



safe work australia

Comparative Performance Monitoring Report



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

18th Edition

Revised July 2017

SAFE WORK AUSTRALIA

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workers' compensation schemes
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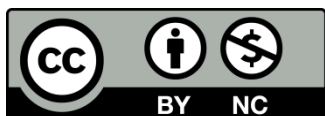
**Eighteenth Edition
July 2017 (Revised)**

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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

Note

This publication was revised and reissued on 28 July 2017. Changes include:

- Serious claim incidence and frequency rates for 2014–15 have been revised. The 2014–15 Injury Denominator Data that was supplied to Safe Work Australia included an incomplete population which has now been corrected (Indicators 1, 2, 3, 4, 10 and 22).
- Queensland has provided updated enforcement data with respect to workplace visits following a major review conducted during 2016–17 involving inspectorate data collection (Indicator 11).
- Average premium rates for Australian Capital Territory private and the Australian average have been updated to fix a minor error identified (Indicators 12 and 23).

Any copies of this report that were downloaded or printed on or before 27 July 2017 are now out-of-date and should be replaced with this revised version.

The Labour Ministers' Council released the first Comparative Performance Monitoring (CPM) report in December 1998. The CPM project was transferred to Safe Work Australia when it was established in 2009. The CPM reports provide trend analysis on the work health and safety and workers' compensation schemes operating in Australia and New Zealand. This is the 18th annual report of the CPM project.

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

Statement of purpose

The role of the CPM report is to facilitate improving work health and safety, workers' compensation and related service outcomes in Australian and New Zealand schemes through an accessible report that:

- (a) monitors the comparative performance of jurisdictions over time, and
- (b) enables benchmarking across jurisdictions and the identification of best practice to support policy making.

Changes included in this report

A strategic review (the Review) of this report commenced in July 2015 and the final report of the review was received in January 2016. This review became warranted following the substantial changes to the workers' compensation and work health and safety arrangements in Australia

over recent years plus the endorsement of the Australian Work Health and Safety Strategy 2012–22 (Australian Strategy) including new targets.

The Review examined the report's underlying approach, methodology, current content and indicator framework to ensure it is meeting current and any anticipated needs of jurisdictions, unions, industry and other stakeholders. Further, the Review explored whether there are opportunities to enhance or improve the reporting methodology and its indicator framework.

At their 18 February 2016 meeting, Safe Work Australia Members endorsed all of the Review's recommendations and agreed to the proposed approach to implement these recommendations within three years. The 19 recommendations were grouped into three categories based on implementation timeframe. Recommendations that were able to be applied immediately are implemented in this report.

The following changes in response to the recommendations have been implemented in this report and its supplementary sections:

- (a) A revised statement of purpose has been included that better defines the role of this report.
- (b) Information on the Australian Strategy and progress against its targets is no longer included in the CPM report. Instead this information will be published as part of the annual Australian Strategy progress report contained in Safe Work Australia's Annual Report.
- (c) A new indicator has been included that reports the number and proportion of self-insured serious claims by jurisdiction.
- (d) The existing indicator on serious claims by mechanism of incident at the national level has been amended to report the proportion of serious claims, instead of the number.
- (e) Additional indicators have been included in a supplementary section which include:
 - (i) a new indicator for the proportion of serious claims by mechanism of incident and jurisdiction
 - (ii) a new indicator for standardised average premium rates by industry and jurisdiction, and
 - (iii) a new indicator for incidence rates of serious claims by industry and jurisdiction.
- (f) The existing Current return to work indicator has been amended to include both premium payers and self-insurers.
- (g) Infographics have been included in Summary of findings section of this report. A separate infographic summary overview of the report has also been published on the Safe Work Australia website.
- (h) Excel spreadsheets containing the charts and tables for all indicators in this CPM 18 report (including the supplementary report) have been published on the Safe Work Australia website.

Due to the changes outlined above, including the removal and addition of a number of indicators, it should be noted that the numbering sequence of indicators in this report do not correspond with the equivalent indicators in the CPM 17 report.

Data

The data used in this report were supplied by jurisdictions for the 2014–15 financial year plus updates back to 2009–10. Readers should be aware that the data presented here may differ from jurisdictional annual reports due to the use of different definitions and the application of adjustment factors to aid in the comparability of data. Explanatory commentary on the data

items is contained within each chapter with additional information included in Appendix 1 – Explanatory Notes, at the end of this publication.

The data in this report were collected from:

- workers' compensation schemes and work health and safety authorities as follows:
 - New South Wales — State Insurance Regulatory Authority and SafeWork NSW
 - Victoria — WorkSafe Victoria
 - Queensland — Workplace Health and Safety Queensland, Office of Industrial Relations – Queensland Treasury, Queensland Workers' Compensation Regulator and WorkCover Queensland
 - Western Australia — WorkCover Western Australia and WorkSafe Division, Department of Commerce
 - South Australia — Return to Work South Australia and SafeWork SA
 - Tasmania — WorkSafe Tasmania and WorkCover Tasmania
 - Northern Territory — NT WorkSafe, Department of Attorney-General and Justice
 - Australian Capital Territory — Access Canberra, Worksafe ACT within Chief Minister Treasury and Economic Development Directorate
 - Australian Government — Comcare
 - Seacare — Seacare Authority (Seafarers Safety, Rehabilitation and Compensation Authority), and
 - New Zealand — Accident Compensation Corporation and WorkSafe New Zealand
- the National Data Set for Compensation-based Statistics and the Work-related Traumatic Injury Fatalities data set compiled by Safe Work Australia. Further information on these data sets can be found on the [Safe Work Australia](#) website,
- the Return to Work Survey that replaced the Return to Work Monitor previously published by the Heads of Workers' Compensation Authorities. The full results of which can be accessed at [Safe Work Australia](#) website, and
- the Australian Bureau of Statistics (ABS) which provides estimates of the number of employees and hours worked based on the Labour Force Survey, the Survey of Employment and Earnings and data provided by Comcare. Further adjustments are performed using data from the Census, the Forms of Employment Survey and the Survey of Employment Arrangements, Retirement and Superannuation.

It should be noted that the CPM report does not include any information on compliance and enforcement activities relating to the mining industry, including the offshore petroleum industry. This is done to ensure jurisdictional data are comparable as not all jurisdictions' work health and safety authorities conduct these activities, but rather conducted by special agencies (for example, the Department of Mines and Petroleum in Western Australia and the Mines Inspectorate in Queensland) and not by jurisdictional work health and safety inspectors.

In addition, currently the CPM does not include information or data from a range of other industry-specific regulators that have responsibilities with respect to work health and safety and workers' compensation. These include national industry based regulators with compliance and enforcement roles such as the National Heavy Vehicle Regulator, the National Rail Safety

Regulator and the National Offshore Petroleum Safety and Environmental Authority, and other jurisdictional agencies such as the Dust Diseases Authority in NSW which also has responsibility with respect to certain compensation claims. Further information on these regulators can be found at their respective websites.

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. As agreed with Comcare in this report the name 'Australian Government' is used for indicators relating to the Australian Government jurisdiction in work health and safety and workers' compensation matters, while 'Comcare' is used to describe Comcare – the entity for indicators relating to scheme performance.

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

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Summary of findings

Work health and safety performance

Australian serious claim incidence rate – down by 16 per cent since 2010–11



Australian serious claim incidence since 2010–11

158 compensated worker fatalities in 2014–15 – 132 involved injury and 26 due to disease



Over the past four years the incidence rate of serious injury and disease claims has fallen 16 per cent from 12.5 claims per 1000 employees in 2010–11 to 10.5 in 2013–14. While the 2014–15 preliminary incidence rate decreased to 9.8 serious claims per 1000 employees, it is expected to rise by around 2–3 per cent when the liability on all claims submitted in 2014–15 is determined.

- Seacare recorded the highest incidence rate of serious claims in 2013–14 with 19.2 claims per 1000 employees, while the Australian Government recorded the lowest rate with 6.3 claims per 1000 employees.
- Falls in the incidence rates of serious claims from 2010–11 to 2013–14 were recorded by all Australian jurisdictions except South Australia.

Preliminary data shows that compensation has been paid for 158 worker fatalities in 2014–15, of which 132 involved injury and 26 were the result of work-related diseases. It is expected that this number will rise once all claims are processed. In addition the number of compensated fatalities is an underestimate as not all work-related fatalities are compensated. The Work-related Traumatic Injury Fatalities data compiled by Safe Work Australia shows that 191 workers died of injuries in 2014–15, which is almost one and a half times higher than the 132 injury fatalities recorded in the compensation system for the same period.

The preliminary workers' compensation claims data for New Zealand indicate that in 2014–15 the incidence rate of serious injury and disease claims was 11.3 claims per 1000 employees. New Zealand recorded a 5 per cent increase in incidence rates from 2010–11 to 2013–14.

There were 80 compensated fatalities in New Zealand in 2014–15. New Zealand recorded a 59 per cent drop in the number of compensated fatalities from 176 in 2010–11 to 73 in 2013–14. The number of fatalities in 2010–11 was unusually high because of the Pike River disaster and the Christchurch earthquake, which together accounted for 84 deaths.

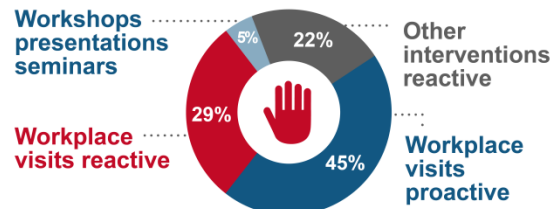
In Australia, *Body stressing* continued to be the mechanism of incident that accounted for the greatest proportion of claims (41 per cent) although the number of claims due to this mechanism has decreased by 20 per cent since 2010–11.

Work health and safety compliance and enforcement activities

189 300 workplace interventions in 2014–15



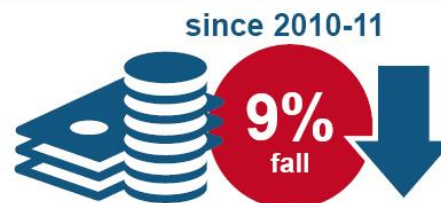
Breakdown of workplace interventions in 2014–15



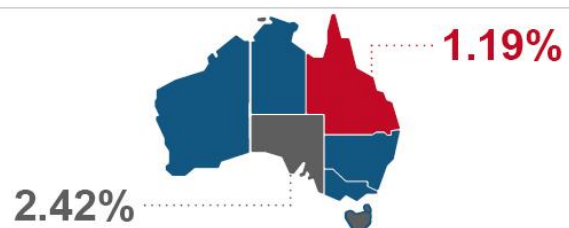
In 2014–15 close to 189 300 workplace interventions were undertaken by work health and safety authorities around Australia, including almost 85 000 proactive and 55 000 reactive workplace visits. In addition, Australian jurisdictions issued 42 291 notices, 308 legal proceedings were finalised against businesses and \$15.6 million in fines were issued by the courts.

Workers' compensation premiums and entitlements

Standardised average premium rate has fallen 9 per cent since 2010–11 to 1.39 per cent of payroll



Queensland recorded lowest premium rate (1.19 per cent) and South Australia the highest rate (2.42 per cent)



The Australian standardised average premium rate fell 9 per cent from 1.52 per cent of payroll in 2010–11 to 1.39 per cent of payroll in 2014–15. All Australian jurisdictions, with the exception of the Australian Government and Tasmania, recorded falls in their standardised premium rates over this period. In 2014–15 the Queensland scheme recorded the lowest standardized premium rates of all jurisdictions at 1.19 per cent of payroll, while the South Australian scheme recorded the highest standardized premium rate at 2.42 per cent.

The New Zealand standardised average premium rate remains lower than the Australian rate at 0.60 per cent of payroll in the financial year 2014–15, a 44 per cent decrease since 2010–11. One reason for the lower rate observed in New Zealand is that it does not provide the same

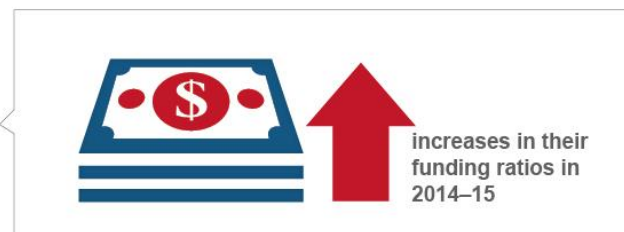
level of coverage for occupational diseases, especially mental disorders, which the Australian schemes provide.

Workers' compensation scheme performance

Average funding ratio – 138 per cent (centrally funded schemes) and 123 per cent (privately underwritten schemes)



All schemes (both centrally funded and privately underwritten) recorded increases in their funding ratios in 2014–15



83% of injured workers returned to work in Australia and 74% in New Zealand



The Australian average funding ratio for centrally funded schemes increased by 10 per cent; from 125 per cent in 2013–14 to 138 per cent in 2014–15. All centrally funded schemes recorded increases in their funding ratios compared to the previous year. Comcare's funding ratio recorded a 13 per cent increase in 2014–15 compared to 2011–12, where a sharp decline in funding ratio was documented due to a substantial increase in the valuation of claim liabilities.

South Australia's funding ratio increased by 66 per cent in 2014–15 compared to the previous year. Growth in investment assets contributed to an increase in total assets, which together with a decrease in total liabilities due to the savings in claims liabilities, resulted in improved net assets. As a consequence the overall funding ratio improved significantly in 2014–15 compared to the previous year (123 per cent vs 74 per cent).

The average funding ratio for privately underwritten schemes increased by 9 per cent; from 113 per cent in 2013–14 to 123 per cent in 2014–15. Tasmania recorded an increase (up 11 per cent) from the previous year increasing from 128 per cent to 142 per cent. Western Australia and the Northern Territory also recorded increases in their funding ratio (up 5 per cent and 10 per cent, respectively).

In 2014–15 Australian workers' compensation schemes made total payments of \$8.425 billion, of which 53 per cent was paid directly to the injured worker as compensation for their injury or illness and 22 per cent was spent on medical and other service costs. Insurance operations expenses constituted 20 per cent of the total scheme expenditure, which was higher (up 16 per cent) than the percentage recorded in 2010–11. Regulation costs made up 1.2 per cent of total scheme expenditure, dispute resolution expenses accounted for 1.7 per cent and other administration expenses accounted for 2.2 per cent.

The current return to work rate for both premium payers and self-insurers was 83 per cent for Australia and 74 per cent for New Zealand. The current return to work rate was higher than the national rate for Comcare (90 per cent), New South Wales (87 per cent) and Western Australia (84 per cent). Other jurisdictions had lower return to work rates than the national rate with the lowest proportion recorded for Seacare (64 per cent).

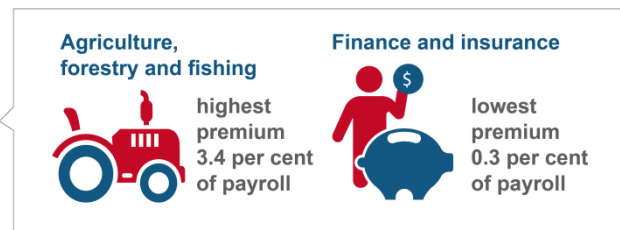
The rate of disputation on claims increased to 6.5 per cent of all claims lodged in 2014–15 compared to 5.8 per cent in 2013–14. The percentage of disputes resolved within one and three months increased (up 37 per cent and 5 per cent respectively) while the percentage of disputes resolved within six and nine months decreased (down 6 per cent and 5 per cent respectively) between 2010–11 and 2014–15.

Industry information

In 2014-15, the industries highest with the rate of serious claims:
Agriculture, forestry and fishing (18.7 claims per 1000 employees),
Manufacturing (16.1), Construction (15.9)



In 2014-15, the highest premium rate was in Agriculture, forestry and fishing (3.4 per cent of payroll).
Lowest premium rate was in Finance and insurance (0.3 per cent of payroll)



In 2014–15, the highest incidence rate of serious injury and disease claims was recorded in the Agriculture, forestry and fishing industry (18.7 serious claims per 1000 employees) followed by Manufacturing (16.1), Construction (15.9) and Transport, postal and warehousing (15.8) industries.

Over the period from 2010–11 to 2014–15, the Agriculture, forestry and fishing industry recorded the highest average premium rate at 3.4 per cent of payroll. The lowest premium rate was recorded by the Finance and insurance industry at 0.3 per cent of payroll.

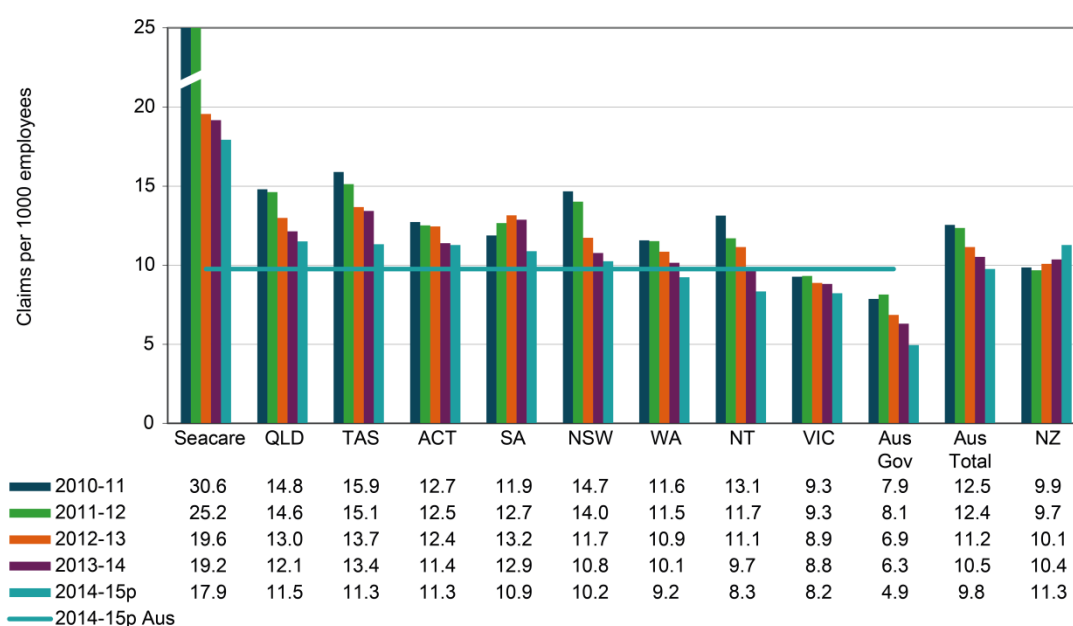
Chapter 1 – Work health and safety performance

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

Serious claims

Indicator 1 shows that the Australian incidence rate for serious claims has steadily declined over the past four years, decreasing 16 per cent from 12.5 to 10.5 claims per 1000 employees between 2010–11 and 2013–14. Preliminary data for 2014–15 show an incidence rate of 9.8 claims per 1000 employees; however this is expected to rise when updated data are available.

Indicator 1 – Incidence rates of serious* injury and disease claims by jurisdiction



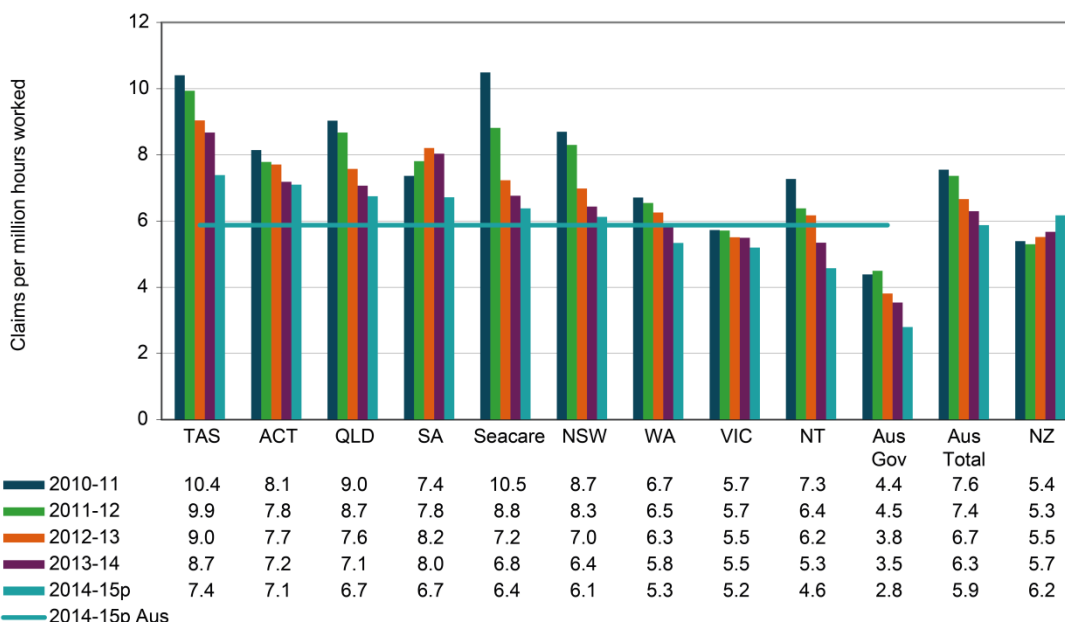
* Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more

Between 2010–11 and 2013–14 all Australian jurisdictions recorded falls in the incidence rate of serious claims, except South Australia where the incidence rate has increased by 8 per cent. Seacare recorded the largest decrease (down 37 per cent), followed by New South Wales (down 27 per cent), Northern Territory (down 26 per cent), and the Australian Government (down 20 per cent). Seacare also recorded the highest incidence rate of serious claims in 2013–14 with 19.2 claims per 1000 employees, while the Australian Government recorded the lowest rate with 6.3 claims per 1000 employees, followed by Victoria (8.8 claims per 1000 employees).

Over the period from 2010–11 to 2013–14, New Zealand recorded a 5 per cent increase in the incidence rate of serious claims, increasing from 9.9 to 10.4 claims per 1000 employees. Preliminary data for 2014–15 show the New Zealand incidence rate has increased further, up by 9 per cent, to 11.3 serious claims per 1000 employees. This increase was mainly due to the 12 per cent increase in the number of serious claims in 2014–15 compared to the previous year.

Indicator 2 shows that the Australian frequency rate of serious claims decreased 17 per cent from 7.6 claims per million hours worked in 2010–11 to 6.3 in 2013–14. Preliminary data show the Australian frequency rate of serious claims has decreased slightly to 5.9 claims per million hours worked in 2014–15. Although the frequency rate data show a similar level of improvement to incidence rates across jurisdictions, there are differences in the ranking of jurisdictions. Tasmania recorded the highest frequency rate at 7.4 claims per one million hours worked in 2014–15, compared to the third highest incidence rate. Seacare only had the fifth highest frequency rate (compared to the highest incidence rate) due to the 24-hour basis on which its frequency rates are calculated. Refer to Note 1 in Appendix 1 (Explanatory notes) for further information.

Indicator 2 – Frequency rates of serious* injury and disease claims by jurisdiction



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

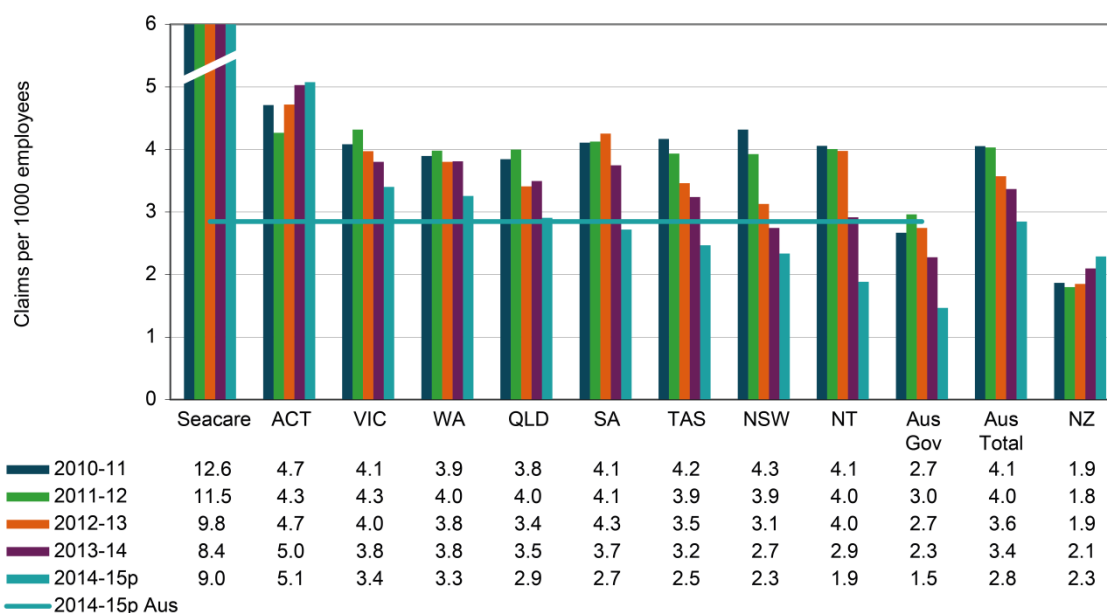
Long term claims – twelve or more weeks of compensation

Indicator 3 shows that the incidence rate of long term injury and disease claims in Australia decreased by 17 per cent between 2010–11 and 2013–14. While the preliminary 2014–15 results show an 18 per cent decrease in the incidence rate compared to the previous year, these data should be treated with caution due to the shorter development time these claims have had compared to claims from the previous years. On average, 32 per cent of serious claims resulted in 12 or more weeks of compensation over the five year period.

The Australian Capital Territory was the only jurisdiction to record an increase in incidence rates (up 6 per cent) of long term claims over the period from 2010–11 to 2013–14. New South Wales had the highest decrease in incidence rate (down 37 per cent) over the same period, followed by Seacare (down 33 per cent), Northern Territory (down 29 per cent) and Tasmania

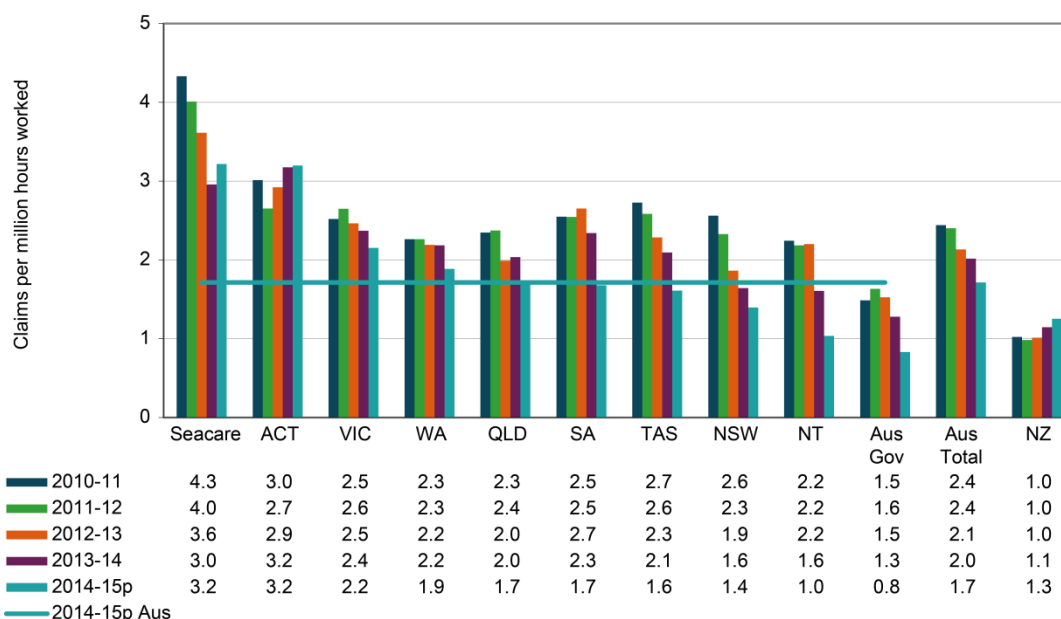
(down 24 per cent). New Zealand recorded an 11 per cent increase over this period with its rate remaining lower than that of Australia.

Indicator 3 – Incidence rates of long term (12 weeks or more compensation) injury and disease claims by jurisdiction



With the exception of the Australian Capital Territory (up 7 per cent), the frequency rates of long term claims (Indicator 4) decreased across all jurisdictions during the comparative period. The Australian frequency rate of long term claims decreased 17 per cent from 2.4 claims per million hours worked in 2010–11 to 2.0 in 2013–14. Preliminary data for 2014–15 shows the Australian frequency rate of long term claims was 1.7 claims per million hours worked.

Indicator 4 – Frequency rates of long term (12 weeks or more compensation) injury and disease claims by jurisdiction



Self-insured serious claims

Indicator 5 shows that the number of self-insured serious claims in Australia decreased by 15 per cent during the period from 2010–11 to 2013–14. The preliminary data for Australia in 2014–15 shows a further 8 per cent decrease from the previous year. New South Wales recorded the highest decrease in the number of self-insured serious claims (down 32 per cent) over the period from 2010–11 to 2013–14, followed by Tasmania (down 26 per cent), the Australian Government (down 25 per cent) and the Australian Capital Territory (down 22 per cent). South Australia was the only jurisdiction to show an increase in the number of self-insured serious claims (up 14 per cent) during the same period.

The number of self-insured serious claims in New Zealand increased by 15 per cent between 2010–11 and 2013–14. Preliminary data show a further increase of 9 per cent in the number of self-insured claims over the year to 2014–15.

Indicator 5 – Self-insured claims: number and proportion of serious claims by jurisdiction

	SA	NSW	Vic	Qld	Aus Gov	WA	Tas	NT	ACT	Australian total	NZ
Number of self-insured claims											
2010–11	2 761	4 326	2 534	2 115	1 617	1 022	756	259	46	15 436	4 527
2011–12	2 995	4 177	2 866	2 142	1 584	1 012	644	231	29	15 680	4 617
2012–13	3 122	3 102	2 374	1 981	1 293	1 016	607	246	23	13 764	5 243
2013–14	3 155	2 963	2 199	1 831	1 215	972	559	232	36	13 162	5 201
2014–15p	2 872	2 816	1 926	1 720	1 055	942	509	193	39	12 072	5 695
Percentage of self-insured claims											
2010–11	32	10	11	8	54	8	23	17	3	12	24
2011–12	33	10	12	8	52	8	20	17	2	12	25
2012–13	32	8	10	7	48	8	21	18	1	11	27
2013–14	34	8	10	7	50	8	20	18	2	12	25
2014–15p	36	8	9	7	56	8	21	18	2	11	24

The proportion of self-insured claims in Australia did not show any substantive change during the comparative period. The Australian Government (50 per cent) had the highest percentage of self-insured claims in 2013–14, followed by South Australia (34 per cent), Tasmania (20 per cent), and Northern Territory (18 per cent). By contrast, the Australian Capital Territory had the lowest percentage of self-insured claims (2 per cent). Preliminary data for 2014–15 showed a similar trend, with the highest and lowest percentages reported in the Australian Government and the Australian Capital Territory, respectively. For more information on self-insurers arrangements in Australia and New Zealand refer to Chapter six of the [Comparison of Workers' Compensation Arrangements](#) publication on Safe Work Australia website.

In New Zealand, 25 per cent of serious claims in 2013–14 were recorded by self-insurers, which is more than twice the Australian proportion for the same financial year.

Duration of absence

The duration of absence associated with claims provides an indication of the severity of injuries occurring in Australia. Indicator 6 shows the variation across the jurisdictions in the percentage

of claims involving selected periods of compensation. These data are based on claims lodged in 2012–13, which is the most recent year that reliable data are available for this indicator.

Indicator 6 shows that 52 per cent of claims in Australia resulted in less than six weeks of compensation. The jurisdictional rates were similar except for Seacare where only 27 per cent of claims were resolved in this time. Victoria (38 per cent), the Australian Government (43 per cent), the Northern Territory (46 per cent) and the Australian Capital Territory (47 per cent) all recorded lower percentages than the national figure. Injured workers in the Seacare scheme face unique issues in return to work that need to be considered when interpreting the Seacare results for this indicator. Refer to Note 4 in Appendix 1 (Explanatory notes) for further information.

Indicator 6 – Serious* claims: Percentage involving selected periods of compensation, 2012–13

Jurisdiction	less than 6 weeks	6 weeks or more	12 weeks or more	26 weeks or more	52 weeks or more
New South Wales	58	42	27	15	8
Victoria	38	62	45	29	19
Queensland	56	44	26	12	5
South Australia	52	48	32	20	13
Western Australia	50	50	35	21	13
Tasmania	56	44	25	14	8
Northern Territory	46	54	36	20	10
Australian Capital Territory	47	53	38	23	12
Australian Government	43	57	40	24	14
Seacare	27	73	50	27	6
Australian Average	52	48	32	18	10
New Zealand	69	31	18	8	4

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

Victoria had the highest percentage of claims that continued past 52 weeks of compensation (19 per cent of claims), followed by the Australian Government (14 per cent of claims). Queensland had the lowest percentage (5 per cent) of claims continuing past 52 weeks of compensation, partly due to the lump sum nature of the Queensland scheme.

The New Zealand scheme finalised a higher proportion of claims within six weeks (69 per cent), which is 33 per cent higher than the Australian average (52 per cent of claims).

Work-related traumatic injury fatalities

The data presented in this section are sourced from the Work-related Traumatic Injury Fatality (TIF) data collection. The TIF collection provides the most accurate information on work-related injury fatalities, as the data are sourced from workers' compensation data, fatality notifications to the various work health and safety authorities and information in the National Coronial Information System (NCIS). Only around 60 per cent of work-related fatalities recorded in the traumatic injury fatalities collection are typically compensated. This is in part due to self-employed workers not being covered by workers' compensation schemes. Many self-employed workers work in high risk sectors such as agriculture, transport and construction. Further information about the TIF collection and a detailed analysis of the data can be found on the [Safe Work Australia](#) website.

Information presented in this indicator does not include fatal workplace incidents occurring on a public road. This is because some fatalities, particularly those related to traffic incidents, may be missed due to the way these deaths are identified. The information in the NCIS relies heavily on information collected from reports which may not include sufficient information to identify whether or not the deceased was working at the time of the incident.

Indicator 7 shows that between 2010–11 and 2014–15 there was a 20 per cent decrease in the number of workers killed as a result of incidents not on a public road. Over the five years, on average, New South Wales has recorded the highest number of fatalities per year (43 fatalities), followed by Queensland (39 fatalities) and Victoria (27 fatalities).

Of the 191 total worker deaths identified in 2014–15 (including incidents on a public road, as well as those not on a public road), 132 were compensated.

It should be noted that traumatic injury fatality data can be volatile year-on-year. In particular, multiple death events can impact the data, despite efforts of jurisdictions in reducing or eliminating work-related traumatic injury fatalities.

Indicator 7 – Traumatic injury fatalities (not on a public road) by state of death

	2010–11	2011–12	2012–13	2013–14	2014–15	5 yr Average
Incidents not on a public road						
New South Wales	40	48	50	36	42	43
Queensland	47	45	39	36	30	39
Victoria	29	27	25	28	26	27
Western Australia	25	19	18	20	19	20
South Australia	15	12	11	8	10	11
Tasmania	6	5	4	6	7	6
Northern Territory	6	5	1	5	1	4
Australian Capital Territory	1	2	1	1	0	1
Australian total	169	163	149	140	135	151
Incidence rate (incidents not on a public road per 100 000 workers)						
New South Wales	1.1	1.4	1.4	1.0	1.2	1.2
Queensland	2.1	2.0	1.7	1.6	1.3	1.7
Victoria	1.0	1.0	0.9	1.0	0.9	0.9
Western Australia	2.0	1.5	1.4	1.5	1.4	1.6
South Australia	1.9	1.5	1.4	1.0	1.2	1.4
Tasmania	2.5	2.1	1.7	2.6	2.9	2.4
Northern Territory	5.0	4.1	0.8	3.8	0.8	2.9
Australian Capital Territory	0.5	1.0	0.5	0.5	u/a	0.6
Australian total	1.5	1.4	1.3	1.2	1.2	1.3

There were 80 compensated fatalities in New Zealand in 2014–15. New Zealand recorded a 59 per cent drop in the number of compensated fatalities from 176 in 2010–11 to 73 in 2013–14. The number of fatalities in 2010–11 was unusually high because of the Pike River disaster and the Christchurch earthquake, which together accounted for 84 deaths.

Work-related disease fatalities

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

Indicator 8 shows that in 2014–15 there were 26 accepted workers' compensation claims for a work-related fatality involving an occupational disease in Australia. This number is expected to rise as more claims lodged in 2014–15 are accepted. There was a substantial decrease (down 35 per cent) in the number of fatalities related to occupational diseases in Australia from 2010–11 to 2013–14.

Fatalities are recorded in the NDS against the date of lodgment of the claim, but not the date of death. Data revisions from previous years could 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-related fatalities where considerable time could elapse between diagnosis leading to a claim being lodged and death.

Indicator 8 – Compensated fatalities involving occupational diseases by jurisdiction

Jurisdiction	2010–11	2011–12	2012–13	2013–14	2014–15p	5yr Average
New South Wales	9	12	7	6	6	8
Victoria	15	12	6	5	3	8
Queensland [#]	17	26	17	13	10	17
Western Australia	10	6	5	6	0	5
South Australia	3	0	1	0	0	1
Tasmania	2	0	0	0	0	0
Northern Territory	0	0	0	0	0	0
Australian Capital Territory	0	0	0	0	0	0
Australian Government	21	22	21	20	7	18
Seacare	0	0	0	0	0	0
Australian total	77	78	57	50	26	58
New Zealand	33	36	44	29	37	36

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

Safe Work Australia reports on mesothelioma using data from the National Cancer Statistics Clearing House. *Mesothelioma in Australia: Incidence (1982 to 2013) and Mortality (1997 to 2012)*, is the most recent publication which is available at the [Safe Work Australia](#) website. The Australian Mesothelioma Registry also reports annually on mesothelioma incidence which is also available on its [website](#).

Claims by mechanism of incident

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

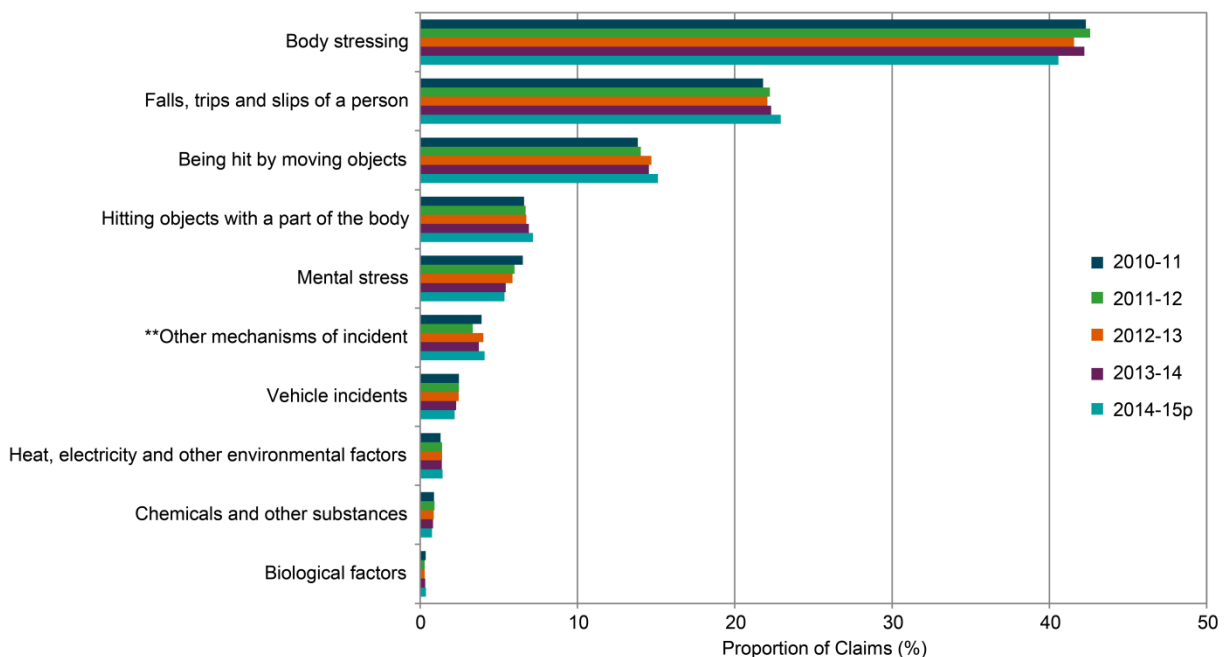
Indicator 9 shows the proportion of serious claims by the Mechanism of incident over the past five years. Body stressing accounted for 41 per cent of the 107 355 serious claims in 2014–15. Claims due to Mental stress accounted for 5 per cent of claims, while claims due to Falls, slips and trips of a person accounted for 23 per cent.

Claims arising due to Mental stress showed the highest reduction in claims (down 17 per cent) between the period 2010–11 to 2013–14, followed by Vehicle incidents (down 12 per cent) and Chemicals and other substances (down 11 per cent).

Readers should be aware that the definition of serious claims results in fewer claims than the previous definition. Almost all the claims due to the mechanism of Sound and pressure have been excluded from the new definition as very few of them have one week or more time lost from work.

More detailed information on claims by Mechanism of incident by jurisdiction can be found in the supplementary CPM material published on the [Safe Work Australia](#) website and in the [Australian Workers Compensation Statistics](#) report.

Indicator 9 – Proportion of serious* claims by mechanism of incident.



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

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

Claims by size of business (in the private sector)

Indicator 10 compares the incidence of serious workers' compensation claims by size of business in 2010–11 and 2014–15. Eight Australian jurisdictions collect compensation data by size of business – Queensland has been excluded from this indicator as it does not provide these data.

There are differences in the methodologies used by schemes to collect this information and therefore caution should be exercised when making jurisdictional comparisons. This indicator reports on the private sector only and excludes those industry sectors that are wholly or substantially public sector industries (i.e. Public administration and safety, Health care and social assistance, Education and training and Financial and insurance services).

In 2014–15, Australian businesses with 200 or more employees recorded the lowest incidence rate of serious claims (6.4 claims per 1000 employees). With the exception of the Northern Territory, all other jurisdictions recorded the highest incidence rate in businesses with 20–199 employees in 2014–15. Overall, the incidence rate of serious claims in businesses with 20–199 employees and 200 or more employees fell by 11 per cent and 23 per cent, respectively, between 2010–11 and 2014–15. However, businesses with 1–19 employees recorded a slight increase (up 1 per cent) during the same period.

Indicator 10 – 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	All employees
2010–11				
New South Wales	9.9	12.7	7.2	9.7
Victoria	5.4	13.4	9.0	8.7
Western Australia	8.1	18.5	7.3	10.5
South Australia	10.1	13.6	9.7	10.8
Tasmania	9.2	23.9	12.9	14.0
Northern Territory	17.8	17.3	3.6	13.0
Australian Capital Territory	7.1	16.4	8.4	9.8
Seacare	0.0	70.8	19.2	30.6
Australia***	8.3	14.0	8.3	9.8
2014–15p				
New South Wales	9.6	10.0	4.8	8.1
Victoria	6.0	13.9	7.1	8.4
Western Australia	9.3	16.1	6.8	10.2
South Australia	9.4	11.8	8.1	9.5
Tasmania	7.6	15.0	9.0	9.9
Northern Territory	15.9	11.1	2.5	9.9
Australian Capital Territory	9.8	19.0	6.5	11.2
Seacare	0.0	64.3	9.3	18.2
Australia***	8.4	12.4	6.4	8.7

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

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

*** Excluding Queensland.

Chapter 2 – Work health and safety compliance and enforcement activities

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

Indicator 11 provides details on specific work health and safety compliance and enforcement activities undertaken by jurisdictions each year from 2010–11 to 2014–15. The reader should note that the compliance and enforcement data for Indicator 11 do not include the mining sector. Mine inspectors have a different mechanism for enforcement measures and have been excluded from the data due to different legislation operating across jurisdictions. Due to this exclusion, it is possible that the number of field active inspectors shown in this report may differ from inspectorate numbers shown in jurisdictional reports.

A summary of the compliance and enforcement activities in 2014–15 shows that there were:

- 84 721 proactive workplace visits around Australia
- 55 184 reactive workplace visits around Australia
- 1116 field active inspectors employed around Australia
- 42 291 notices issued by Australian jurisdictions
- 23 enforceable undertakings accepted by Australian jurisdictions
- 308 legal proceedings against duty holders finalised
- 275 legal proceedings resulting in a conviction, order or agreement, and
- \$15.6 million in fines issued by Australian courts.

Interventions

A high proportion of intervention activities in New South Wales align to resolve issues through workplace visits, office-based follow up and stakeholder engagement. New South Wales integrates components of proactive prevention programs with reactive activities to ensure greater coverage. The number of proactive workplace visits increased by 29 per cent and the number of proactive workshops, presentations and seminars showed a slight increase (up 1 per cent) in 2014–15 compared to the previous year. The number of reactive workplace visits increased by 4 per cent, while the number of other reactive intervention activities recorded a substantial decrease (down 22 per cent) in 2014–15 compared to the previous year.

In Victoria the number of proactive and reactive workplace visits fell in 2014–15 by 1 per cent and 3 per cent, respectively, compared to the previous year.

South Australia recorded a decrease in reactive interventions (down 60 per cent), reactive visits (down 14 per cent) and proactive compliance visits (down 31 per cent) in 2014–15 compared to the previous year. This was due to an increased focus on education and prevention activities. In addition, in 2014–15, SafeWork SA reassessed what it counts as a reactive intervention.

Since the model laws came into effect Queensland started to apply a triaging framework 'WHSQ Response Activity Process (WRAP)' to all incident notifications, complaints and statutory requests resulting in a better reporting system for categorising matters between reactive and proactive interventions.

Before the introduction of WRAP a proportion of reactive work (namely response assessments) was obscured in proactive work within the Queensland inspectorate activity database due to limitations of the system at the time. This resulted in considerably lower reporting of reactive workplace visits prior to 2013–14. Queensland has developed a new, more contemporary methodology and has provided Safe Work Australia with updated inspectorate data based on this new methodology. This not only includes site visits and site monitoring activities related to events and investigations, but also those related to response assessments and a newly introduced collection code that did not exist prior to WRAP.

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

The Australian Capital Territory recorded a decrease in the number of proactive (down 10 per cent) and reactive (down 6 per cent) workplace visits in 2014–15 compared to the previous year.

The Northern Territory recorded an increase in the number of proactive workplace visits (up 18 per cent). The introduction of harmonised laws has resulted in increased focus on education and advice activities, which has been reflected in the increase in proactive visits. The number of reactive workplace visits did not show any change compared to the previous year.

Inspectors

The number of field active inspectors employed around Australia remained relatively stable between 2010–11 and 2014–15. Field active inspectors are defined as gazetted inspectors whose role is to spend the majority of their time ensuring compliance with the provisions of the work health and safety legislation. In some jurisdictions inspectors engage in other activities to improve the work health and safety capabilities of businesses and workplaces (i.e. a compliance field role). They include investigators (where applicable) who are appointed to work with the enforcement provisions by doing worksite visits, gathering evidence and drawing conclusions. They also include current vacancies and staff on extended leave, managers of the inspectorate regardless of whether undertaking field active work, and auditors (who are gazetted as inspectors) who are responsible for creating an audit template, completing the auditing process and providing feedback. Staff involved in giving advice and information packs from the office, and business advisory officers and community education officers, have been excluded.

The number of field active inspectors remained stable since 2010–11 in New South Wales, Western Australia, Tasmania and South Australia. In line with the recommendations of the *Getting Home Safely* report, the Australian Capital Territory Government funded additional inspector positions for WorkSafe ACT in 2013–14, resulting in a substantial increase in the number of field active inspectors in the Australian Capital Territory (up 30 per cent) since 2010–11. The number of field active inspectors remained the same in 2014–15 compared to the previous year.

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

Notices

Where inspectors identify a breach under their work health and safety legislation a notice may be issued. Australian jurisdictions issued 42 291 notices in 2014–15, comprising 152 infringement notices (down 16 per cent), 3610 prohibition notices (down 6 per cent) and 38 529 improvement notices (down 5 per cent).

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

In 2014–15, there was a substantial increase from the previous year in the number of notices issued by South Australia (up 30 per cent), New South Wales (up 29 per cent) and Tasmania (up 19 per cent). By contrast, substantial decreases were recorded in the Australian Government (down 56 per cent), Queensland (down 55 per cent), the Australian Capital Territory (down 52 per cent), the Northern Territory (down 10 per cent) and Western Australia (down 5 per cent). New Zealand recorded a 6 per cent increase in the total number of notices issued.

The model laws do not provide for the issuing of infringement notices. Some jurisdictions have created separate mechanisms, but for certain offences only. This explains the substantial decrease (down 84 per cent) in the national number of infringement notices issued in 2014–15 compared to 2010–11. The Australian Capital Territory recorded the largest decrease in the number of infringement notices issued in 2014–15 (down 70 per cent) compared to the previous year, followed by Queensland (down 48 per cent) and Tasmania (down 36 per cent).

Enforceable undertakings

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

Enforceable undertakings are an important compliance tool under the model work health and safety legislation. An enforceable undertaking will generally not be accepted where the offence relates to reckless conduct or where an infringement notice has been issued for the contravention.

There were 23 enforceable undertakings accepted by regulators in 2014–15, compared to 24 in the previous year and eight in 2010–11.

Legal proceedings

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

Most Australian jurisdictions recorded an increase in both the number of legal proceedings finalised and the number of legal proceedings resulting in a conviction, order or agreement. Across Australia there was a 14 per cent rise from the previous year in the number of legal proceedings finalised and a 19 per cent rise in the number of legal proceedings resulting in a conviction, order or agreement. Tasmania and the Northern Territory did not record any type of legal proceedings in 2014–15. New South Wales recorded a substantial increase in the number of legal proceedings finalised and number of legal proceedings resulting in a conviction, order or agreement (up 98 per cent and 115 per cent respectively).

In New Zealand, the number of legal proceedings finalised increased slightly to 98 (compared to 97 in the previous year), while there was an increase (up 8 per cent) in the number of legal proceedings resulting in a conviction, order or agreement compared to the previous year.

Fines

The total amount of fines awarded by the courts in 2014–15 was \$15.6 million, a 56 per cent increase from the previous year. In some instances the courts declare that penalty amounts are to remain confidential. Therefore the data recorded in Indicator 11 are only those amounts known publicly.

In 2014–15, Queensland and South Australia recorded decreases in the amount of fines awarded by the courts compared to the previous year, down 6 per cent and 23 per cent, respectively. All other jurisdictions showed increases in the amount of fines awarded by courts. Tasmania and the Northern Territory did not record any fines in 2014–15.

The Australian Capital Territory reported over five times the total amount of fines (up 436 per cent) awarded by the courts in 2014–15, even though the number of prosecutions successfully undertaken compared to the previous year remained the same. New South Wales (up 183 per cent), the Australian Government (up 128 per cent), Western Australia (up 29 per cent) and Victoria (up 12 per cent) also recorded increases in fines in 2014–15 compared to 2013–14.

The total amount of fines ordered by the courts in New Zealand was \$4.6 million during 2014–15, which was 31 per cent higher than that reported in 2013–14.

Indicator 11 – Work health and safety compliance and enforcement activity by jurisdiction

Activity	Financial year	#NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	Seacare	^a Total Aus	NZ
Number of workplace visits: proactive	2010–11	9 736	^b 24 934	^c 22 645	^d 6 612	8 732	5 360	54	761	1 526	40	80 400	^g 6 980
	2011–12	6 577	^b 21 945	^c 26 343	^d 5 226	9 201	4 442	946	433	3 324	49	78 486	^g 7 790
	2012–13	10 162	^b 21 040	^c 27 844	^d 5 245	8 409	3 224	935	195	3 091	43	80 188	^g 8 436
	2013–14	19 505	^b 22 721	^c 18 818	^d 5 663	8 915	3 439	1 514	490	2 856	57	83 978	^g 13 029
	2014–15	25 164	^b 22 403	^c 17 775	^d 5 114	6 157	2 823	1 793	442	2 953	97	84 721	^g 17 313
Number of workshops/presentations/seminars/forums: proactive	2010–11	3 015	u/a	4 151	^e 339	334	191	49	161	763	4	9 007	355
	2011–12	1 065	u/a	4 593	^e 347	345	172	102	218	1 703	13	8 558	269
	2012–13	223	u/a	2 876	^e 336	377	257	94	168	1 776	u/a	6 107	219
	2013–14	644	u/a	2 815	^e 319	279	125	51	159	2 001	u/a	6 393	u/a
	2014–15	649	u/a	5 138	^e 324	287	n/a	157	100	2 000	u/a	8 655	u/a
Number of workplace visits: reactive	2010–11	16 370	17 413	2 717	^d 4 754	10 562	2 644	3 672	1 613	210	66	60 021	^g u/a
	2011–12	13 652	18 567	2 533	^d 4 448	9 510	3 230	2 889	1 574	244	u/a	56 647	^g u/a
	2012–13	12 782	19 782	1 711	^d 4 576	9 698	3 298	2 875	1 886	536	u/a	57 144	^g u/a
	2013–14	10 403	18 845	6 212	^d 4 150	9 338	3 623	3 514	2 384	384	u/a	58 853	^g u/a
	2014–15	10 818	18 317	6 026	^d 3 264	7 988	2 717	3 499	2 247	308	u/a	55 184	^g u/a
Other reactive interventions	2010–11	23 263	u/a	13 143	13 950	11 806	0	u/a	0	1 191	0	63 353	5 595
	2011–12	26 244	u/a	12 342	14 141	11 869	0	u/a	0	1 426	0	66 022	5 363
	2012–13	28 777	u/a	8 924	15 785	8 110	0	357	0	3 098	0	65 051	^h 5 080
	2013–14	17 019	u/a	6 424	14 962	9 278	0	259	0	2 372	0	50 314	^h 1 083
	2014–15	13 227	u/a	6 437	14 063	*3 684	0	u/a	0	3 323	0	40 734	ⁱ 800
Number of field active inspectors	2010–11	315	^f 248	233	103	93	31	12	23	44	4	1 106	145
	2011–12	315	^f 240	216	103	93	31	12	23	44	4	1 081	146
	2012–13	315	^f 261	210	103	93	31	17	22	44	1	1 097	ⁱ 135
	2013–14	315	^f 261	211	103	93	31	17	30	46	0	1 107	160
	2014–15	315	^f 261	210	103	93	31	25	30	46	2	1 116	181
Number of field active inspectors per 10 000 employees	2010–11	1.0	1.0	1.3	1.0	1.3	1.5	1.1	1.7	1.2	5.6	1.1	0.8
	2011–12	1.0	0.9	1.1	1.0	1.3	1.5	1.1	1.7	1.2	5.0	1.1	0.8
	2012–13	1.0	1.0	1.0	0.9	1.3	1.5	1.5	1.5	1.1	1.2	1.0	0.7
	2013–14	1.0	1.0	1.0	0.9	1.3	1.5	1.4	2.0	1.2	1.3	1.0	0.8
	2014–15	1.0	1.0	1.0	0.9	1.3	1.4	2.0	2.0	1.2	2.9	1.0	0.9

Indicator 11 – Work health and safety compliance and enforcement activity by jurisdiction (continued)

Activity	Financial year	#NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	Seacare	^a Total Aus	NZ
Number of other staff undertaking non-inspectorate activities	2010–11	34	u/a	64	^j 6	13	0	0	3	32	2	154	11
	2011–12	36	u/a	57	^j 5	11	0	0	4	28	2	143	12
	2012–13	35	u/a	71	^j 4	11	0	0	4	27	2	154	0
	2013–14	0	u/a	81	^j 5	12	0	0	4	36	2	140	0
	2014–15	0	u/a	86	3	13	0	0	3	41	2	148	0
Number of infringement notices issued	2010–11	588	^k u/a	316	^k n/a	^k n/a	54	0	14	^k n/a	0	972	10
	2011–12	357	^k u/a	207	^k n/a	^k n/a	44	0	4	^k n/a	0	612	21
	2012–13	124	^k u/a	61	^k n/a	0	18	0	29	^k n/a	0	232	54
	2013–14	55	^k u/a	58	^k n/a	2	22	0	43	^k n/a	0	180	101
	2014–15	92	^k u/a	30	^k n/a	2	14	1	13	^k n/a	0	152	100
Number of improvement notices issued	2010–11	11 326	20 551	6 196	10 415	2 347	92	99	265	17	47	51 355	1 081
	2011–12	8 859	17 907	7 049	8 212	2 295	79	68	282	26	28	44 805	1 399
	2012–13	6 118	16 137	5 495	11 959	1 951	105	138	544	19	31	42 497	2 048
	2013–14	5 098	15 834	4 430	12 568	1 347	160	108	832	20	32	40 429	4 947
	2014–15	6 545	15 730	1 752	12 039	1 728	241	74	369	8	43	38 529	5 807
Number of prohibition notices issued	2010–11	834	754	1 847	603	885	139	82	139	5	5	5 293	373
	2011–12	601	645	1 759	401	857	132	72	135	13	0	4 615	552
	2012–13	551	476	1 363	553	832	122	109	177	18	1	4 202	1 149
	2013–14	498	499	1 222	550	629	121	122	195	14	0	3 850	2 424
	2014–15	673	542	759	427	832	106	131	133	7	0	3 610	2 045
Number of enforceable undertakings	2010–11	n/a	0	8	^m n/a	n/a	n/a	n/a	n/a	u/a	n/a	8	n/a
	2011–12	0	4	6	^m n/a	n/a	n/a	n/a	n/a	u/a	n/a	10	n/a
	2012–13	0	6	17	^m n/a	0	0	0	0	0	n/a	23	n/a
	2013–14	1	13	10	^m n/a	0	0	0	0	0	n/a	24	n/a
	2014–15	5	8	7	^m n/a	1	0	0	0	2	0	23	n/a

Indicator 11 – Work health and safety compliance and enforcement activity by jurisdiction (continued)

Activity	Financial year	# NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	Seacare	^a Total Aus	NZ
Number of legal proceedings finalised	2010–11	^l 93	103	<u>93</u>	36	58	19	<u>1</u>	<u>1</u>	5	0	409	67
	2011–12	^l 84	112	98	54	<u>40</u>	<u>10</u>	4	2	2	0	406	52
	2012–13	^l 80	85	98	28	29	8	1	3	2	1	335	58
	2013–14	^l 46	109	53	19	27	5	1	4	5	0	269	97
	2014–15	^l 91	113	54	19	19	0	0	5	7	0	308	98
Number of legal proceedings resulting in a conviction, order or agreement	2010–11	^l 89	76	<u>75</u>	32	40	12	<u>1</u>	<u>1</u>	2	0	328	60
	2011–12	^l 84	96	78	47	<u>36</u>	<u>7</u>	4	1	5	0	358	46
	2012–13	^l 78	71	78	24	23	7	1	2	1	1	286	47
	2013–14	^l 41	94	47	16	21	5	1	4	2	0	231	83
	2014–15	^l 88	104	42	13	17	0	0	4	7	0	275	90
Total amount of fines ordered by the courts (\$'000)	2010–11	<u>\$6 039</u>	\$3 870	<u>\$2 819</u>	\$ 703	\$1 377	\$ 48	<u>\$ 8</u>	<u>\$ 8</u>	\$ 98	\$ 0	\$14 969	\$1 934
	2011–12	\$7 922	\$5 946	\$3 161	\$1 735	<u>\$1 825</u>	<u>\$ 175</u>	\$ 336	\$ 15	\$ 890	\$ 0	\$22 005	\$1 238
	2012–13	\$5 057	\$4 182	\$2 470	\$ 666	\$1 386	\$ 60	\$ 120	\$ 48	\$ 120	\$ 180	\$14 289	\$2 444
	2013–14	\$2 481	\$3 673	\$1 910	\$ 423	\$ 956	\$ 33.2	\$ 5.1	\$ 58	\$ 470	\$ 0	\$10 009	\$3 512
	2014–15	\$7 012	\$4 097	\$1 800	\$ 547	\$ 737	\$ 0	\$ 0	\$ 311	\$1 072	\$ 0	\$15 576	\$4 590

[#] Lines in the Table represent the implementation of the model work health and safety legislation in different jurisdictions, which resulted in some changes to enforcement tools used by jurisdictions. See the text to this chapter for further information. New South Wales, Queensland, the Northern Territory, the Australian Government and the Australian Capital Territory implemented the model WHS legislation in January 2012. South Australia and Tasmania implemented the model WHS legislation in January 2013. Victoria and Western Australia have not implemented the model WHS legislation. Data below the lines shown in Indicator 11 were collected after implementing the model WHS legislation by most jurisdictions.

* In 2014–15, SafeWork SA reassessed what it counts as a reactive intervention. SafeWork SA will recalculate previous figures (2010–11 to 2013–14) to align with reassessed reactive intervention data.

^a Totals only include jurisdictions that supplied the relevant data. ^b Does not include industry forums/ presentations where an inspection also occurs. ^c Queensland provided updated enforcement data following a major review conducted during 2016–17 involving inspectorate data collection. The updated data provided goes back to 2011–12 financial year. ^d The number of inspectors in attendance are not counted separately. ^e 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. ^f Amended to include managers of inspectorate. ^g The numbers provided were the number of total workplace assessments. ^h Other reactive intervention activities means investigation activity. The definition of investigation was changed in July 2013. ⁱ The drop is due to budget cuts. ^j FTE figures supplied for external consultants, ThinkSafe small business managers and community education officers. ^k There is no legislative requirement for infringement notices in Western Australia, Victoria and the Australian Government, while in South Australia it commenced in January 2013 under WHS legislation. ^l Data are for number of defendants in successful Work health and safety prosecutions. ^m Enforceable undertakings are included in Western Australia under their 2004 OSH Act but none have been accepted since then.

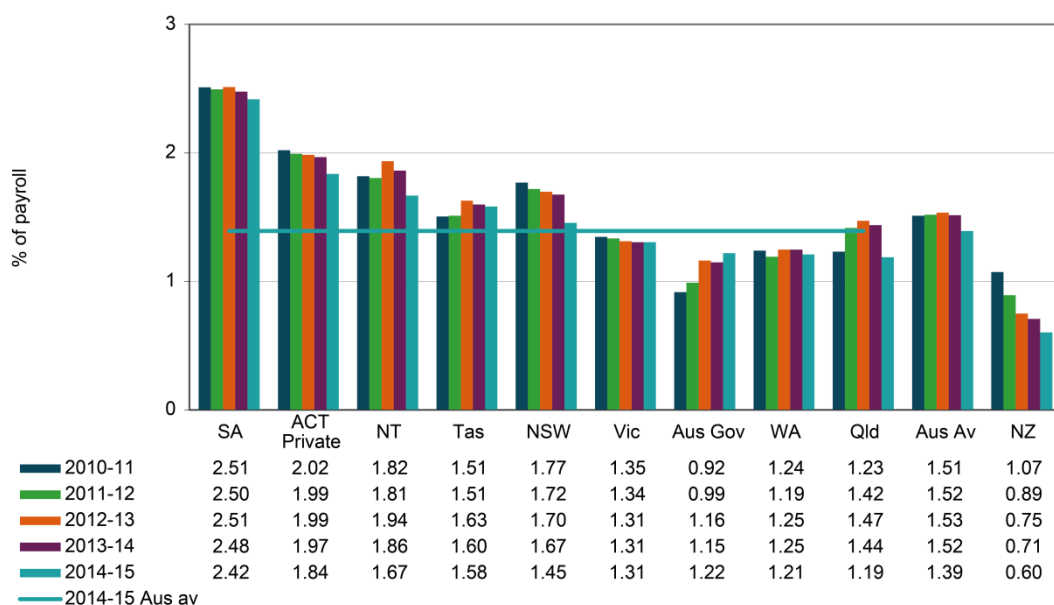
Chapter 3 – Workers’ compensation premiums and entitlements

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

Standardised average premium rates

Indicator 12 shows that the standardised Australian average premium rate was 1.39 per cent of payroll in 2014–15, a 9 per cent decrease from the previous financial year.

Indicator 12 – Standardised average premium rates (including insured and self-insured sectors) by jurisdiction



The Queensland scheme recorded the largest percentage decrease in the standardised average premium rate (down 17 per cent) from the previous financial year, followed by New South Wales (down 13 per cent), the Northern Territory (down 10 per cent) and the Australian Capital Territory (down 7 per cent).

South Australia recorded the highest premium rate in 2014–15 at 2.42 per cent of payroll, however this was down by 2 per cent from the previous year.

The Queensland scheme recorded the lowest premium rate among all Australian jurisdictions at 1.19 per cent of payroll in 2014–15. Western Australia had the second lowest standardised premium rate at 1.21 per cent of payroll and the Australian Government the third lowest (1.22 per cent of payroll). However, the Australian Government scheme was the only one to record an increase in premium rate (up 6 per cent) compared to the previous financial year.

Victoria's premium rate in 2014–15 was similar to that in the previous year. To be consistent with the Australian jurisdictions, the New Zealand premium information includes the levy on employers to fund the workers' compensation portion of the 'Residual Claims Account'. This account relates to workers' compensation claims incurred prior to 1 July 1999 but excludes the liability for pre-1992 non-work injuries for earners. The New Zealand standardised average premium rate was 0.60 per cent of payroll, a 15 per cent decrease from the previous financial year. This rate continues to be much lower than the rate recorded for Australia. One reason for the lower rate in New Zealand is that the New Zealand scheme does not provide coverage for the same range of mental disorders as the Australian schemes.

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

Entitlements under workers' compensation

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

The following examples have been included to provide indicative entitlements payable in each jurisdiction. A brief summary of how entitlements are calculated is contained in Appendix 2 – Table 2. These entitlements are based on legislation current at 1 January 2015. More detailed information can be found in the *Comparison of Workers' Compensation Arrangements in Australia and New Zealand* publication at the [Safe Work Australia](#) website.

Temporary impairment

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

Scenario

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

Indicator 13 – Average percentage of pre-injury earnings for selected periods of incapacity, as at 1 January 2015

Level of pre-injury income	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	NZ
13 weeks of incapacity										
Low income	95	95	100	100	100	100	100	100	100	80
Middle income	95	95	85	100	100	100	100	100	100	80
High income	^(a) 90	95	85	100	100	100	100	100	100	80
26 weeks of incapacity										
Low income	88	88	100	100	95	100	100	100	100	80
Middle income	88	88	85	93	95	100	100	100	100	80
High income	^(a) 85	88	85	93	95	100	100	100	100	80
52 weeks of incapacity										
Low income	84	84	100	100	88	95	95	85	97	80
Middle income	84	84	80	89	88	95	88	83	97	80
High income	^(a) 82	84	80	89	88	95	88	83	97	80
104 weeks of incapacity										
Low income	82	82	100	100	84	93	93	77	86	80
Middle income	82	82	78	87	84	93	81	74	86	80
High income	^(a) 81	82	^(b) 78	^(c) 87	84	93	81	^(d) 74	86	80

(a) Maximum weekly payment is capped at \$1974.00.

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

(c) In Western Australia there is a cap on weekly earnings set at twice the annual Average Weekly Earnings (WA) as published by the ABS each year. The weekly cap as at 30 June 2015 was \$2 594.20 and applied to all income levels. The prescribed amount for weekly payments is \$212 980.

(d) In the Australian Capital Territory a statutory floor applies after 26 weeks of total incapacity in this example. Statutory floor means the national minimum wage set by Fair Work Australia under the Fair Work Act 2009 (Cwth). National minimum wage as at 1 January 2015 is \$640.90 (\$16.87 per hour). As of 1 July 2015 the full-time minimum wage increased to \$17.29 per hour, \$656.90 per week and casuals would get an extra 24 per cent (\$21.44 per hour).

Indicator 13 shows that for low income earners (working under awards), Queensland and Western Australia provided full coverage (100 per cent) of pre-injury earnings for 104 weeks of impairment. After the 13th week of compensation, the Western Australian scheme does not compensate award workers for overtime and bonuses and a 15 per cent reduction in weekly payments applies for non-award employees. The Tasmanian and the Northern Territory schemes provided the second highest percentage (93 per cent) of pre-injury earnings in compensation at 104 weeks of incapacity for low income earners, followed by the Australian Government (86 per cent), and South Australia (84 per cent). The Australian Capital Territory provided the lowest percentage of pre-injury earnings for 104 weeks of impairment (77 per cent) due in part to the step-down in benefits to 65 per cent of pre-injury earnings after 26 weeks of compensation (see Appendix 2 – Table 2 for more details).

For middle income earners with 104 weeks of impairment, Tasmania provided the highest percentage of pre-injury earnings (93 per cent), followed by Western Australia (87 per cent) and

the Australian Government (86 per cent). The Australian Capital Territory provided the lowest percentage of pre-injury earnings for the full period of impairment (74 per cent).

In contrast to the low income scenario, where six of the nine Australian jurisdictions provided full income protection for the first 26 weeks, only four jurisdictions provided full income protection for middle and high income earners for this period of incapacity.

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

Permanent impairment

This scenario shows the entitlements payable for a degree of permanent impairment caused by a workplace injury. Each jurisdiction has a predetermined statutory maximum lump sum payment for injuries causing permanent impairment. Maximum amounts are payable in cases of full and permanent impairment. Appendix 2 – Table 3 lists entitlements under workers' compensation schemes for each jurisdiction. The following scenario is indicative only for these types of payments.

Scenario

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

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

Indicator 14 details the entitlements payable to the injured employee. The statutory component includes the weekly benefits payable for the remainder of the employee's working life (30 years in this instance) and all lump sum payments for permanent impairment. The common law component is an estimate of the additional payment available under a common law settlement, where applicable. All figures exclude medical and like services such as attendant care. Appendix 2 – Table 1 identifies the jurisdictions that have access to common law. In the Australian Capital Territory common law awards regularly exceed the statutory entitlement for equivalent injuries, therefore the recovery provisions do not result in a zero net common law. The Courts are able to consider permanent impairment and loss of earnings very broadly and without restriction, and frequently make awards on the basis of possible foregone career progression. The damage amounts can far exceed the limited and capped statutory entitlements.

In Western Australia, New South Wales, Queensland, Tasmania and the Australian Capital Territory there is no upper limit on damages that could be expected from a common law claim under this scenario. The Australian Capital Territory did not provide a figure for this scenario. Western Australia provided a figure of \$4 221 756 which is based on the average of the five highest common law payments for claims finalised between 2010–11 and 2014–15. A figure of \$1 285 578 was provided by New South Wales based on legislation as at 1 January 2015.

Queensland provided a figure of \$1 414 601, which is based on an example similar to this scenario.

In Victoria the common law cap applicable at 1 January 2015 is \$1 881 180 comprising of a maximum for pain and suffering cap of \$570 590 and a pecuniary loss cap at \$1 310 590. Statutory benefits received are deducted from common law damages awarded. After any common law settlement medical and like expenses continue to be paid.

The South Australian scheme is limited to statutory compensation. In South Australia legislative changes resulted in a significant increase in the maximum lump sum amount payable to workers who suffer a permanent serious injury or illness. This amount was \$481 755 in 2014–15. The South Australian system is weighted so that more compensation is paid to those with moderate to severe 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 dependents of an employee who died following a work related injury. Entitlements to dependents 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 2015.

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 1958* (Wrongs Act), which is the main legislation in Victoria that applies to common law claims for damages for personal injury in cases other than workplace injuries or transport accidents.

Scenario

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

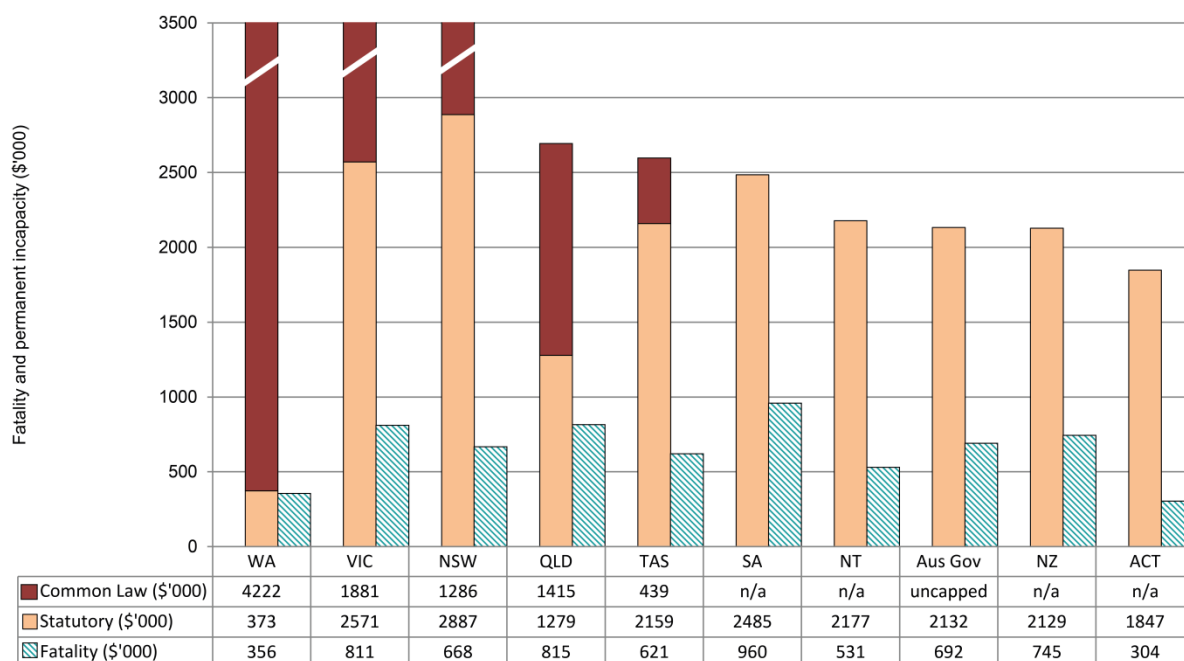
Indicator 14 shows that total entitlements payable to dependents in the case of a fatality varied across jurisdictions. South Australia provided the highest entitlement payable to dependents in Australia following a workplace incident resulting in a fatality at the amount of \$960 155, followed by Queensland and Victoria at \$815 362 and \$811 320 respectively. The lowest entitlements for a fatality were provided in the Australian Capital Territory (\$304 293) and Western Australia (\$355 804). Appendix 2 – Table 3 provides more details on how these entitlements are calculated.

In Victoria, legislative changes that were enacted from April 2010 increased lump sum amounts payable from \$273 970 to \$503 000 backdated for all claims not determined from 10 December 2009. The lump sum amount increased to \$628 200 in 2014–15.

In the Australian Government scheme, benefits under the Safety, Rehabilitation and Compensation (SRC) Act were amended with lump sum payments set at \$691 999 in 2014–15.

In New Zealand \$745 071 is payable to dependants which is higher than all but three Australian jurisdictions. The New Zealand scheme provides little in the way of lump sum amounts but provides high weekly benefits to the spouse and children while the children remain dependants.

Indicator 14 – Entitlements for permanent incapacity or fatality as at 1 January 2015



Notes:

New South Wales workers' compensation arrangements allow most injured workers to sue for modified common law damages only - these are known as work injury damages. Workers are limited to recovering past and future economic loss only. There is no upper limit on compensation that can be paid for a work injury damages claim. The figure provided by NSW is based on the following assumptions: legislation as at 1 January 2015; the worker does not have access to other heads of damages (e.g. motor vehicle accident or civil liability claim); the worker has no residual earning capacity; assume a settlement date of 01 January 2017. When a worker successfully recovers damages, the worker is liable to repay out of those damages the amount of weekly compensation that a person has already been paid in respect of the injury.

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

In the Australian Capital Territory, common law is uncapped so an amount is unable to be determined.

In Western Australia, a cap on common law benefits applies for injuries with more than 15 per cent to less than 25 per cent whole of person impairment (WPI). The cap amount is \$447 260. However, in this example no common law cap would apply as the impairment would likely exceed the 25 per cent or more WPI threshold. The figure provided (\$4 221 756 excluding medical and carer costs) is based on the average of the five highest common law payments for claims finalised between 2010–11 and 2014–15. It should be noted that weekly benefits and common law payments are not mutually exclusive. Common law payments are inclusive of weekly benefits, therefore, any statutory entitlements received would be deducted from the amount ordered at the common law claim.

In Victoria the pain and suffering maximum is \$570 590 less any sum received as a statutory lump sum. For pecuniary loss the maximum amount is \$1 310 590 less any amount received in weekly benefits prior to settlement plus tax paid on the weekly benefits received.

Chapter 4 – Workers’ compensation scheme performance

There are significant differences in the funding arrangements for the various schemes around Australia. The schemes that are fully centrally funded (New South Wales, Victoria, Queensland, South Australia, Australian government and New Zealand) have both their work health and safety and workers’ compensation functions, and staffing and operational budgets funded by premiums. For those jurisdictions with privately underwritten schemes, funding for 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 per cent 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 that assets are available for future claim payments. Funding ratio trends should therefore be considered in conjunction with the premium rates reported elsewhere in this report.

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

The data shown in this indicator may differ from jurisdictions’ annual reports due to the use of standard definitions of assets and liabilities. While a standard definition of the funding ratio of net outstanding claim liabilities has been adopted to improve comparability across jurisdictions, fundamental differences remain between centrally funded and privately underwritten schemes.

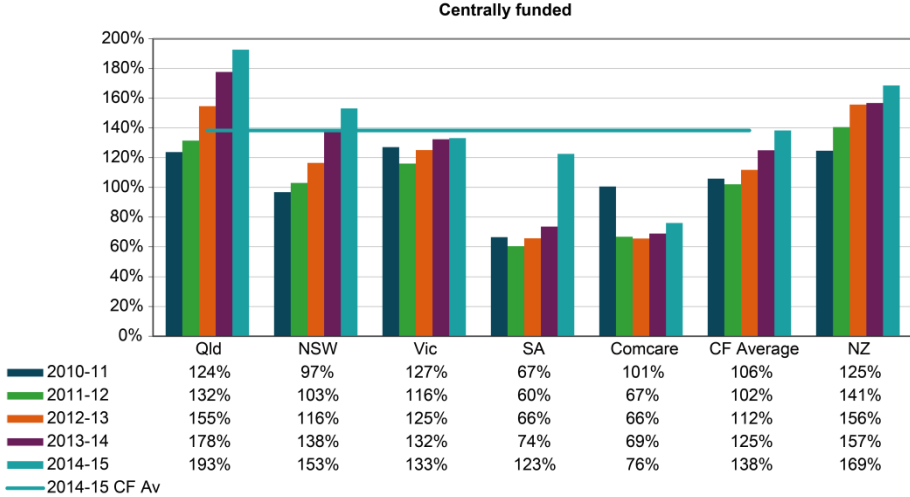
Insurers in privately underwritten schemes are governed by the Australian Prudential Regulatory Authority’s prudential regulatory requirements to make sure that enough funds are available to cover all liabilities. Including the measure for privately underwritten schemes alongside centrally funded schemes can be 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 15 shows that the average funding ratio for centrally funded schemes was 138 per cent in 2014–15, 13 percentage points more than the previous year. All centrally funded schemes recorded an increase in funding ratios compared to the previous year. Comcare was the only centrally funded scheme with a funding ratio below 100 per cent, indicating that assets may not be sufficient to meet future liabilities in this jurisdiction. South Australia showed a 66 per cent increase in its funding ratio compared to the previous year. This was mainly due to a 35 per cent decrease in total liabilities combined with an increase in total assets (up 8 per cent). The increase in funding ratio of New South Wales (up 11 per cent) in 2014–15

was on par with the average increase across centrally funded schemes. Victoria showed only a small increase in its funding ratio during the five year period (up 1 per cent).

In New Zealand, the funding ratio increased by 8 per cent when compared to the previous year, and has increased steadily over the five year period.

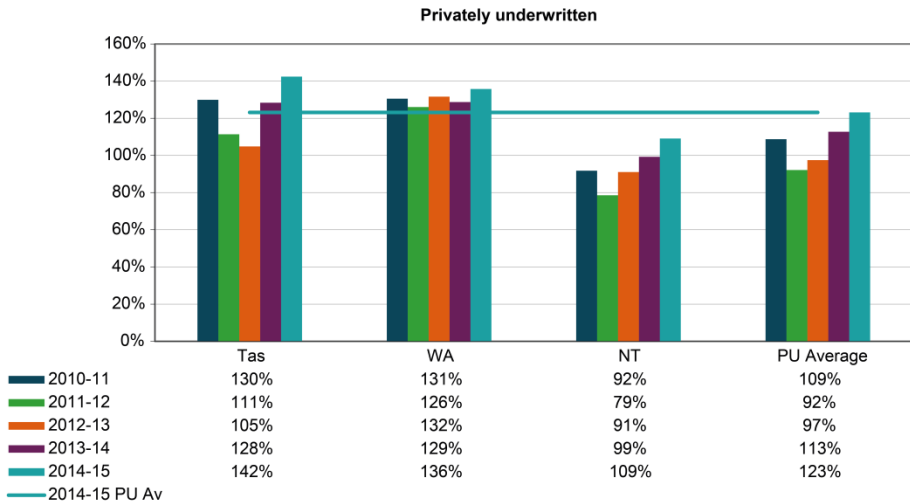
Indicator 15 – Standardised ratio of assets to net outstanding claim liabilities for centrally funded (CF) schemes



Indicator 16 shows that in 2014–15 the average funding ratio for privately underwritten schemes was 123 per cent, an increase of nine percentage points from the previous year. This is due to the increases in the funding ratios observed in all three privately underwritten schemes. Tasmania recorded an 11 per cent increase in its funding ratio in 2014–15 compared to the previous year, closely followed by the Northern Territory (up 10 per cent). Tasmania, Western Australia and the Northern Territory all have funding ratios above 100 per cent, indicating that assets are sufficient to meet future liabilities in these schemes.

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

Indicator 16 – Standardised ratio of assets to net outstanding claim liabilities for privately underwritten (PU) schemes



Scheme expenditure

Indicator 17 shows the amount and proportion of total scheme expenditure paid out to injured workers, plus administrative costs, for the periods 2010–11 and 2014–15. Since centrally funded and privately underwritten schemes have different financial structures, for this indicator the jurisdictions are 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.

Total scheme expenditure across Australia increased by 13 per cent over the four years from 2010–11 to 2014–15. All jurisdictions except New South Wales (down 4 per cent) recorded increases in their total expenditure during the same period. The largest percentage increase was recorded by Western Australia (up 42 per cent), followed by South Australia (up 31 per cent) and Seacare (up 24 per cent).

Payments direct to workers increased 9 per cent over the four years and accounted for 53 per cent of total expenditure. Direct compensation is paid to injured employees either as weekly benefits, redemptions, common law settlements (excluding legal costs) and non-economic loss benefits. Most jurisdictions recorded increases in expenditure on payments direct to workers ranging from 5 per cent in Queensland to 46 per cent in Western Australia. The exception to this was New South Wales that paid out 15 per cent less to workers in 2014–15 than it did in 2010–11. This was a result of the 2012 Workers' Compensation System reforms which introduced a focus on capacity for work rather than a focus on an injured worker's medical incapacity, and removed the entitlement to journey claims unless there was a real and substantial connection between the employment and the accident or incident.

Dispute resolution expenses recorded the largest percentage increase in expenditure of all the cost items (up 74 per cent) with most jurisdictions recording increases except South Australia (down 39 per cent), the Comcare (down 23 per cent) and Tasmania (down 3 per cent).

Insurance operations recorded the second largest percentage increase in expenditure of all cost items (up 31 per cent) between 2010–11 and 2014–15. This was followed by other administration expenses (up 23 per cent), however this category accounted for only 2 per cent of total expenditure in 2014–15. Costs associated with insurance operations include expenditures for insurer's representatives in legal matters, medical reports, investigation and fees paid to agents. All jurisdictions recorded increases in total expenses for insurance operations, ranging between 8 per cent for Seacare to 165 per cent in South Australia. Increases in expenditure on other administration were also seen in all jurisdictions with the exception of Tasmania where these expenses remained the same.

Services to claimants expenses increased 8 per cent over the four years and accounted for 22 per cent of total expenses in 2014–15. All jurisdictions recorded increases in the total expenses for services to claimants with the exception of Seacare (down 19 per cent), Tasmania (down 15 per cent) and New South Wales (down 13 per cent). Costs associated with services to claimants include expenditures for medical and legal services plus expenditures for other services like funeral, interpreting and transport services.

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

Indicator 17 – Scheme expenditure

Scheme Costs	Centrally funded					Privately underwritten				Australia	NZ
	NSW	Vic	Qld	SA	Comcare	WA	Tas	NT	Seacare		
Expenditure (\$M)											
2010–11											
Direct to claimant	1 256.9	999.4	849.8	265.2	166.7	432.7	52.9	57.4	9.8	4 090.7	231.2
Services to claimant	631.7	393.1	223.7	137.8	67.4	196.2	35.0	20.3	2.1	1 707.3	152.9
Insurance operations	454.2	396.8	107.2	59.5	38.4	199.6	27.4	5.4	2.9	1 291.4	44.1
Regulation	35.1	62.1	7.7	6.8	1.4	4.4	1.5	0.0	0.0	119.0	21.7
Dispute resolution	26.1	23.9	10.6	10.1	4.2	4.5	1.3	0.4	0.5	81.6	0.0
Other administration	12.4	37.6	33.6	34.7	23.4	7.3	0.5	1.2	0.4	151.1	30.3
Total	2 416.5	1 912.8	1 232.5	514.1	301.4	844.8	118.5	84.7	15.7	7 441.1	480.3
2014–15											
Direct to claimant	1 072.6	1 219.4	896.0	312.7	184.1	633.9	73.8	57.1	13.6	4 463.3	267.4
Services to claimant	550.9	466.5	286.5	151.3	76.1	257.1	29.8	25.0	1.7	1 845.0	199.4
Insurance operations	555.4	469.0	125.7	157.6	46.8	288.3	36.5	8.6	3.1	1 690.8	41.5
Regulation	35.6	37.1	10.3	6.0	2.2	4.8	2.1	0.0	0.0	98.1	22.4
Dispute resolution	77.3	35.6	12.7	6.2	3.2	5.1	1.2	0.9	0.0	142.3	0.0
Other administration	18.2	49.0	42.8	38.2	25.0	9.0	0.5	1.5	1.1	185.4	33.5
Total	2 310.0	2 276.7	1 374.1	672.1	337.3	1 198.1	143.9	93.2	19.5	8 424.9	564.1

Indicator 17– Scheme expenditure continued

Scheme Costs	Centrally funded					Privately underwritten				Australia	NZ	
	NSW	Vic	Qld	SA	Comcare	WA	Tas	NT	Seacare			
Percentage of total expenditure (per cent)												
2010–11												
Direct to claimant	52.0	52.2	69.0	51.6	55.3	51.2	44.6	67.7	62.4	55.0	48.1	
Services to claimant	26.1	20.6	18.1	26.8	22.4	23.2	29.5	24.0	13.3	22.9	31.8	
Insurance operations	18.8	20.7	8.7	11.6	12.7	23.6	23.1	6.4	18.3	17.4	9.2	
Regulation	1.5	3.2	0.6	1.3	0.5	0.5	1.2	0.0	0.2	1.6	4.5	
Dispute resolution	1.1	1.2	0.9	2.0	1.4	0.5	1.1	0.5	3.1	1.1	0.0	
Other administration	0.5	2.0	2.7	6.7	7.8	0.9	0.4	1.4	2.8	2.0	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	
2014–15												
Direct to claimant	46.4	53.6	65.2	46.5	54.6	52.9	51.3	61.3	69.6	53.0	47.4	
Services to claimant	23.8	20.5	20.9	22.5	22.5	21.5	20.7	26.9	8.7	21.9	35.4	
Insurance operations	24.0	20.6	9.1	23.4	13.9	24.1	25.4	9.2	15.9	20.1	7.4	
Regulation	1.5	1.6	0.8	0.9	0.6	0.4	1.4	0.0	0.1	1.2	4.0	
Dispute resolution	3.3	1.6	0.9	0.9	0.9	0.4	0.9	1.0	0.1	1.7	0.0	
Other administration	0.8	2.2	3.1	5.7	7.4	0.7	0.3	1.7	5.6	2.2	5.9	
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 18 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 2014–15 most Australian schemes paid out more as weekly benefits than lump sum benefits. Queensland and Tasmania are the only jurisdictions which paid out more in lump sum payments than in weekly benefits.

In four out of the nine Australian jurisdictions the proportion of benefits paid as lump sums in 2014–15 was less than what was recorded in the previous year. South Australia recorded a substantial increase (up 94 per cent) in the proportion of benefits paid as lump sums followed by Seacare (up 29 per cent) and Victoria (up 11 per cent). The Tasmanian lump sum benefits did not show any change in 2014–15 when compared to the previous year.

Overall in Australia in 2014–15, a larger proportion (up 4 per cent) of benefits were paid as a lump sum compared to the previous year, with four out of the nine jurisdictions recording increases in the proportion paid as lump sums. The proportion of benefits paid as a lump sum by the New Zealand scheme decreased by half compared to the previous year. However the New Zealand scheme has little provision for lump sum payments.

Indicator 18 – Direct compensation payments by type and jurisdiction, 2014–15



Current return to work

This section reports on the current return to work rates compiled from data published in the Return to Work Survey Report commissioned by Safe Work Australia.

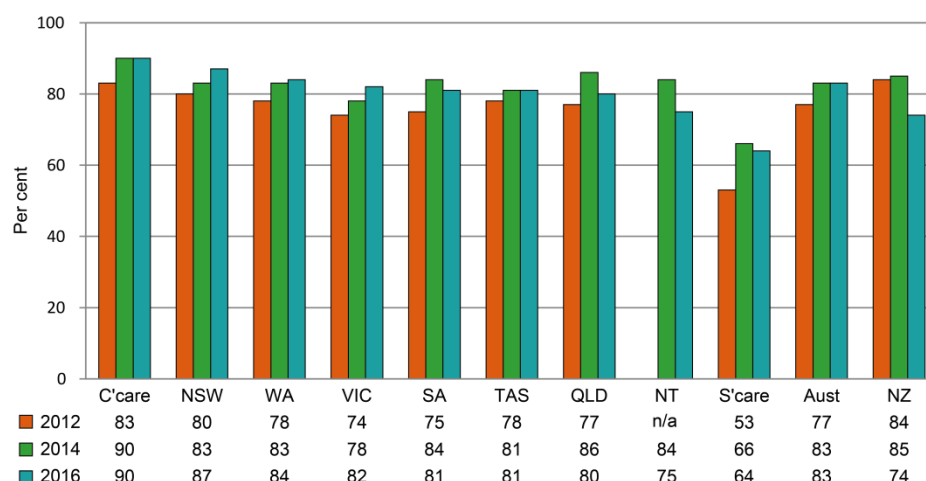
The Return to Work Survey replaces the Return to Work Monitor that was produced by the Heads of Workers' Compensation Authorities (HWCA). The survey includes injured workers who have been paid 10 or more days of compensation and whose claim was submitted at least nine months prior to the survey.

The current return to work rate is based on Question C1 'Are you currently working in a paid job?' and Question C7 'Can I just confirm, have you returned to work at any time since your workplace injury or illness?' of the survey, with the rate referring to the proportion of injured workers who state 'yes' to both questions.

Current return to work rates reported here for premium payers and self-insurers together, are estimates based on a sample of the eligible population. Differences between and within jurisdictions should be interpreted with caution. More information on this aspect and the survey design can be found in Note 4 in Appendix 1.

Indicator 19 shows the current return to work rates by jurisdiction for the three surveys conducted in 2012, 2014 and 2016. In 2016, 83 per cent of Australian and 74 per cent of New Zealand injured workers from premium paying and self-insured organisations had returned to work and were working in a paid job at the time of the interview.

Indicator 19 – Current return to work rate for 2012, 2014 and 2016



The current return to work rate in 2016 was higher than the national rate for Comcare (90 per cent), New South Wales (87 per cent) and Western Australia (84 per cent). By contrast Victoria (82 per cent), South Australia (81 per cent), Tasmania (81 per cent), Queensland (80 per cent), the Northern Territory (75 per cent) and Seacare (64 per cent), all recorded lower rates than the national average.

The current return to work rate for Seacare is affected by legislation which requires a person to be certified medically fit to perform the normal on-board work tasks and duties of a seafarer.

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

Between 2014 and 2016 the current return to work rate increased or remained the same for Comcare, New South Wales, Western Australia, Victoria and Tasmania, while it fell in South Australia, Queensland and the Northern Territory. The rate also fell in New Zealand during the same period.

Disputation rate

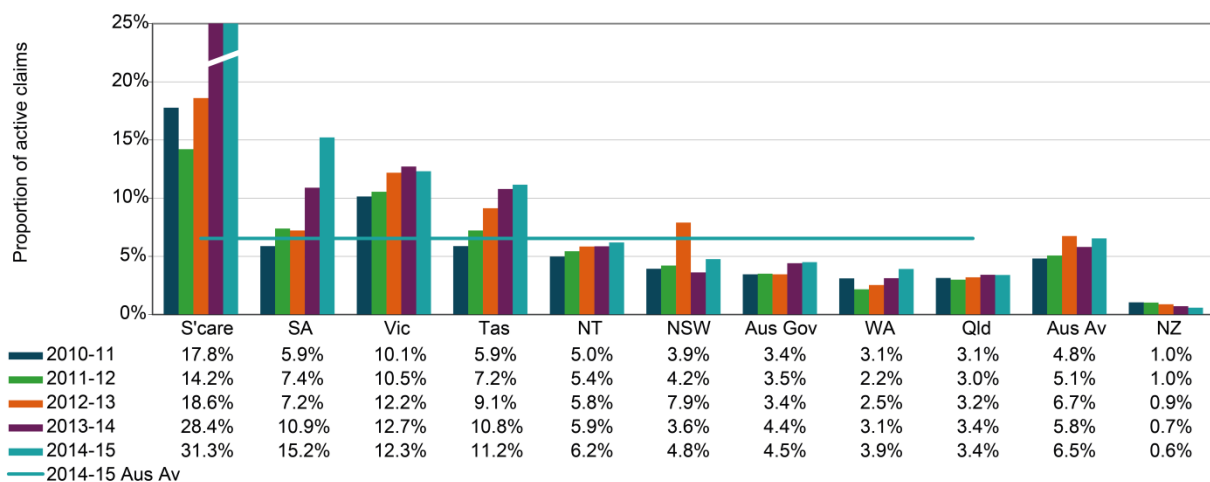
A dispute is an appeal to a formal mechanism, such as a review officer, conciliation or mediation service, against an insurer's decision or decisions relating to compensation. Disputes exclude common law and also exclude redemptions and commutations unless processed as disputes through the jurisdiction's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

Indicator 20 shows the number of new disputes as a proportion of ‘active’ claims in the reference financial year. An active claim is described as any claim on which a payment of any type was made during the reference financial year (including claims with medical treatment costs only) regardless of when that claim was lodged.

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

Indicator 20 shows that the Australian disputation rate (6.5 per cent of active claims) in 2014–15 has increased by 26 per cent since 2010–11. All jurisdictions recorded increases in disputation rates during the five year period.

Indicator 20 – Proportion of claims with dispute



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

New South Wales recorded an increase (up 33 per cent) in its disputation rate in 2014–15 compared to the previous year. This is a result of a continuing fall in the number of active claim numbers in response to the 2012 Workers’ Compensation System reforms. These reforms also impacted the dispute trends in New South Wales over the past three years as the reforms resulted in two discrete dispute avenues for claimants. The new staged review model for work capacity decision (WCD) disputes enables a worker to seek an internal review by an insurer of the insurer’s WCD, potentially followed by a merit review by the State Insurance Regulatory Authority. In addition, a worker may also then seek a procedural review of the procedures used by the insurer in making the original WCD decision. The Workers’ Compensation Commission (WCC) retains jurisdiction over legally funded disputes involving claims liability, permanent impairment levels, and failure to commence provisional payments and approve medical procedures on time. In response to the 2012 reforms, workers sought statutory reviews through the WCC in 2012–13 before the new WCD dispute process was introduced causing a spike in the number of disputes lodged in that year.

South Australia showed an increase (up 39 per cent) in the number of new disputes lodged in the reference financial year reflecting the improved performance of the scheme's agent model where claim decisions under the Act are now being made in a more timely manner. The disputation rate for South Australia has recorded a considerable increase of 158 per cent since 2010–11.

Western Australia recorded a disputation rate of 3.9 per cent in 2014–15. This represents a 26 per cent increase from 2013–14. The Australian Government showed the smallest increase (up 2 per cent) in disputation rate in 2014–15 compared to the previous year. Victoria was the only Australian jurisdiction to record a fall in its disputation rate (down by 3 per cent) in 2014–15 compared to the previous year.

Queensland reported the lowest disputation rate of all the Australian jurisdictions at 3.4 per cent of active claims in 2014–15, followed by Western Australia (3.9 per cent) then New South Wales (4.8 per cent). Seacare recorded the highest disputation rate at 31.3 per cent of active claims in 2014–15, up 10 per cent compared to the previous year.

Recent increases in the Tasmanian disputation rate (up 4 per cent) can be partly attributed to provisions introduced into the Tasmanian legislation in 2010, including that all settlements occurring within two years of the date of the claim lodgment must be referred to the tribunal for approval and for all parties to notify the tribunal of a dispute in respect to injury management.

The New Zealand disputation rate is very low (0.6 per cent) because of the universal nature of its accident compensation scheme. Since people are covered whether the incident occurs at work, home, on the road, playing sport and whether they are employed, self-employed or a non-earner (child, pensioner, student, unemployed) there are very few disputes relating to cover.

Dispute resolution

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

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

Indicator 21 demonstrates that in the past five years in Australia there has been an increase (up 37 per cent) in the proportion of disputes resolved within one month.

The percentage of disputes resolved within three months increased by 5 per cent, while the percentage of disputes resolved within six and nine months decreased by 6 per cent and 5 per cent, respectively, during this period.

In 2014–15, more than half the disputes (59 per cent) were resolved within three months of the date of lodgment on average in Australia. Queensland resolved the highest proportion of disputes within three months (88 per cent), followed by Western Australia (80 per cent), Tasmania (69 per cent) and Victoria (67 per cent).

Although Western Australia recorded a reduction in the percentage of disputes resolved within one month (down 17 per cent), it recorded substantial increases in the percentage of disputes resolved within three months (up 27 per cent), six months (up 7 per cent) and nine months (up 4 per cent). This is mainly due to the significant reforms to the Western Australian workers' compensation dispute resolution system that came into effect on 1 December 2011.

Overall, the Australian Government disputes generally took more time to resolve than disputes in other jurisdictions. As the Australian Government disputes are referred to an external and independent body, the Australian Government has minimal control over the associated time frames for dispute resolution. These disputes tend to be quite complex and require a long time to resolve. In line with this, the Australian Government recorded the lowest proportion of disputes resolved for each of the four time periods in 2014–15. In addition, these proportions have also decreased substantially for all the time periods over the four years to 2014–15.

Seacare also recorded substantial decreases in the proportion of disputes resolved within the four time periods, and has the second lowest proportion of disputes resolved within the time periods. The time it takes to resolve applications in the seafarers' jurisdiction is influenced by many factors, particularly the time needed by parties to obtain further evidence such as expert medical evidence as well as any delays associated with ensuring all related claims are before the AAT. The nature and complexity of the decisions under review will affect the time within which any agreed resolution can be reached or the applications can be progressed to hearing and determination. The number of applications made to the AAT is relatively small. Small changes in the number of cases finalised at particular times can result in relatively large percentage changes in the resolution rates within the specified time frames.

In 2014–15, Tasmania resolved 58 per cent of disputed claims within one month, substantially higher than any other jurisdiction. The proportion of disputes resolved within three (69 per cent), six (81 per cent) and nine months (89 per cent) in Tasmania were all higher than the Australian average for these three time periods.

In the New South Wales and Victorian schemes, 15 per cent of disputes were resolved within one month in 2014–15. The New South Wales 2012 system reforms have improved short term resolution rates while worsening the long term rates. The staged review model for WCD disputes requires the insurer to provide its internal review decision within 30 days of application. The potential subsequent merit reviews or procedural reviews of WCDs also have strict legislative timeframes for decision making.

The worsening in the longer term resolution rates for New South Wales, however, is a result of the 2012 reforms incorporating a mandatory medical assessment into disputes over permanent impairment entitlements. Entitlement to compensation for permanent impairment is the subject of most of the dispute applications lodged with the WCC (the other arm of disputes in New South Wales).

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

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

Indicator 21 – Percentage of disputes resolved within selected time periods (cumulative)

Jurisdiction	Within 1 month	Within 3 months	Within 6 months	Within 9 months
2010–11				
New South Wales	7.8	42.0	86.0	95.5
Victoria	9.2	63.0	84.2	92.8
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
Australian Government	3.6	11.9	27.4	50.1
Seacare	8.5	36.2	63.8	74.5
Australia	12.8	56.8	83.7	92.4
New Zealand	7.6	32.5	83.8	99.9
2014–15				
New South Wales	14.7	33.3	69.1	79.8
Victoria	15.4	66.6	81.9	90.8
Queensland	11.9	88.4	94.3	96.1
Western Australia	34.7	79.8	88.5	95.1
Tasmania	58.0	68.7	81.2	88.6
Australian Government	1.7	9.9	23.6	41.5
Seacare	3.4	14.6	37.1	51.7
Australia	17.5	59.4	79.0	87.6
New Zealand	9.7	30.6	76.2	90.1

Chapter 5 – Industry information

Claims by industry

Indicator 22 shows the incidence rates of serious claims in Australia by industry using the Australian and New Zealand Standard Industrial Classification 2006 system. In 2014–15, the Agriculture, forestry and fishing industry recorded the highest incidence rate with 18.7 serious claims per 1000 employees, followed by the Manufacturing (16.1) and Construction (15.9) industries. Under the *Australian Work Health and Safety Strategy 2012–2022* these industries together with Accommodation and food services, Public administration and safety and Health care and social assistance have been identified as national priorities for prevention activities.

Decreases in the incidence rate of serious claims between 2010–11 and 2013–14 were recorded for all industries, with the most notable reductions seen in Financial and insurance services (down 32 per cent), Administrative and support services (down 29 per cent), Professional, scientific and technical services (down 28 per cent), Rental, hiring and real estate services (down 24 per cent) and Transport, postal and warehousing (down 23 per cent). More detailed information on claims by industry can be found in the *Australian Workers' Compensation Statistics* report, published on the [Safe Work Australia](#) website.

A new addendum to Chapter 5 has also been published on the [Safe Work Australia](#) website which compares the incidence rates of serious claims across different jurisdictions for each of the 19 industry divisions.

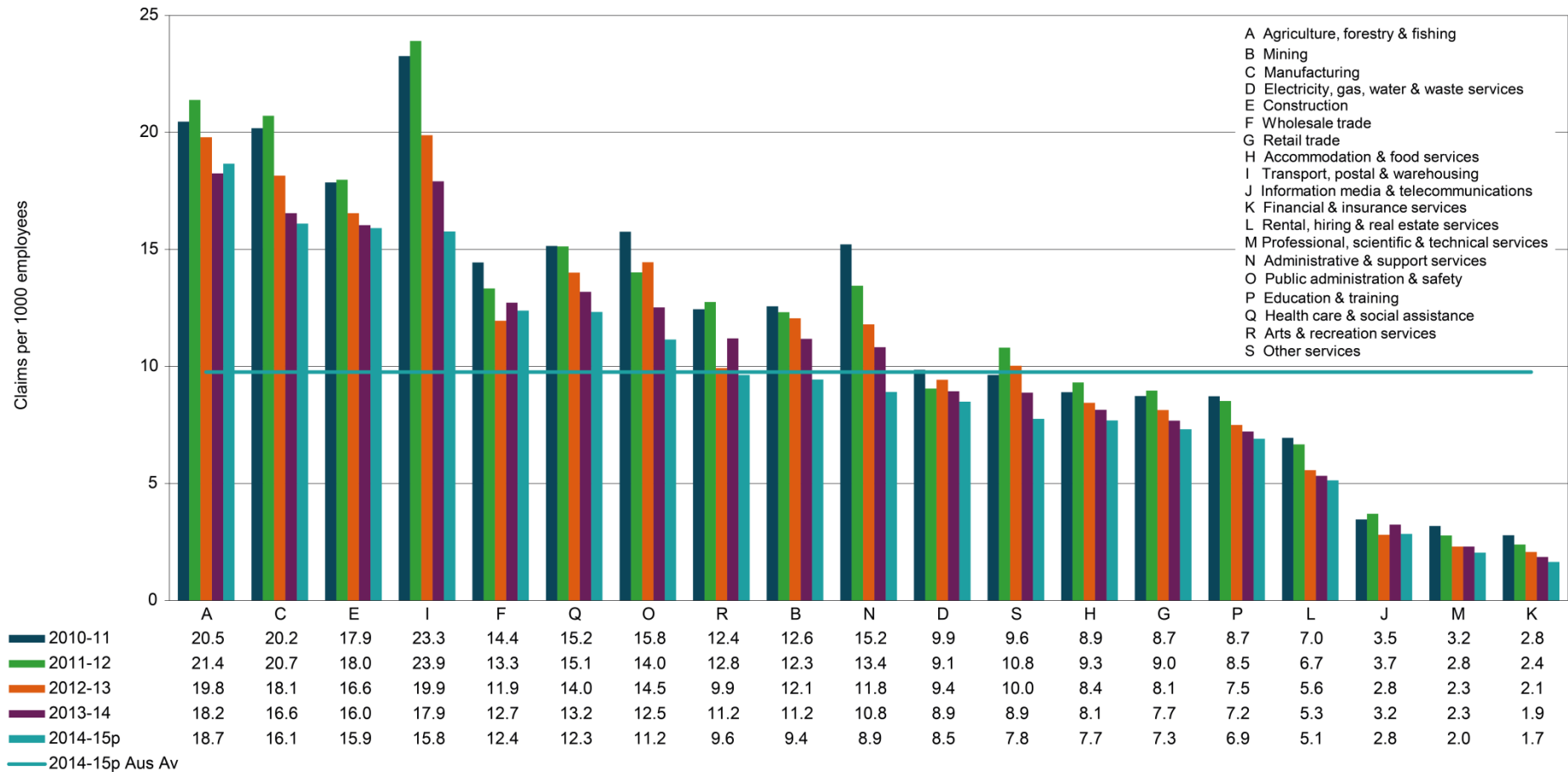
Premium rates by industry

Premium rates data are still shown using the 1993 version of the Industry Classification System as most jurisdictions are unable to supply premium data based on the 2006 Industry Classification System. Indicator 23 shows average premium rates by industry in Australia for the period from 2010–11 to 2014–15. These data show that the Agriculture, forestry and fishing industry recorded the highest average premium rate at 3.4 per cent of payroll in 2014–15. The lowest premium rate was recorded by the Finance and insurance industry at 0.3 per cent of payroll.

Premium rates of 12 out of 17 industries have decreased since 2010–11. The largest percentage decrease was recorded by the Personal and other services and Property and business services industries (down 14 per cent, each). This was followed by Mining, Construction (down 13 per cent, each) and Transport and storage (down 12 per cent). The largest percentage increase since 2010–11 was recorded by the Government administration and defence industry (up 15 per cent).

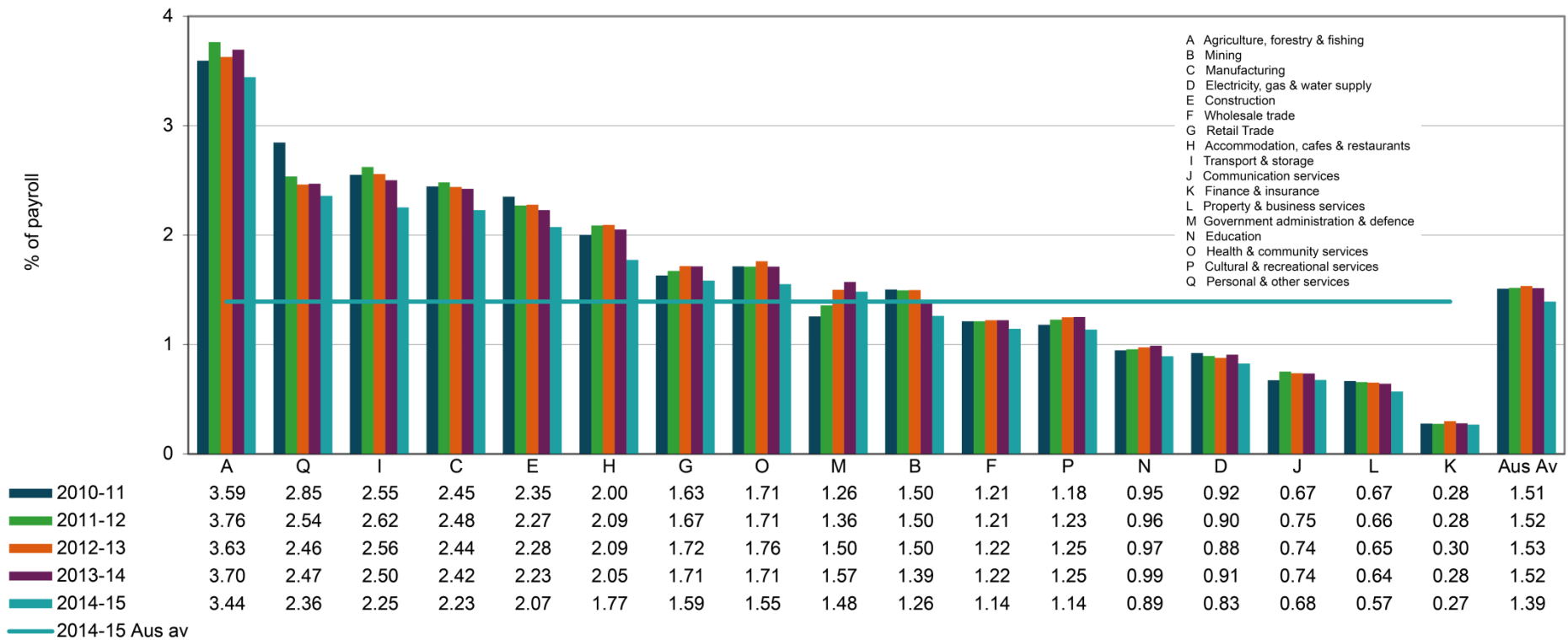
A new addendum to Chapter 5 has been published on the [Safe Work Australia](#) website which compares the average standardised premium rates across different jurisdictions for each of the 17 industry divisions.

Indicator 22 – Incidence rates of serious* claims by industry



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

Indicator 23 – Australian average premium rates by industry



Appendix 1 — Explanatory notes

1. Workers' compensation claims data

Scope

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

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

Reporting on fatalities: Similar to the previous edition, this edition sources information from the traumatic injury fatalities collection. The traumatic injury fatalities collection provides the most accurate information on work-related injury fatalities since the data is sourced from workers' compensation data, fatality notifications to the various work health and safety authorities and information in the National Coronial Information System (NCIS). Only around 60 per cent of work-related fatalities recorded in the traumatic injury fatalities collection are typically compensated. Further information about the traumatic injury fatalities collection and a detailed analysis of the data can be found in the *Work-Related Traumatic Injury Fatalities* report published at the [Safe Work Australia](#) website.

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

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

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

- occupational injuries and diseases resulting in absences from work of less than one working week
- military personnel within the Defence force
- cases not claimed as workers' compensation or not acknowledged as being work-related, and
- claims for compensation to the Dust Diseases Authority 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 Chapter 1 of this report.

The following table (Appendix 1 – Table 1) shows the preliminary number of serious claims, an estimate of the number of employees in each jurisdiction, and an estimate of the number of hours worked in each jurisdiction in 2014–15. Please note that the number of serious claims shown for Victoria includes adjustment factors that are explained later in this section. The figures for employee and hours worked in Appendix 1 – Table 1 are those that have been used to calculate the incidence and frequency rates in this report. Please note that the number of claims shown will increase when updated information is provided by the jurisdictions for next year's report.

Appendix 1 – Table 1: Summary of key jurisdictional data, 2014–15

Jurisdiction	Serious claims	per cent of claims	Employees	per cent of employees	Hours worked	per cent of hours worked
New South Wales	33 800	31.5	3 299 310	30.0	5 519 640 850	30.2
Victoria	21 970	20.5	2 672 930	24.2	4 225 852 420	23.1
Queensland	24 710	23.0	2 147 500	19.5	3 663 149 240	20.0
Western Australia	11 640	10.8	1 261 355	11.5	2 180 043 610	11.9
South Australia	7 950	7.4	729 960	6.6	1 183 459 550	6.5
Tasmania	2 480	2.3	218 750	2.1	335 224 640	1.8
Northern Territory	1 080	1.0	129 030	1.2	234 882 290	1.3
Australian Capital Territory	1 720	1.6	152 470	1.4	242 085 530	1.3
Australian Government	1 900	1.8	383 110	3.5	678 645 280	3.7
Seacare	120	0.1	6 860	0.1	19 274 340	0.1
Australian Total	107 355	100.0	11 001 280	100.0	18 282 257 750	100.0

Time series and adjustment of scheme data

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

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

New Zealand employment data used has been sourced from the New Zealand census information.

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

Claims data shown in this report for 2014–15 are preliminary unless otherwise stated. Therefore these data are likely to be understated and a comparison of 2014–15 data with those of previous years should be undertaken with caution.

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

Frequency rates for the Seacare scheme have been calculated using a 24-hour basis. This is in recognition of the 24-hour risk of exposure to workplace hazards due to the nature of employment in the maritime industry. 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 enable comparison of the data reported for the Northern Territory and data reported for all other jurisdictions, the data for the Northern Territory has been increased by a factor of 1.3 per cent.

Definition of injury and disease

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

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

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

Adjustment of Victorian and South Australian data

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

As employers do not always provide WorkSafe Victoria and Return to Work South Australia with information on claims lasting fewer than 10 days, an adjustment factor needs to be applied in order to compare Victorian and South Australian claims data with other jurisdictions. To calculate the Victorian and South Australian under 10 day excess impact, the percentage of claims between one and two weeks duration for Victoria and South Australia were compared with the percentage of one to two weeks claims for other Australian jurisdictions. From this comparison, the number of Victorian and South Australian claims between one and two weeks were increased by a factor so that the percentage of such claims was similar to the Australian average. The analysis was undertaken at the industry division level to allow for a greater degree of homogeneity in respect of claim duration in Victoria. The application of the factors has increased the claims supplied by WorkSafe Victoria by 14 per cent (from 19 290 to 21 965) and for South Australia by 19 per cent (from 6654 to 7950).

Size of business

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

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

Self-insurers joining Comcare – adjustment of claims

On 15 March 2007 new legislation came into effect that extended the coverage of the *Occupational Health and Safety Act 1991* (the OHS Act) to organisations licensed to self-insure under the *Safety Rehabilitation and Compensation Act 1988*. Previously, former Commonwealth authorities and licensed private sector corporations operated under the Commonwealth workers' compensation regime, but were covered by state and territory work health and safety legislation in the jurisdictions in which they operated. This amendment removed the need for multiple compliance regimes. However, as the number of employees and hours worked were

originally only available from the work health and safety jurisdictions, workers' compensation claims from those authorities and companies self-insuring with Comcare were allocated to their work health and safety jurisdictions for 2005–06 and 2006–07. In 2007–08, the ABS undertook a review of the methodology used to calculate the number of employees and hours data. As an outcome of this review, the number of employees and hours data are now available from the workers' compensation jurisdictions for these years and claims of those authorities and companies self-insuring under the Comcare scheme now remain within the scheme. Self-insurers have been included in the Comcare scheme if they were self-insuring with Comcare at June 30 during the relevant year.

2. Enforcement data

In 2009–10, Safe Work Australia, in collaboration with the Heads of Workplace Safety Authorities (HWSA) and states and territories reviewed a number of compliance and enforcement definitions. A number of changes to these definitions were proposed and have been implemented since the eleventh edition of the report. They include:

the number of legal proceedings finalised is now requested in place of legal proceedings commenced

the HWSA definition of the number of legal proceedings resulting in a conviction, order or agreement is implemented in place of the number of prosecutions resulting in a conviction

the number of field active inspectors has been amended to include managers of the field inspectors. The data also include investigators (where applicable) who are appointed to work with the enforcement provisions. Staff on extended leave are also included

proactive workplace intervention is now split into two measures: (A) Workplace visits and (B) Workshops\Presentations\Seminars\Forums and data are now supplied separately, and

reactive workplace intervention is also split into two measures: (A) Workplace visits and (B) Other reactive interventions.

Following the Australian Government's decision in March 2007 to grant licensed self-insurers coverage under the OHS Act, the number of employees regulated by Comcare increased by 41 per cent from 291 535 full-time equivalent (FTE) employees prior to the March 2007 legislative amendment to an estimated 410 000 FTE employees as at June 2015. In response, Comcare increased its field active inspectors from 22 in 2005–06 to 46 by 30 June 2015, based in seven regional offices across Australia. This ensured that there were sufficient investigator resources to regulate the growing jurisdiction effectively. These increases can be directly related to the Commonwealth Minister's direction of 2008 seeking stronger enforcement and justice outcomes and Comcare's 2015 Strategic Plan on healthier and safer workplaces.

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

3. Premium rates and entitlements

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

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

Premiums in the self-insured sector

Most jurisdictions allow large employers to self-insure their workers' compensation if they prove that 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 for the first five days of compensation with no medical costs has been applied. The factors applied to the insured sector data in each jurisdiction are shown in Appendix 1 – Table 2. Adjustment factors have also been 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.

Journey factors

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

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

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

Seacare scheme

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

Effect of adjustment factors on premium rates

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

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

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

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

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

sector due to the assumption that a nil employer excess applies to the self-insured sector.

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

Appendix 1 – Table 3: Effect of adjustment factors on premium rates in 2014–15

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 superannuation			
	1	2	3	4	5
NSW ^(b)	1.32	1.32	1.46	1.45	1.45
Vic	1.33	1.33	1.27	1.31	1.31
Qld ^(c)	1.20	1.20	1.27	1.27	1.19
WA	1.36	1.24	1.23	1.21	1.21
SA	2.75	2.75	2.38	2.42	2.42
Tas	1.76	1.61	1.59	1.58	1.58
NT	1.98	1.80	1.79	1.72	1.67
ACT Private	1.99	1.99	2.02	1.98	1.84
Aus Gov	1.66	1.66	1.25	1.22	1.22
Seacare ^(d)	unavailable	unavailable	unavailable	unavailable	unavailable
Australia	1.38	1.38	1.41	1.41	1.39
NZ	0.82	0.75	0.65	0.65	0.60

(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 New South Wales scheme but is payable by employers in that State. (c) Queensland includes stamp duty levied at a rate of 5 per cent of the premium including GST. (d) Note that there are no self-insurers in the Seacare scheme.

Legislative changes to the NSW workers' compensation system

The 2012 Workers Compensation System Reforms not only introduced a new benefit structure but created a major cultural shift with the introduction of determining the 'work capacity' of the injured worker to return to work in suitable employment.

Changes to benefits and how they were calculated were introduced so those who had capacity to work were encouraged to return to work with benefits decreasing in percentages over the life of the claim (from 95 per cent of Pre-injury Average Weekly Earnings (PIAWE) initially to 80 per cent of PIAWE after 14 weeks of entitlement) for a maximum of five years. Medical expenses were limited to a 12 month period from when the worker ceased to be entitled to weekly benefits or after the claim was made (if the worker had not received any weekly benefits). There were also restrictions introduced for journey claims, heart attack/stroke claims, nervous shock and disease claims to better connect employment as a contributing factor to the injury. However for those workers seriously injured (being those with whole person impairment (WPI) over 30 per cent), weekly benefits were improved to better support those injured workers with no time limit.

The changes affected all new and existing workers compensation claims except for claims from exempt workers such as police officers, paramedics and fire fighters amongst other workers.

4. Return to work data

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

Data for the 2016 Return to Work (RTW) indicator are drawn from the RTW – Full Summary Report. This measure is based on Question C1, 'Are you currently working in a paid job?' and Question C7, 'Can I just confirm, have you returned to work at any time since your workplace injury or illness?' It reports the proportion of injured workers who state 'yes' to both questions. The 2016 sample consisted of 5124 injured workers who had made a workers' compensation claim (Appendix 1 – Table 4). The Australian average for each year is calculated using the jurisdictions that participated in the survey for that year.

For Australian jurisdictions, the sample was selected in two cohorts: Historic Return to Work (Historic) and Balance. The Historic Cohort refers to injured workers of premium paying organisations who had 10 or more days compensated, with claims ranging from 7 to 8 months of age in large jurisdictions (August and September 2015) and 7 to 9 months of age in smaller jurisdictions (July, August and September 2015). Large jurisdictions were Queensland, New South Wales, Victoria, South Australia and Western Australia. Small jurisdictions were Comcare, Seacare, Tasmania, and the Northern Territory.

The Balance Cohort refers to injured workers of premium payers or self-insured organisations from a 2 year period (1 March 2014 to 31 January 2016) with at least one day compensated.

For New Zealand, Historic and Balance Cohorts were selected to match the Australian definitions for large jurisdictions. While, unlike Australian jurisdictions, claims for non-work injuries were permitted in the Balance Cohort for New Zealand, data presented for New Zealand in this report reflects those with a work-related injury only to enable comparisons with Australian data. Table 4 presents the number of completed interviews by country, jurisdiction (within Australia) and cohort. The Full RTW Summary Reports since 2012 are now available at the [Safe Work Australia](http://www.safeworkaustralia.gov.au) website.

Appendix 1 – Table 4: Return to Work Survey: Interviews by jurisdiction 2015–16

Jurisdiction	Historic Cohort (Premium Payers only)	Balance Cohort			Total
		Premium Payer	Self-Insurer	Sub-total	
New South Wales	444	246	122	368	812
Victoria	400	377	48	425	825
Queensland	450	343	34	377	827
Western Australia	400	117	15	132	532
South Australia	230	148	114	262	492
Tasmania	145	241	15	256	401
Northern Territory	70	53	15	68	138
Australian Government	85	383	530	913	998
Seacare	2	97	0	97	99
TOTAL of Australian Jurisdictions	2 226	2 005	893	2 898	5 124
New Zealand (work-related injury only)	360	n/a	n/a	212	572

Interpretation of Seacare Authority return to work results

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

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

5. Assets to liabilities ratio (funding ratio) data

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

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

Different definitions of net assets have been addressed in this publication by applying 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 assumptions for claim handling expenses by jurisdictions for which adjustments have not been applied.

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

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

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

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

In 2012–13 Comcare changed its accounting policy in relation to the provisions for outstanding claims liabilities. The change was made in response to a recommendation from an internal financial framework review, which was supported by the 2013 review of the SRC Act by Mr Peter Hanks QC and Dr Allan Hawke AC. The change involves reporting claims provisions on the basis of actuarial estimates at a 75 per cent probability of sufficiency instead of the central estimate and aligns Comcare's financial reporting with industry practice and prudential management principles.

Prudential margins

Many jurisdictions add prudential margins to their estimates of outstanding claims liabilities to increase the probability of maintaining sufficient assets to meet the liabilities estimate. This is done in recognition that there are inherent uncertainties in the actuarial assumptions underlying the value of outstanding liabilities. The addition of a prudential margin will lower the assets to liabilities ratio for that jurisdiction. As some jurisdictions do not have prudential margins, these margins have been removed from the estimates to enhance comparability. For jurisdictions that use prudential margins in determining their liabilities there will be a greater discrepancy between the ratios shown in this report and those shown in their annual reports. The margins that have been removed are:

- New South Wales — a risk margin of 3 per cent from 2008–09, 2009–10 and 2010–11, 12 per cent from 2011–12, 2012–13 and 2013–14, and 13 per cent from 2014–15.
- Victoria — a risk margin of 8.5 per cent for the WorkCover scheme from 2008–09 to 2011–12, 8.0 per cent for 2012–13, 2013–14 and 2014–15. The risk margin for the Insurers' Guarantee Fund and the Uninsured Employers and Indemnity Funds is 40 per cent for the period 2008–09 to 2014–15.

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- Queensland — a prudential margin of 12.7 per cent from 2008–09, 13 per cent from 2009–10, 10.1 per cent from 2010–11, 9.5 per cent from 2011–12, 10.1 per cent from 2012–13 and 9.7 per cent from 2013–14 and 2014–15.
 - South Australia — a prudential margin of 5.2 per cent from 2008–09, 5.5 per cent from 2009–10, 2010–11, 2011–12, 2012–13 and 2013–14, and 6.3 per cent from 2014–15.
 - Northern Territory — a prudential margin of 15 per cent for all years.
 - Comcare — a prudential margin of 13.0 per cent from premium business and a 13.0 per cent margin from pre-premium business.

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

6. Scheme expenditure data

The data items for this measure are as follows:

- **Direct to worker costs** are compensation paid to injured employees either as weekly benefits, redemptions, lump sums, common law settlements (excluding legal costs) and non-economic loss benefits.
- **Services to worker costs** include medical treatment, rehabilitation, legal costs, return to work assistance, transportation, employee advisory services and interpreter costs that are used to assist employees recover from their injury and return to work.
- **Insurance operations costs** encompass claims management, premiums/ levy management, fees paid to agents, medical reports, licensed-insurer expenses, registration of employers, collection of premiums and other costs associated with the claims management and premium collection functions of the scheme.
- **Dispute resolution costs** include all activities associated with the finalising of disputes other than the direct costs associated with a claim, such as legal representation costs, which are included as claim payments. Dispute resolution costs also include costs associated with departments of justice/courts, conciliation, medical panels and workers' compensation tribunals/courts.
- **Other administration costs** include expenditure associated with corporate administration, but exclude corporate administration costs allocated to work health and safety. Costs encompass executive management, board/management committee, corporate planning and reporting, finance, human resources and personnel, administration, audit costs, corporate legal costs, bank charges and IT costs (including depreciation).
- **Regulation costs** include license and performance management, compliance activity, fraud investigations, litigation and prosecution, return to work and compensation, advertising, IT costs, injury management and return to work research, actuarial services and administration and overseeing of self-insurers and exempt employers.

Appendix 2 — Key features of Australian workers' compensation schemes

Appendix 2 — Table 1: Key features of Australian workers' compensation schemes as at 1 January 2015

Jurisdiction	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aust Gov
Fund type	Managed fund	Central fund	Central fund	Private insurers	Central fund	Private insurers	Private insurers	Private insurers	Central fund
Cover for journey claims	No ^(a)	No ^(b)	Yes	No	No ^(c)	No	Yes –limited ^(d)	Yes	No ^(e)
Common law available	Yes	Yes – limited	Yes	Yes	No	Yes	No	Yes	Yes –limited
Redemptions/settlements available	Yes	Yes – limited	Yes	Yes	Yes ^(f)	Yes	Yes	Yes	Yes – limited
Number of employees^(g)	3 055 850	2 443 660	1 979 580	1 174 210	682 420	206 520	122 190	139 830	379 660
Number of self-insurers	58 ^(h)	38	28	25	72 plus crown	10 ⁽ⁱ⁾	4	7	32 ^(j)
Standardised average premium rate (per cent)	1.32	1.31	1.19	1.21	2.42	1.45	1.60	1.83	1.22
Funding ratio (per cent)	153	133	193	136	123	142	109	n/a	76
Disputation rate (per cent)	4.8	12.3	3.4	3.9	15.2	11.2	6.2	n/a	4.5
Current return to work rate (per cent)	87	82	80	84	81	81	75	n/a	90

- (a) Limited coverage continues for police officers, firefighters, paramedics, bushfire fighters, emergency services volunteers, and workers injured while working in or around coal mines. For all other workers injured on or after 19 June 2012 there must be a real and substantial connection between employments and the accident or incident out of which the personal injury arose.
- (b) Journey claims as a result of a transport accident are covered by the TAC in Victoria for injuries sustained to/from work. Journey injuries sustained in the course of work are compensable under the Workplace Injury Rehabilitation and Compensation Act 2013.
- (c) Journey claims are only covered in SA in limited circumstances – the journey must have been undertaken while carrying out work duties. Commutes between home and work are only compensable where there is a 'real and substantial connection' with employment.
- (d) Journey claims are not covered if the incident involves a motor vehicle. These are covered by the Motor Accidents (Compensation) Amendment Act 2007.
- (e) As of 13 April 2007, the SRC Act was amended to remove coverage for non-work related journeys and recess breaks; however on 7 December 2011 section 6 of the SRC Act was amended to reinstate ordinary recess claims.
- (f) A worker is only eligible if: (i) they have returned to work but are entitled to ≤ \$30 pw, (ii) they are 55 years and have no current work capacity, or (iii) the Tribunal orders a redemption due to exceptional circumstances. Redemption can only be reached by agreement between the worker and WorkCover SA or self-insured employer.
- (g) Number of employees is supplied by the ABS using Labour Force Survey data as a base, with a number of adjustments applied to account for differences in coverage for some jurisdictions.
- (h) NSW licences 58 employers as self-insurers. NSW also licences 6 general insurers to provide insurance within specialised industries and an additional 167 government agencies deemed self-insurers covered by the Treasury Managed Fund which is centrally administered by the NSW Self-Insurance Corporation.
- (i) Not including the Tasmanian State Service.
- (j) As at 30 June 2015.

Appendix 2 – Table 2: Weekly entitlements under Australian workers' compensation schemes for award wage earners as at 1 January 2015^(a)

Jurisdiction	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aust Gov
Entitlements expressed as a percentage of pre-injury earnings for award wage earners									
0–13 weeks (total incapacity)	95 per cent (excl O/T) ^(b)	95 per cent	85 per cent of NWE ^(c) (or 100 per cent under industrial agreement)	100 per cent	100 per cent	100 per cent	100 per cent	100 per cent	100 per cent
14–26 weeks (total incapacity)	80 per cent (excl O/T)	80 per cent	85 per cent of NWE ^(c) (or 100 per cent under industrial agreement)	100 per cent (excl O/T and bonuses)	90 per cent	100 per cent	100 per cent	100 per cent	100 per cent
27–52 weeks (total incapacity)	80 per cent (excl O/T)	80 per cent	75 per cent NWE or 70 per cent QOTE ^(c)	100 per cent (excl O/T and bonuses)	80 per cent	90 per cent or 95 per cent ^(d)	75–90 per cent	65 per cent or Stat Floor	27–45 wks 100 per cent 46–52 wks 75 per cent ^(e)
53–104 weeks (total incapacity)	80 per cent (excl O/T)	80 per cent (excl O/T)	75 per cent NWE or 70 per cent QOTE ^(c)	100 per cent (excl O/T and bonuses)	80 per cent	53–78 weeks 90 per cent or 95 per cent ^(d) , 79–104 weeks 80 per cent or 85 per cent ^(d)	75–90 per cent	65 per cent or Stat Floor	75 per cent ^(e)
104+ weeks (total incapacity)	80 per cent – (excl O/T, subject to work capacity test after 130 weeks or working 15+ hours and earning at least \$173 per week and ceases at five years unless > 30 per cent WPI or 21 – 30 per cent WPI and no work capacity)	80 per cent (excl O/T, subject to work capacity test after 130 weeks)	75 per cent NWE if > 15 per cent impairment, otherwise an amount equal to the single pension rate ^(c) .	100 per cent (excl O/T and bonuses)	80 per cent (but income support only continues where the worker is assessed as being seriously injured with 30 per cent WPI or more)	80 per cent or 85 per cent ^{(d)(f)}	75–90 per cent	65 per cent or Stat Floor	75 per cent ^(e)

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

(b) Maximum weekly payment is capped at \$1974.00.

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

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

(e) If the incapacitated employee is retired and receives an employer funded superannuation benefit, the SRC Scheme will pay a maximum of 70 per cent of NWE per week taking into account the weekly superannuation benefit or weekly equivalent of any lump sum amount received and the compensation amount.

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

Appendix 2 – Table 3: Other entitlements under Australian workers' compensation schemes for award wage earners as at 1 January 2015

Jurisdiction	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aust Gov
Lump sums– maximum	>75 per cent impairment: \$220 000 (plus additional 5 per cent for back impairment ^(a))	\$570 590	\$307 385 permanent impairment + \$348 210 gratuitous care	\$212 980 + \$159 735 in special circumstances ^(b)	\$487 476 – lump sum for non-economic loss/\$361 476 for economic loss	\$336 581	\$294 778 permanent impairment	\$209 761 cpi indexed	\$176 966.82 permanent impairment + \$66 362.60 non-economic loss
Limits– medical and hospital	\$50 000 or greater amount fixed by the Authority and published in the Gazette or directed by Workers' Compensation Commission ^(c)	52 weeks from cessation of weekly payments ^(d)	“Medical – reasonable expenses with regard to the injury. Hospital – 4 days (>4 days if reasonable)”	\$63 894 + \$50,000 in special circumstances	Up to 12 months from cessation of weekly payments for non-seriously injured workers. No limit applies to those who are seriously injured.	No limits but entitlements cease one year following the cessation of weekly benefits, or if not entitled to weekly benefits, one year following the date the claim is made	No limit	No limit	No limit
Death benefits (all jurisdictions pay funeral expenses to differing amounts)	\$517 400 + \$131.50pw for each dependant child	\$570 590 (shared) + pre-injury earnings-related pensions to a maximum of \$2130 pw for dependent partner/s and children	\$575 765 + \$15 390 to dep. spouse + \$30 765 for each dep. family member under 16 or student + \$113.80pw per child to spouse while children are under 6 yrs + \$142.20pw per dep. child/family member while children/family members are under 16 yrs or a student	\$291 969 + \$55.80pw for each dependant child + max of \$62 023 for medical expenses	\$487 476 + 50 per cent of worker's NWE to totally dependent spouse + 25 per cent of worker's NWE to totally dependent orphaned child + 12.5 per cent of worker's NWE to totally dependent non-orphaned child	\$336 581 +100 per cent weekly payment 0–26 weeks, 90 per cent weekly payment 27–78 weeks, 80 per cent weekly payment 79–104 weeks + \$121.65pw for each dependant child	\$368 472 plus \$141.72 per week for each dependant child to max of 10 children	\$209 761 cpi indexed + \$69.92 cpi indexed per week for each dependant child	\$504 449.16 lump sum + \$11 267.70 funeral +\$138.72pw for each dependant child

- (a) Workers exempt from the June 2012 legislative changes to the NSW workers' compensation system may also be entitled to pain and suffering lump sum compensation (max \$50 000). Exempt workers include: police officers, paramedic and firefighters, workers injured while working in or around a coalmine, bushfire fighters and emergency service volunteers (Rural Fire Service, Surf Life Savers, SES volunteers) and people with a dust disease claim under the Workers' Compensation (Dust Diseases) Act 1942.
- (b) Lump sum shared under statutory formulae between spouse and children. Pension payable to partner for 3 years and to children until age of 16 (or 21 in full-time study).
- (c) Entitlements cease 52 weeks from cessation of weekly payments or claim for compensation is made if no payments for weekly compensation are payable. The 52 week limit does not apply to exempt workers or workers who meet the definition of seriously injured workers under section 32A of the 1987 Act.
- (d) Except for workers who receive pecuniary loss damages, receive a statutory voluntary settlement or meet statutory requirements for ongoing entitlement.

Appendix 3 — Jurisdictional contact information

Jurisdiction	Organisation	Contact details
New South Wales	State Insurance Regulatory Authority SafeWork NSW Customer Service Centre	www.sira.nsw.gov.au www.safework.nsw.gov.au 13 10 50
Victoria	WorkSafe Victoria	Advisory Service 1800 136 089 info@worksafe.vic.gov.au www.worksafe.vic.gov.au
Queensland	Workplace Health and Safety Queensland – Office of Industrial Relations – Queensland Treasury	Infoline 1300 362 128 www.worksafe.qld.gov.au
Western Australia	WorkCover WA WorkSafe – Department of Mines, Industry Regulation and Safety	(08) 9388 5555 www.workcover.wa.gov.au 1300 307 877 www.dmirs.wa.gov.au
South Australia	Return to WorkSA (rtwsa) SafeWork SA	13 18 55 www.rtwsa.com 1300 365 255 www.safework.sa.gov.au
Tasmania	WorkSafe Tasmania	Helpline 1300 366 322 (inside Tas) (03) 6166 4600 (outside Tas) wstinfo@justice.tas.gov.au www.workcover.tas.gov.au www.worksafe.tas.gov.au
Northern Territory	NT WorkSafe	1800 019 115 ntworksafe@nt.gov.au www.worksafe.nt.gov.au
Australian Capital Territory	Access Canberra WorkSafe ACT within Chief Minister Treasury and Economic Development Directorate	(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 Corporation	64 7 848 7400 www.acc.co.nz

