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<td><strong>Version</strong></td>
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<td><strong>Release Date</strong></td>
<td>1 July 2015</td>
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<td><strong>Release Status</strong></td>
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<td><strong>Prepared by</strong></td>
<td>Authorisation and Audit</td>
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SCOPE OF AUDIT

Organisation
Australian National University

Site/Workplace
5 Liversidge Road, Canberra, ACT

Scope of audit
The audit examined the Australian National University’s (ANU) rehabilitation management system, processes and outcomes to validate that ANU is complying with the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) and the Guidelines for Rehabilitation Authorities 2012 (the Guidelines).

Sixteen (16) rehabilitation case files were examined by the auditors. These files were randomly selected from a list of all rehabilitation case files where some activity had occurred in the previous 12 months.

The audit encompassed a review of all relevant policies and procedures as they relate to rehabilitation and return to work management and any other relevant, supporting documentation. An interview was also conducted with rehabilitation staff.

Overall findings are based on the identification of issues that are considered to be systemic rather than isolated incidents.

Audit criteria
This audit assessed the rehabilitation management system against five elements:

1. Commitment and corporate governance (3 criteria)
2. Planning (4 criteria)
3. Implementation (13 criteria)
4. Measurement and evaluation (6 criteria)
5. Review and improvement (1 criterion)
Ratings

The findings in the audit report have been classified and marked as follows:

Conformance—indicates that the criterion has been met.

Non-conformance—indicates that the criterion has not been met.

Not able to verify—indicates that the organisation has documented procedures in place however there are no cases to test that the organisation has followed those procedures. It is expected that this classification will only be used in limited circumstances and where applied, the reasons for the finding will be explained by the auditor.

Not Applicable—indicates that the criterion does not apply to the organisation.

Where a criterion has been met but the auditor has identified a 'once off' situation or a 'minor' deviation from the documented management system or reference criterion, an Observation may be made. These findings, while representing a non-fulfilment of a requirement, are recognised as being of lower risk to the organisation.

Date(s) of audit

11 – 13 April 2016

Auditors

Cheryl Blanchard, Lead Auditor

Tara Stevens, Matthew Hine Auditors

Comcare Authorisation and Audit

Client contacts

Ingrid Krauss, Manager, Injury Prevention and Rehabilitation

Record of audit

This report contains a summary of the audit outcomes. Detailed information is not recorded in the report. A record of the documentation and records sighted, persons interviewed, observations and auditor comments are retained on the auditor’s file.

Acknowledgement

The auditor wishes to acknowledge the cooperation and assistance provided by the management and staff of ANU and thank them for their contribution to the audit process.
EXECUTIVE SUMMARY

The Australian National University (ANU) is a premium paying rehabilitation authority. It is one of the ‘Group of 8’ universities, employing approximately 4000 full time equivalent staff ranging from gardeners to highly specialised academics. As well as the main campus in Canberra, the ANU has staff at other sites such as the Mt Stromlo Observatory. ANU has approximately 20 000 students.

This audit follows ANU’s participation in Comcare’s Certificate of Compliance programme (the programme). In May 2014, ANU provided its Certificate of Compliance to Comcare, which showed a low conformance rate. This was on a background of a number of other regulatory activities being undertaken by other areas of Comcare. Since May 2014 the Authorisation and Audit team have had a number of teleconferences and face-to-face meetings with ANU staff regarding the implementation of a rehabilitation management system. In April 2015 ANU advised that a major review was underway, and they were considering applying for a licence to self-insure under the SRC Act. ANU has a project team in place to this end, and anticipates applying for the licence in December 2016 with a start date of 1 July 2017.

Strengths

Recruitment of suitably qualified and experienced staff was raised several times as a concern in Comcare’s meetings with ANU. This has now settled down with a new structure in place, and the final team member starting on 26 April 2016. It was evident to the auditors in our face to face dealings with the team and reviewing files, that a team of highly qualified and motivated staff has been put together.

The management structure is now also settled allowing the Manager, Injury Prevention and Rehabilitation (the Manager) to concentrate on developing and implementing the rehabilitation management system (RMS).

The ANU has a diverse workforce that poses particular challenges in locating and providing suitable duties. It was noticeable in the files reviewed that specialist academic staff are particularly difficult to accommodate, and the staff dealing with these claims showed exceptional tenacity and patience.

The Manager has experience in workplace rehabilitation across the private and public sectors, and extensive knowledge of the principles of rehabilitation and injury management. She has developed a framework for the rehabilitation management system and a comprehensive suite of documents.

Areas for improvement

The system is still immature, and the team have only recently come together. The documentation supporting the system is constantly evolving, and this audit has identified a number of technical errors and inconsistencies in letters and procedures.

There were some inconsistencies in the practices of rehabilitation case managers (RCM), not in terms of how employees are treated, but in the more technical aspects of using letters, templates and procedures. This reflects the recent finalisation of the structure and recruitment.

ANU does not presently have an audit program or procedure.
NB:
Any suggestions in this report for correction of letters/documents are in relation to how ANU is required to meet its obligations as a premium paying rehabilitation authority, and not what its obligations as a self-insured licensee might be.

The framework of the system is set out in the document titled: Rehabilitation Management System – Version 1, the document was approved on 30/03/16, and will be reviewed on 30/03/17. This document is structured following the audit criteria in Comcare’s workbook. Copies of the documents referred to in this document were provided to the auditor in hard copy, and in that format are uncontrolled. The auditor did sight the documents in their electronic form on the ANU intranet and is satisfied that they are controlled. This document is referred to in this report as the RMS document.

NON-CONFORMANCES
A number of non-conformances were identified during the audit. They are:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Non-conformance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3</td>
<td>ANU does not always ensure that employees are correctly notified of their rights.</td>
</tr>
<tr>
<td>3.6</td>
<td>ANU does not effectively use the provisions of section 36 to conduct rehabilitation assessments in accordance with the SRC Act and the Guidelines.</td>
</tr>
<tr>
<td>3.9</td>
<td>ANU does not in all cases follow its procedures when making determinations.</td>
</tr>
<tr>
<td>4.3</td>
<td>ANU does not have an audit program.</td>
</tr>
</tbody>
</table>

OBSERVATIONS
A number of observations were identified during the audit. They are:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>While ANU has a number of internal accountability measures, it does not have external measures, such as an audit program and a service level agreement with a firm of auditors.</td>
</tr>
<tr>
<td>3.10</td>
<td>ANU’s procedures regarding non-compliance do not reflect the provisions of sections 36 and 37 of the SRC Act.</td>
</tr>
<tr>
<td>4.2</td>
<td>A number of files lacked evidence of any feedback with rehabilitation providers.</td>
</tr>
<tr>
<td>4.4</td>
<td>ANU does not have an audit procedure that sets out how audit results will be documented, actioned and reported to senior management.</td>
</tr>
<tr>
<td>4.5</td>
<td>ANU does not have an audit procedure that sets out how audit results will be communicated to its employees.</td>
</tr>
</tbody>
</table>
In summary, for the 27 criteria within the claims management audit tool, the outcomes are:

<table>
<thead>
<tr>
<th></th>
<th>Number of criteria</th>
<th>% of assessed criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conformance</td>
<td>19</td>
<td>83</td>
</tr>
<tr>
<td>Non-conformance</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Not able to verify</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
<td></td>
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</table>

An action plan, which includes completion/review dates and responsibilities, must be developed by 17 June 2016 to address each of the audit findings.

The auditors invite the ANU to discuss any aspect of this audit with the auditors.

Cheryl Blanchard  
19 May 2016

Matthew Hine  
19 May 2016

Tara Stevens  
19 May 2016
<table>
<thead>
<tr>
<th>Audit element/criterion description</th>
<th>Criterion</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Commitment and corporate governance</strong></td>
<td></td>
<td></td>
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<tr>
<td>Documented commitment</td>
<td>1.1</td>
<td>Conformance</td>
</tr>
<tr>
<td>Internal and external accountability</td>
<td>1.2</td>
<td><strong>Conformance with observation</strong></td>
</tr>
<tr>
<td>Identify, assess and control risk</td>
<td>1.3</td>
<td>Conformance</td>
</tr>
<tr>
<td><strong>2. Planning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delegation schedule</td>
<td>2.1</td>
<td>Conformance</td>
</tr>
<tr>
<td>Planning for legislative compliance</td>
<td>2.2</td>
<td>Conformance</td>
</tr>
<tr>
<td>Setting objectives and targets</td>
<td>2.3</td>
<td>Conformance</td>
</tr>
<tr>
<td>Plans to achieve objectives and targets</td>
<td>2.4</td>
<td>Conformance</td>
</tr>
<tr>
<td><strong>3. Implementation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate resources</td>
<td>3.1</td>
<td>Conformance</td>
</tr>
<tr>
<td>Communication—relevant stakeholders</td>
<td>3.2</td>
<td>Conformance</td>
</tr>
<tr>
<td>Employees are aware of rights</td>
<td>3.3</td>
<td><strong>Non-conformance</strong></td>
</tr>
<tr>
<td>Training and competency</td>
<td>3.4</td>
<td>Conformance</td>
</tr>
<tr>
<td>Early intervention</td>
<td>3.5</td>
<td>Conformance</td>
</tr>
<tr>
<td>Rehabilitation assessments</td>
<td>3.6</td>
<td><strong>Non-conformance</strong></td>
</tr>
<tr>
<td>Rehabilitation programs</td>
<td>3.7</td>
<td>Conformance</td>
</tr>
<tr>
<td>Suitable employment</td>
<td>3.8</td>
<td>Conformance</td>
</tr>
<tr>
<td>Determinations in accordance with the SRC Act</td>
<td>3.9</td>
<td><strong>Non-conformance</strong></td>
</tr>
<tr>
<td>Employee non-compliance</td>
<td>3.10</td>
<td><strong>Not able to verify with observation</strong></td>
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<tr>
<td>Reconsiderations</td>
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<td><strong>Not applicable</strong></td>
</tr>
<tr>
<td>Privacy and confidentiality</td>
<td>3.12</td>
<td>Conformance</td>
</tr>
<tr>
<td>Reporting, records, documentation</td>
<td>3.13</td>
<td>Conformance</td>
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</tr>
<tr>
<td><strong>4. Measurement and evaluation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring core rehabilitation activities</td>
<td>4.1</td>
<td>Conformance</td>
</tr>
<tr>
<td>Monitoring provider performance</td>
<td>4.2</td>
<td>Conformance with observation</td>
</tr>
<tr>
<td>Internal audits</td>
<td>4.3</td>
<td>Non-conformance</td>
</tr>
<tr>
<td>Outcomes of audits are actioned, reviewed</td>
<td>4.4</td>
<td>Not able to verify with observation</td>
</tr>
<tr>
<td>Communicating audit results</td>
<td>4.5</td>
<td>Not able to verify with observation</td>
</tr>
<tr>
<td>Providing reports to Comcare and Commission as requested</td>
<td>4.6</td>
<td>Conformance</td>
</tr>
<tr>
<td><strong>5. Review and improvement</strong></td>
<td></td>
<td></td>
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<tr>
<td>Continuous improvement</td>
<td>5.1</td>
<td>Conformance</td>
</tr>
</tbody>
</table>
ELEMENT 1: COMMITMENT AND CORPORATE GOVERNANCE

DOCUMENTED COMMITMENT

Criterion 1.1
The rehabilitation authority sets the direction for its rehabilitation management system through a documented commitment by senior executive.

Finding: Conformance

Evidence:

1. Policy: Health Safety and Wellbeing
   [https://policies.anu.edu.au/ppl/document/ANUP 000432]
3. Procedure: Injury management, rehabilitation and compensation
   [https://policies.anu.edu.au/ppl/document/ANUP 000667]

Comment:
The policy contains a section titled: Responsibility and Authority – it states that responsibility and authority operate at 3 levels, including Executive who provide leadership to ensure communication of the policy and effective implementation. The other two levels are Senior Managers who support managers and supervisors to fulfil their responsibilities, and Employees who are to comply with the policy and associated procedures as well as report injuries as soon as practicable and participate in rehabilitation.

The Procedure sets out the ANU’s aspirations to provide suitable duties wherever possible, and to act in accordance with privacy legislation and principles as well as ANU’s policies and procedures. It states that rehabilitation commences once a work related injury is notified, and ends when there is a return to work, or termination such as under the enterprise agreement. It sets out the roles and responsibilities of management including: Deans; Directors and Heads of Budget Units; Area Managers/supervisors; ANU rehabilitation case managers; and staff.

CORPORATE GOVERNANCE

Criterion 1.2
The rehabilitation management system provides for internal and external accountability.

Finding: Conformance with observation

Evidence:

1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. Procedure: Injury management, rehabilitation and compensation
3. ANU Executive Structure – undated uncontrolled
4. Work Environment Group structure – undated uncontrolled
5. University Council Paper Meeting No 430 – 4 December 2015
6. Position Descriptions:
   • Associate Director (Work Environment) February 2014, U4263051
   • Manager, Injury Prevention and Management 15 June 2015, 9503665
   • Rehabilitation Case Manager undated U1002346
   • Injury Management Administrator undated uncontrolled
7. Procedure: Injury management, rehabilitation and compensation
9. Work Environment Group – Workers Compensation Premium Reduction Quarter
   3 Report January – September 2015 uncontrolled
10. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17
11. ANU by 2020 Ian Young Vice Chancellor August 2011
13. Work Environment Group Operational Plan 2016 undated uncontrolled

Comment:
The Procedure sets out internal accountabilities for various levels of staff.
The Council Meeting Paper sets out the proposal for the revised Work Health and
Safety Governance Structure, as part of the Workers’ Compensation Self-Insurance
Project.
The position descriptions provided set out the accountabilities of staff involved in
rehabilitation.
   • The Associate Director is required to have an extensive knowledge of
     rehabilitation and claims management.
   • The Manager is required to develop and implement quality assurance systems
     for the review and enhancement of the rehabilitation case management and
     claims management process to ensure compliance with Comcare requirements.
     The incumbent is required to have an excellent knowledge of WHS legislation.
   • The RCM is required to contribute to the effective delivery of case management
     services in accordance with the SRC Act.
   • The Administrator is required to administer the Incident Notification System,
     and provide preliminary advice to ANU personnel on the SRC Act, and ANU
     policies and procedures.

The Work Environment Group (WEG) has set up regular meetings with Comcare, Konekt and the College of Arts and Social Sciences.
The WEG Monthly Report goes to Nadine White, Director, Human Resources Division.
It includes details of the number of incident notifications, and updates on the RMS, WHS, prevention, training, and the self-insurance project.
As part of the self-insurance project, ANU engaged Gallagher Bassett to review claims
that were having an impact on the premium. While that is more relevant to a claims
management system, it is evident that ANU is looking at external accountability
factors.
ANU does have regular meetings with its Comcare account managers, and provided a Certificate of Compliance when requested, however does not appear to have other external accountability measures.

**Observations:**

While ANU has a number of internal accountability measures, it does not have external measures, such as an audit program and a service level agreement with a firm of auditors.

**Criterion 1.3**

The rehabilitation authority identifies, assesses and controls risks to the rehabilitation management system.

**Finding: Conformance**

**Evidence:**

1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. Policy: Risk Management
3. Procedure: Risk Management
4. Rehabilitation Management System Risk Register approved 30/03/16, Version 1.0 to be reviewed 30/3/17
7. Email I Krauss to M Norman Konekt 9 February 2016
8. Email I Krauss to various re WEG/ULO Monthly Catch Up 2 March 2016
9. Email I Krauss to L Addison re Establishing regular meetings 22 October 2015
11. Rehabilitation Management System Legislation Risk Register approved 30/03/16, Version 1.0 to be reviewed 30/03/17

**Comment:**

The ANU has an overarching risk policy that applies to all areas of the university. This is supported by a procedure that sets out the ANU’s risk framework and guidance material for dealing with risk.

The RMS specific risk register has identified risks such as recruitment and retention of staff and legislative change, it includes details of treatment strategies and controls.

As part of the self-insurance project, ANU engaged Gallagher Bassett to review claims that were having an impact on the premium.

ANU has meetings with Comcare on a quarterly basis to review high cost claims. Meetings with Konekt are also scheduled on a quarterly basis. Meetings with the ANU’s Legal Office have been reinstated to discuss claims. Regular meetings have been established with the College of Arts and Social Sciences to review cases.

ANU has a legislation risk register that addresses what actions will be required if/when
the legislative changes currently before Parliament are passed.

The premium reduction strategy includes activities such as: prevention; non-compensation case management; early intervention; and a range of activities for existing claims such as having regular conferences with Comcare, and seeking up to date medical information.

ANU may wish to consider what risks moving to self-insurance poses to the RMS, in anticipation of making a licence application.

**ELEMENT 2: PLANNING**

**ADMINISTRATIVE ARRANGEMENTS**

**Criterion 2.1**

The rehabilitation authority has a delegation schedule, signed by the principal officer, as per section 41A of the SRC Act.

**Finding: Conformance**

**Evidence:**

1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. Memo to Prof B Schmidt, Vice Chancellor 7 March 2016
3. Delegation schedule

**Comment:**

The memorandum to Prof Schmidt sets out the requirement for powers under the SRC Act to be delegated to relevant staff. On 23 March 2016 Prof Schmidt assigned the delegation to ‘Perform the functions and exercise the powers of the rehabilitation Authority under all sections of the Act’, to the Associate Director, Work Environment Group and the Manager. The delegation to ‘Perform the functions and exercise the powers of the Rehabilitation Authority under sections 36 and 37 of the Act’ was assigned to RCMs.

**REHABILITATION PLANNING**

**Criterion 2.2**

The rehabilitation authority recognises legislative obligations and plans for legislative and regulatory compliance, having regard to any policy advice that Comcare or the Commission may issue.

**Finding: Conformance**

**Evidence:**

1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. Policy: Health Safety and Wellbeing


5. Position Descriptions:
   - Associate Director (Work Environment) February 2014, U4263051
   - Manager, Injury Prevention and Management 15 June 2015, 9503665
   - Rehabilitation Case Manager undated U1002346
   - Injury Management Administrator undated uncontrolled

6. Rehabilitation Case Manager Forum May 2015 agenda


8. OHS Alert 9 March 2016

9. Rehabilitation Management System Legislation Risk Register approved 30/03/16, Version 1.0 to be reviewed 30/03/17

10. Workers’ Compensation Claim Pack

Comment:
The Policy and Procedure commit ANU to legislative compliance.
The position descriptions require the incumbents to have knowledge and experience in rehabilitation and of the SRC Act.
The Manager has overall responsibility for ensuring legislative compliance, she has attended various forums and subscribes to OHS Alert. The ANU has a Legislation Risk Register that sets out actions required should the proposed amendments to the SRC Act pass ie the SRC Amendment (Improving the Comcare Scheme) Bill 2015.

Criterion 2.3
The rehabilitation authority sets objectives and targets and identifies key performance measures for its rehabilitation management system.

Finding: Conformance

Evidence:
1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
3. ANU by 2020 Ian Young Vice Chancellor August 2011
5. Work Environment Group Operational Plan 2016

Comment:
The WEG sits in the Human Resources Division (HRD). The HRD falls under the Executive Director Administration and Planning, who reports to the Vice Chancellor and President.
The ANU by 2020 document sets out the vision for the ANU’s future. It focuses on the ANU as a national institution and its place as a high ranking university internationally and sets high level objectives. It states that ‘effective organisations need efficient organisation structures and clear policies and procedures to underpin their activities.’
The Manager advised that this document will be reviewed following the appointment of a new Vice Chancellor, Prof Schmidt.

The HRD Plan sets out the services that must be maintained, changes being made and performance measures. One of the services is to: ‘Provide work health and safety services for injury prevention, injury management, staff with disability and health and well-being’.

The changes being made include:

- ‘Improved Safety Outcomes through: Progression of SI project until 2018;
- Improved safety performance and culture including development, implementation and evaluation of injury prevention framework and programs;
- Improved disability management framework and Action Plan;
- Compliance with Rehabilitation Management System.’

Performance measures include:

- ‘incident rate;
- average time lost per LTI, unscheduled absence;
- average time from incident report date to first rehab action – no. of days;
- completion of WHS training.’

The WEG Plan’s objective is to: ‘Improve Health and Safety Performance – Protect the safety of our employees, contractors, students and the general public.’ It sets out KPIs based on the performance measures in the HRD business plan:

- ‘10% increase in near miss reporting per year;
- 25% reduction per year in average number of days lost per LTI;
- First rehab action to occur within 48 hours;
- 100 % training completed.’

The WEG Key performance targets are:

- ‘10% reduction in: medically treated injuries; claims, premiums, claim costs, psych claim numbers, musculo-skeletal claims numbers;
- 10% increase in EI funding spent per year, and
- 10% increase in staff usage rates of EI per year.’

It also refers to other performance measures provided externally to the Australian Higher Education Industrial Association and the Group of 8 Universities.

**Criterion 2.4**

The rehabilitation authority establishes plans to:

(i) achieve its objectives and targets
(ii) promote continuous improvement
(iii) provide for effective rehabilitation arrangements.

**Finding: Conformance**

**Evidence:**

1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17
3. ANU by 2020 Ian Young Vice Chancellor August 2011
5. Work Environment Group Operational Plan 2016

Comment:
The Manual has a chapter on evaluating the rehabilitation process with the intention of improving outcomes and decision making. It refers to CIS reports, meetings, and monitoring WRP performance.

The ANU has cascading business plans, from the ANU by 2020, to the HRD Business Plan and then through to the WEG Plan.

The WEG Plan includes comprehensive details of key initiatives with an action officer, an outcome measure and completion date. Key initiatives include developing documentation for a RMS; conducting safety campaigns on bike riding; dangers in bathrooms and kitchens; ergonomic assessments; mental health training; and reviewing and updating existing training regarding body stressing.

ELEMENT 3: IMPLEMENTATION

RESOURCES

Criterion 3.1

The rehabilitation authority allocates adequate resources to support its rehabilitation management system.

Finding: Conformance

Evidence:

1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. WEG organisation structure undated uncontrolled
3. Comparative Criteria Matrix
4. Email I Krauss and C Simpson 22 December 2015
5. Interview with RCM

Comment:

There are currently three RCMs with another to commence duty on 26 April 2016. They are supported by an administration officer. They report to the Team Leader Injury and Workers Compensation, who in turn reports to the Manager. The Team Leader also undertakes RCM duties.

The RMS document states that revision to staff levels will be considered on the basis of a significant increase or decrease in compensation claim numbers; incident notifications requiring RCM screening; staff numbers requiring early intervention; or staff numbers requiring injury prevention services including training. It notes that a restructure of the HR division occurred in July 2015.
Claims are monitored and updated on a weekly basis using a spreadsheet. Case review meetings are conducted weekly and caseloads and overall workloads are reviewed with each staff member.

The Comparative Criteria Matrix assists with workload management. This document is fairly new and its use will increase over time. Currently the method for determining claim allocation is informal via the review meetings. The RCM advised that her case load is manageable, but due to the complexity of some cases, can be challenging. She stated that staff are collaborative and willing to assist one another.

The emails between I Krauss and C Simpson show that approval for funding early intervention has been received. The budget is $100,000.00 for 2016.

COMMUNICATION AND AWARENESS

Criterion 3.2

The rehabilitation authority defines and communicates responsibilities to relevant stakeholders.

Finding: Conformance

Evidence:
1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. Workers’ Compensation Claim Pack
5. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17

Comment:
The Procedure sets out responsibilities of all levels of staff, from senior management to staff, as does the Policy.

The Manual includes reference to the standards expected of Workplace Rehabilitation Providers (WRPs).

The position descriptions set out the responsibilities of rehabilitation staff.

The ANU intranet contains pages with guidance on notifying an incident, making a claim, and injury management. The pages are easily located.

The Workers’ Compensation Claim Pack is provided to all employees who make a claim for compensation. It includes a covering letter that sets out the responsibilities of the employee in the claims and rehabilitation process.

The induction guide includes a checklist that requires the manager to advise new employees about OHS, and working conditions, and how to report an incident.
**Criterion 3.3**

The rehabilitation authority communicates relevant information regarding the rehabilitation process to its employees including their rights and obligations.

**Finding: Non-Conformance**

**Evidence:**

1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. Workers’ Compensation Claim Pack
3. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17
6. File review

**Comment:**

The induction guide includes a checklist that requires the manager to advise new employees about OHS, and working conditions, and how to report an incident.

The Workers’ Compensation Claim Pack is provided to all employees who make a claim for compensation. It includes a covering letter that sets out the responsibilities of the employee in the claims and rehabilitation process.

The intranet provides advice on the injury management process.

The Manual contained two letters relating to section 36 rehabilitation assessments. The first states that the RCM has ‘determined that you will undergo a rehabilitation assessment’. It includes a paragraph that is in effect a notice of rights setting out that if dissatisfied, the employee may seek a review of the determination from Comcare. This letter/determination does make reference to section 36(4), but not 36(4A).

The second letter advises the employee of medical appointment details. It sets out the provisions of section 36. The letter states that: ‘As you have suffered an injury that has led to incapacity/or requires rehabilitation, I have arranged for the above mentioned Medical assessment.’ While this letter refers to the consequences of not attending the examination, it does not include reference to section 36(4A). This letter is effectively a determination, but does not include any reference to the employee’s right of review.

File review showed that when these letters were sent to an employee, they were not accompanied by a notice of rights. Further comment on this issue can be found at criterion 3.6.

A determination denying liability to pay for a training course was made under section 37, and sent to the employee via email as she was anxious to receive a quick decision. The determination satisfied the provisions of section 37, but was not accompanied by a Notice of Rights. The determination also invited the employee to provide further information so the delegate could review the decision. ANU does not have the power to review its own rehabilitation determinations. If the employee was dissatisfied with the determination, her recourse was to request reconsideration from Comcare under
section 38. The auditor understands that ANU consulted with IMAS on the wording of the determination and the use of the word ‘review’ was not intended in its formal SRC sense. However even if the employee had provided further evidence, the ANU could not do a reconsideration of own motion.

Non-conformance:
ANU does not always ensure that employees are correctly notified of their rights.

TRAINING

Criterion 3.4
The rehabilitation authority identifies training requirements, develops and implements training plans and ensures personnel are competent.

Finding: Conformance

Evidence:
1. Position Descriptions:
   - Associate Director (Work Environment) February 2014, U4263051
   - Manager, Injury Prevention and Management 15 June 2015, 9503665
   - Rehabilitation Case Manager undated U1002346
   - Injury Management Administrator undated uncontrolled
2. Curricula vitae:
   - Ingrid Krauss
   - Adele Anderson
   - Justin Donley
   - Laura Burton
   - Lucy Ochieng
3. General Staff Statement of Expectations (redacted)
4. Professional Staff Statement of Expectations – template
5. Spreadsheets detailing: Qualifications of staff; training completed in 2015, including details of what is required for role; training scheduled and completed in 2016.
6. Certificates of registration – professional
7. Certificates of attendance – Comcare training.
8. Certificate of completion – Mental Health First Aid – Justin Donley

Comment:
All staff have relevant experience and qualifications.

The Statement of Expectations forms the performance development reviews and includes an assessment of training and skills development required.

A spreadsheet setting out what training/qualifications are required for each role in the team, together with what training has been completed, and what is scheduled for all staff in the team was viewed.
EARLY INTERVENTION

Criterion 3.5

The rehabilitation authority implements an early intervention program, including the early identification and notification of injury.

Finding: Conformance

Evidence:

1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
3. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17
4. Emails J Bland and A Leu re KPI
5. Template letter: Notice re Funding under Minor Injury Guidelines
6. Discussion with RCM
7. File review

Comment:

The Procedure states that RCMs are required to initiate contact with injured/ill staff within 24 hours of receiving the incident notification. Staff are required to report ‘all relevant incidents or illnesses that may affect their ability to perform their work, or affect co-workers, as soon as possible to their supervisor, and submit an ANU Incident Report.’

The emails between I Krauss and C Simpson show that approval for funding early intervention has been received. The budget is $100,000.00 for 2016.

The Manual sets out the Incident Notification Screening process and the Early Intervention process including the criteria for Early Intervention Assistance (EIA).

The template letter regarding funding indicates that EIA is for work related injuries. This was clarified with the RCM, who advised that while there should be a link to work, the provision of assistance was not dependent on the injury/illness being compensable.

The RMS document states that the EIA fund is available to all staff and is centrally managed by the WEG. The process is separate to the Comcare claims scheme, and a claim is not required.

Emails show that the average time from date of incident to first rehabilitation action taken ranges from 1.1 – 1.3 days between Q1 and Q4 2015.

File review showed that RCMs are contacting employees within 24 hours.
REHABILITATION ASSESSMENTS

Criterion 3.6

The rehabilitation authority effectively uses the provisions of section 36 to conduct rehabilitation assessments in accordance with the SRC Act and the Guidelines.

Finding: Non-conformance

| Evidence | 1. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17  
| File review | 3. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17 |

Comment:

The Manual sets out the requirements of the Guidelines regarding section 36 of the SRC Act, and makes further recommendations such as arranging an assessment where there is psychological injury, or adverse relationships, with the overall consideration being to refer when in doubt. It also sets out what to do if not arranging an assessment or engaging a provider. It notes that a section 36 assessment can be arranged prior to acceptance of liability. The Manual states that RCMs will use the Comcare section 36 template SRC116.

ANU’s template letter advising the employee to attend a section 36 examination with a medical specialist does not include advice that medical expenses under section 16 are excluded from suspension, it also says that the specialist will provide Comcare with the report, and that the employee can request a copy of the report from their GP or from Comcare. This letter, which is in effect a determination under section 36(3), is not accompanied by a Notice of Rights. RCMs do not complete the Comcare section 36 template in conjunction with this letter, although they do complete the template when arranging a section 36 assessment with a WRP, and do not use the letter. The letter is more akin to a notification to attend a medical examination under section 57 of the SRC Act, which is not a determination, and is a power that ANU does not have as a rehabilitation authority.

A medical examiner is not required to forward their section 36 examination report to Comcare. Paragraph 22 of the Guidelines sets out to whom a report is distributed. It is not necessary for the employee to seek a copy of the report from Comcare (who will not ordinarily receive a copy) or their GP. The only instances where the report should not be sent directly to the employee are set out at paragraph 22.1(ii) of the Guidelines, ie ‘where the employee’s medical condition may necessitate the rehabilitation assessment outcome and report being first released to [their treating] practitioner or professional.’

The letter to the employee in instances where there has been a refusal to attend an examination is correct when it states that medicals are excluded from suspension. However, the letter requires review, in particular the paragraph commencing: ‘If I receive this information from you…’

The Case Manager’s Check List stipulates that the RCM ‘must; arrange a rehabilitation assessment’, and within 20 working days ‘must require’ the staff member to attend a
medical examination to confirm diagnosis and treatment. Section 36 assessments are to determine the employee’s capacity to undertake a rehabilitation program, not to obtain general information such as diagnosis and treatment.

There are a number of inconsistencies in the documentation, and errors in the letters regarding section 36 assessments/examinations.

File review showed that the procedure in the Manual was not being followed, and also that questions to examiners went beyond the issue of whether the employee was capable of undertaking a rehabilitation program. Please also refer to comments under criterion 3.3 regarding the section 36 template letters.

**Non-conformance:**

ANU does not effectively use the provisions of section 36 to conduct rehabilitation assessments in accordance with the SRC Act and the Guidelines.

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**REHABILITATION PROGRAMS**

**Criterion 3.7**

The rehabilitation authority provides rehabilitation programs in accordance with section 37 of the SRC Act and the Guidelines, and ensures consultation occurs between all parties in regards to the rehabilitation process.

**Finding: Conformance**

**Evidence:**

1. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17
2. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
3. File review

**Comment:**

The Manual sets out when and how to choose a WRP. It notes that a program may commence prior to the acceptance of liability. It emphasises the requirement to consult with the employee. It sets out the process for altering rehabilitation programs, and when a program should be closed.

The Manual states that when making a section 37 determination, the RCM must address section 37(3)(a)-(h), and provides some example responses. The Manual also specifies that any program amendments (nb terminology should be alteration) also require that section 37(3)(a)-(h) be addressed.

File review showed inconsistency in the standard of determinations as far as providing reasons under section 37(3)(a)-(h). Several files where a program had been altered, did not address section 37(3)(a)-(h), but said ‘refer to previous’.

Despite the issues with reasons in determinations, file review showed that ANU is providing rehabilitation programs in accordance with section 37. There was ample evidence of consultation between all parties, via emails with employees, supervisors, treating practitioners and WRPs. For this reason, ANU is rated as conformant against this criterion, but non-conformant against criterion 3.9.
SUITABLE EMPLOYMENT

Criterion 3.8
The employer takes all reasonable steps to provide employees with suitable employment or to assist employees to find such employment.

Finding: Conformance

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<tr>
<td>1. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17</td>
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<tr>
<td>2. Email J Donley to various Subject Work Trial Opportunities 8 Oct 2015</td>
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<tr>
<td>3. Medical Redeployment and Work Trial Procedure DRAFT – undated uncontrolled</td>
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<tr>
<td>4. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17</td>
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<td>5. File review</td>
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Comment:
As well as setting out the requirements to provide suitable employment under the SRC Act, the Manual includes guidance on work trials within ANU (eg at another College or Division). HR Managers are required to identify work trial placement opportunities within their College/Division, and to advise the Manager Injury Management WEG of these opportunities. It also includes guidance on arranging work trials or alternative employment with an external organisation.

File review showed that RCMs are very diligent in their endeavours to find suitable duties. The files reviewed were complex cases involving staff with very specialist skills and knowledge, further complicated by difficult interpersonal relationships.

DETERMINATIONS, SUSPENSIONS AND RECONSIDERATIONS

Criterion 3.9
The rehabilitation authority makes determinations in accordance with the SRC Act and the Guidelines:

(i) that are in writing and give adequate reasons
(ii) that are signed by the delegate
(iii) that are not retrospective.

Finding: Non-conformance

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<td>1. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17</td>
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<tr>
<td>2. File review</td>
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<tr>
<td>3. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17</td>
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Comment:
The Manual states that decision makers are to be ‘disinterested or unbiased’.

One program was altered to allow for the payment of a sit/stand workstation using
code 93. This was discussed, and ANU are aware that by using this code, the equipment becomes the property of the employee.

The Manual states that when making a section 37 determination, the RCM must address section 37(3)(a)-(h), and provides some example responses. The Manual also specifies that any program amendments (nb terminology should be alteration) also require that section 37(3)(a)-(h) be addressed.

File review showed inconsistency in the standard of determinations as far as providing reasons under section 37(3)(a)-(h). Several files where a program had been altered, did not address section 37(3)(a)-(h), but said ‘refer to previous’.

Few files had retrospective determinations.

**Non-conformance:**

ANU does not in all cases follow its procedures when making determinations.

**Criterion 3.10**

The rehabilitation authority makes determinations in relation to employee non-compliance in accordance with the SRC Act, Guidelines and their written policy and procedures.

**Finding: Not able to verify with observation**

**Evidence:**

1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17
3. File review

**Comment:**

The section in the Manual on non-compliance does not contain reference to sections 36(4A) and 37(7A) that specify that suspension does not include section 16, medical expenses. It recommends that as soon as a non-compliance issue is identified that discussion takes place with the Team Leader and Manager. It recommends that the RCM not make the suspension decision, but rather the decision be made by the Manager. It also states that suspension is a last resort.

The flow chart for section 36 non-compliance provides for 2 verbal warnings. (NB: the flow chart for section 37 at step 1 incorrectly refers to section 36).

The template letters regarding section 36 assessments do not include the exclusion of section 16 from suspension.

The letter regarding refusal to attend examination/rehabilitation program is correct when it states that medicals are excluded, however requires review. Refer to comments under criterion 3.6.

The template suspension determination does not provide reasons for determining that an excuse is not reasonable, it just refers to the delegate finding that the excuse is not reasonable. All determinations, in particular those adverse to the employee, are required to have reasons for the decision.

File review showed that the ANU goes to extraordinary lengths to accommodate their
staff rather than initiate suspension provisions.

**Observation:**
ANU’s procedures regarding non-compliance do not reflect the provisions of sections 36 and 37 of the SRC Act.

**Criterion 3.11**
The rehabilitation authority complies with the provisions of the SRC Act when managing reconsiderations or reconsiderations of own motion. [criterion applicable to licensees only]

**Finding: Not applicable**

**CONFIDENTIALITY**

**Criterion 3.12**
The rehabilitation authority maintains the confidentiality of information and applies legislative requirements.

**Finding: Conformance**

**Evidence:**
1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17
3. File review
4. Site inspection
5. Privacy and Injury Management Training PowerPoint
6. Attendance list – Privacy and Injury Management Training

**Comment:**
ANU is transitioning to an electronic records management system (ERMS) by 1 July 2016, when all of its rehabilitation files will be electronic. The RMS document states that the ERMS has privacy settings that ensure that only relevant staff have access to rehabilitation records. The ERMS has naming conventions.

The Manual has a section on Records Management that sets out how to use the ERMS.

We were provided with hard copy files to review and there were not any instances where information from an employee other than that being reviewed was on file.

Files are stored securely in locked cabinets.

Rehabilitation staff have received training about their obligations under relevant privacy legislation.

**DOCUMENT MANAGEMENT**

**Criterion 3.13**
The rehabilitation authority maintains the relevant level of reporting, records and/or documentation to support its rehabilitation management system and legislative compliance.
Finding: Conformance

Evidence:
1. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17
2. Site inspection
3. File review
4. Procedure: Documentation and Document Control
   C:\Users\u1002346\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\OM48YU5F\20151216 Procedure 001
5. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17

Comment:
The Manual has a section on Records Management. The files examined were hard copies, although ANU is in the process of moving to an electronic system which will be complete by 1 July 2016. Due to resource issues, the files to date were scanned in one continuous PDF, which would have made them difficult to review. Documents are added individually, so currently there is a hybrid system.

Compensation files within the ERMS will have subfolders as specified in the Manual. Deletion of documents is restricted to the WEG Power User, who is also the only person who can create a file.

The Procedure: Documentation and Document Control appears to be in draft.

Documents viewed on the intranet, where policies and procedures are stored, are controlled with review dates, and author details.

The files reviewed were folioed and segmented. There was much duplication of emails on files, with the entire email trail put on file whenever there was a new communication. This made files difficult to follow and to locate any attachments.

ELEMENT 4: MEASUREMENT AND EVALUATION

MONITORING

Criterion 4.1
The rehabilitation authority monitors planned objectives and performance measures for core rehabilitation management activities.

Finding: Conformance

Evidence:
1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. Safety and Rehabilitation Status Report for University Council – Meeting 18 February 2016
Comment:
The WHS performance report to Council includes details of the number of incidents reported, Comcare claims, and the lost time injury frequency rate (LTIFR). It provided an update on the self-insurance project, and trends in the number of occupational overuse injuries.
The WHS Policy Committee Brief reports on Comcare Premium performance.
The Premium Reduction report reports on the number of incidents, the use of EIA funding, and the number of compensation claims.

Criterion 4.2
The rehabilitation authority monitors rehabilitation providers’ performance in terms of quality of service delivery, costs, progress reports and outcomes.

Finding: Conformance with observation

Evidence:
1. Rehabilitation Manual approved 08/04/16 Version 1.0 to be reviewed 08/04/17
2. Various emails
3. File review
4. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17

Comment:
The Manual has a section on evaluating the rehabilitation process that includes reference to monitoring WRP performance. ANU has quarterly meetings with one of its WRPs (Konekt), but does not have specific service level agreements with any WRPs.
A number of emails between RCMs and WRPs were viewed that show that performance is monitored, and feedback given. However there seems to be some inconsistency with some files lacking evidence of feedback.
Some files reviewed showed that the RCMs are in regular contact with WRPs and have developed good open relationships with them, although a number of files lacked evidence of any feedback. WRPs provided monthly progress reports on their cases.

Observation:
A number of files lacked evidence of any feedback with rehabilitation providers.
AUDITING AND REPORTING

Criterion 4.3
The rehabilitation authority conducts an audit program—performed by competent personnel and in accordance with the requirements of the Commission and Comcare—to measure performance of its rehabilitation management system.

Finding: Non-conformance

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<tbody>
<tr>
<td>1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17</td>
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Comment:
The ANU undertook an internal audit in 2013, conducted by Dr Anesh Nair.
The RMS document states that an external audit of the RMS is scheduled as part of the self-insurance project, and an internal audit will be conducted prior to the external audit.

While the RMS document states that future audits will be scheduled as part of the self-insurance project, ANU does not currently have an audit program or procedure.

Non-conformance:
ANU does not have an audit program.

Criterion 4.4
Audit outcomes are appropriately documented and actioned. The rehabilitation authority reports to senior executive on its rehabilitation management system performance, including audit outcomes.

Finding: Not able to verify with observation

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<tr>
<td>1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17</td>
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<tr>
<td>2. Email A Nair to R Schmidt – Rehabilitation Management System overview 30 May 2014</td>
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Comment:
On 30 May 2014, the auditor who conducted the 2013 audit provided an overview to senior management. As a result the Certificate of Compliance was completed as was a corrective action plan. Comcare have been assisting ANU with the corrective action plan, however with the self-insurance project now underway that has gone into abeyance.

Although the results of the 2013 audit report were reported to senior management, ANU does not have an audit procedure that sets out how future audit results will be documented, actioned and reported to senior management.

As the last audit was done in 2013, and the outcomes of that audit were documented
and actioned, and given that a non-conformance has been recorded against criterion 4.3, this criterion has been assessed as not able to verify with observation.

**Observation:**
ANU does not have an audit procedure that sets out how audit results will be documented, actioned and reported to senior management.

### Criterion 4.5
The rehabilitation authority communicates the outcomes and results of rehabilitation management system audits to its employees.

**Finding: Not able to verify with observation**

**Evidence:**
1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17
2. Email A Nair to R Schmidt – Rehabilitation Management System overview 30 May 2014

**Comment:**
The RMS system document states that results of audits are provided via WHS Committee Meetings. However, there was no evidence that the results of the 2013 audit were provided to staff, noting that this is out of scope.

ANU does not have an audit procedure that sets out how audit results will be communicated to its employees.

**Observation:**
ANU does not have an audit procedure that sets out how audit results will be communicated to its employees.

### Criterion 4.6
The rehabilitation authority provides the Commission or Comcare with reports or documents as requested.

**Finding: Conformance**

**Evidence:**
1. Certificate of Compliance dated 25/6/14

**Comment:**
The ANU participated in the early stages of the Certificate of Compliance program, and provided relevant documents as requested.

The ANU has provided all relevant documents in relation to this audit.
ELEMENT 5: REVIEW AND IMPROVEMENT

CONTINUOUS IMPROVEMENT

Criterion 5.1

The rehabilitation authority analyses rehabilitation management system performance outcomes against documented objectives to determine areas requiring improvement and promotes and implements continuous improvement strategies.

Finding: Conformance

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<td>1. Rehabilitation Management System Date Approved: 30/03/16 Version 1.0 Date to be reviewed 30/03/17</td>
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<tr>
<td>The RMS Document sets out the framework for the RMS and contains references and links to the supporting documentation.</td>
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<td>This documentation includes the plans, objectives and targets of the RMS.</td>
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<td>The self-insurance project is evidence of ANU’s aspiration to improve its RMS.</td>
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# SUMMARY OF FILE FINDINGS

## Summary of file findings

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</tr>
<tr>
<td>1010265/02</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
</tbody>
</table>
### Summary of file findings

<table>
<thead>
<tr>
<th>File Ref</th>
<th>Audit Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.1</td>
</tr>
<tr>
<td>1187176/01</td>
<td>✓</td>
</tr>
<tr>
<td>1175931/01</td>
<td>✓</td>
</tr>
<tr>
<td>1193337/01</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Individual file findings

<table>
<thead>
<tr>
<th>File Reference</th>
<th>Criterion</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>342568/4</td>
<td>Comment</td>
<td>It was unclear whether the IW had received copies of all RTWPAs. However, this was probably due to the difficulty in communicating with the IW as he was in and out of hospital frequently for non-compensable conditions. He was also no longer employed by the ANU. Despite the communication difficulties, communication from the RCM to all parties was excellent. 3.5 – Out of scope as DOI was over 12 months ago. Difficult long-term claim.</td>
</tr>
<tr>
<td>1168983/1</td>
<td>3.6</td>
<td>Folio M60-61 – Section 36 (s36) examination – questions regarding liability were included (medication &amp; treatment) when the purpose of an s36 examination is to determine capacity for work. Good proactive communication from RCM to all parties and at folio R252, the RTWP had a good tailored s37(3)(a)-(h) included.</td>
</tr>
<tr>
<td>File Reference</td>
<td>Criterion</td>
<td>Finding</td>
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<td>----------------</td>
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</tr>
<tr>
<td></td>
<td><strong>3.5</strong></td>
<td>Feedback to WRP – WRP provided a feedback form, but this was not completed by the RCM. However, feedback was provided through emails during the course of the case.</td>
</tr>
<tr>
<td></td>
<td><strong>3.9</strong></td>
<td>s36 examination (as above) – SRC116 form was not used and the letter to the IW had no NOR attached. In this case, the IW went willingly.</td>
</tr>
<tr>
<td>1171264/1</td>
<td><strong>3.6</strong></td>
<td>Folio M28-38 – s36 examination – questions regarding liability were included (medication &amp; treatment) when the purpose of an s36 examination is to determine capacity for work. Folio R41-52 – s36 form completed correctly and letter details right to ask for a reconsideration with Comcare.</td>
</tr>
<tr>
<td></td>
<td><strong>3.5</strong></td>
<td>Good tailored s37(3)(a)-(h) for RTWPs.</td>
</tr>
<tr>
<td></td>
<td><strong>3.9</strong></td>
<td>Good proactive communication from RCM to all parties.</td>
</tr>
<tr>
<td></td>
<td><strong>3.5</strong></td>
<td>3.5 – Out of scope as DOI was over 12 months ago.</td>
</tr>
<tr>
<td></td>
<td><strong>3.9</strong></td>
<td>Folio R82 – RTWP determination signed retrospectively by RCM – Started 6 April 2015 and signed 24 April 2015.</td>
</tr>
<tr>
<td>1094799/2</td>
<td><strong>3.9</strong></td>
<td>RCM was unable to engage IW in a great deal of RTW activities as the IW’s attitude to the ANU was poor. RCM attempted continuously to communicate with the IW in a constructive way.</td>
</tr>
<tr>
<td></td>
<td><strong>3.9</strong></td>
<td>Proactive support and communication by RCM despite being a very difficult claim.</td>
</tr>
<tr>
<td></td>
<td><strong>3.9</strong></td>
<td>Folio R766 – RTWP has no regard to section 37(3) – no s37(3)(a)-(h) included with RTWP.</td>
</tr>
</tbody>
</table>
## Individual file findings

<table>
<thead>
<tr>
<th>File Reference</th>
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<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1134085/1</td>
<td>Comment</td>
<td>Even though IW was made redundant in 2012, hierarchy was correctly considered in terms of alternative employment. Multiple work trial agreements and job searches in an attempt to return IW back to work and a short training course was paid for to address a skills gap. However, IW is obstructive in returning to work despite the RCM’s attempts. Good proactive communication from RCM to all parties. 3.5 – Out of scope as DOI was over 12 months ago.</td>
</tr>
<tr>
<td></td>
<td>3.3 &amp; 3.9</td>
<td>Determination made to reject paying for a Cert IV course in Sydney did not have a NOR attached. Letter instead mentioned asking the ANU to review decision. However, determination letter made good use of a tailored s37(3)(a)-(h) to support argument. RTWPA s37(3)(a)-(h) sections were duplicated for each RTWPA instead of changing to reflect the different circumstances as the claim progressed.</td>
</tr>
<tr>
<td>1194029/2</td>
<td>3.9</td>
<td>Alteration retrospective</td>
</tr>
<tr>
<td></td>
<td>3.13</td>
<td>File not in order, emails refer to correspondence that was not attached and could not be located</td>
</tr>
</tbody>
</table>
## Individual file findings

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<thead>
<tr>
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<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1184456/01</td>
<td>3.6</td>
<td>Folio R763: Letter regarding s36 examination, does not include s16 exclusion, no notice of rights attached. Could not locate report from examiner (Mr Synnott) on file, nor evidence report had been provided to employee.</td>
</tr>
<tr>
<td></td>
<td>3.9</td>
<td>No reasons 37(3)(a)-(h) on alteration, just says refer to previous. It is not clear that determination were notified as required by the Guidelines.</td>
</tr>
<tr>
<td>618/10</td>
<td>3.6</td>
<td>INA done 18/08/2015 however no s36 referral forms on file.</td>
</tr>
<tr>
<td></td>
<td>3.9</td>
<td>s37(3)(a)-(h) on Alteration #4 (contained in file part 9) is very basic, appears to only be tailored by adding IW name. This file is large (10 parts) and there is scope to write a more tailored/detailed s37(3)(a)-(h) No closure report on file (or in file notes) for the above s37. (R1264) No s37(3)(a)-(h) attached to s37 dates 29/09/2015-18/01/2015 (date should be 2016) (R1292) s37 Alteration says “as per original” for s37(3)(a)-(h) however the original (R1264) didn’t have a s37(3)(a)-(h) attached.</td>
</tr>
<tr>
<td></td>
<td>4.2</td>
<td>No evidence of WRP feedback on file.</td>
</tr>
<tr>
<td>File Reference</td>
<td>Criterion</td>
<td>Finding</td>
</tr>
<tr>
<td>------------------</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Comment</td>
<td>IW has 11 different claims, lots of confusion throughout the file as to which claim number each document referred to.</td>
</tr>
<tr>
<td>1240137/01</td>
<td>3.7</td>
<td>(R148) s37(3)(a)-(h) is very basic and not tailored as well as it could be. It does not address the lack of s36 assessment or why not using a WRP and could mention the language barrier and use of an interpreter (for example).</td>
</tr>
<tr>
<td>1237017/01</td>
<td>3.7 Comment</td>
<td>Great s37(3)(a)-(h) on this file (including for Alterations). RCM did a great job of keeping regular contact and being helpful throughout the process even with what appears to be a difficult IW at times.</td>
</tr>
<tr>
<td></td>
<td>3.9</td>
<td>(R44) Retrospective determination on s37 10/08/2015-10/11/2015</td>
</tr>
<tr>
<td>1219019/01</td>
<td>4.2</td>
<td>No evidence of WRP feedback on file.</td>
</tr>
<tr>
<td></td>
<td>Comment</td>
<td>Appears to be a difficult claim to manage and to keep Rehab separate from IR issues. Lots of internal issues impacting on rehab and successful RTW however RCM is doing a good job.</td>
</tr>
<tr>
<td>1226143/01</td>
<td>3.6</td>
<td>(R591 &amp; R626) Email and letter regarding s36 MLCOA assessment but no s36 referral on file.</td>
</tr>
<tr>
<td></td>
<td>3.9</td>
<td>S37 Alteration s37(3)(a)-(h) “as per original” – Each s37 or alteration should have regard to the matters in (s37(3)(a)-(h) and should be tailored to each individual IW. Given the attitudinal changes and behaviours of this IW throughout the RTW process this should have been documented in the s37(3)(a)-(h) and reviewed (and attached) at each alteration.</td>
</tr>
<tr>
<td>1010265/02</td>
<td>3.9</td>
<td>(R591) s37 Alteration – 27/04/15-30/10/15 – no s37(3)(a)-(h) on file. (R608) Same as above Alteration with addition of Code 93 for equipment. Still no s37(3)(a)-(h).</td>
</tr>
</tbody>
</table>
### Individual file findings

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<thead>
<tr>
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<th>Finding</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(R726) s37 Alteration 15/10/15-30/01/16 – says s37(3)(a)-(h) ‘as per original’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(R802) s37 Alteration – 22/01/16-29/02/16 – says s37(3)(a)-(h) ‘as per rehab program’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(R839) s37 Alteration – 01/03/16-01/09/16 – s37(3)(a)-(h) says ‘As per previous’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ANU Rehabilitation Manual says that s37(3)(a)-(h) must be addressed when doing alterations.</td>
</tr>
<tr>
<td></td>
<td>4.2</td>
<td>No evidence of WRP feedback on file.</td>
</tr>
<tr>
<td>1187176/01</td>
<td>3.9</td>
<td>S37 Alteration 05/01/2015-09/10/2015 – s37(3)(a)-(h) says ‘as per original response’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(R574) S37 Alteration – same as above except addition of ergonomic equipment under code 93 – signed by the RCM 11/06/15</td>
</tr>
<tr>
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<td></td>
<td>11/09/15 – Progress report – Noted that IW ceased work trial because of symptom flare up and WRP will close s37 and re-open.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No closure form or report on file for Alteration end date 09/10/15.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S37 9/10/15-22/04/16 – great s37(3)(a)-(h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(R652) s37 Alteration – says original start date 28/10/15 which doesn’t match the above s37. Alteration is for addition equipment. RCM signed 30/11/15 – attachment A sets out responsibilities of the IW which is great – s37(3)(a)-(h) says ‘as per original’</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Note:</strong> Property/equipment bought under code 93 on a s37 becomes the property of the employee.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ANU Rehabilitation Manual says the RCM should address s37(3)(a)-(h) for each s37 plan or alteration. This employee’s attitude could have been addressed/updated within the s37(3)(a)-(h) on each Alteration as file notes, emails and progress reports indicate a shift in the IW’s moods and attitudes throughout the 12 months in scope.</td>
</tr>
<tr>
<td>File Reference</td>
<td>Criterion</td>
<td>Finding</td>
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</tr>
<tr>
<td>3.9</td>
<td>(R574) S37 Alteration 05/01/2015-09/10/2015 – same as previous s37 except addition of ergonomic equipment under code 93 – signed by the RCM 11/06/15 which is a retrospective determination.</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>No evidence of WRP feedback on file.</td>
<td></td>
</tr>
</tbody>
</table>
| 1175931/01 | 3.9 | S37 Alteration #8 - 01/05/15-01/08/15 – s37(3)(a)-(h) says ‘as per original program’  
New s37 – 01/07/15-26/02/15 – s37(3)(a)-(h) done.  
S37 Alteration 26/02/16 – s37(3)(a)-(h) says as per original rehab program’  
ANU Rehabilitation Manual says the RCM should address s37(3)(a)-(h) for each s37 plan or alteration. |
| 4.2 | 11/05/15 – IW sent email to RCM asking for a new WRP as they were unhappy with the service given from the current WRP.  
Various emails - 11/05/15 Insight closed – 15/05/15 Konekt engaged.  
(R400) 12/05/15 email from Insight asking RCM to complete feedback form. No record of this being completed. |
| Comment | Various emails from IW to RCM asking if/when jobs within ANU might be available – no replies on file that I could find. |
| 1193337/01 | 3.9 | S37 28/10/15-28/01/16 s37(3)(a)-(h) very basic.  
S37 Alteration 13/01/16-30/04/16 – s37(3)(a)-(h) says ‘as per attachment’ but there is no attachment on file. |
| 4.2 | No evidence of WRP feedback on file. |
| Comment | Original s36 out of scope however re-aggravation of symptoms was handled quickly by RCM |
Individual file findings

<table>
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<tbody>
<tr>
<td></td>
<td></td>
<td>to get WRP on board.</td>
</tr>
</tbody>
</table>

RCM = Rehabilitation Case Manager
IW = Injured Worker
INA = Initial Needs Assessment (s36 examination report)
RTWP = Return to Work Plan (s37 rehabilitation program)
RTWPA = Return to Work Plan Alteration
GRTW = Graduated Return to Work
WRP = Workplace Rehabilitation Provider
NOR = Notice of Rights
CSO = Claims Services Officer