + \$50 000 pain & suffering	\$511 920	\$265 485 permanent impairment + \$300 740 gratuitous care.	\$183 394 + \$137 545 in special circumstances*	\$437 401	\$289 193	\$259 022.40 permanent impairment	\$150 00 cpi indexed	\$159 236.05 permanent impairment + \$59 713.56 non-economic loss
Limits- medical and hospital	\$50 000 or greater amount prescribed or directed by WC Commission	52 weeks from cessation of weekly payments**	Medical - no limit. Hospital - 4 days (>4 days if reasonable)	\$55 018 + \$50 000 in special circumstances	No limit	No limits but entitlements stop either after 1 year of weekly benefits cessation or 1 year after claim was made.	No limit	No limit	No limit
Death benefits (all jurisdictions pay funeral expenses to differing amounts)	\$455 900 + \$115.80 pw for each dependant child	\$511 920 (shared) + pre-injury earnings related pensions to a maximum of \$1 810pw for dependant partner/s and children	\$497 285 + \$13 285 to dep. spouse + \$26 560 for each family member under 16 or student + \$98.25pw per child to spouse while under 6 + \$122.80pw per dep. child/family members under 16 or children	\$251 412 + \$48.10 pw for each dependant child + max of \$55 018 for medical expenses #	\$437 401 + 50% of worker's NWE to totally dep. spouse + 25% of worker's NWE to totally dep. orphaned child + 12.5% of worker's NWE to totally dep. non-orphaned child.	\$289 193 + 100% weekly payment 0-26 weeks, 90% weekly payment 27-78 weeks, 80% weekly payment 79-104 weeks + \$104.53pw for each dependant child.	\$323 778 + \$124.53 pw for each dependant child to max of 10 children	\$150 000 cpi indexed + \$50 cpi indexed per week for each dependant child	\$442 177.76 lump sum + \$10 138.75 funeral + \$121.60pw for each dependant child

^** Entitlement benefits in WA, VIC, TAS, NT, ACT, & NZ do not include superannuation contributions. Compensation in the form of superannuation contribution is payable in VIC after 52 weeks of weekly payments.
 ** Payment thresholds and specific benefit arrangements may also apply. The relevant jurisdiction should be contacted directly if further information is required.
 *** NWE - normal weekly earnings. QOTE - Seasonally adjusted amount of Queensland Full-time adult persons ordinary time earnings
 + In cases where an injury results in the permanent total incapacity of a worker, and their social and financial circumstances justify it, an arbitrator may order up to an additional 75% of the Prescribed Amount for weekly payments.
 # 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)
 ## Except for workers who receive a settlement or award of pecuniary loss damages or a statutory voluntary settlement or whose work or activities of daily living would be adversely affected or surgery is required.

Appendix 2 - Jurisdictional contact information

Jurisdiction	Organisation	Contact details
New South Wales	WorkCover NSW	WorkCover Assistance 13 10 50 contact@workcover.nsw.gov.au www.workcover.nsw.gov.au
Victoria	WorkSafe Victoria	Advisory Service 1800 136 089 info@worksafe.vic.gov.au www.worksafe.vic.gov.au
Queensland	Workplace Health and Safety Queensland – Department of Justice and Attorney General	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	(08) 9327 8777 www.commerce.wa.gov.au/ WorkSafe
South Australia	SafeWork SA	(08) 8303 0245 www.safeworksa.gov.au
	WorkCover SA	13 18 55 www.workcover.com
Tasmania	WorkCover Tasmania and Workplace Standards	Helpline 1300 366 322 (inside Tas) (03) 6233 7657 (outside Tas) wstinfo@justice.tas.gov.au www.workcover.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

