

REHABILITATION MANAGEMENT SYSTEM AUDIT REPORT

Australian National University
25-27 November 2019



Australian Government

Comcare

Document number	DOC1559951
Version	1.2
Release Date	1 July 2015
Release Status	Released for use
Approval Status	Approved for use
Prepared by	Authorisation and Audit
Confidentiality Category	Unclassified

TABLE OF CONTENTS

SCOPE OF AUDIT 4

EXECUTIVE SUMMARY 6

TABLE OF CRITERIA 8

ELEMENT 1: COMMITMENT AND CORPORATE GOVERNANCE..... 10

ELEMENT 2: PLANNING..... 13

ELEMENT 3: IMPLEMENTATION..... 18

ELEMENT 4: MEASUREMENT AND EVALUATION 27

ELEMENT 5: REVIEW AND IMPROVEMENT 31

SUMMARY OF FILE FINDINGS 33

SCOPE OF AUDIT

Organisation	Australian National University
Site/Workplace	ANU, Work Environment Group, Human Resources - Lower Ground, Chancelry Building 10B
Scope of audit	<p>The audit examined the University's rehabilitation management system, processes and outcomes to validate that ANU is meeting its licence conditions and is complying with the <i>Safety, Rehabilitation and Compensation Act 1988</i> (SRC Act) and the <i>Guidelines for Rehabilitation Authorities 2019</i> (the Guidelines).</p> <p>The auditors examined 14 rehabilitation case files. These files were randomly selected from a list of rehabilitation case files that recorded some activity which had occurred in the 12 months prior to the audit.</p> <p>The audit encompassed a review of 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.</p> <p>Overall findings are based on the identification of issues that were considered to be systemic rather than isolated incidents.</p>
Audit criteria	<p>This audit assessed the rehabilitation management system against five elements:</p> <ol style="list-style-type: none">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 auditors.

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

25 November 2019 to 27 November 2019

Auditors

Nathan Brogden, Asigen Dan, Ernst & Young

Client contacts

Ingrid Krauss, (Manager Injury and Claims, ANU)

Evan Hancock, (Assistant Director, Scheme Policy & Design – Scheme Management, Comcare)

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 auditors' comments are retained on the auditors' file.

Acknowledgement

The auditors' wish 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) has held a self-insurance licence under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) since 1 July 2018. ANU is in the second year of its licence.

EY conducted an audit under the Licence Compliance and Performance Model on The University's Rehabilitation Management System (RMS) using Comcare's RMS Audit Tool and Workbook.

The University's rehabilitation management system was found to be robust both in terms of its design and maturity of its implementation.

During management interviews and discussions with Work Environment Group staff it was evident that ANU workers had a strong technical knowledge of the SRC Act and the rehabilitation authority's RMS.

ANU should be commended on its performance in this audit, which found no non-conformances and two observations.

NON-CONFORMANCES

No non-conformances were identified during the audit.

OBSERVATIONS

Two observations were identified during the audit. They are:

Criterion	Observation
3.6	1. The auditors noted one instance (file 0000004) where no evidence was sighted to suggest that the initial needs assessment had been provided to the employee and their medical practitioner.
3.9	2. There was an inconsistent application of the 'rehabilitation start date' throughout the audit files. There was an instance where the start date was not stated on the s37 form, which made it difficult to determine whether the rehabilitation program started before the rehabilitation form was signed. Through an examination of the file notes, it was able to be ascertained that the rehabilitation program started after the forms were signed except in one instance (file number 0000004) where the rehabilitation program was signed off after commencement date.

In summary, for the 27 criteria within the rehabilitation management audit tool, the outcomes are:

	Number of criteria	% of assessed criteria
Conformance	27	100
Non-conformance	0	0
Not able to verify	0	
Not applicable	0	

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

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

Nathan Brogden

Date: 08/01/2020

Asigen Dan

Date: 08/01/2020

TABLE OF CRITERIA

Audit element/criterion description	Criterion	Rating
1. Commitment and corporate governance		
Documented commitment	1.1	Conformance
Internal and external accountability	1.2	Conformance
Identify, assess and control risk	1.3	Conformance
2. Planning		
Delegation schedule	2.1	Conformance
Planning for legislative compliance	2.2	Conformance
Setting objectives and targets	2.3	Conformance
Plans to achieve objectives and targets	2.4	Conformance
3. Implementation		
Adequate resources	3.1	Conformance
Communication—relevant stakeholders	3.2	Conformance
Employees are aware of rights	3.3	Conformance
Training and competency	3.4	Conformance
Early intervention	3.5	Conformance
Rehabilitation assessments	3.6	Conformance with Observation
Rehabilitation programs	3.7	Conformance
Suitable employment	3.8	Conformance
Determinations in accordance with the SRC Act	3.9	Conformance with observation
Employee non-compliance	3.10	Conformance
Reconsiderations	3.11	Conformance
Privacy and confidentiality	3.12	Conformance
Reporting, records, documentation	3.13	Conformance
4. Measurement and evaluation		

Monitoring core rehabilitation activities	4.1	Conformance
Monitoring provider performance	4.2	Conformance
Internal audits	4.3	Conformance
Outcomes of audits are actioned, reviewed	4.4	Conformance
Communicating audit results	4.5	Conformance
Providing reports to Comcare and Commission as requested	4.6	Conformance
5. Review and improvement		
Continuous improvement	5.1	Conformance

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: <ul style="list-style-type: none">• Memo WHS & Rehabilitation Policy dated 5 April 2016. Signed by Professor Brian Schmidt.• Policy: Rehabilitation and Compensation. Effective date: 4 June 2018, review date June 2021.
Comment: <ul style="list-style-type: none">• ANU has in place a Rehabilitation policy dated 5 April 2016. This policy has a documented commitment from Professor Brian Schmidt, Vice-Chancellor.• This was subsequently updated on the 4 June 2018 to include Rehabilitation and Compensation.
Observations: Nil
Non-conformances: Nil

CORPORATE GOVERNANCE

Criterion 1.2

The rehabilitation management system provides for internal and external accountability.

Finding: Conformance

Evidence: <ul style="list-style-type: none">• Organisation Structure<ul style="list-style-type: none">• ANU Executive Structure 19 August 2019• Work Environment Group Organisational Structure 1 May 2019• Position Descriptions:<ul style="list-style-type: none">• Associate Director, Work Environment• Manager, Injury and Claims• Team Leader, Injury Management & Rehabilitation• Rehabilitation Case Manager• Governance and reporting<ul style="list-style-type: none">• Work health and safety committees and representative's procedure. ANUP_015808. Version 2. Effective date 1 July 2017, review date 1 July 2020• ANU Annual Report 2018• University Council – Work Environment Progress Status

- WHS Committees and Health and Safety Representatives
- Workers Compensation Status Meeting conducted with the Chief Operating Officer and the Director Human Resources (DHR) – conducted quarterly during 2019
- Corrective Action Plans from Comcare Audit (November 2018) and BRM audit (January 2019)
- Safety Rehabilitation and Compensation Commission – quarterly performance reporting against the Lead Key Performance Indicators
- Safety Rehabilitation and Compensation Commission – annual report for the period 1 July 2018 to 28 February 2019
- Service Level Agreements
 - BRM Risk Management Pty Ltd proposal for claims and rehabilitation audits January 2019
 - Workplace Rehabilitation Provider Service Level Agreement. APM. Dated 6 November 2018
 - Workplace Rehabilitation Provider Service Level Agreement. Rehabilitation Services. Dated 18 June 2019
 - Workplace Rehabilitation Provider Service Level Agreement. IPAR. Dated 17 June 2019

Comment:

Internal Accountability

- The overall management of ill or injured employees sits within the Work Environment Group (WEG). The Group itself sits in the Human Resources Division and reports to the Chief Operating Officer. In turn, the Chief Operating Officer reports directly to the Vice-Chancellor.
- The WEG is managed by an Associate Director Work Environment. Key roles include:
 - Manager, Injury and Claims
 - Senior Consultant, Claims Management
 - Team Leader Injury Management and Rehabilitation
 - Rehabilitation Case Managers
 - Psychosocial Case Manager
 - Claims Services Officers
- Position descriptions provide clear rehabilitation responsibilities and accountabilities.
- Reporting to the Senior executive is conducted through the ANU Annual Report, WHS Performance at ANU – Annual Report, and University Council – Work Environment Group Progress Status. These documents are also publicly available.
- A WHS Committee is in place. This committee reports to the University Council via the Vice-Chancellor, and advisory groups at the College/Portfolio and Research School Level that report through a two-way cascading structure.
- Responsibilities and timelines are noted in the corrective action plans administered in the two post-license audits conducted to date.

External Accountability

- BRM Risk Management conducted a rehabilitation audit in January 2019. Evidence of reports to the commission were sighted.

<ul style="list-style-type: none"> • ANU has service level agreements in place with service providers to support workers during rehabilitation (Workplace Rehabilitation Providers or WRPs). • Reports to the commission were also noted.
Observations: Nil
Non-conformances: Nil

Criterion 1.3

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

Finding: Conformance

<p>Evidence:</p> <ul style="list-style-type: none"> • ANU Policy: Risk Management. Version 5. Effective date 1 July 2009, review date 22 December 2019. • ANU Procedure: Risk Management. Version 6. Effective date 1 July 2009, review date 22 December 2019. • Rehabilitation Management System Risk Register. Version 4. Effective date 05 August 2019, review date 05 August 2020.
<p>Comment:</p> <ul style="list-style-type: none"> • An internal risk management framework has been developed, and these are embedded in the ANU Policy as well as the University's procedures for Risk Management. This is a top-down document covering off management of risks throughout the University. This document informs risk assessments throughout the University. • A Rehabilitation Management System Risk Register has been developed. This appropriately identifies, assesses and controls risks to the rehabilitation management system at a high level. This provides strong accountabilities and timeframes in addition to the overall risk assessment, in the event that actions are identified. • A number of other reports and assessments are completed, which generally map to the risks identified in the risk register. These include various audits that have been completed by Comcare and external third parties, actuarial analysis of liabilities, monthly monitoring of claims performance costs, attendance at self-insurance licensee forums, workplace rehabilitation provider meetings (on an ad hoc basis).
Observations: Nil
Non-conformances: Nil

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 Delegations RMS, 12 December 2018.
- Delegation Extract and Report, 14 November 2019.
- Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020.
- Deed of Agreement Change, 11 November 2019, review date 30 June 2020.

Comment:

- ANU had a delegation instrument signed by the Principal Officer, Vice Chancellor Professor Brian Schmidt as per section 41 of the SRC Act 1988. This delegation instrument assigned the powers and functions of the rehabilitation authority to the following positions:
 1. Director, HR Division
 2. Associate Director, Work Environment
 3. Manager, Injury and Claims
 4. Team Leader, Injury Management and Rehabilitation
 5. Rehabilitation Case Manager
 6. Case Manager Psychosocial
- Two non-conformance findings were raised in the 2018 audit as the ANU rehabilitation delegation schedule:
 - Does not include all staff with delegation responsibilities; and
 - Has not assigned the reconsideration powers and functions under s62 of the SRC Act to an officer or employee of ANU.
- For this audit, ANU provided an updated delegation instrument. All relevant positions have now been assigned with the appropriate rehabilitation delegation. This was corroborated by the Delegation Extract and Report which detailed the delegations held by staff as well as the powers and limitations of each position.
- The prior year audit also found that ANU had delegated the claims management functions and powers including the power to undertake reconsideration decisions relating to rehabilitation determinations, under section 62 to its third-party claim manager, Comcare. A signed Deed of Agreement Change Proposal was sighted by the auditors, which detailed updated wording addressing this finding. An updated Rehabilitation Manual disclosed that in the case of a reconsideration relating to a rehabilitation determination, 'delegation remains with ANU and only an employee of ANU who holds the relevant delegation can sign the reviewable decision'. Part 3 of the updated delegation instrument showed that the powers and functions of the determining authority under section 62 of the SRC Act have been delegated to the

Associate Director Work Environment and Manager Injury and Claims, both of which are officers of ANU. This was also demonstrated within the Delegation Extract and Report with both positions given distinct authority for 'all powers and functions including those in S62 of the Act'.

- An observation was also raised as the ANU delegation schedule did not reflect correct position titles, specifically, the Manager Injury and Claims. This has since been addressed in the latest delegation instrument and the Delegation Extract and Report.
- The previous audit report noted that the wording of the previous rehabilitation delegation instrument provided all the delegates with the power to undertake suspension activity under section 36(4) and section 37(7) for employee non-compliance. This contradicted the Rehabilitation Manual which assigns this responsibility to the Manager of Injury and Claims. The Rehabilitation Manual has since been updated to reflect the delegation schedule in providing all delegates with the power to undertake suspension activity. However, it noted that 'case sensitivities should be considered when selecting the most appropriate suspension delegate.'

Observations: Nil

Non-conformances: Nil

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:

- Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020
- Policy: Rehabilitation and Compensation dated 4 June 2018, review date 4 June 2021
- Legislation Register dated 20 November 2019, review date 20 November 2020.
- Position Descriptions (undated):
 - Vice Chancellor
 - Manager, Injury and Claims
 - Team Leader, Injury Management and Rehabilitation
 - Rehabilitation Case Managers
- ANU Workers Compensation Claim Pack. Date approved: 22 November 2019. Date to be reviewed: 30 June 2020
- ANU Early Intervention Assistance (EIA) Funding Pack (undated)

Comment:

- ANU recognised its legislative obligations through several key system documents relating to the rehabilitation function. This was evident within the ANU Rehabilitation and Compensation Policy which stated the University's commitment to comply with the requirements of the SRC Act 1988. The Rehabilitation Manual corroborated this commitment as it provided guidance for Rehabilitation Case Managers (RCM) to reduce the impact of work-related injuries whilst ensuring legislative compliance.
- A review of the position descriptions indicated that the Vice Chancellor has the overall responsibility for ensuring legislative compliance. The Manager, Injury and Claims (MIC) was responsible for identifying new legislative changes and ensuring these changes were updated in the University's Rehabilitation Management System (RMS). This included updating the Legislative Register, communicating these changes and making it accessible for relevant stakeholders. This was achieved through monitoring the relevant legislation sources including staff attendance at Comcare licensee forums, receiving updates on scheme significant matters, subscription to SAI Global – Australian Standards online, Workplace Safety Australia's OHS news alert, ComLaw, Australian Government Solicitor Express Law and internal legal advice. Team Leaders and RCMs are responsible for understanding and complying with relevant legislation as well as attending training sessions to update their knowledge and skills for legislative compliance.
- ANU has developed business plans, policies and procedural documentation which was sighted by the auditors. In the event of legislative changes, operational templates e.g. Early Intervention Assistance Funding Pack and ANU Workers Compensation Claim Pack are updated within the University's intranet and readily available to staff. ANU maintained a track changes copy of various policies and procedures, as well as a Legislative Register which documents and tracks the implementation of legislative changes.

Observations: Nil**Non-conformances:** Nil**Criterion 2.3**

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

Finding: Conformance**Evidence:**

- Human Resource Divisional Business Plan 2019 dated March 2019
- Work Environment Group Operational Plan 2019 dated November 2019
- Work Environment Group Obligations Register 2019-2020

Comment:

- ANU have set detailed objectives and key performance indicators (KPIs) for its rehabilitation management system within the Human Resource Divisional (HRD) Business Plan. This Plan identified key services which must be maintained, the

<p>initiatives in which it will be achieved and the KPIs used to measure and monitor performance.</p> <ul style="list-style-type: none"> This Plan flowed into the Work Environment Group (WEG) Operational Plan which documented specific program actions to be taken for the three main areas of safety, injury prevention and injury management. Outcome measures and KPIs are specific, measurable and influenced positive behaviours. ANU have also adopted Licensee Key Performance Indicators (LKPIs) within the WEG Business Plan in compliance with the performance standards set by the Commission. The auditors have also sighted an Obligations Register which provides an overview of current business deliverables.
<p>Observations: Nil</p>
<p>Non-conformances: Nil</p>

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

<p>Evidence:</p> <ul style="list-style-type: none"> Human Resource Divisional Business Plan 2019 dated March 2019 Work Environment Group Operational Plan 2019 dated November 2019 Performance Development Review dated April 2019 Workplace Rehabilitation Provider Service Level Agreement dated July 2019 WRP Performance Reporting July to September 2019
<p>Comment:</p> <ul style="list-style-type: none"> As discussed in Criterion 2.3, the WEG Business Plan operationalises the objectives listed in the HR Divisional Business Plan. This Plan designated responsibility to relevant levels within the WEG team for achieving objectives, the means in which to do so as well as its corresponding timeframe. This was reflected within the Performance Development Review Plan for each WEG staff. Similarly, performance targets were also set for the Workplace Rehabilitation Provider (WRP) within the WEG Business Plan and ongoing performance reviews was also sighted by the auditors. This was accompanied by a signed Service Level Agreement between the two parties. Continuous improvement was identified as a key action item within the WEG Business Plan to address operational and systematic issues such as Figtree implementation. Ongoing monitoring and reviews of rehabilitation systems, process and procedures have also been sighted by the auditors as the ANU remain committed to the effective implementation and ongoing compliance of legislative requirements.
<p>Observations: Nil</p>
<p>Non-conformances: Nil</p>

ELEMENT 3: IMPLEMENTATION

RESOURCES

Criterion 3.1

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

Finding: Conformance

<p>Evidence:</p> <ul style="list-style-type: none">• Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020• Change Implementation Plan – Work Environment Group Human Resources Division. Dated: 5 July 2018• WHS Council Report April 2019• Interview with staff
<p>Comment:</p> <ul style="list-style-type: none">• Adequate resources are provided to support the University’s rehabilitation system. A full change implementation plan was completed which devised a strategy to respond to the University’s change to self-insurance, coupled with the environment of falling claims numbers, overall. This was assessed as part of the first extensive audit conducted in November 2018 and deemed sufficient to prepare ANU for self-insurance and provide sufficient resources.• Caseloads were benchmarked at between 20-25 cases per Rehabilitation Case Manager (RCM) within the Implementation Plan.• Rehabilitation performance within the WHS Council Report showed no significant deficiencies, indicating that managers have sufficient bandwidth to manage new rehabilitation cases.• Discussions with staff indicated that caseloads were not too burdensome at this point in time. Case managers felt as if they had considerable support in performing their role. Were any issues to arise in caseloads, these would be captured during weekly meetings with the Manager Injury and Claims, so that redistribution of caseload or addition of personnel can be considered where necessary.
<p>Observations: Nil</p>
<p>Non-conformances: Nil</p>

COMMUNICATION AND AWARENESS

Criterion 3.2

The rehabilitation authority defines and communicates responsibilities to relevant stakeholders.

Finding: Conformance

<p>Evidence:</p> <ul style="list-style-type: none">• Policy: Rehabilitation and Compensation. Effective date: 4 June 2018, valid until 4 June 2021• ANU Workers Compensation Claim Pack. Date approved: 22 November 2019. Date to be reviewed: 30 June 2020• ANU Intranet site: https://services.anu.edu.au/human-resources/health-safety/injury-management/• Service Level Agreements<ul style="list-style-type: none">○ BRM Risk Management Pty Ltd proposal for claims and rehabilitation audits January 2019○ Workplace Rehabilitation Provider Service Level Agreement. APM. Dated 6 November 2018○ Workplace Rehabilitation Provider Service Level Agreement. Rehabilitation Services. Dated 18 June 2019○ Workplace Rehabilitation Provider Service Level Agreement. IPAR. Dated 17 June 2019• Position Descriptions:<ul style="list-style-type: none">○ Associate Director, Work Environment Group○ Manager, Injury and Claims○ Team Leader, Injury Management & Rehabilitation○ Rehabilitation Case Manager
<p>Comment:</p> <ul style="list-style-type: none">• The ANU intranet site (of which a large portion is publicly available), continues to have useful and accessible information for employees.• A Workers compensation claim pack is distributed to employees which contains extensive information about the claims and rehabilitation process.• SLAs with WRPs have been established and these include expectations about fees and service requirements.
<p>Observations: Nil</p>
<p>Non-conformances: Nil</p>

Criterion 3.3

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

Finding: Conformance

Evidence: <ul style="list-style-type: none">• Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020• ANU Workers Compensation Claim Pack. Date approved: 22 November 2019. Date to be reviewed: 30 June 2020
Comment: <ul style="list-style-type: none">• A detailed screening process is outlined within the rehabilitation manual to determine what information should be disseminated to the employee, following a logical flow chart diagram. If key checkpoints are reached, this triggers the dissemination of a set range of information to keep employees informed about the rehabilitation process.• A notice of rights and obligations accompanied rehabilitation determinations for the files reviewed as a part of this audit. Further, the in-scope files included evidence of timely response to correspondence.
Observations: Nil
Non-conformances: Nil

TRAINING

Criterion 3.4

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

Finding: Conformance

Evidence: <ul style="list-style-type: none">• ANU – Inducting your new staff – A guide for supervisors• Position Descriptions<ul style="list-style-type: none">○ Associate Director, Work Environment Group○ Manager, Injury and Claims○ Team Leader, Injury Management & Rehabilitation○ Rehabilitation Case Manager• Supervisor Injury Management Guide• Supervisor coaching framework• Responding to Staff Injury and Illness in the Workplace• Training Matrix 2019• Performance Development Reviews
Comment:

<ul style="list-style-type: none"> • An overall induction process inducts employees into the WHS incident process, which feeds into the potential for accessing rehabilitation services. This ensures that staff are appropriately trained should a potentially claimable incident occur. • A training module is provided for supervisors to understand their responsibilities, roles and assistance that can be provided by the Injury Management team. Supervisors are further guided through the process when an injury occurs, through the dissemination of a link to the online training, as well as a Supervisor coaching framework, which provides a guide to direct assistance to supervisors. • The training matrix outlines training requirements for each person, taking into account current capabilities, requirements by role, and training already undertaken. • Within the WEG, position descriptions require staff with rehabilitation responsibilities to have a health-related qualification and knowledge of the SRC Act. Key positions remain unchanged since the previous extensive audit in November 2018.
Observations: Nil
Non-conformances: Nil

EARLY INTERVENTION

Criterion 3.5

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

Finding: Conformance

<p>Evidence:</p> <ul style="list-style-type: none"> • Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020 • File review
<p>Comment:</p> <ul style="list-style-type: none"> • There is an early intervention program that has been established. This process remains consistent with the previous extensive audit in November 2018. When an incident occurs, Early Intervention Assistance (EIA) eligibility is established. If this is approved, then EIA information is proactively provided to an injured employee, demonstrating the assistance that is available. • The audit indicated that for the files examined, where the EIA information was provided, it was done so in accordance with the process outlined in the rehabilitation manual.
Observations: Nil
Non-conformances: Nil

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 Observation

Evidence: <ul style="list-style-type: none">• Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020• File review
Comment: <ul style="list-style-type: none">• The rehabilitation manual provides clear guidance on how to implement s36 assessments and s36(3) examinations. Templates for each section are found at the back of the manual.• A comment in the previous extensive audit noted that within the rehabilitation manual, it was stated that there were 'no SLAs in place with any one provider, due to the low number of engaged WRPs'. This has since been updated to: The ANU has a Service Level Agreement (SLA) document for WRPs which detail both the performance standards and reporting requirements. Signed copies of these agreements and reports provided from WRPs are stored at: U:\WEG\CASES\zzz.RCM Resource Documents [ANU internal shared drive].• The file review identified twelve files in the scope of the audit with section 36 activity and the audit did not identify any exceptions with regards to the requirements of this criterion.
Observations: <ul style="list-style-type: none">• Whilst conducting the file audit, the auditors noted one instance (file 0000004) where no evidence was sighted to suggest that the initial needs assessment had been provided to the employee and their medical practitioner.
Non-conformances: Nil

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 regard to the rehabilitation process.

Finding: Conformance

Evidence: <ul style="list-style-type: none">• Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020• File review

Comment:

- The Rehabilitation Manual continues to provide clear guidance on implementing s37 programs, as it did in the version examined for the first extensive audit in November 2018. A section on s37 (3) (a)-(h) considerations remains within the latest version of the Rehabilitation Manual.
- The file audit demonstrated appropriate, well-structured documentation of s37 (a)-(h) considerations tailored to each case – supported by the process and structure setup in the Rehabilitation manual. Case notes revealed appropriate record keeping of communications between RCMs and employees. Timely intervention and response were provided throughout – any perceived delays had justifiable rationales, for example, in one instance, the employee went on extended annual leave throughout the assessment process.
- The file audit found the reviewed cases complied with Criterion 3.7.

Observations: Nil**Non-conformances:** Nil

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:

- Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020
- File review

Comment:

- The Rehabilitation Manual highlights the employer's obligation to provide suitable duties for employees who have undertaken (previously) or are on a current rehabilitation program.
- The file review indicated that appropriate consideration of suitable duties was given in the reviewed cases. ANU were able to provide suitable duties in cases where it was deemed appropriate to do so.

Observations: Nil**Non-conformances:** Nil

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

Evidence: <ul style="list-style-type: none">• Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020• File review
Comment: <ul style="list-style-type: none">• Technical requirements of this audit criterion were generally adhered to.• There were two cases where a retrospective determination was issued after the commencement of a rehabilitation program.
Observations: <ul style="list-style-type: none">• There was an inconsistent application of the 'rehabilitation start date' throughout the audit files. There was an instance where the start date was not stated on the s37 form, which made it difficult to determine whether the rehabilitation program started before the rehabilitation form was signed. Through an examination of the file notes, it was able to be ascertained that the rehabilitation program started after the forms were signed except in one instance (file number 0000004) where the rehabilitation program was signed off after commencement date
Non-conformances: Nil

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: Conformance

Evidence: <ul style="list-style-type: none">• Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020• Template letters for s36(4) and s37(7) suspension
Comment: <ul style="list-style-type: none">• The rehabilitation manual provides guidance on assessing employee non-compliance and appropriate reference to information in guidelines and policies. The Rehabilitation manual also includes template letters for when a suspension may be issued.• The file audit revealed no cases where a suspension was required to be issued.

Observations: Nil

Non-conformances: Nil

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: Conformance

Evidence:

- Memo ANU Rehabilitation Authority Delegations. 12 December 2018 from N. White (Director, Human Resources). Attached Delegation signed by B. Schmidt Vice-Chancellor ANU
- Delegation Extract and Report as at 14 November 2019
- Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020
- Comcare Deed of Agreement – Reconsideration Services dated 11 November 2019, review date 30 June 2020

Comment:

- An observation from the previous audit noted that the delegation instrument had not assigned s62 reconsiderations to an officer of the ANU. The key documents referenced within the previous audit have been reviewed below to ensure that they have been updated appropriately.
 - The Delegation Extract and Report – This has been updated to incorporate the requirements of s62 of the Act, in accordance with the Memo ANU Rehabilitation Authority Delegations.
 - The Rehabilitation Manual has been updated appropriately. Page 87 has been updated to state in regards to reconsiderations 'If the matter is complex, of a sensitive nature, or if the Manager Injury and Claims has a conflict of interest, a review may be referred to the Comcare reconsiderations team as per the Deed of Agreement arrangements, to draft the reviewable decision, however delegation remains with ANU and only an employee of ANU who holds the relevant delegation can sign the reviewable decision.
 - The Comcare Deed of Agreement for reconsiderations continues to cater for reconsideration services provided by Comcare's Disputed Claims Team, in the event that reconsiderations are elevated to Comcare in accordance with the rehabilitation manual.

Observations: Nil

Non-conformances: Nil

CONFIDENTIALITY

Criterion 3.12

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

Finding: Conformance

Evidence: <ul style="list-style-type: none">• ANU Privacy Policy. ANUP 010007. Version 6. Effective date 1 January 2015. Review: 30 June 2010• ANU Workers Compensation Claim Pack. Date approved: 22 November 2019. Date to be reviewed: 30 June 2020• File review
Comment: <ul style="list-style-type: none">• The ANU has an organisational wide Privacy Policy which remains consistent with the prior audit.• Forms associated within the Workers Compensation Claim Pack contained extensive information about privacy of information with reference to legislative instruments.• Working files are stored within the 'Figtree' management system. Access is restricted to specified role groups and each login must be supported by a password. The auditors obtained limited access to the system and noted the implementation of the above.• Records at ANU are stored within an Electronic Records Management System. Confidentiality of these records is protected through a file security system.• During the file audit, there were no privacy breaches noted.
Observations: Nil
Non-conformances: Nil

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: <ul style="list-style-type: none">• Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020• File review
Comment: <ul style="list-style-type: none">• Employee information is maintained on Figtree (working files) and ERMS (archived files).• Working files are also stored on a shared drive, in addition to Figtree. This shared drive is accessible to limited employees and access rights are required on an opt in basis to access files.• File audit revealed no non-compliances with this criterion. However, it was noted throughout the file audit that there were inconsistent naming conventions used for key pieces of documentation, such as the S36 and S37 forms.
Observations: Nil

Non-conformances: Nil

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:

- Licensee Compliance and Performance Improvement Annual Report dated February 2019
- Workers' Compensation Status Report dated July 2019
- Work Health and Safety Council Report dated April 2019
- Individual Case File Audits (undated)
- Case Management Plan dated February 2019

Comment:

- As discussed in Criterion 2.3, the University's WEG Business Plan documents the objectives and performance measures for core rehabilitation management activities. The performance against these measures was reported quarterly to the senior executive, and to the Vice Chancellor through the University Council Meeting.
- Measurement, evaluation and reporting of rehabilitation activities was sighted by the auditors in the following documents:
 - Licensee Compliance and Performance Improvement Annual Report – annual report submitted by the ANU to provide an overview of key activities undertaken and outcomes achieved to the Commission;
 - Workers' Compensation Status Report – quarterly report to the COO detailing financial and operational progress updates for KPIs and LKPIs;
 - Work Health and Safety Council Report – quarterly report to the WHS University Council detailing injury management, rehabilitation and compensation statistics for the quarter;
 - Individual Case File Audits – conducted quarterly to identify continuous improvement opportunities to improve the overall implementation of the Rehabilitation Management System (RMS); and
 - Case Management Plan – monthly review to assist in managing complex cases.

Observations: Nil

Non-conformances: Nil

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:

- Workplace Rehabilitation Provider Service Level Agreement. APM. Dated 6 November 2018
- Workplace Rehabilitation Provider Service Level Agreement. Rehabilitation Services. Dated 18 June 2019
- Workplace Rehabilitation Provider Service Level Agreement. IPAR. Dated 17 June 2019
- WRP Reporting July to September 2019
- File Review
- Discussion with Case Managers
- Discussion with Manager Injury and Claims
-

Comment:

- SLAs are established with key WRPs. The previous audit raised an observation that there was not a structured approach to monitoring WRPs against the SLAs. In response, the ANU has developed performance monitoring, including:
 - Monitoring as per the standards of '*Guide: Nationally consistent approval framework for workplace rehabilitation providers – Heads of Workers Compensation Authorities Australia and New Zealand*'. A process is in place to monitor against service provision principles. If this is not met, a structured feedback loop is in place to inform the WRP of the concern, elevate internally as necessary, and in the event of a recurrence of the same issue, consider selecting an alternate WRP.
 - WRP service levels and invoicing in accordance with SLAs is closely managed by the Rehabilitation Case Manager who made the referral. For each WRP invoice received, an internal audit is conducted as per the WRP internal audit tool. Issues are escalated in the same way as monitoring of other concerns/issues with the WRPs service.
 - Performance is then assessed on a case by case basis in quarterly meetings. Commentary is made about performance deficiencies. It was noted that the process was followed in relation to a deficiency for one file, where the WRP was changed as a consequence of inadequate performance in relation to addressing job seeking requirements. Further to this, the Manager Injury and Claims meets with managers from the WRP on a regular basis to touch base on complex cases and discuss general performance – providing another feedback loop for any issues to be raised at a high level.
 - On the closure of a case, a case closure summary is provided summarising costs and duration of various activities throughout the rehabilitation process. This is provided in a monthly summary basis by the respective WRPs, in the format prescribed by the SLA. This was sighted for the sampled closures on site.
 - Due to the low volume of cases, the monitoring of WRPs on a case by case basis is appropriate, and the quarterly meetings with key performance indicators

<p>provides good oversight on how the WRPs are performing overall. Aggregated statistics by WRP could (theoretically) be prepared and monitored more regularly, however, the insights provided by these aggregated statistics would not provide significant value given the low number of cases.</p> <ul style="list-style-type: none"> • The file audit noted some follow ups with WRPs, the predominant cause of this was where costs were out of step with the SLA.
<p>Observations: Nil</p>
<p>Non-conformances: Nil</p>

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

<p>Evidence:</p> <ul style="list-style-type: none"> • Corrective Action Plans from Comcare Audit (November 2018) and BRM Risk Management audit (January 2019) • Individual Case File Audits - examples • Monthly Case File review - examples
<p>Comment:</p> <ul style="list-style-type: none"> • A BRM Risk Management audit was conducted in January 2019 covering off Rehabilitation Management System (RMS) criteria. Further to this, individual case file audits are conducted on a quarterly basis. Case files are reviewed monthly (in complex cases), to ensure that services provided continue to be appropriate, and that rehabilitation administrative requirements remain on track.
<p>Observations: Nil</p>
<p>Non-conformances: Nil</p>

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

<p>Evidence:</p> <ul style="list-style-type: none"> • Governance and reporting <ul style="list-style-type: none"> ○ Work health and safety committees and representative's procedure. ANUP_015808. Version 2. Effective date 1 July 2017. Review date 1 July 2020 ○ ANU Annual Report 2018 ○ University Council – Work Environment Progress Status
--

<ul style="list-style-type: none"> ○ WHS Committees and Representatives ○ Workers Compensation Status Meeting conducted with the Chief Operating Officer and the Director Human Resources (DHR) – conducted quarterly during 2019 ○ Corrective Action Plans from Comcare Audit (November 2018) and BRM audit (January 2019) ○ Safety Rehabilitation and Compensation Commission – quarterly performance reporting against the Lead Key Performance Indicators ○ Safety Rehabilitation and Compensation Commission – annual report for the period 1 July 2018 to 28 February 2019
<p>Comment:</p> <ul style="list-style-type: none"> • As per Criterion 1.2: Reporting to the Senior executive is conducted through the ANU Annual Report, WHS Performance at ANU – Annual Report, and University Council – Work Environment Group Progress Status. These documents are also publicly available. • A WHS Committee is in place. This committee reports to the University Council via the Vice-Chancellor, and advisory groups at the College/Portfolio and Research School Level that report through a two-way cascading structure. • Responsibilities and timelines are noted in the corrective action plans administered in the two post-license audits conducted to date.
<p>Observations: Nil</p>
<p>Non-conformances: Nil</p>

Criterion 4.5

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

Finding: Conformance

<p>Evidence:</p> <ul style="list-style-type: none"> • Comcare Rehabilitation Management System Audit Report 13-15 November 2018: https://services.anu.edu.au/files/document-collection/Final%20ANU%20RMS%20audit%2013-15%20November%202018%20Intranet%200.pdf
<p>Comment:</p> <ul style="list-style-type: none"> • ANU has published the results of the first extensive audit to its website. This is available for employees (as well as the public, as the auditors were able to access this report online).
<p>Observations: Nil</p>
<p>Non-conformances: Nil</p>

Criterion 4.6

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

Finding: Conformance

Evidence: <ul style="list-style-type: none">• Safety Rehabilitation and Compensation Commission – quarterly performance reporting against the Lead Key Performance Indicators – Example Q4 2018-2019• Safety Rehabilitation and Compensation Commission – annual report 1 July 2018 – 28 February 2019
Comment: <ul style="list-style-type: none">• The ANU has submitted Commission Data Warehouse submissions (CDW) since October 2018, monthly.• The Auditors sighted a recent example of quarterly reporting, which is an aggregation of these monthly submissions from Q4 2018-2019. An annual report was also prepared for the period 1 July 2018 to 28 February 2019. Through discussions with Comcare and ANU, there is no evidence that documents/reports have not been provided to Comcare when requested.
Observations: Nil
Non-conformances: Nil

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

Evidence: <ul style="list-style-type: none">• ANU Corrective Action Plan November 2018 (Comcare audit)• Rehabilitation Management System Corrective Action Plan January 2019 (BRM Audit)• WEG Business Plan 2019• Rehabilitation Manual. Date approved: 27 September 2019. Date to be revised: 27 September 2020• Workplace Rehabilitation Provider Service Level Agreement. APM. Dated 6 November 2018• Workplace Rehabilitation Provider Service Level Agreement. Rehabilitation Services. Dated 18 June 2019• Workplace Rehabilitation Provider Service Level Agreement. IPAR. Dated 17 June 2019• WRP Reporting July to September 2019
--

- WHS Council Reporting

Comment:

- ANU has demonstrated a commitment to continuous improvement throughout its various processes. The prompt and detailed responses to corrective action plans indicate a commitment to improvement of processes as ANU progress through the developing licensee phase. These have been demonstrated throughout this audit report, through the update of key documents in response to non-conformances and observations identified in previous audits.
- There appears to be a strong commitment to communicate results and foster continuous improvement at the Senior Executive level. The various mechanisms in which the Senior Executive are informed about the performance of the RMS program are discussed throughout the report. WHS Council Reporting shows results of audits which have been conducted, corrective action plans, and the responses to those corrective action plans. These are discussed at some length, providing detailed statistics about the KPIs that are relevant to rehabilitation and discussion of open claims. Exceptions are validated with detailed responses noted throughout the report.
- The WEG Business plan has also been updated in response to the continuing implementation of the self-insurance scheme. This includes performance measures linked to rehabilitation, such as external audit results, licensee key performance indicators and WRP performance. WRP performance is tracked in quarterly performance reports, as seen in Criterion 4.2.

Observations: Nil

Non-conformances: Nil