



**STANDING COMMITTEE ON LAW AND JUSTICE
REVIEW OF THE WORKERS COMPENSATION SCHEME
QUESTIONS ON NOTICE - icare**

Return to work

The Hon. LYNDA VOLTZ: I am asking a very specific question. Do you have any statistics on how many claims had an agreed return to work rehabilitation process, a decision was made by the agents to undertake a work capacity test and that person's benefits were cut and therefore their return to work plan is no longer available?

Mr NAGLE: I do not have those statistics.

The Hon. LYNDA VOLTZ: Would you be able to get them for us?

Mr NAGLE: I am not sure, to be honest. I do not think anyone measures the scheme in that way.

ANSWER:

Data specific to this question is not kept. In the last 12 months, of the 65,000 open claims, 89 had the specific intervention of a workplace rehabilitation provider in the period leading to the cessation of benefits. Of those 89 claims, 31 are noted as having achieved a return to work, either at full capacity or current work capacity, based on the latest work status of the injured worker, which may also be the reason that rehabilitation services are no longer required. This represents 0.05 per cent of open claims.

Complaints

The Hon. LYNDA VOLTZ: You have on your webpage a complaints feedback process. How many complaints does icare receive through the feedback process that are negative?

Mr NAGLE: By their nature complaints are negative.

The Hon. LYNDA VOLTZ: You ask on your website for positive feedback as well.

Mr NAGLE: We do, and we get some of that. We have two sources of complaints feedback. Around 200 inquiries a month come through the State Insurance Regulatory Authority [SIRA] that are passed to us or our scheme agents. In addition, since March this year we have instituted net promoter scores. Net promoter scoring is allowing us to go directly to all sources and all paying points across the scheme.

The Hon. LYNDA VOLTZ: I am specifically asking about your online process.

Mr NAGLE: That is part of it. We have issued more than 81,000 invitations for people to give us commentary. We are getting about an eight per cent return at the moment. The mixture of comments ranges from very positive to poor.

The Hon. LYNDA VOLTZ: Would you provide that information to the Committee?

Mr NAGLE: Yes, absolutely.

ANSWER:

Net Promoter score (NPS) is a measurement of customer loyalty and customer experience. It is a proven metric that is used to measure customer advocacy and forms the core of customer experience programs the world over.

Its focus on advocacy reflects business growth through word of mouth recommendations. NPS is widely used by blue chip organisations including Westpac, Telstra, Optus, Commonwealth Bank, American Express, NRMA, Qantas, Ray White, Apple, Amazon, Lloyds, Barclays, Costco and USAA.

An important part of the NPS methodology is 'closing the loop' where Detractors (those who rate the experience as 0-6) are followed up by customer service representatives to attempt to resolve their concerns.

Six months ago, icare launched its own Net Promoter Score program (NPS program), which collects feedback from employers, brokers, service providers and injured workers across the workers compensation scheme in NSW. Customers are invited to participate in a two-minute online survey where they have the opportunity to tell icare about their experience and provide feedback for improvement. ,

To date, over 143,000 surveys have been dispatched to customers with 11,500 responses being received by icare. Of the 11,500 responses, 37.5 per cent are promoters, 27.5 per cent are passives and 35 per cent are detractors. The 30-day icare and workers insurance NPS score is currently sitting on positive 6 reflecting that we have more promoters than detractors.

icare monitors the live NPS dashboards on a daily basis to respond to sensitive issues more quickly than it may have been able to in the past. Through analysis of the results received, icare can identify specific concerns raised by injured workers. This includes, for example, service dissatisfaction, claim concerns or indicators of poor mental health. Once identified, these sensitive issues are immediately escalated to a Scheme agent or icare specialist for response within 48 hours.

icare is in the process of building business processes internally and across the Scheme agents to ensure that all initiatives, actions and business processes address the key themes uncovered through the NPS feedback, with improving customer experience the central aim.

In addition, icare established a specific workers compensation enquiry portal on its website. Since going live on 30 August 2016, the portal has received 25 enquiries. Of these, one was a complaint.

Use of Independent Medical Examiners

Mr DAVID SHOEBRIDGE: Has the directive been issued that they must include the Medicare provider number and if they do not a penalty will apply?

Dr ALLSOP: I do not think the Medicare provider number has been specifically targeted. Because we have a number of scheme agents, directing them to change the way they collect information comes at a significant cost and at the same time we are developing what we believe is a more appropriate means of collecting this information with more accuracy, greater transparency, greater speed—

Mr DAVID SHOEBRIDGE: Will you give the Committee more information about where that program is going and why the Medicare provider number is not the best starting point on notice? That will be very useful.

Dr ALLSOP: Yes.

The Hon. DAVID CLARKE: A directive has not been issued?

Dr ALLSOP: Around Medicare provider numbers?

The Hon. DAVID CLARKE: Yes.

Dr ALLSOP: I do not believe so.

The Hon. DAVID CLARKE: Has it or has it not?

Mr DAVID SHOEBRIDGE: He said he did not believe so.

The Hon. LYNDA VOLTZ: I think that means no.

Mr NAGLE: It is not in the current guidelines.

The Hon. DAVID CLARKE: If you are not sure, will you take that on notice?

Dr ALLSOP: Yes.

ANSWER:

There is no directive in the current guidelines. However, icare is undertaking an ongoing review of Independent Medical Examination (IME) and Medico-Legal practices and will consider this suggestion as part of that review.

In the interim, icare has developed fairer processes for workers who need to attend medical examinations. Scheme agents are now required to provide workers with a choice of three IMEs situated locally to where they reside, rather than dictating which doctor will conduct the examination.

Sustainable asset level for the Nominal Insurer Scheme

Mr DAVID SHOEBRIDGE: So specialised insurers have an APRA level. I am assuming that if you want competitive neutrality that their level of funding is lower than the current level of 110 per cent?

Mr BHATIA: Much higher, yes. If I can translate that and say that if we want to today comply with APRA minimum capital guidelines, the funding ratio will need to be 127 per cent. So that is the minimum capital APRA requirements. However, that is at the 75 per cent, probable adequacy. We report on 80 per cent probable adequacy, so a higher risk margin.

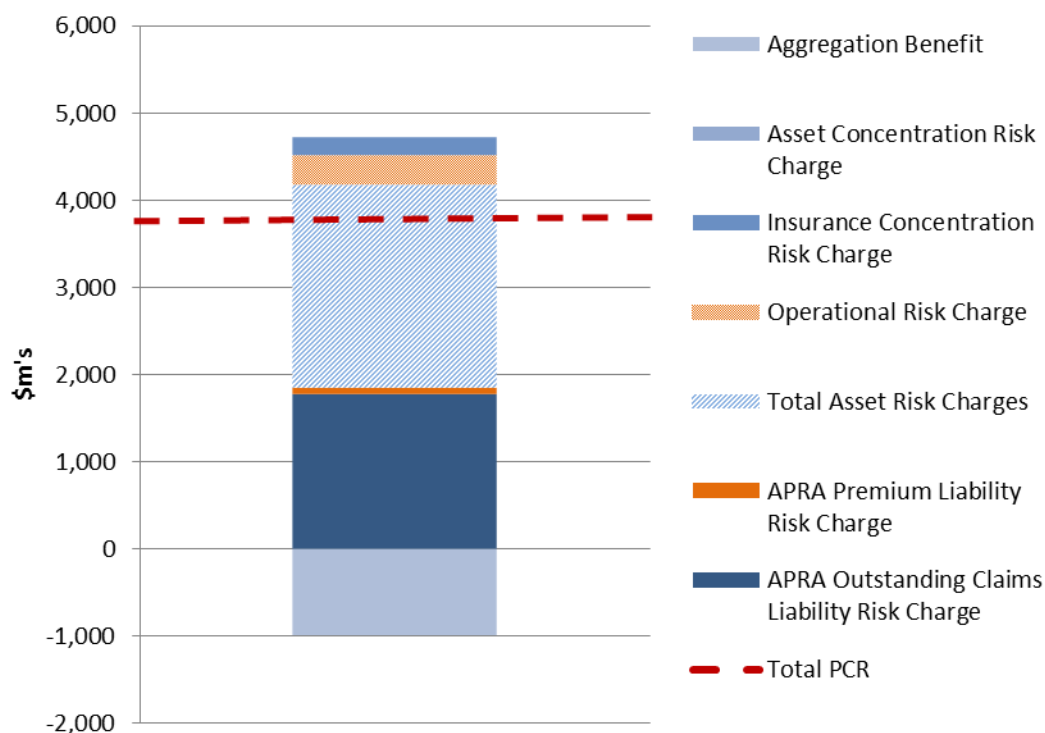
Mr DAVID SHOEBRIDGE: We might un-package that on notice.

ANSWER:

icare has examined the Prudential Capital Requirement (PCR) for the Nominal Insurer were it to be regulated under the Australian Prudential Regulatory Authority (APRA) standards. The PCR represents the minimum amount of capital an APRA regulated insurer would need to hold to satisfy the regulator that they were financially sustainable. APRA regulated insurers hold capital well above their estimated PCR to minimise the risk of falling below the PCR threshold.

As at 30 June 2016, the estimated PCR for the Nominal Insurer was \$3,741m, or 127 per cent of the liabilities of the Nominal Insurer when assessed at the 75 per cent probability of adequacy. The PCR components are shown in the figure below.

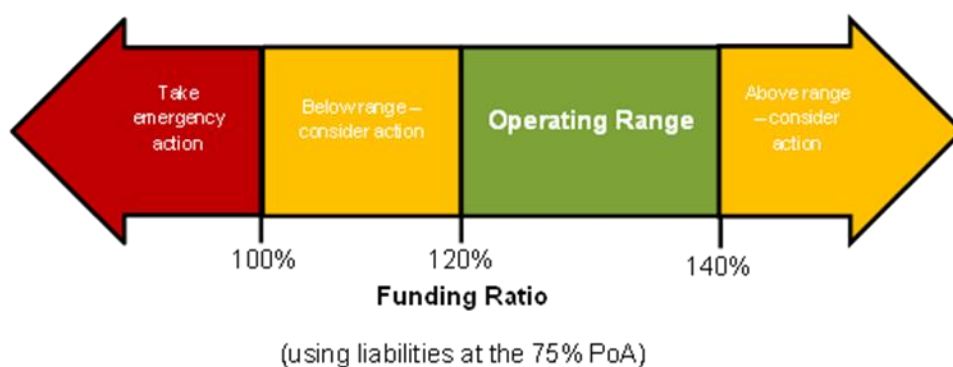
Figure 1:



At the 75 per cent probability of adequacy, the Nominal Insurer has assets equal to 127 per cent of its liabilities. This equates to approximately 102 per cent of the PCR being funded by the net assets of the Scheme.

icare has proposed a capital framework for the Nominal Insurer based around the estimated PCR. The framework is outlined in the following figure.

Figure 2:



A funding ratio operating range of 120-140 per cent (with liabilities assessed at the 75 per cent probability of adequacy) has been proposed. At 30 June 2016, this would be equivalent to saying that between \$2.8bn and \$5.6bn of assets in excess of the liabilities would be required to maintain a financially sustainable Scheme. It is not proposed that the Nominal Insurer would be required to hold capital at levels significantly in excess of the PCR.

The assets in excess of the liabilities at the 75 per cent probability of adequacy as at 30 June 2016 were \$3.8bn, placing the Nominal Insurer within the proposed operating range.

icare will continue to report the balance sheet of the Nominal Insurer using liabilities assessed at an 80 per cent probability of adequacy. This is consistent with market practice for general insurance companies where capital requirements are assessed using the APRA framework and probability of adequacy, and reporting is prepared using a different, usually higher, probability of adequacy. This is due to the inherent volatility of the scheme and the considerable uncertainties.

The Capital Management Policy (CMP) has been approved by the Board of icare and submitted to SIRA for its endorsement. Icare is awaiting its consideration by SIRA.

Workers Care

Mr FERGUSON: The numbers we are talking about are very small for the scheme agents but they are the sole focus of Lifetime Care and Workers Care. The key benefits really are consistency and specialisation, which helps to drive quality. This is very early on so it is difficult to provide anything quantifiable about outcomes but certainly the anecdotal feedback has been positive.

The Hon. LYNDA VOLTZ: In the over 20 per cent what percentage do those 89 make?

Mr FERGUSON: I am not sure of the percentage of the over 20 per cent. Dr Allsop may know.

Dr ALLSOP: Off the top of my head I could not tell you that but as it grows out—

Mr BHATIA: We can take it on notice and come back to you.

ANSWER:

The 89 workers compensation claims currently being supported by the Workers Care program within the Lifetime Care framework make up approximately four per cent of the approximately 2,250 active weekly compensation claims, with whole person impairment levels estimated to be above 20 per cent.

Effect of return to work on employer premiums

The Hon. LYNDA VOLTZ: Let us just go to return to work. As you know, the police are on a different scheme with far greater benefits, similar to the old scheme, and they have got much lower claims because they intervene early. I note your comments earlier that there is no evidence that intervention works. Obviously it is working where the Police Force is using it because that early intervention has meant no secondary injury and a whole raft of things. Yet constantly, across the board, from employees, from employers, we have heard that it takes three, four, five months to even get a claim looked at and rehabilitation. I am asking you where is your evidence to support your claim that it is the employer that can affect the premium, when that is not the evidence we are being presented with?

Mr NAGLE: We have been reviewing all of our portfolio in some detail. We can give you examples of employers who have taken specific action and reduced their premiums and their return to work rates considerably by working with us around loss prevention and risk management procedures. I think the differential you are highlighting is where a large employer can invest in significant actions. The average SME, who is the bulk of our employers, has one claim every nine years and, therefore, when it occurs they are not quite sure what to do, and it is difficult to get to them in a timely manner.

ANSWER:

icare has created a new Prevention and Intervention Team to work with high-risk employers to improve their safety records and reduce injuries. icare has detected the highest risk employers and created the icare 'About Prevention' program.

The icare 'About Prevention' program directly engages high-risk employers and raises their awareness of the injury records against all other like employers, and the associated costs of further inaction to address these.

An example of the support icare is providing to these employers is provided at **Tab A**. icare is also employing infographics to provide general information to industry groups about the benefits of loss prevention and risk management prevention. Examples of these infographics are provided at **Tabs B, C and D**.

icare is also promoting best practise in both loss prevention and risk management prevention through sharing experiences. icare is using video storytelling to depict icare's progress in relation to working with business. They are available at:

<https://www.youtube.com/watch?v=7q9Hdq81jyo>

<https://www.youtube.com/watch?v=91wZf4fbRIE>

Scheme agent service standards

Mr NAGLE: The scheme is broken into its various cohorts. We have components for the base—just the operational expense; we then have a service standard that centres around underwriting the policy and billing; we then have service standards around return to work; and we have service standards around the best care available for people who are on the scheme past 52 weeks.

The Hon. DANIEL MOOKHEY: In terms of the penalties that can be applied under the contract for breaching performance standards or otherwise breaching the forms of the contract, how many scheme agents have been sanctioned and how frequently for the duration of the contract?

Mr NAGLE: It varies by scheme agent on their actual performance. For instance, on the policy and billing, none of the agents have reached their service standard.

Mr DAVID SHOEBRIDGE: None of the agents have reached their service standard?

Mr NAGLE: No—on that aspect. On some of the other service standards it ranges based on some agents perform very well, some agents perform adequately.

The CHAIR: Is that public information?

Mr NAGLE: No.

Mr DAVID SHOEBRIDGE: Could you provide it to us on notice?

Mr NAGLE: We can, yes.

ANSWER:

For the 2015 contract year Scheme agents are remunerated across six measures of relative performance and seven service standards. The relative measures include three measures of return to work (duration on benefits), two measures of financial outcomes and one measure of premium collection.

In 2015, all agents were within the expected range of performance in the two financial outcome measures and in the premium collection measure. Four out of five agents were above the expected level of performance in return to work with one agent failing one return to work measure.

In relation to service standards, no agent passed all service standards. All agents failed the standards in relation to premium calculation, data quality and customer service - underwriting. Results are varied across other measures:

- Five out of five agents passed the measure of internal controls
- Four out of five agents passed the measure of data submissions (the other agent received a partial result)
- Four out of five agents passed the measure of identification and injury management of Workers with Highest Needs
- One out of five agents passed the measure of injured worker customer service (the other four agents received a partial result)

- Five out of five agents passed the measure of return to work (employment status), however two agents had their remuneration reduced as a result of an audit into the completeness and correctness of data collected to support the result.

The 2016 contract year is still very early in the assessment; however most agents are passing most measures where results are available.

Sustainable return to work

The Hon. LYNDA VOLTZ: And you have the evidence of whether they have returned to work or they have just been deemed to have work capacity. Is that right?

Mr NAGLE: That is right.

The Hon. LYNDA VOLTZ: So you would be able to provide us with those details of people who have had work capacity and have been cut off?

Mr NAGLE: Yes.

The Hon. TREVOR KHAN: Can you just clarify what a sustained return to work is?

Mr NAGLE: The definition is generally back at work after, I think, three months. I would have to check that date.

Mr DAVID SHOEBRIDGE: You might give us that on notice.

The Hon. DANIEL MOOKHEY: Is that to the pre-injury position or is that—

Mr DAVID SHOEBRIDGE: Perhaps you could give us on notice what the definition of sustainable return to work is and the figures that underpin it. As I understand it, there are no penalty provisions as such in the deeds; the penalty is you do not get an incentive.

Mr NAGLE: Effectively, yes.

ANSWER:

The results for the Work Status Return to Work metric are shown below at three months post injury, six months post injury and 12 months post injury. A positive return to work is recorded where the injured worker is in employment in either a total or partial capacity at the respective timeframe post injury (workers can return to work and still receive weekly benefits). In addition to the below results, approximately 5,000 long term injured workers are recorded as having a positive return to work outcome in the last two years.

Timeframe (delay)	Claims that have positive work status (% of all claims)
3 months (13-weeks)	90.13%
6 months (26-weeks)	93.18%
12 months (52-weeks)	94.40%

Both long term claims and Workers with Highest Needs have separate performance metrics with greater focus on injury management planning and individual outcomes for claims and less on financial performance (Workers with Highest Needs are removed from all financial measures).

Surveillance

Mr DAVID SHOEBRIDGE: Could we get some evidence on notice about what the cost of this covert surveillance is—what the individual cost is and what the scheme cost is?

Mr BHATIA: Sure.

ANSWER:

The split of expenditure in the data set does not specifically cover covert surveillance. The investigation category covers, among other things, site assessments, independent medical assessments, other medical examinations, file reviews as well as physical examinations.

Annual expenditure on investigations is approximately \$71m for the Nominal Insurer and \$19m for the Treasury Managed Fund.

While ensuring all possible support is provided to injured workers, Scheme agents (in the case of the Nominal Insurer) and claim managers (in the case of the Treasury Managed Fund) are also required to ensure that fraudulent activity is minimised so there is not an unnecessary drain on the Workers Compensation Scheme. Insurance fraud is a serious issue that results in higher insurance premiums for business and takes away important resources from the injured people with higher needs in the Scheme.

The number of claims where surveillance of an injured worker is deemed appropriate is quite small. Over the 12 months ending 31 August 2016, over 60,300 workers compensation claims were notified. Of this total, surveillance was undertaken on 2.7 per cent. Of the 60,300 claims, 0.7 per cent were declined following surveillance.

There are a number of reasons a Scheme agent or claim manager may initiate surveillance including where a third party advises that an injured worker is involved in undisclosed employment, and/or other activities that are contrary to their entitlement or compromise the validity or severity of their injury.

In instances where surveillance is used to decline a claim and/or service, Scheme agents and claim managers are required to disclose it at the point of decision, providing transparency through the dispute pathway.

Scheme agents and claim managers are required to manage each and every compensation claim, including any investigations, as per the applicable legislation. This includes the operational guidelines on Covert Optical Surveillance outlined in the Nominal Insurer Deed. This includes senior delegated authorisation to engage surveillance, type and method of information to be collected and the conduct required by operatives.

Investigators must be engaged and act in accordance with the *Commercial Agents and Private Inquiry Agents Act 2004* and the *Surveillance Devices Act 2007*. Any agent found to be in substantial breach of the laws may trigger a termination of their contract should it not be capable of remedy.

Scheme costs

Mr DAVID SHOEBRIDGE: But what proportion of the scheme's funds, on an annual basis, goes to the insurers and the scheme agents, and what proportion goes to the doctors and investigators employed by the scheme agents? Can we get that breakdown? If you have a headline figure now I would be interested to hear it.

Mr BHATIA: I know that the total scheme agent remuneration for the nominal insurer is just shy of \$400 million per annum.

ANSWER:

The annual expenditure in the Nominal Insurer Scheme on medical, investigative and Scheme agent services based on the year to 30 June 2016 is detailed below. It should be noted medicals costs include all medical services not just payments to doctors. Similarly, the investigation category covers, among other things, site assessments, independent medical assessments, other medical examinations, file reviews as well as physical examinations.

Type	Cost (\$)	Percentage of total costs (%)
Medical	\$427m	14%
Investigation	\$71m	2%
Scheme Agent fees	\$396m	13%

The above figures are on a payments basis and will differ to a similar comparison on an incurred basis.

Scheme deed

The Hon. LYND A VOLTZ: Earlier you spoke of the service providers not meeting the criteria and there was a breakdown as to whether they were performing better or worse, could you provide what the breakdowns are sitting under that?

Mr BHATIA: Yes.

The Hon. LYND A VOLTZ: Will you provide the current deeds?

Mr DAVID SHOE BRIDGE: You can take that on notice.

Mr BHATIA: Yes, I will take that on notice.

ANSWER:

There are certain aspects concerning remuneration within the contractual arrangements with the Scheme agents that are considered Commercial in Confidence. The remainder of the deed, including remuneration service standards, has been available on the former WorkCover website for some time. A copy of the information publicly provided is at **Tab E**.

Generally speaking, agents are paid across a range of financial and customer metrics assessing performance in achieving Return to Work and Financial Outcomes.

During the contract period, Scheme agents are remunerated across six measures of relative performance and additionally against a number of service standards updated each year to focus on specific areas of performance.

The relative measures include three measures of return to work, two measures of financial outcomes and one measure of premium collection.

The service standards are updated each year and have included measures covering response to complaints, customer service, decision making, internal controls, data quality, Whole Person Impairment assessment and injury planning. With the investment in the NPS program and results now becoming available, service standards for 2017 have been shifted to focus significantly on agents improving their service and responding to those most at risk.

Both long term claims and Workers with Highest Needs have separate performance metrics with greater focus on injury management planning and individual outcomes for claims and less on financial performance (Workers with Highest Needs are removed from all financial measures).

Reinstatement of certain benefits

Mr DAVID SHOEBRIDGE: Is Dr Allsop in a position to answer a question about the potential cost to the scheme of reinstating certain levels of medical expenses? Would you be in a position to crunch the numbers on that?

Dr ALLSOP: Medical expenses, or are you talking about the section 39?

Mr DAVID SHOEBRIDGE: Section 39 is one, but the other is the reinstatement of section 60 expenses across the board, which probably impacts section 39.

The CHAIR: That is on notice. That concludes the evidence from icare. Thank you for coming in today. The Committee resolved that you have 21 days to respond to questions on notice. The secretariat will be in touch.

ANSWER:

The impact of changing benefit entitlements would be significant. Consideration needs to be given to both the liability impact and the potential impact on future premium rates. While the pure impact of any change can usually be estimated, the behavioural impact that may follow any change is much harder to predict and, in some cases, can be more significant than the change itself.

icare has previously instructed PricewaterhouseCoopers Actuarial Pty Ltd (PwC) to estimate the potential impact of making changes to the weekly compensation benefit caps under section 39a of the *Workers Compensation Act 1987*. Section 39 limits workers compensation entitlements to an aggregate period of 260 weeks if the injured workers whole person impairment is less than 21 per cent.

Were the section 39 cap to be repealed in its entirety, PwC have estimated that the liability impact on the Nominal Insurer would be an increase of \$6.3bn. This estimate includes an allowance for the potential behavioural changes that may arise. In addition to the liability impact, the change has been estimated to lead to an increase in the required workers compensation premium of approximately 35 per cent.

While it has not been explicitly modelled, the potential impact of removing the medical benefit caps in their entirety would be expected to run into the billions. If changes in the medical benefit caps were combined with changes to section 39, the impact on the Nominal Insurer's financial position would be material enough to put the Nominal Insurer in an unsustainable financial position giving rise to a significantly undefined liability.

Key initiative: icare about prevention

We are using our data to focus on providing value add to our customers through information and advice. Our first phase is to engage directly with employers to offer insight into their business costs.

icare workers insurance | icare about prevention

SAMPLE TARGET CUSTOMER

Dear Sir/Madam,

At icare we believe in delivering our services with a social heart and commercial mind. Living these values means preventing injuries wherever possible and delivering low cost insurance that meets our customers' needs.

Based on your claims history your business has been assessed as being a high risk employer and this means your injury rate is above the NSW workers compensation scheme average. It also means you are paying more for your workers compensation insurance than you would if you were performing well.

The icare about prevention program is designed to assist employers in preventing injuries and realise the substantial benefits of having safer workplaces. icare wants you to invest in injury prevention to ensure you are having fewer injuries, recovery at work is improved and productivity is increased.

icare has been supporting and working directly with employers who have successfully introduced loss prevention initiatives. Successful prevention programs will both prevent and reduce injuries and lower the amount of premium you pay. We have provided you with a scorecard on your business to show you the current cost of inaction and the opportunity for premium savings that can be achieved with a renewed focus on preventing injuries.

We encourage you to utilise the opportunity to take a fresh look at your workplace safety and identify any improvements, large or small, that will prevent injuries and reduce your premium.

We are taking this opportunity to raise your performance as a shared concern and encourage you to consider contacting icare to explore how you can take control of your premiums by improving your safety performance.

Please take the time to review your performance scorecard provided and take control of the opportunities that lowering injuries presents.

For further information please contact Vanessa Wiggins, Loss Prevention and Intervention Manager on 02 8297 7562, vanessa.wiggins@icare.nsw.gov.au

Yours sincerely

Jason McLaughlin
General Manager
Loss Prevention and Pricing
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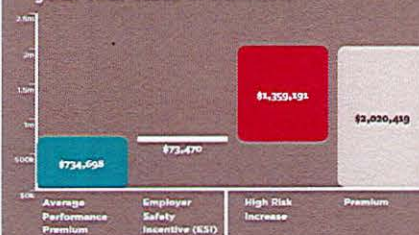
GPO Box 4052, Sydney NSW 2001 Locked Bag 20 06, Usarow NSW 2252
E 02 8270 1200 | F 02 9278 4777 | Customer Service Centre 13 10 50

icare is the brand of Insurance & Care NSW and acts for the Workers Compensation Nominal Insurer.

your claims performance* compared with the scheme average



your real costs of inaction



= \$1,359,191**

please refer to these graphs to discuss with your team how injury prevention strategies will reduce your premiums.

have a look at the enclosed infographics to see how other companies have turned their performance around.

*This is indicative of the premium you're being charged

icare workers insurance

Your organisation could benefit from these injury prevention strategies.



5 key strategies implemented

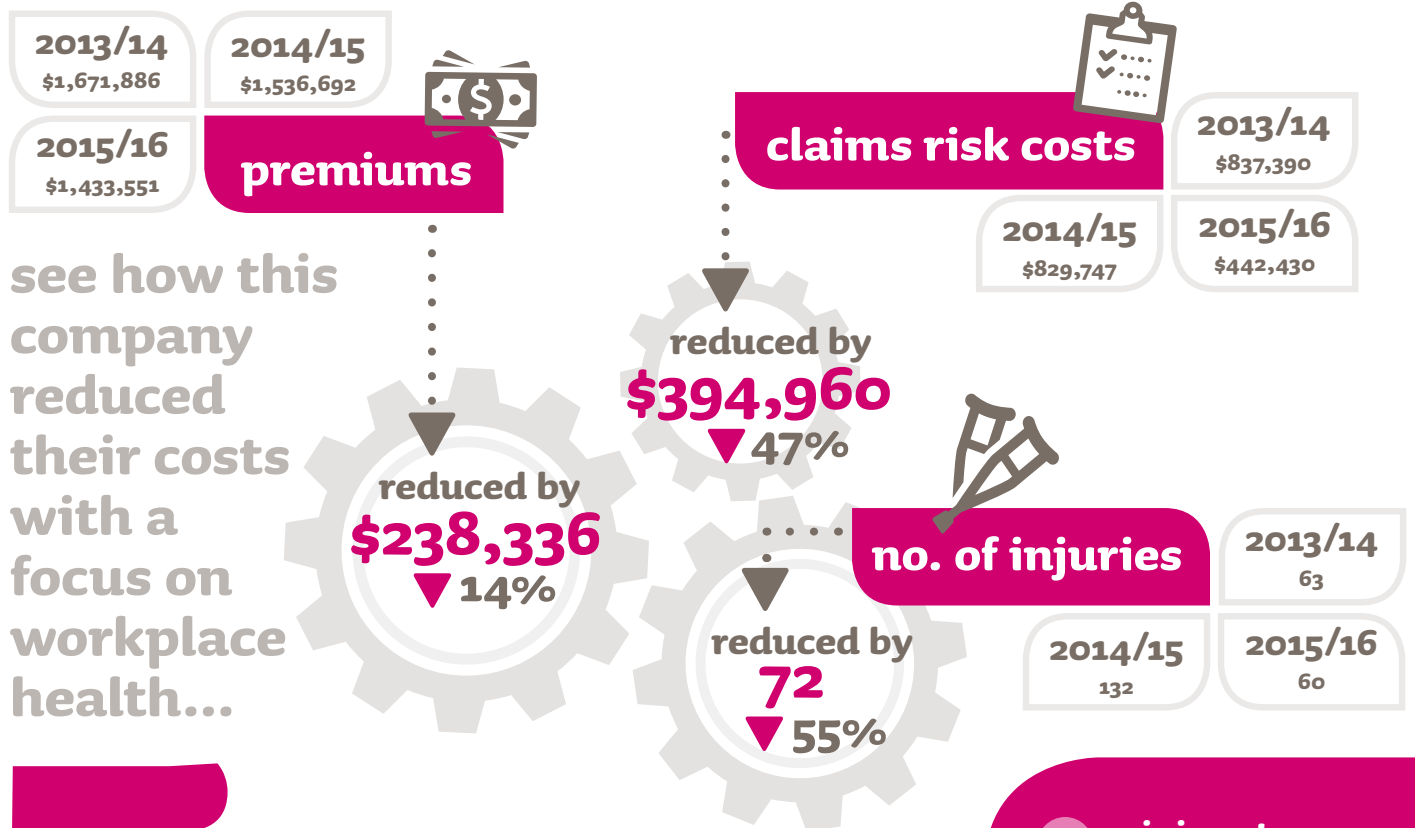
- save your back campaign**: Staff training provided on the correct lifting procedures.
- protect your hands**: Provision of hand protection strategies to ensure safer stack lifting.
- fork safe**: Increased use of wooden skids to make stock safer to transport in store.
- committing to safety**: Provided training on hazard identification and introduced an in-store app for reporting potential hazards.
- back to life/back to work**: Increased awareness of return to work responsibilities and identification of in-store return to work opportunities.

To find out more about how you could embark on a similar journey, please contact Vanessa Wiggins P: 02 8297 7562 E: vanessa.wiggins@icare.nsw.gov

icare™
workers
insurance



Your organisation could benefit from these injury prevention strategies.




see how this company reduced their costs with a focus on workplace health...

5 key strategies implemented

 **fitness and conditioning centre (gym)**

Custom built centre for the provision of doctor and physiotherapist services, to providing immediate and preventative musculo-skeletal intervention.

 **“be wealthy, get healthy days”**

Provision of a network of experts and information on ‘whole person’ wellbeing programs, preventative care resources and financial education for employees.

human capital data

Understanding workforce information such as demographic, years of service, levels of engagement and talent pipeline to identify emerging risks for preventative action planning.



physiotherapist site visit

Employee access to physio’s to provide immediate treatment and build awareness of work activities and requirements for medical treatment providers.

job dictionary

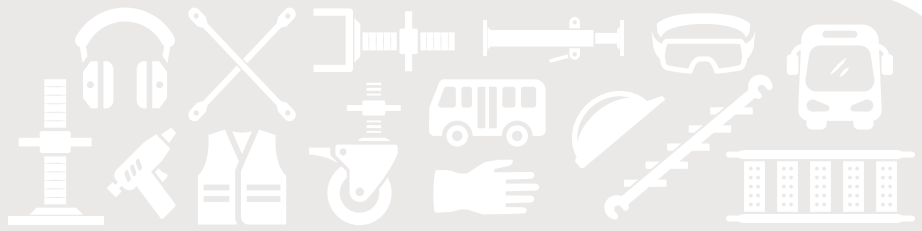
For use in consultation with treating medical professionals to easily identify the broad range of work activities applicable for injured workers.



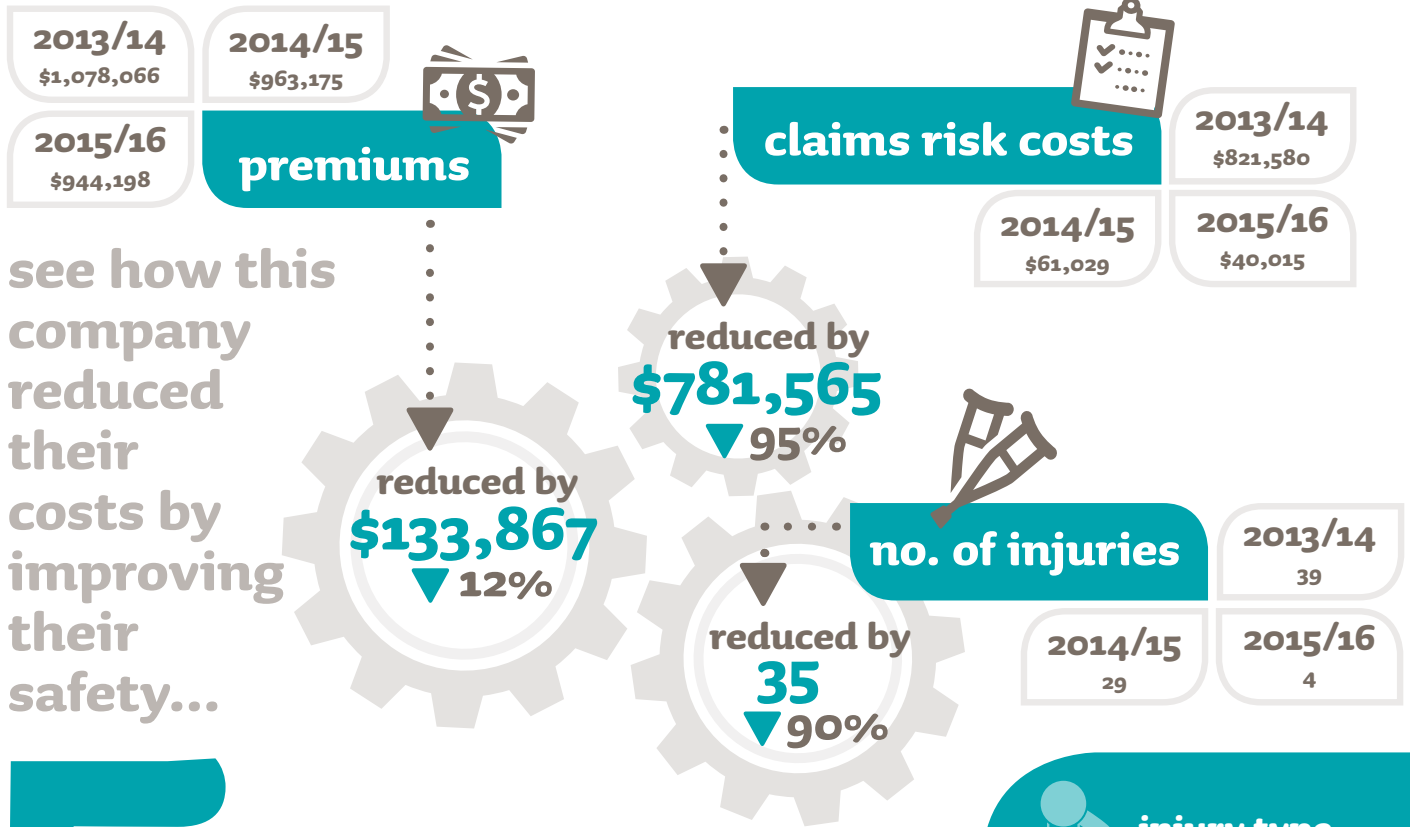
injury type
Musculo-skeletal injuries due to repetitive action/motion.

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icare™
workers
insurance



Your organisation could benefit from these injury prevention strategies.



see how this company reduced their costs by improving their safety...

5 key strategies implemented

injury type
Musculo-skeletal injuries due to working from heights.



working from heights

Improved scaffolding system to reduce manual handling related injuries.

dedicated cutting areas



Provision of ergonomically improved equipment to prevent task related manual handling stress and strains.



work + turn welding

Ensuring the provision of appropriate safety and ergonomic equipment to assist with welding at the appropriate height and accessibility.

management walk through



Senior management engaged in consistent, regular participation in safety prevention related conversations with employees on the shop floor.

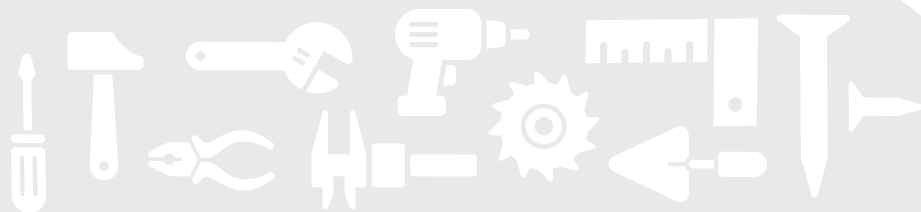
stopwork counters



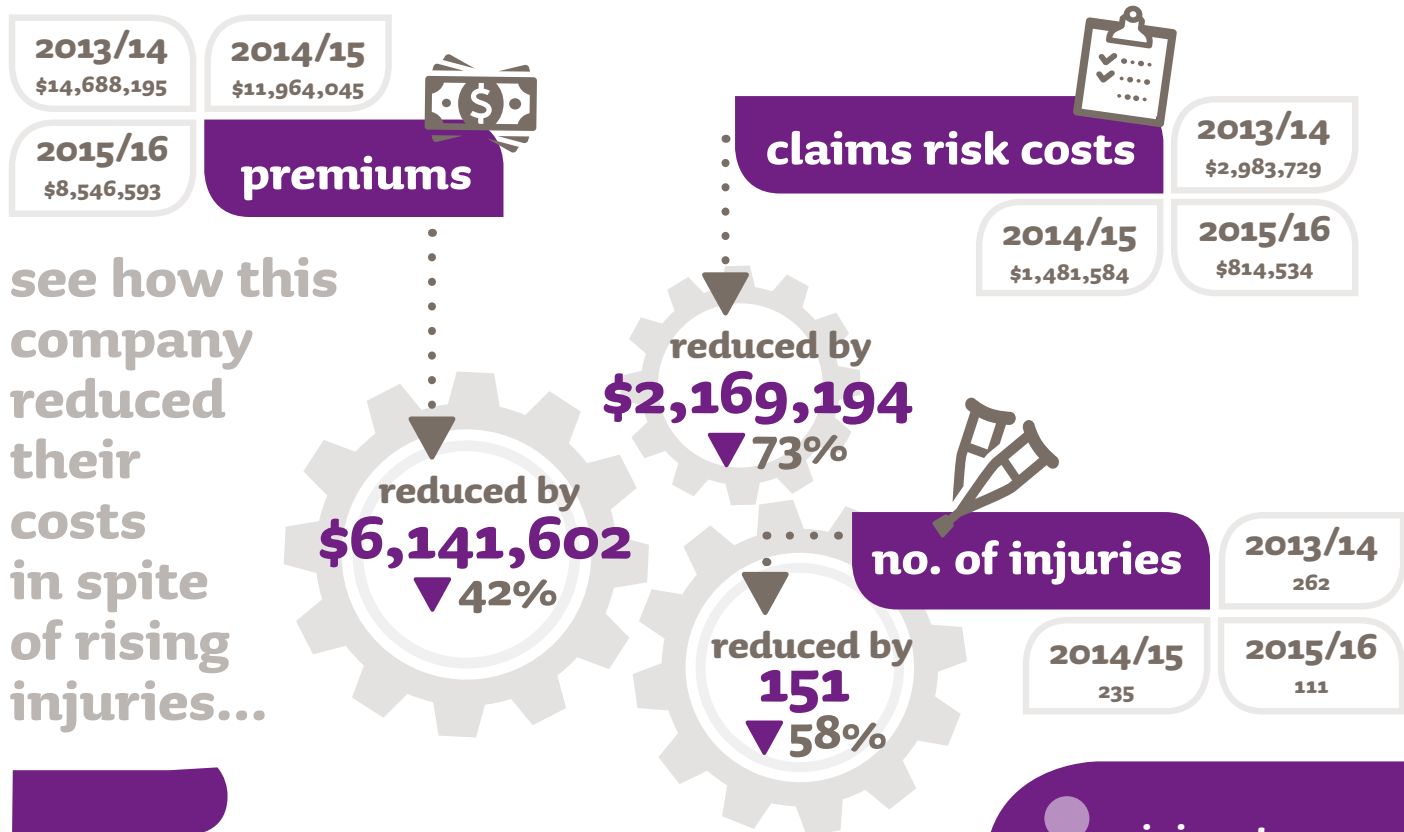
Factory-wide digital display screens act as visual reminders for health checks and lost time due to workplace incidents.

To find out more about how you could embark on a similar journey, please contact Vanessa Wiggins P: 02 8297 7562 E: vanessa.wiggins@icare.nsw.gov

icare™ workers insurance



Your organisation could benefit from these injury prevention strategies.



5 key strategies implemented

injury type
Muscular stress while lifting, carrying or putting down objects.

save your back campaign
Staff training provided on the correct lifting procedures.

protect your hands
Provision of hand protection strategies to ensure safer stack lifting.

fork safe
Increased use of wooden skids to make stock safer to transport in store.

committing to safety
Provided training on hazard identification and introduced an in-store app for reporting potential hazards.

back to life/ back to work
Increased awareness of return to work responsibilities and identification of in-store return to work opportunities.

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