2016/2017 Comcare Licensee Audit

The Australian National University

FINAL REPORT

Rehabilitation Management System Audit

Audit Date: 7 – 8 March 2017

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Scope of Audit

Organisation: The Australian National University ('ANU')

Site/Workplace: Work Environmental Group, Building 10B Lower Ground, East Street, Acton, Canberra, ACT

Scope of Audit: The audit examined ANU’s rehabilitation management system, processes and outcomes to validate that ANU is meeting its licence conditions and is complying with the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) and the Guidelines for Rehabilitation Authorities 2012 (the Guidelines).

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.

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:** 7 – 8 March 2017

**Auditors:** Sophie Anastasov and Samantha Robinson, BRM Risk Management Pty Ltd

**Client Contacts:** Ingrid Krauss, Manager Injury Prevention and Rehabilitation, ANU
Justin Donley, Team Leader Injury and Workers Compensation, ANU

**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.

**Acknowledgment:** BRM Risk Management Pty Ltd 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

Currently the Australian National University (ANU) is a premium paying rehabilitation authority under the Comcare scheme as detailed within the SRC Act. The University employs approximately 4000 full time equivalent staff. The main campus is in Canberra, and this is where most staff are employed. ANU has approximately 20 000 students.

The ANU has advised that they have made application for a licence to self-insure under the SRC Act. ANU are anticipating a start date of 1 July 2017. In preparing for self-insurance the ANU have undertaken significant work to review and update their rehabilitation management system.

BRM was commissioned to audit ANU’s rehabilitation management system, processes and outcomes in accordance with Comcare’s Rehabilitation Management System audit tool.

There were a number of positive features of the rehabilitation management system which are listed below, and further detailed in the body of this report:

- Rehabilitation Policy, ANUP_013007, v1, 8/4/16, rev 8/4/19
- Vice-Chancellor Delegation of Rehabilitation Authority, signed by Prof Brian Schmidt, Vice-Chancellor, 23/3/16
- ANU Vision by 2020 Strategic Plan
- Human Resources Divisional (HRD) Business Plan 2016
- Work Environment Group Operational Plan 2017
- Rehabilitation Manual
- Procedures:
  - Return to Work (DRAFT)
  - Injury Management, Rehabilitation and Compensation, ANUP_000667, v6, 8/4/16, rev 8/4/19
  - Management of Non-Work Related Injury and Illness (DRAFT)
- Work Environment Group Organisational Structure and Position Descriptions
- Policy Risk Management, Risk Management Plan and Register
- Regular monthly and quarterly reporting
- ANU Corrective Action Plan

Sixteen files were randomly selected for the rehabilitation management system audit. Five files were identified with exceptions. Most of the exceptions related to criterion 3.9 and criterion 3.6 where the ANU did not follow its procedures in managing section 36 assessments and undertaking determinations.

Overall, the audit identified five observations.

The audit period reviewed was from 1 April 2016 to 3 March 2017.

**NON-CONFORMANCES**

Nil non-conformances were identified during the audit.
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>3.6</td>
<td>File review identified two exceptions, one where a copy of the section 36 assessment was not provided to the employee, and a typographical error where a section 36 assessment report was incorrectly dated.</td>
</tr>
<tr>
<td>3.9</td>
<td>ANU does not in all cases follow its procedures when making determinations. Four exceptions were identified.</td>
</tr>
<tr>
<td>3.13</td>
<td>The current file management system exists in soft copy format on a share drive and there is no protection against deletion.</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 rehabilitation 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 (with 5 Observations)</td>
<td>25</td>
<td>100%</td>
</tr>
<tr>
<td>Non-conformance</td>
<td>0</td>
<td>Nil</td>
</tr>
<tr>
<td>Not able to verify</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Signed: 
Sophie Anastasov

Signed: 
Samantha Robinson

Dated: 22 March 2017
### Table of Criteria

<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>
</tr>
<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>Conformance</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>Conformance</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>Conformance with 1 Observation</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>Conformance with 1 Observation</td>
</tr>
<tr>
<td>Employee non-compliance</td>
<td>3.10</td>
<td>Not able to verify</td>
</tr>
<tr>
<td>Reconsiderations</td>
<td>3.11</td>
<td>Not Applicable</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 with 1 Observation</td>
</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</td>
</tr>
<tr>
<td>Internal audits</td>
<td>4.3</td>
<td>Conformance</td>
</tr>
<tr>
<td>AUDIT ELEMENT/ CRITERION DESCRIPTION</td>
<td>Criterion</td>
<td>Rating</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Outcomes of audits are actioned, reviewed</td>
<td>4.4</td>
<td>Conformance with 1 Observation</td>
</tr>
<tr>
<td>Communicating audit results</td>
<td>4.5</td>
<td>Conformance with 1 Observation</td>
</tr>
<tr>
<td>Providing reports to Comcare and Commission as requested</td>
<td>4.6</td>
<td>Conformance</td>
</tr>
<tr>
<td>5. Review and Improvement</td>
<td></td>
<td></td>
</tr>
<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

<table>
<thead>
<tr>
<th>Evidence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Human Resources Divisional (HRD) Business Plan 2016</td>
</tr>
<tr>
<td>• Guideline: Early Intervention Assistance, ANUP_000760, v10, 8/4/16, rev 8/4/19</td>
</tr>
<tr>
<td>• Policy:</td>
</tr>
<tr>
<td>o Health, Safety and Wellbeing, ANUP_000432, v5, 8/4/16, rev 8/4/19</td>
</tr>
<tr>
<td>o Rehabilitation, ANUP_013007, v1, 8/4/16, rev 8/4/19</td>
</tr>
<tr>
<td>o Fitness for Work, ANUP_014609, v1, 10/11/16, rev 10/11/19</td>
</tr>
<tr>
<td>o Disability, ANUP_000405, v7, 2/8/16, rev 31/12/17</td>
</tr>
<tr>
<td>• Memo dated 5/4/16 to Prof Brian Schmidt, Vice-Chancellor, from Mr Andrew Heath, Manager, Corporate Governance and Policy regarding WHS &amp; Rehabilitation Policy</td>
</tr>
<tr>
<td>• Procedure:</td>
</tr>
<tr>
<td>o Return to Work (DRAFT)</td>
</tr>
<tr>
<td>o Injury Management, Rehabilitation and Compensation, ANUP_000667, v6, 8/4/16, rev 8/4/19</td>
</tr>
<tr>
<td>o Management of Non-Work Related Injury and Illness (DRAFT)</td>
</tr>
<tr>
<td>• ANU Vision by 2020 Strategic Plan</td>
</tr>
</tbody>
</table>

Comment:
ANU sets the direction for its rehabilitation management system through a documented commitment by senior executive. The Rehabilitation policy is current and was approved by the Vice-Chancellor. A memo was submitted to the Vice-Chancellor by the Manager, Corporate Governance and Policy, requesting formal approval of a number of policies. The memo has been signed by the Vice-Chancellor. Procedures have been developed for both Return to Work and Injury Management, Rehabilitation and Compensation clearly outlining the implementation of early intervention and provision of suitable duties. Senior management roles and responsibilities are also defined.

CORPORATE GOVERNANCE

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

Finding: Conformance
Evidence:
- Internal file audits – completed (template)
- Procedure: WHS Audit (DRAFT)
- ANU internal audit schedule 2016 - 2021
- Comcare file audit template
- RMS Audit Report, completed by Comcare, 11 - 13 April 2016
- Certificate of Compliance with the Guidelines for Rehabilitation Authorities 2012, signed by Professor Brian Schmidt, Vice-Chancellor 23/8/16
- ANU Corrective Action Plan:
  - Initial June 2016
  - Final with evidence of conformance December 2016
- Position description:
  - Associate Director (Work Environment), February 2014
  - Manager, Injury Prevention and Management, 15/6/14
  - Rehabilitation Case Manager (no document control)
  - Team Leader, Injury & Workers’ Compensation (no document control)
- Pre-Employment Work Environment Report: Rehabilitation Case Manager, 17/11/15
- ANU Organisational Structure, 22/7/16
- Work Environment Group Organisational Structure (no document control)
- Performance Development Review:
  - Adele Anderson, start date 5/2/16
  - Beverley Jende, start date 13/4/16
  - Ingrid Krauss, start date 23/2/16
  - Justin Donley, start date 5/2/16
  - Laura Burton, start date 5/2/16
  - Liying Shen, start date 13/4/16
  - Seema Arora, start date 1/6/16
- WEG Workers Compensation Premium Reduction, Quarter 3 report, July - September 2016
- Procedure:
  - Injury Management, Rehabilitation and Compensation, ANUP_000667, v6, 8/4/16, rev 8/4/19
  - WHS Committees and Representatives (DRAFT)
- SLA:
  - Preventative Approach P/L and the ANU, Equipment Lease Option Extension Agreement, 23/12/15
  - RMS Audit Service Level Agreement, Administrative Guidelines for the conduct of audits at the Australian National University, BRM Risk Management, v1.0, 30/11/16, rev 30/11/17
  - BRM Risk Management: Contract arrangement, proposal dated 23/11/16
  - Health surveillance service arrangements with Aspen Corporate Medical, 15/1/15
- Workplace Rehabilitation Providers - standard of service email provided at referral
Website link: Officemax office equipment contract

**Comment:**
Comcare’s review in April 2016 found one Observation with this criterion:
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. ANU has engaged the services of BRM Risk Management to undertake their RMS audit this year.
ANU’s rehabilitation management system provides for internal and external accountability:

**Internal:**
- Job descriptions and Performance Development Reviews
- Organisational structures
- Corrective action plans addressing the outcome of Comcare’s review in April

**External:**
- SLA’s
- RMS audit report
- Certificate of Compliance with the *Guidelines for Rehabilitation Authorities 2012*

ANU does not have the volume of claims that would warrant service level agreements with rehabilitation providers. ANU’s approach is that they will engage the services of a WRP and on an as needs basis; every new referral outlines service expectations.

**Criterion 1.3**
The rehabilitation authority identifies, assesses and controls risks to the rehabilitation management system.

**Finding: Conformance**

**Evidence:**
- Internal file audits – completed (template)
- Procedure: WHS Audit (DRAFT)
- ANU internal audit schedule 2016 - 2021
- Comcare file audit template
- Human Resources Divisional (HRD) Business Plan 2016
- Work Environment Group Operational Plan 2017
- Calendar invitations and documentation – evidence of meetings with Comcare EAM, IMAS and CSO - meetings scheduled 16/5/16, 29/7/16, 12/12/16
- Calendar invitation – meeting with Konekt WRP, 24/11/16
- Calendar invitations – evidence of meetings with College and Divisional areas for case reviews - meetings 4/8/16, 12/8/16
- WEG Workers Compensation Premium Reduction, Quarter 3 report, July - September 2016
- WHS Performance Report to University Council, November 2016 - Example
- Policy: Risk Management (no document control)
- Procedure: Risk Management (no document control)
• RMS ANU Risk Management Plan, v2.0, 25/1/17, rev 30/3/17
• RMS ANU Legislation Risk Register, v2.0, 25/1/17, rev 30/3/17
• Workplace Rehabilitation Providers - standard of service email provided at referral

Comment:
ANU identifies, assesses and controls risks to the rehabilitation management system. ANU has a corporate governance risk approach 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 policy and procedure describes the process for determining and assessing risks. A risk register for the delivery of the RMS has been developed. Specific consideration is given to early intervention activities, resources, legislative requirements, and claims management activities.

ANU has a number of processes that identifies, assesses and controls risk to the rehabilitation management system. Staff are involved and encouraged to proactively identify risks and to identify and implement control measures, through a number of different meetings including one on one meeting. Specific issues identified are reported to the Director Human Resources (DHR) and to the ANU legal office. Monthly monitoring of risk are undertaken with quarterly progress reports provided to the Executive Director Administration and Planning (EDAP), Vice-Chancellor and University Council.

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:
- Vice-Chancellor Delegation of Rehabilitation Authority, signed by Prof Brian Schmidt, Vice-Chancellor, 23/3/16
- Memo dated 7/3/16 to Prof Brian Schmidt, Vice-Chancellor, from Dr Nadine White, Director HR Division regarding ANU Case manager Delegations
- Delegations Schedule (no document control)
- File audit

Comment:
ANU has a delegation schedule, signed by the principal officer, as per section 41A of the SRC Act.

On 7 March 2016 the Director Human Resources sent a memorandum to the Vice-Chancellor, as the Rehabilitation Authority, requesting approval to assign appropriate delegation to the University Case Managers, and other managers in the WEG. 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 Injury Prevention and Rehabilitation.
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 Case Managers.
Of the 11 files applicable to this criterion, file audit confirmed compliance with this criterion.

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:
- Human Resources Divisional (HRD) Business Plan 2016
- Work Environment Group Operational Plan 2017
- ANU Workers Compensation Claim Pack, v1.0, 8/4/16, rev 8/4/17
- Position description:
  - Associate Director (Work Environment), February 2014
  - Manager, Injury Prevention and Management, 15/6/14
  - Rehabilitation Case Manager (no document control)
  - Team Leader, Injury & Workers’ Compensation (no document control)
- Pre-Employment Work Environment Report: Rehabilitation Case Manager, 17/11/15
- Policy:
  - Health, Safety and Wellbeing, ANUP_000432, v5, 8/4/16, rev 8/4/19
  - Rehabilitation, ANUP_013007, v1, 8/4/16, rev 8/4/19
- Procedure: Injury Management, Rehabilitation and Compensation, ANUP_000667, v6,
  8/4/16, rev 8/4/19
- RMS ANU Legislation Risk Register, v2.0, 25/1/17, rev 30/3/17

Comment:
The ANU recognises legislative obligations and plans for legislative and regulatory
compliance, having regard to any policy advice that Comcare or the Commission may
issue. The Vice-Chancellor has overall responsibility for ensuring legislative compliance. There is a
range of policies and procedures that commit to legislative compliance. The Manager
Injury Prevention and Rehabilitation monitors SRC legislative changes and obligations.
Position descriptions require knowledge, experience and legislative competence to be
maintained.
Criterion 2.3
The rehabilitation authority sets objectives and targets and identifies key performance measures for its rehabilitation management system.

Finding: Conformance

Evidence:
- Human Resources Divisional (HRD) Business Plan 2016
- Work Environment Group Operational Plan 2017
- Policy: Rehabilitation, ANUP_013007, v1, 8/4/16, rev 8/4/19

Comment:
The ANU sets objectives and targets and identifies key performance measures for its rehabilitation management system.
Outcomes against the KPI’s are reported monthly to status meetings with the Executive Director Administration and Planning, WHS advisory groups, College and Divisional officers meetings the executive group and publicly reported in ANU’s annual report.

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:
- Human Resources Divisional (HRD) Business Plan 2016
- Work Environment Group Operational Plan 2017
- ANU Corrective Action Plan:
  o Initial June 2016
  o Final with evidence of conformance December 2016
- NTT Data Figtree roles and specifications
- Position description:
  o Associate Director (Work Environment), February 2014
  o Manager, Injury Prevention and Management, 15/6/14
  o Rehabilitation Case Manager (no document control)
  o Team Leader, Injury & Workers’ Compensation (no document control)
- Pre-Employment Work Environment Report: Rehabilitation Case Manager, 17/11/15
- Performance Development Review:
  o Adele Anderson, start date 5/2/16
Comment:
The Policy: Rehabilitation, ANUP_013007, reflects the commitment of the senior executive team. As stated in 2.3, the Human Resources Divisional (HRD) Business Plan 2016 and Work Environment Group Operational Plan 2017 outline a range of rehabilitation strategies, objectives and targets. The development and implementation of the ANU Corrective Action Plan further attests to ANU’s commitment to continuous improvement.

ELEMENT 3: Implementation

RESOURCES

Criterion 3.1
The rehabilitation authority allocates adequate resources to support its rehabilitation management system.

Finding: Conformance

Evidence:
- Review of Workforce Requirements - Work Environment Group, 2016

Comment:
The ANU allocates adequate resources to support its rehabilitation management system. There are currently eight positions within the Injury Management and Prevention Teams, WEG, carrying out both compensable and non-compensable case management. Reports are produced and regular meetings held to review and monitor rehabilitation caseload management. A detailed workforce analysis was conducted in 2016 to ensure effectiveness. It is considered that the ANU is adequately resourced to effectively manage its rehabilitation caseload.
COMMUNICATION AND AWARENESS

Criterion 3.2
The rehabilitation authority defines and communicates responsibilities to relevant stakeholders.

Finding: Conformance

<table>
<thead>
<tr>
<th>Evidence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANU Workers Compensation Claim Pack, v1.0, 8/4/16, rev 8/4/17</td>
</tr>
<tr>
<td>ANU Corrective Action Plan:</td>
</tr>
<tr>
<td>o Initial June 2016</td>
</tr>
<tr>
<td>o Final with evidence of conformance December 2016</td>
</tr>
<tr>
<td>Intranet page link:</td>
</tr>
<tr>
<td>o Health and Safety - <a href="https://services.anu.edu.au/humanresources/health-safety">https://services.anu.edu.au/humanresources/health-safety</a></td>
</tr>
<tr>
<td>Policy: Rehabilitation, ANUP_013007, v1, 8/4/16, rev 8/4/19</td>
</tr>
<tr>
<td>Procedure: Injury Management, Rehabilitation and Compensation, ANUP_000667, v6, 8/4/16, rev 8/4/19</td>
</tr>
<tr>
<td>SLA: Preventative Approach P/L and the ANU, Equipment Lease Option Extension Agreement, 23/12/15</td>
</tr>
<tr>
<td>SLA: RMS Audit Service Level Agreement, Administrative Guidelines for the conduct of audits at the Australian National University, BRM Risk Management, v1.0, 30/11/16, rev 30/11/17</td>
</tr>
<tr>
<td>SLA: BRM Risk Management: Contract arrangement, proposal dated 23/11/16</td>
</tr>
<tr>
<td>SLA: Health surveillance service arrangements with Aspen Corporate Medical, 15/1/15</td>
</tr>
</tbody>
</table>

Comment:
The ANU defines and communicates responsibilities to relevant stakeholders. The ANU Rehabilitation Policy and Procedures clearly sets out responsibilities of all levels of staff.

Following an injury a Workers’ Compensation Claim Pack is provided to the employee. This information pack includes information on the responsibilities of the employee. The ANU intranet provides extensive information on the claims and rehabilitation process and is accessible to all employees. All key policies are procedures are included as well as links to the legislative information and Comcare.

Standards expected from Workplace Rehabilitation Providers (WRPs) are detailed in the Rehabilitation manual and position descriptions set out the responsibilities of rehabilitation staff.

File audit demonstrates regular and thorough file noting and correspondence as evidence of consultation.
Criterion 3.3
The rehabilitation authority communicates relevant information regarding the rehabilitation process to its employees including their rights and obligations.

Finding: Conformance

Evidence:
- ANU Workers Compensation Claim Pack, v1.0, 8/4/16, rev 8/4/17
- Intranet page link:
  - Health and Safety - https://services.anu.edu.au/humanresources/health-safety
- File audit

Comment:
The ANU communicates relevant information regarding the rehabilitation process to its employees including their rights and obligations.
Comcare’s review found one Non-Compliance with this criterion:
ANU does not always ensure that employees are correctly notified of their rights.
File audit confirmed that all determinations sent to the employee clearly advised their notice of rights within the template and a further attachment was provided specifically outlining notice of rights and responsibilities.
Of the 14 files applicable to this criterion, file audit found one individual exception, where a section 37 determination was not signed by the employee nor was there any follow up seeking the signing by the employee to indicate that the employee understood their rights and responsibilities.
Comcare’s review in 2016 found one individual exception.

TRAINING

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

Finding: Conformance

Evidence:
- Inducting Your New Staff, A Guide For Supervisors (ANUP000843)
- Position description:
Comment:
The ANU identifies training requirements, develops and implements training plans and ensures personnel are competent.
All staff have Performance Development Reviews completed on an annual basis, which include training and skills development. All staff have completed the mandatory Comcare training. The ANU maintain and monitor a Credentialing and Training Matrix ensuring staff have appropriate training and are competent.

EARLY INTERVENTION

Criterion 3.5
The rehabilitation authority implements an early intervention program, including the early identification and notification of injury.

Finding: Conformance

Evidence:
- Guideline: Early Intervention Assistance, ANUP_000760, v10, 8/4/16, rev 8/4/19
- File audit
Comment:
The ANU implements an early intervention program, including the early identification and notification of injury. The Procedure: Injury Management, Rehabilitation and Compensation, requires RCMs to make initial contact with injured/ill staff within 24 hours of receiving the incident notification. The ANU have an Early Intervention Assistance Fund available to all staff. It is managed by the Work Environment Group and is designed to provide immediate support and medical treatment to staff irrespective of whether a claim for compensation is made. The Guideline details the provisions and process for obtaining assistance under this fund. The ANU’s Rehabilitation Manual also outlines the process for incident reporting and the Early Intervention process including the criteria for Early Intervention Assistance. Of the 12 files applicable to this criterion, file audit confirmed compliance with this criterion.

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: Conformance with 1 Observation

Evidence:
- File audit

Comment:
Comcare’s review found one Non-Compliance with this criterion: ANU does not effectively use the provisions of section 36 to conduct rehabilitation assessments in accordance with the SRC Act and the Guidelines.
Section 6 of the ANU’s Rehabilitation Manual, clearly details when and how a section 36 assessment and examination should be undertaken, including the nature of documentation to be supplied to the assessor and requirements of the assessment and written report.
ANU’s template letter also advises the employees’ rights and responsibilities and correctly outlines the provisions in the event of a suspension of entitlement. File review confirmed that a notice of rights was sent out with section 36 determinations.
Of the seven files applicable to this criterion, file audit found two individual exceptions:
- the copy of the section 36 assessment was not provided to the employee, and
- Typographical error where a section 36 assessment report was incorrectly dated.
Comcare’s review in 2016 found five individual exceptions.

Observation 1:
File review identified two exceptions, one where a copy of the section 36 assessment was not provided to the employee, and a typographical error where a section 36 assessment report was incorrectly dated.
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:
- File audit

Comment:
The ANU 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.
The ANU’s Rehabilitation Manual clearly outlines the process for developing and implementing a Rehabilitation Program. The manual clearly outlines the process of selecting a WRP, that the contents of a Rehabilitation program should be developed in consultation with all parties, a written draft to be provided to all parties, that the goals responsibilities and timeframes are explained clearly to all parties, section 37(3) a-h is accurately addressed and that all parties must be provided with a copy of the signed rehabilitation program.
The ANU has a suite of templates, tools and forms that support compliance under this criterion.
File review confirmed compliance with these processes. Files are actively managed with detailed file notes demonstrating consultation with all parties.
Of the nine files applicable to this criterion, file audit confirmed compliance with this criterion.

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

Evidence:
- File audit

Comment:
ANU takes all reasonable steps to provide employees with suitable employment or to assist employees to find such employment.
The Rehabilitation Manual clearly outlines the requirement to provide suitable employment under the SRC Act. Additionally the manual includes guidance work trials in another
College or Division, including identifying placement opportunities and arranging the work trials. The manual also outlines the process for identifying alternative employment with external organisations.

Of the 12 files applicable to this criterion, file audit confirmed compliance with this criterion.

**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: Conformance with 1 Observation**

**Evidence:**
- Vice-Chancellor Delegation of Rehabilitation Authority, signed by Prof Brian Schmidt, Vice-Chancellor, 23/3/16
- Delegations Schedule (no document control)
- File audit

**Comment:**
Comcare’s review found one Non-Compliance with this criterion:
ANU does not in all cases follow its procedures when making determinations.
The ANU Rehabilitation Manual accurately describes the process for determinations under the SRC Act. The ANU utilise template forms when making section 36 and section 37 determinations that satisfied the requirements of the SRC Act to be valid and enforceable.
File review confirmed that the determinations were in writing and clearly addressed S37(3)a-h.

File audit found determinations are accompanied by a separate Notice of Rights which include a statement of the right to reconsideration and reference to the suspension provisions.
File audit found four individual exceptions across three files:
- Typographical error where the S37 Rehabilitation program alteration was incorrectly dated by the delegate as 17/10/17
- S37 rehabilitation program determination signed by the delegate retrospectively
- Section 36 determination not signed by the delegate.
- No section 37 Amendment determination to reflect a change in a WRP end date.
The 2016 review undertaken by Comcare found 14 individual exceptions.

**Observation 2:**
ANU does not in all cases follow its procedures when making determinations. File audit found four individual exceptions across three files:
- Typographical error where the S37 Rehabilitation program alteration was incorrectly dated by the delegate as 17/10/17
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

Evidence:
- Vice-Chancellor Delegation of Rehabilitation Authority, signed by Prof Brian Schmidt, Vice-Chancellor, 23/3/16
- Delegations Schedule (no document control)
- Rehabilitation Manual, v1.0, 8/4/16, rev 8/4/17 - 8 Employee Non-Compliance with Rehabilitation
- File audit

Comment:
Comcare’s review found one Observation with this criterion:
ANU’s procedures regarding non-compliance do not reflect the provisions of sections 36 and 37 of the SRC Act.
The ANU Rehabilitation manual includes a section on “Employee Non-Compliance with Rehabilitation”. This section includes the process and flowcharts the steps to be taken in the event of non-compliance. A section is included on determining the reasonableness of the excuse, and what would and would not constitute a reasonable excuse.
Section 8.7 clearly advises that “compensation for medical expenses are to be paid where payment of other compensation is suspended”.
The flow chart for section 37 at step 1 incorrectly refers to section 36.
File audit found no activity relevant to this criterion.

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

Comment:
This criterion applies to licensees only.

CONFIDENTIALITY

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

Finding: Conformance
Evidence:
- NTT Data Figtree roles and specifications
- File audit
- Workplace observation – physical storage of files

Comment:
Files are managed electronically. All records at the ANU are stored within an Electronic Records Management System (ERMS), through a series of folder structures. Confidentiality of information and records are protected through a file security system. Only certain workers compensation staff have access to be able to view edit or delete information. An audit tracking system can identify the users that have accessed the files. Rehabilitation case management files are stored within a shared drive only accessible to Injury management staff.

The ANU will transition to Figtree system – implementation scheduled for July 2017.

Hard copy files were produced for this audit. Of the 16 files applicable to this criterion, file audit found one individual exception where there was a record of other employees on the case file. This is not considered to be a systemic issue.

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 with 1 Observation

Evidence:
- Work Environment Group: ERMS Records Location Access (draft) (no document control)
- File audit

Comment:
Hard copy files were supplied for the purpose of the audit. Files were segmented, with each segment folioed separately. Double sided pages are folioed on each side. Occasionally documents were found misfiled or filed in incorrect segments. Often a duplication of email trails was also observed.

Approximately 12 months ago the management of files transitioned to a soft copy system which is located on a share drive. There is currently no protection against file deletion.

The share drive is entitled “WEG” as is only accessible by members of the Work Environment Group team. The ‘Cases’ folder contains sub-folders for each ‘Case Manager’ and ‘RCM Resources’ which includes documents and templates for day to use.

Each workers compensation folder contains within it sub-folders named as outlined under 9.2 of the Manual. Documents relating to the claim will be sub-classified into these seven folders and will have consistent naming convention.
The ‘Work Environment Group: ERMS Records Location Access’ outlines the existing file naming conventions, and provides a step by step process for the creation of files on ERMS. The spreadsheet is currently in draft.

A Case hand over sheet is completed when transferring files between RCM’s. Once files are closed they are uploaded into ERMS. Access to closed files on ERMS is limited to HR – namely the WEG, Director HR, and Executive Director Administration & Planning.

ANU is currently in a user testing stage for transitioning to Figtree. In terms of folioing, the intention is for Figtree to create a log which will capture all updates made. Figtree will also include protection against deletion. File naming conventions will be revisited upon the introduction of the Figtree system.

Of the 16 files applicable to this criterion, file audit found one individual exception where the folioing of certificates was not found to be sequential from the date of issue. It is believed that this has occurred in the creation of the hard copy file for the purpose of the audit, therefore this is not considered a systemic issue.

Comcare’s review in 2016 found one individual exception.

Observation 3:
The current file management system exists in soft copy format on a share drive and there is no protection against deletion.

**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**

<table>
<thead>
<tr>
<th>Evidence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ANU Vision by 2020 Strategic Plan</td>
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</table>

<table>
<thead>
<tr>
<th>Comment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ANU monitors planned objectives and performance measures for core rehabilitation management activities. Regular monitoring and reporting includes:</td>
</tr>
<tr>
<td>• Monthly review of Comcare Customer Information System reports.</td>
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<tr>
<td>• Quarterly review of KPI’s</td>
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<td>• Quarterly review of WEG deliverables as detailed on WEG operational plan</td>
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<tr>
<td>• Safety and rehabilitation status reports to each scheduled meeting of University Council</td>
</tr>
<tr>
<td>• Quarterly reporting to the Executive Director Administration and Planning</td>
</tr>
<tr>
<td>• Quarterly reporting to the WHS University Committee meeting.</td>
</tr>
</tbody>
</table>

The ANU has demonstrated compliance with the requirements of this criterion.
Criterion 4.2
The rehabilitation authority monitors rehabilitation providers’ performance in terms of quality of service delivery, costs, progress reports and outcomes.

Finding: Conformance

Evidence:
- Calendar invitation – meeting with Konekt WRP, 24/11/16
- Workplace Rehabilitation Providers - standard of service email provided at referral
- File audit

Comment:
Comcare’s review found one Observation with this criterion:
A number of files lacked evidence of any feedback with rehabilitation providers.

The ANU monitors rehabilitation providers' performance in terms of quality of service delivery, costs, progress reports and outcomes. This is largely undertaken through individual case reviews with Comcare, quarterly meetings with Comcare and quarterly meetings with Konekt who provide the majority of rehabilitation provider services to the ANU.

The ANU Rehabilitation manual also includes a section on the Evaluation of the rehabilitation process, including monitoring the Workplace rehabilitation providers’ performance.

File review confirmed regular reporting on individual rehabilitation cases, often with detailed written monthly reports on file. Additionally there were numerous emails and file notes demonstrating active monitoring of the rehabilitation providers' performance in terms of quality of service delivery, costs, progress reports and outcomes.

Of the eight files applicable to this criterion, file audit confirmed compliance with this criterion. Comcare’s review in 2016 found seven individual exceptions.

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: Conformance

Evidence:
- Internal file audits – completed (template)
- Comcare file audit template
- Procedure: WHS Audit (DRAFT)
- ANU internal audit schedule 2016 - 2021
- RMS Audit Report, completed by Comcare, 11 - 13 April 2016
- Work Environment Group Operational Plan 2017
- ANU Corrective Action Plan:
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: Conformance with 1 Observation

Evidence:
- RMS Audit Report, completed by Comcare, 11 - 13 April 2016
- Certificate of Compliance with the Guidelines for Rehabilitation Authorities 2012, signed by Professor Brian Schmidt, Vice-Chancellor 23/8/16
- ANU Corrective Action Plan:
  - Initial June 2016
  - Final with evidence of conformance December 2016

Comment:
Comcare’s review found one Observation with this criterion:
ANU does not have an audit procedure that sets out how audit results will be documented, actioned and reported to senior management.
Audit outcomes are appropriately documented and actioned. The ANU reports to senior executive on its rehabilitation management system performance, including audit outcomes.
Following Comcare’s audit in April 2016, audit outcomes were appropriately documented and actioned through the development and implementation of a Corrective Action Plan. This plan was provided to the Vice-Chancellor, and forwarded to Comcare together with the ANU Certificate of Compliance. Audit outcomes are reported at University Council, Executive Director Administration and Planning, and WHS University Committee meetings. The ANU has demonstrated compliance with the requirements of this criterion.
Observation 4:
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: Conformance with 1 Observation

Evidence:
- ANU intranet page https://services.anu.edu.au/human-resources/healthsafety/rehabilitation-management-system-audit

Comment:
Comcare’s review found one Observation with this criterion:
ANU does not have an audit procedure that sets out how audit results will be communicated to its employees.

The ANU communicates the outcomes and results of rehabilitation management system audits to its employees. This is done via the ANU intranet and through a range of staff committee meetings, including WHS Policy Committee meetings, HR leader Forums, and Technical and Advisory Committees. The intranet is a communication port for staff members in all areas which provides the results of audits and performance indicators.

Observation 5:
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:
- Certificate of Compliance with the Guidelines for Rehabilitation Authorities 2012, signed by Professor Brian Schmidt, Vice-Chancellor 23/8/16
- Email correspondence with Comcare Rehabilitation Compliance April – December 2016

Comment:
The ANU provides the Commission or Comcare with reports or documents as requested. Review of emails between Comcare and ANU confirms compliance with this criterion.

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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<tr>
<th>Evidence:</th>
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<tbody>
<tr>
<td>- Internal file audits – completed (template)</td>
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<td>- ANU Corrective Action Plan:</td>
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<td>- Guideline: Early Intervention Assistance, ANUP_000760, v10, 8/4/16, rev 8/4/19</td>
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<td>- Policy:</td>
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<td>- Procedure:</td>
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<td>- SLA: RMS Audit Service Level Agreement, Administrative Guidelines for the conduct of audits at the Australian National University, BRM Risk Management, v1.0, 30/11/16, rev 30/11/17</td>
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<tr>
<td>- SLA: BRM Risk Management: Contract arrangement, proposal dated 23/11/16</td>
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</tbody>
</table>

**Comment:**
The ANU analyses its rehabilitation management system performance outcomes against documented objectives to determine areas requiring improvement and promotes and implements continuous improvement strategies.

Performance outcomes of rehabilitation management System are monitored at a number of levels within the University and is detailed throughout this report, through regular monthly and quarterly reporting mechanisms from University Council meetings, to various committee meetings and other staff forums.

The ANU’s application for self-insurance required a full review of their rehabilitation management system and where appropriate an update of procedures, manuals and policies. Improvement is evidenced across the whole rehabilitation process. Monitoring of data, rehabilitation files, audit reports, corrective action plans, and the review and update of policies and procedures, demonstrate an ongoing commitment to continuous improvement.
### Summary of File Findings

<table>
<thead>
<tr>
<th>SUMMARY OF FILES FINDINGS</th>
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<tbody>
<tr>
<td><strong>File Ref</strong></td>
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<tr>
<td>618/10</td>
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<tr>
<td>622546/2</td>
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<tr>
<td>634816/4</td>
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<tr>
<td>856882/5</td>
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<tr>
<td>1010265/2</td>
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<tr>
<td>1015133/3</td>
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<td>1077565/2</td>
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<td>1094799/2</td>
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<td>1137244/2</td>
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<td>1151681/2</td>
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<td>1175931/1</td>
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<td>1236555/1</td>
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<td>1242449/1</td>
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<td>1249641/1</td>
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### INDIVIDUAL FILE FINDINGS

<table>
<thead>
<tr>
<th>File Reference</th>
<th>Criterion</th>
<th>Finding</th>
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<tbody>
<tr>
<td>618/10</td>
<td>3.9</td>
<td>The S37 Rehabilitation program alteration has been incorrectly dated by the delegate as 17/10/17 (folio R1632).</td>
</tr>
<tr>
<td>622546/2</td>
<td>3.12</td>
<td>There are records of other employees on the case file. Folio’s R11 – R12 reference an email communication dated 23/5/16 which informs of case manager changes and the claims they will be managing. The same email appears at folio R15.</td>
</tr>
<tr>
<td>856882/5</td>
<td>3.3</td>
<td>The S37 rehabilitation program determination commencing 21/2/17 has not been signed by the employee or supervisor (folio R494)</td>
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<tr>
<td></td>
<td>3.9</td>
<td>The S37 rehabilitation program determination commencing 21/2/17 was signed by the delegate retrospectively on 22/2/17 (folio R494).</td>
</tr>
<tr>
<td>1015133/3</td>
<td>3.6</td>
<td>There is no evidence that a copy of the section 36 assessment dated 24/5/16 by Konekt was provided to the employee.</td>
</tr>
<tr>
<td>1249641/1</td>
<td>3.6</td>
<td>The section 36 assessment report is incorrectly dated 6/5/15. (folio R109)</td>
</tr>
<tr>
<td></td>
<td>3.9</td>
<td>The signed section 37 determination commencing 23/5/16 (R138) has had a change in the target end date from 31/8/16 to 30/9/16 (R258). There is no evidence that a section 37 Amendment determination was made to reflect this change.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The section 36 determination dated 5/4/16 has not been signed by the rehabilitation delegate. (folio R72).</td>
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