



icare[™]
Insurance and Care NSW

Annual Report

2022-23

Acknowledgement of Country

icare NSW acknowledges the Traditional Custodians, Stewards and language groups of New South Wales and we recognise their connection throughout time to lands and water.

We admire the collective knowledge, wisdom, strength and resilience of First Nations communities and peoples. We acknowledge and pay respect to Elders, past, present and those of the future, for they will hold the memories, traditions and hopes of First Nations peoples and cultures.

We pay respect to our First Nations participants, colleagues, stakeholders and partners in Reconciliation.

Our offices are located on the lands of the Eora (Sydney), Darkinjung (Gosford), Awabakal (Newcastle), Dharug (Parramatta) and Tharawal (Wollongong) nations.

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Letter of Submission

31 October 2023

The Hon. Sophie Cotsis

Minister for Industrial Relations, and Minister for Work Health and Safety
Parliament House
Macquarie Street
SYDNEY NSW 2000

Report on icare's performance for the year ended 30 June 2023

Dear Minister,

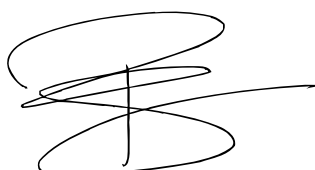
Following a year of implementing a wide-ranging program of improvement, we submit the Insurance and Care NSW (icare) Annual Report 2022-23 to be tabled in NSW Parliament. This volume reports on the operations and performance of icare and its related entities. An additional volume with full financial statements for the period 1 July 2022 to 30 June 2023 is also attached.

Our Annual Report 2022-23 has been prepared in accordance with the *Government Sector Finance Act 2018* and reporting requirements issued by NSW Treasury. The financial statements contained in the Annual Report are certified by the Auditor-General.

Yours sincerely,



John Robertson
Chair



Richard Harding
Chief Executive Officer and Managing Director



Message from the Chair

John Robertson

On behalf of the icare Board, I am pleased to submit the Insurance and Care NSW (icare) Annual Report for FY22-23.

This year icare has made significant progress putting in place the right risk and governance practices and culture to drive improved outcomes for the people of NSW. We've continued to implement our strategy and are confident the business is now on the right track to better meet the needs of those we serve and strengthen the financial sustainability of the schemes we operate.

I'm pleased to recognise the continued positive trajectory in operational performance and culture in the two and a half years I've been icare Chairman. In FY23 our overall financial performance was above budget, driven mainly by strong investment returns, premium growth and improvements in return-to-work rates. Our employee engagement scores lifted and our risk maturity rating continued to strengthen.

Whilst progress has been made, there's much more work to do, and supporting this remains the Board's focus. I'd like to recognise the continued commitment of everyone at icare to put those we serve at the centre of everything we do, as we

implement the broad program of activities designed to improve outcomes for injured people, employers and the communities of NSW.

The community rightly has high expectations of icare and we recognise the responsibility to meet those expectations. Our purpose is to care for the people of NSW, building trust and confidence so communities can thrive. Encompassed in this is meeting the needs of those we serve during challenging times, operating efficiently and effectively and demonstrating the highest integrity. These are the standards we set for ourselves and will continue to strive towards in the year ahead.

Resetting Workers Compensation

Over the past year, like many insurers, we have experienced the challenges of a difficult external environment. Inflation, extreme weather events and the changing nature of work have fueled rising claims costs. Workers Compensation schemes in all jurisdictions are recognising the impacts of these same challenges.

For our Workers Compensation schemes, our focus is balancing return to work outcomes, costs, and employer premiums in a sustainable fashion. Fundamentally, that means supporting injured workers and employers to achieve a safe and healthy return to work as soon as possible.

With this in mind, we have reset the whole claims management model for the Nominal Insurer scheme. This new model provides transparency of performance and encourages greater market competition. The aim of all this: helping injured workers get back to health and work sooner. I encourage you to read more about this work throughout this report.

Open and accountable

In 2021, there were several reviews of the organisation following issues with compliance and performance in previous years. Since then we have made a strong commitment to transparency and accountability.

To address these reviews' recommendations icare embarked on an Improvement Program - implementing improvements across risk and governance, operational performance and culture.

Independent assurer - Promontory Australia - has recognised the strong progress made in the Improvement Program in six consecutive quarterly reports. We're now well on track to complete all initiatives in FY24.

I'm especially pleased that we continue to focus on putting those we serve at the centre of all we do. This is reflected in an improvement in customer satisfaction scores. Despite this increase, we did not hit all of the targets we had set for ourselves and are focused on continued improvement in the year ahead. Our appointment of a Customer Advocate to be the voice of our customers, complements a range of initiatives we are implementing to improve the way we listen to those we serve, learn from their insights and act to improve outcomes.

icare is also operating with a smaller and more accountable Group Executive Team, with the organisation restructured to bring greater role clarity and more accountability to senior management. We now have a highly experienced team in place with strong scheme and enabling function leadership who are committed to delivery, accountability and transparency. They are dedicated to improving the outcomes of those we serve.

We have strengthened our foundations with renewed policies and processes, such as information security, work health and safety and the code of conduct and ethics to align with NSW Government requirements and expectations.

We are delivering on our commitment to building the open and accountable culture expected of a NSW Government agency. We continue to publish updates on the icare website on Workers Compensation performance data, including return-to-work rates, as well as Promontory's independent assurance reports.

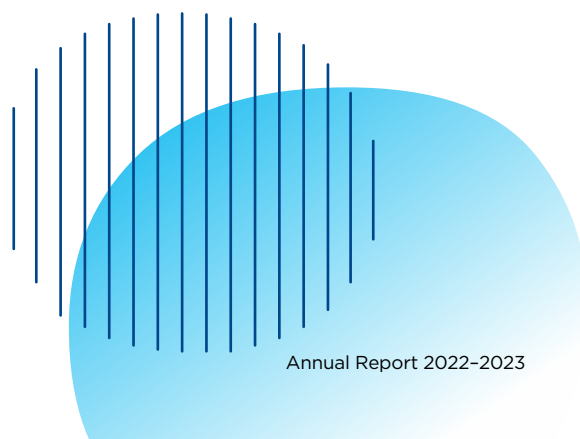
Board renewal

The Board continues to provide good governance and clear direction on icare's role as a NSW Government agency. This includes setting the strategic direction, overseeing management reporting on performance and compliance and engaging with regulatory bodies to build working relationships.

We recognise the importance of regular Board renewal to ensure independence and to further enhance the mix of skills and experience the Board brings to drive continued improvement. In the last financial year, I was pleased to welcome Kirsten Armstrong to the icare Board. Kirsten is an experienced actuary and strategic adviser with a 25-year career in health, disability, social insurance and international development. She has a deep understanding of the health and disability sector, with experience advising governments in Australia, and internationally, on major reforms and changes.

I'd like to thank retiring Board members Peeyush Gupta and Elizabeth Carr for their contributions to icare. Peeyush and Elizabeth provided great input over many years, including in their roles as Chair of the Board's Investment and Asset Committee (Peeyush) and People and Remuneration Committee (Elizabeth). Their contribution helped us improve our organisation and build confidence and trust so our communities can thrive.

icare is an important organisation to the people of NSW and I thank CEO Richard Harding, the Group Executive Team and all icare employees for their dedication and passion to improve icare's operations, performance, culture, risk, and governance. These efforts are positioning icare well to continue providing better outcomes for those we serve, our people and our schemes.





Message from the CEO

Richard Harding

As a team, we care for the people and communities of New South Wales, building trust and confidence so they can thrive. This important and meaningful purpose has connected, engaged, and driven our people to make a difference, improve how we do things, and deliver better outcomes to those we serve.

Over the past year we have continued to transform and simplify icare. Our focus on engaging our people, making the complex simple and delivering on our purpose, has built a strong foundation to continue this work in the year ahead.

As I reflect on our progress, I am proud of the icare team and their passion for those we serve through our schemes. It is pleasing to see this passion translate into positive outcomes across our organisation and improving key metrics.

Here for our people

Our people are driving change and improvement across icare. Two years ago, we committed to creating an open, constructive, and accountable culture, that enabled and empowered our people to make a difference.

Over the past year we have invested significantly to implement and embed new frameworks and activities that support the development of our culture.

A focus on developing and growing our leaders has resulted in an increase in employee engagement and positive shifts in culture measures.

Our employees are now having regular, values-based conversations with their leaders. These conversations are an important part of driving our culture change and embedding ownership and accountability, with leaders expected to connect their teams to our strategy, coach and provide feedback, set clear goals, lift performance, and lead their people through change.

This continued focus on embedding our values and developing our leaders is driving change, with employee engagement lifting to 62%, an increase of nine percentage points on last year's results. Similarly, culture metrics demonstrate that icare's culture is now stronger in constructive behaviours.

Engaging our people and creating a constructive culture is a key enabler to improve outcomes for the people we serve. This will continue to remain a focus for the organisation in the years ahead.

Here for those we serve

Across icare, we are listening and learning from the people we serve and acting on their feedback. Using a human-centred design approach, the feedback we receive is being used by our people to remove complexity and design new ways of doing things.

In the Nominal Insurer, this approach has helped us to improve the claims and injury management experience for injured workers and employers. We are doing this by uplifting the capabilities of case managers and transparently sharing data, insights and performance outcomes.

This year, we launched our new claims model, with the aim to deliver increased competition, driven by performance transparency and choice for employers. Our new claims model will see six Claims Service Providers partnering with icare to manage claims, with four of these providers offering specialist services in psychological claims.

We've learnt from past experience and taken a progressive approach to implementing our new model to minimise impact on those we serve, and allow us to continuously listen, learn and act on their feedback.

To provide long-term treatment and care for people injured on NSW roads, we launched CTP Care, our first new scheme in over 10 years. This new scheme is already being accessed by people who are faced with long-term impacts following a motor accident and demonstrates the important role icare plays in the community.

Our new, state-of-the-art Dust Diseases Care Health Screening Clinic was built in conjunction with the community and facilitates vital early identification of dust diseases, monitoring of disease progression, and provides education to at-risk workers. Since opening, this clinic has screened 1,120 workers who have been exposed to dangerous dust, facilitating early intervention and case management to deliver better health outcomes.

Following a year of unprecedented weather and significant flooding, icare has been supporting people and communities to rebuild and recover. This work will continue over the coming years, with our focus working with councils to ensure repairs and rebuilds are completed sustainably now and into the future.

We continue to work closely with our agency partners to develop a greater understanding of climate, and other risks, that have the potential to impact the state's assets.

Challenges do remain in the Treasury Managed Fund, with increasing numbers of child abuse claims and an increase in medical discharges particularly in the police force. The Home Building Compensation Fund is also seeing the impacts of significant challenges in the home building sector. These trends will continue to have financial impacts, however, we remain focused on our role to support people through these moments in life, as we continue to respond to community needs.

Continuing to care for the people and communities of NSW

As a team, we recognise the important role we play in the community, and this guides the work we do each day. I am proud of what the icare team have achieved over the past year and the contribution they have made, but I also acknowledge that we have more work to do and we remain committed to further improvement.

I look forward to continuing to build on this positive momentum and ensuring the work we do helps us achieve our purpose – caring for the people of NSW, building confidence and trust so our communities can thrive.

Overview

icare at a glance

icare is a NSW Government agency that provides care and support to people injured at work and on the road, businesses, government agencies, builders and homeowners. Our purpose is to care for the people of NSW, building confidence and trust so communities across the State can thrive. This is what drives us to do our best every day.

icare is committed to providing empathetic service and fair outcomes for those we serve and the communities we protect. We are here to help people during some of the toughest times in their life, now and into the future. Through the management of the NSW Government's insurance and care schemes we have protected and cared for millions of people, businesses and communities across NSW.

In FY23 we supported more than 90,000 sick and injured workers through our workers compensation schemes. We cared for the long-term needs of 2,144 people who have been seriously injured at work or on our roads. Our new CTP Care scheme helped 542 people with a long-term injury from a road accident. Our Dust Diseases Care scheme supported 5,399 workers and their families, people whose lives have been affected by a dust disease acquired through workplace exposure to hazardous dust. Through our Home Building Compensation Fund we were there to assist 887 homeowners when they were left with incomplete or defective homes.



Iconic views of Sydney
Harbour featuring the
Sydney Opera House and
Sydney Harbour Bridge
Destination NSW



New model for Workers Compensation

Our Workers Compensation Nominal Insurer scheme focused on supporting more than 68,000 people injured in the workplace to return to employment and on continuing to strengthen the operation and performance of our scheme through the Nominal Insurer Improvement program. We have reset the workers compensation claims model for the Nominal Insurer and commenced implementation with the engagement of six Claims Service Providers (CSPs).

This new model is designed to improve outcomes for injured workers and employers through improved CSP performance. The introduction of specialist support for psychological injuries is a key element of the new model. Four providers are specialists in managing psychological injuries claims and have case managers with specific training and experience in these types of complex cases.

We are further supporting significant uplift in the capability of claims managers through the rollout of our Professional Standards Framework across the industry. We're confident this new model will improve outcomes for those we serve, helping return injured workers to health and work sooner.

Supporting those with long-term injuries

Lifetime Schemes launched the new Compulsory Third Party (CTP) Care scheme to ensure those injured in a motor accident have their long-term treatment and care needs met. One hundred and seven major home modifications were delivered for participants across Lifetime Care, Workers Care and Dust Diseases Care. In January, we opened a new state-of-the-art Dust Diseases Care Health Screening Clinic at icare headquarters. The clinic offers lung health examinations to employers, workers and retirees who have had exposure to hazardous dust in a NSW workplace. Our lung bus continued to travel across NSW providing screening services to more than 3,200 workers in 47 locations.

Improving service for frontline workers

In Insurance for NSW (IfNSW), our team has supported communities impacted by severe weather events, managing 715 property claims. Across our Workers Compensation team, to improve services to the 384,000 workers and 143,000 volunteers in the public sector, we have embarked on a program to transform how we deliver our service. It aims to improve and simplify the claims process for all providers and government agencies. Our team is also working hard to address the rise in psychological injury claims through targeted early intervention and prevention initiatives. The aim being to improve psychological injury claim management and performance.

Helping home builders

This financial year has been especially challenging for the residential construction industry with a downturn in new residential construction contracts and an 80 per cent increase in insured builders' insolvencies. The Home Building Compensation Fund team has been on hand to support homeowners affected by builder collapses and supported builders by simplifying and speeding up the time to have their eligibility for insurance reviewed.

Delivering improvements for those we serve

Underpinning the efforts in our schemes, icare has continued to progress our Enterprise Improvement Program achieving several key milestones. The Customer Advocate role is well embedded, supporting the continued elevation of the voice of those we serve and helping ensure icare's schemes deliver fair outcomes. We continued to build capability and structures improving our governance, accountability and culture and to strengthen our risk, compliance and procurement practices. Other improvements recommended in reviews of icare have also made significant headway, with our independent assurer acknowledging our progress in quarterly reports available on the icare website.

FY23 performance scorecard

In FY23, we continued our momentum driving change and enterprise improvement. We've continued to maintain focus on establishing core practices in risk and governance, improving organisational performance, and driving an open, constructive and accountable culture which supports the delivery of our long-term strategy. The last two years have focused on fixing the foundations, improving performance, and setting our organisation up for success. While significant progress has been made, there is more to do. We are now transitioning towards to the next phase of our strategy, which is to further improve outcomes for those we serve.

Derived from our long-term strategic plan, below is our Enterprise Performance Scorecard for FY23 which enables us to track our progress against key focus areas from our strategy. Our scorecard is reported to the Board and NSW Treasury.

Focus Area	Metric	Target	Result	Commentary
Those we serve	Customer Satisfaction Targets (CSAT) Met	5 out of 5 CSAT cohort targets met	Result: 1 out of 5 Target not met	While only 1/5 core CSAT metrics were met, the variance to target is one to two percentage points for the Nominal Insurer and Treasury Managed Fund. The Home Builders Construction Fund results shows the largest variance to target with a four-percentage point gap. Lifetime Schemes continues to exceed its CSAT target.
People	act2engage engagement	≥ 61%	Result: 62% Target met	Embedding our vision, purpose and values and formal and informal recognition programs has bolstered overall engagement. This increased from 53% in FY22 to 62% in FY23. We also had a significant increase in the number of our people who completed the survey from 68% to 85%.
Financial Management	Adjusted Net Result Nominal Insurer (NI)	Budget: -\$833m	Actual: -\$236m Target met	Above budget result was driven by favourable investment income, premiums, and improved return-to-work rates. This was partially offset by higher-than-expected physical injury claims and medical payments for hearing loss claims.
	Adjusted Net Result Treasury Managed Fund (TMF) (Workers Compensation and General Lines)	Budget: -\$37m	Actual -\$127m Target not met	Below budget result was driven by higher-than-expected medical discharge claims and increases in child abuse claims, partially offset by favourable investment income.

Focus Area	Metric	Target	Result	Commentary
	Adjusted Net Result Lifetime Care and Support Scheme (including CTP care)	Budget: \$271m	Actual: \$454m Target met	Above budget result was due to favourable investment and Lifetime Care levy income. This was partially offset by increases in attendant care rates.
Scheme Performance	Return to work: 13 weeks	NI: 77.5%	Result: 79.2% Target met	The NI Improvement Program return-to-work initiatives have contributed to improved results. Focus remains on early intervention, building capacity for work and improved psychological injury case management, which are expected to drive further improvement. <i>Result is based on May data received from the State Insurance Regulatory Authority in July 2023.</i>
		TMF: 71.8%	Result: 80.6% Target met	The 13-week return-to-work rate improved driven by a strong focus on return-to-work initiatives and risk education.
	Lifetime Care: Quality of Life (WHOQoL)	3.58 overall score (out of 5)	Result: 3.57 Target not met	Overall quality of life and wellbeing scores have remained relatively stable across FY17 to FY23.
	Home Building Compensation Fund (HBCF) Claims Duration	=< 365 calendar days	Result: 336 days Target met	Earlier settlement offered to homeowners who have independently secured builders for repairs has helped reduce claims duration.
Risk Management	Risk Maturity Index (RMI)	Evolving	Result: Evolving Target met	Stability of RMI results reflects that most of the foundational risk management structure, frameworks and systems are now in place and embedded.
Strategic Reset	Enterprise portfolio (including the Improvement program) delivered to approved business plan	80% or > of milestones completed in the reporting period	Result: 89% milestones achieved Target met	Strong progress has been made in the Enterprise Improvement Program workstreams as well as the NI Improvement Program with 160 of 180 major milestones tracked and achieved on time. Refer to the Improvement Program section of this report for more information.

Sydney Harbour Bridge
Destination NSW



The people we serve

icare seeks to provide empathetic and fair, people-centred services to the people and communities of NSW. Throughout FY23 we have continued to uplift our focus on the people we serve, enabling icare and our providers to identify opportunities to deliver better outcomes and ensuring the voice of those we serve is reinforced in decision making and governance processes.

Those we serve

Following feedback we identified that using the label of customer did not appropriately reflect how the people we serve through our various schemes see their relationship with us. Following extensive engagement, icare now defines our customers as ‘those we serve’.

This term captures the different relationships we have with the businesses, government agencies, injured people and participants who rely on the scheme services we are accountable for delivering. It also reflects our commitment to put their needs at the centre of our activities.

We formalise this commitment to those we serve in our Code of Conduct and Ethics Policy which sets out expectations for our people when they engage with those we serve. The term “customer” is used when describing some of our capabilities and activities (such as customer satisfaction surveying) as it is an industry recognised descriptor.

Those we serve continue to be at the core of what drives icare. We are committed to being an organisation that listens to those we serve, learns from their feedback and acts to improve their experiences and outcomes.



Jason (left) sustained a spinal cord injury in a car accident and now he helps others in a similar position adjust to their new lives.

Human-centred design

Human-centred design (HCD) is an approach to problem-solving used in process, product, service and system design. HCD develops solutions to problems by involving the human perspective in all steps of the problem-solving process. Throughout FY23 icare continued to evolve and build its customer experience and HCD capability across our schemes.

Using HCD and market research, icare has developed a rich understanding of the needs and goals of those we serve. This allows us to develop tools and frameworks to map current experience, moments that matter and pain points. In collaboration with those we serve, we began work to identify and create opportunities to improve experiences and scheme outcomes.

Over the course of FY23 we have completed work on artefacts such as insights reports, journey maps, ecosystem maps, service blueprints, personas and segmentations across some schemes. These have influenced the transformation strategies of the schemes and created continuous improvement opportunities. We have also expanded our series of programs to support the uplift of customer experience maturity across icare including through customer listening posts, customer immersion sessions and one-day HCD workshops, workshopping skills, storytelling and root cause analysis training.

Customer Experience Measurement

Customer Experience Measurement (CXM) is icare's voice of the customer program. CXM utilises a number of surveys to measure the experience of those we serve during the time they are involved with icare whether directly, or through our Claims Service Providers (CSPs).

FY23 program highlights



Source: icare CXM Program, Average Customer Satisfaction is the average score of 17 relationships measured across all schemes.

Throughout FY23 the CXM program captured feedback from more than 70,000 people. The program has allowed icare schemes and operational teams to listen to those we serve, learn from their feedback and take action to improve outcomes. In FY23 6,000 service recovery tickets were raised and resolved, representing eight per cent of survey responses that expressed dissatisfaction. The insights gathered from the program support individual service recovery and also feed into continuous improvement processes within the schemes.

In FY23 icare's lead customer experience measure transitioned from NPS (Net Promoter Score) to CSAT (Customer Satisfaction), supported by a series of customer experience measures aligned to the broader NSW Government measurement framework. CSAT results show increased relevance for those we serve, with insights into areas for improvement and service quality ratings.

Customer satisfaction performance has been strong with all schemes at an overall level maintaining or improving on already high performance scores. The outcomes of these customer performance measurements for FY23 are reflected in each scheme section, under Customer Experience.

As well as transitioning icare's lead customer experience measure, icare's CXM program continued to evolve to ensure timely and accurate measurement of our performance against the moments that matter to those we serve. In particular, we reviewed our core customer experience measures to increase focus on the most important experiences in delivering outcomes, and applying these insights to shape continuous improvement across our schemes.

Customer Advocate

The Customer Advocate's purpose is to be a voice for those we serve and help icare's schemes deliver fair outcomes. To maintain operational independence, the Customer Advocate reports directly to the Group Executive, Risk and Governance and provides regular reporting and recommendations to the icare Board and Group Executives.

In FY23 the Customer Advocate Office expanded to enable the Customer Advocate to continue to ensure those icare serves are at the centre of decision making through customer governance, advocacy and resolution, while leading multiple customer uplift streams within the Enterprise Improvement Program.

In FY23 the Customer Advocate made progress across three areas of accountability:

- **Customer Governance** – designed an enterprise customer governance approach enabling icare to monitor and oversee performance against the SIRA Customer Service Conduct Principles which set out the regulatory expectations for how icare engages with customers. The approach ensures the discipline for monitoring and oversight in the delivery of timely and quality outcomes to customers is appropriately represented in governance processes.
- **Customer Advocacy** – delivered training, contributed to customer forums and developed guidance material to reinforce to icare employees the importance of making fair decisions and treating all customers with dignity, empathy, and respect, and to provide them with the tools and capabilities to do so. We advocated for the need to recognise customers experiencing complex circumstances or exhibiting challenging behaviours and published guidance to assist our people in responding to and supporting these customers.
- **Customer Resolution** – designed and implemented guidance for the schemes on best practice for managing complaints and providing fair outcomes. The Customer Advocate assisted the schemes to achieve the fair resolution of several sensitive and complex individual customer matters by completing Customer Advocate Complaint Reviews and making recommendations to the schemes on areas of improvement.

From those we serve

Helping others like him

Jason's story



It's so rewarding to help people adjust and to avoid making the same mistakes I made - helping them be as independent as they can be.

Twenty years ago a work-related car accident left Jason with a spinal cord injury, confined to a wheelchair, feeling hopeless and depressed. He now helps others in a similar position adjust to their new lives.

Jason receives care and support through icare's Workers Care Program which was established to improve the way treatment and care services are delivered to people who are severely injured at work.

Shortly after the accident, Jason was told by a surgeon he had every chance of walking again, but when that didn't happen, he fell into a deep depression. ***"I'd completely lost the life I knew,"*** Jason said.

As a single dad to his 10-year-old daughter, Tiahn, Jason was also worried about losing his identity as a father. After challenges finding suitable accommodation, doing business and admin courses at TAFE and applying unsuccessfully for numerous jobs, Jason started to use drugs and alcohol to cope.

Eight years ago things slowly started to turn around. ***"I woke up to myself and started seeing a drug and alcohol counsellor."***

By 2019 Jason hadn't worked for 18 years. icare supported Jason with a referral to a vocational provider who helped him identify career opportunities and provided coaching and advice for applications and interviews. He applied for a job at Spinal Cord Injuries Australia as a peer and family support coordinator.

Getting that job was another turning point. He is now one of a team of 11 people all with lived experience of disability who share their stories with new spinal injury patients both in hospital and in the community.

Working alongside clinicians, the team participates in education sessions on topics including bowel, bladder and pain management; driving after a spinal cord injury; travelling on public transport; sexuality and intimacy; skin care and pressure wounds; wheelchair skills and how to be safe.

Partnering with employers to protect NSW workers

ADSSI Limited, a not-for-profit home and community care business, recently participated in icare's Protect Together (P2) Program.

P2 is a voluntary injury prevention program for eligible NSW businesses. It connects NSW employers with icare's work, health and safety experts to develop practical improvements in injury prevention.

ADSSI experienced great results from the program including:

- in 2022 new workers compensation claims had reduced 44 per cent compared to 2020
- 99 per cent of workers now feel they have the resources to do their job safely
- more than 95 per cent of workers are now confident safety changes are communicated effectively.

With a focus to improve safety systems and reduce incidents and injuries in the workplace, the program resulted in a reduction in workers compensation claims and an uplifted safety culture.

icare's P2 Program included workplace site visits, a workplace health and safety (WHS) management system assessment, interviews with employees and a review of the safety culture.

We've seen our injuries to workers decrease through the initiatives we have put in place. Keeping the team safe is my number one priority, and to know they've been armed with the tools they need really makes me pleased.

- ADSSI Limited

We want to partner with NSW businesses to help them develop and implement prevention strategies that will protect their people and encourage good safety culture.

- Chris Harnett, icare General Manager Prevention



Our people

Fostering an open, constructive and accountable culture is key to driving and achieving our transformation.

Year in review

Our people are driving our transformation and we are working together to achieve our purpose, caring for the people and communities of New South Wales.

This purpose is the driving force behind the important work our people do each day. Over the past year we have continued to engage our people and drive deeper and more meaningful connection with our purpose.

We are creating clarity on how our people contribute to our organisation. We have tools to help them grow and develop capability and an employee experience that enables our people to thrive and bring their best selves to work each day.

Living our values

Our values are at the core of everything we do. They guide how we achieve, work together and the decisions we make.

Over the past year we have continued to embed our values across all aspects of our people experiences. A refreshed induction and new leadership development programs mean that from the first day an employee starts working with icare our values are clear and reinforced at each employee experience.

Supporting and further embedding the values, Our People recognition program continues to drive our people to call out those they work with who successfully demonstrate they are making a difference to icare and to those we serve.





Our Values

The revised purpose, vision and enterprise imperatives are underpinned by a set of core values for our people:

- **Driven.** We set ourselves challenging goals, take pride in our work, take calculated risks and lead change. We streamline processes and make it easy to do business with us
- **Ownership.** We take on the privilege and responsibility of serving the people of NSW. We think ahead, act, understand the needs of those we serve, and deliver on our promise – giving those we serve certainty that we will be there for them today and in the future
- **Together.** We create a safe, nurturing and progressive environment. We are transparent, risk aware, hold ourselves to high standards while celebrating success. We create an engaging work environment while making a difference in all we do
- **Curious.** We are curious and try new things that improve outcomes. We value and nurture diversity, feel safe to raise issues and share successes, failures, thoughts and experiences to create better outcomes. We think creatively to shape a better experience for those we serve
- **Passionate.** We put those we serve at the centre of everything we do, and care deeply about delivering great service. We ask questions and listen to learn and build understanding and empathy with those we serve. We are always focused on the human impact of our business – knowing those we serve are people like us.

Celebrating diversity

We recognise the importance of a diverse workforce and ensuring we represent the people and communities we serve. At icare we embrace people from all backgrounds, races, religions, abilities, genders, ages and sexualities.

We recently developed our 2023-2025 Inclusion & Diversity Plan that sets out our strategy to respect and value the diversity of those we serve and create a workplace that harnesses the innate differences of the people of NSW.

The Plan provides a strategic roadmap to continue delivering on our Inclusion & Diversity commitments and strengthen our existing foundations across four key areas of priority: Inclusive Culture, Accessibility, First Nations and Multiculturalism. To support delivery against this Plan, employee working groups have been reinvigorated and implemented to guide the activity and progress we make.

As part of delivering on these commitments, both Disability and Multicultural Inclusion action plans are being specifically refreshed to go beyond compliance and create systemic change, while we continue to deliver on our Inaugural Reconciliation Action Plan (RAP) launched in November 2022.

This gives clarity to how our people are expected to contribute to icare's inclusive culture and how we can listen to those we serve to deliver better outcomes.

Our Reflect RAP aims to develop relationships, build organisational awareness and capability and clarify icare's impact on improving First Nations outcomes. All icare team members were invited to join the launch which included a Welcome to Country, sharing the purpose and importance of our RAP as well as celebrating our commitment with traditional Aboriginal ceremonies.

Engaging our people and leaders

Part of fostering an open, constructive and accountable culture means seeking regular feedback from our people. These insights create clarity on what is working for our people and where action is needed to improve their experience.

Our most recent engagement and culture survey shows in FY23 we have made significant shifts in engaging employees and creating a constructive culture.

More of our people are now connected to our purpose, brand and values. This is thanks to ongoing investment in our leaders and supporting them to share our strategic direction and connect their teams with what we're achieving.

Our culture diagnostic shows our primary styles are constructive, and our passive-defensive and aggressive-defensive styles have reduced. This change confirms our leaders are listening to and supporting their people and are better equipped to navigate change.

Continued support and development of our leaders and enhanced performance and development frameworks and tools for our people will continue to drive and embed these positive changes.

Improving our employee experience so our people can thrive

Our people are key to driving our transformation and our long-term success. Continuing to foster our open, constructive and accountable culture, along with the right employee experiences, will ensure we deliver better outcomes.

Our People & Culture strategy will continue to drive change across the organisation. With our People & Culture foundations firmly strengthened over the past year, our focus is now on accelerating and amplifying our activity to deliver better outcomes.

Our key focus areas for the coming years are:

- embedding our enhanced approach to performance and development, creating clarity, building employee capability and accelerating momentum through continuous performance conversations
- refining and enhancing a unified digital employee experience platform, ensuring our people have the tools they need to thrive at icare
- implementing an enhanced Work, Health and Safety management system to strengthen our provision of a psychosocially safe and sustainable hybrid working environment for our people
- ongoing delivery and embedment of icare's capability framework to allow transition to new ways of working and improved performance
- enhancing the employee experience by enabling employee self-service and leader ownership of activity
- embedding our cultural transformation to support our people to thrive and the delivery of our icare strategy.

These priorities guide our way forward and will enable us to deliver on our purpose and drive better outcomes for those we serve.

In the past 12 months, more than 600 nominations have been received to recognise our people for living our values.



Functional organisational chart*



*at 30 June 2023.

Richard Harding

Chief Executive Officer and Managing Director

Richard joined icare as CEO and Managing Director in January 2021. He brings more than 35 years of financial experience, including the last 14 as a CEO in the insurance industry.

Richard's career experience spans both short and long-tail insurance as well as statutory-regulated schemes across workers compensation and Comprehensive Third Party insurance.

Most recently, he was CEO of Tower Insurance based in New Zealand for five years and during this time, he successfully turned the business around to become a fast-growing digital challenger. Before this, he spent six years as the CEO of TIO, Australia's last government-owned commercial insurer and the Nominal CTP Insurer for the Northern Territory.

With experience across both the public and private sectors, Richard is a values-driven leader with a passion for improving customer outcomes through innovation.

Dr Nick Allsop

Group Executive, Lifetime Schemes

Nick is an insurance professional and qualified actuary with more than 20 years' corporate and consulting experience.

He has built and led teams focused on delivering customer outcomes across claims management, finance, analytics and actuarial functions. At icare he has held the role of Chief Actuary, Chief Financial Officer and Group Executive, Lifetime Schemes.

Before joining icare, he was General Manager Actuarial & Analytics at Allianz Australia and held a number of actuarial consulting roles at Ernst & Young, PwC and AON. He holds a Ph.D. in Mathematics and is a Fellow of the Actuarial Institutes in Australia and the United Kingdom.

Anne Clarke

Group Executive, Risk and Governance

Anne has over 25 years' experience in financial services, including as a lawyer in the financial services practice at Mallesons Stephen Jacques (now King Wood Mallesons) and Executive Counsel at Herbert Smith Freehills advising trustees, life insurers and corporations on a wide range of matters.

Since 2014 she has held various executive roles including Chief General Counsel and Chief Risk Officer at TAL. In addition to these traditional legal and risk roles, Anne has been responsible for Internal Dispute Resolution, External Dispute Resolution, Regulatory Affairs, Company Secretary, the Office of the Trustee and served on several boards.

Anne builds and leads effective and high performing teams and is well regarded in the financial services industry for her risk, legal, strategic and regulatory skills.

Stuart Farquharson

Chief Financial Officer

Stuart Farquharson joined icare in October 2022 as Chief Financial Officer (CFO). He brings a unique blend of experience including finance and commercial leadership across the general, life and health insurance sectors.

He is a seasoned CFO and has a demonstrated track record in building successful teams, managing transformation and driving positive commercial outcomes for each of these organisations.

Stuart joined icare from the global insurer Zurich where he was CFO of their Australian and New Zealand general insurance business. Prior to Zurich, Stuart held CFO roles at AIG Australia, Citibank, Manchester Unity and Hollard Insurance. He is a Chartered Accountant and has Bachelor of Commerce, Bachelor of Accounting and Master of Business Administration degrees.

Mary Maini

Group Executive, Workers Compensation

Mary Maini led the Workers Compensation business and brings a wealth of experience in the insurance sector with more than 25 years in regulatory and leadership roles.

Mary has led customer service, health services, compliance and assurance, strategy, pricing, organisational change and accountability for business lines.

She has led both private and public sector teams across the insurance industry with leadership roles in general insurance (workers compensation, CTP, liability, property) and the life insurance sector. Most recently, Mary led the implementation of the once-in-a-generation Compulsory Third Party (CTP) reforms in NSW.

Amanda-Lea Smith

Group Executive, People and Culture

Amanda-Lea has over 20 years' broad industry experience spanning professional services, consumer, energy and utilities and financial services in both public and private sector settings.

Amanda-Lea has led human resource and safety transformations, including enterprise-level operating model transitions, cultural change, employee engagement, talent and performance management. As well as building and leading high performing teams, she has experience leading across a range of disciplines including corporate affairs, sales, retail, customer service, environment and facilities.

She joined icare in November 2021 from Credit Union SA where she was Chief People and Strategy Officer.

Previously she was Executive General Manager, People, Culture and Safety at Power and Water Corporation in the Northern Territory and General Manager Human Resources at Australian Vintage Ltd.

Michelle Taylor

Group Executive, Strategy and Customer

Michelle Taylor joined icare in 2022 and leads the Strategy, Customer, Stakeholder Relations, and Innovation and Partnerships functions.

Michelle has more than 25 years of experience in strategy, communication and culture across a range of industries including financial services, property and health.

Before joining icare, Michelle was the Chief Executive People, Corporate Affairs and Strategy at an ASX-listed financial services business, where she led a customer-focused strategic reset and built collaborative stakeholder engagement.

Michelle has a Masters in Communication Management and is a Graduate of the Australian Institute of Company Directors.

Tony Wessling

Group Executive, Insurance for NSW and HBCF

Tony has over 20 years' experience in the financial services sector in Australia and overseas covering strategic consulting, mergers and acquisitions, product management, digital distribution and transformation delivery.

Before joining icare, Tony was Chief Officer, Strategy and Transformation at HCF where he led the Private Health Insurance and Life Insurance product management teams as well as Strategy, Innovation and Transformation functions. He also spent eight years at Suncorp Group in several operational and strategic executive roles.

Celebrating our people

Our values guide how we solve problems, the decisions we make, how we work together to achieve, and how we show up for those we serve. Living our values is a vital part of our business and our culture at icare.

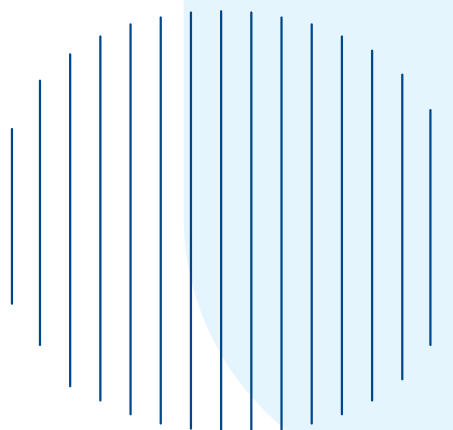
The Our People awards form part of icare's employee recognition program. The awards are designed to recognise and celebrate our people who are living our values and making a difference and reinforce individual and team behaviours, practices and activities, aligned with icare's values.

The quarterly and annual winners of the Our People awards are the people who work together, are passionate, curious, driven and take ownership – they're driving real change from the work they do and helping make a difference for the people we serve.

Our annual winners are listed below, followed by some of the great stories behind their awards.

Individual winners: Makaela Barnett, Jeffrey Chee, Adam Cranney, Rebecca Kelly, Rasa Nishizono, Kylie Richan and Neel Singh.

Winning teams: Complaints elearn module team, CTP Care Pilot and Service Development Team, Dust Diseases Care Relocation Project team, elearn module team, Ministerial and Parliamentary Services team and Southern Region Lifetime Care team.



Our People awards winner: 2023 Employee of the year

Kylie Richan



Kylie was recognised for living our values daily as part of our government relations team. She is responsible for reviewing official government correspondence and actioning any steps that need to be taken.

Often speaking with injured workers who've raised a concern, the conversations can be tough, especially if they are experiencing mental health issues. In her role, Kylie has demonstrated strong professional conduct, building rapport, supporting individuals through difficult welfare situations and seeking to deliver constructive outcomes at all times.

"Since I was raised by two incredibly passionate parents, I'm lucky to have the value of helping others instilled in me. So, I don't take it personally when I see someone in distress not

being able to control their emotions and react negatively. I know the person I'm speaking with is a human being who is suffering," Kylie said.

Her approach shows a clear appreciation for the human impact of our business and is an example of commitment to the people we serve. Kylie has shown resilience and perseverance, she is always reliable, professional and a great example of living our values.

Our People awards winner: Leader of the year

Makaela Barnett



Makaela was recognised for bringing people together through her genuine passion for icare's purpose and love of people.

Makaela led her team to develop icare's Operational Support internal digital site, providing icare employees with access to important documents, reporting and key information.

Makaela was nominated in our quarterly awards for exemplifying the value of Together by connecting and inspiring her team, implementing digital solutions that support team members to connect, recognise each other and share achievements.

"Leadership to me means creating a shared sense of purpose and inspiring and motivating others to work towards this, by setting clear

direction, leading by example, and creating an environment where everyone feels valued and inspired to contribute their best. To me, being able to lead a team is a privilege and it's incredibly rewarding to be able to have a positive impact on those around me," Makaela said.

The high performance in her role, along with her team's engagement level, are reflective of why Makaela was chosen as icare's leader of the year.

Our People awards winner: Passionate

Adam Cranney



Adam established icare's first refugee recruitment process and recruited Mujeeb Noori, a refugee from Afghanistan.

Adam took ownership to develop and implement a refugee recruitment intake for a vacant role in his team. Adam says that growing up in public housing made him never take anything for granted and that this made him passionate about helping people in need from an early age.

Mujeeb, who came to Australia last August, believes Adam's guidance, mentorship, and patience have made working for icare an incredibly rewarding experience. Mujeeb says that Adam fostered a positive work environment and went above and beyond to help not only him but also his family.

Adam's passion didn't end with one recruitment. He has volunteered to guide a small group of refugee participants through workshops to prepare them for their professional internships in Australia. Adam also started arrangements with an Australian registered disability enterprise to provide print services to icare.

Our People awards winner: Driven

Jeffrey Chee



Jeffrey leads the Gosford Service Administration Team, taking an average of 3,000 calls a month from the people we serve.

Together with his team, Jeffrey supports injured workers and their families in their journey, ensuring that the right information and people are connected, so case managers have all the detail they need to support injured workers.

In a short space of time, Jeffrey led his team to implement new processes that make this a simpler and easier experience for those we serve. This included streamlining existing processes and embedding actions that supported people with empathy, consideration, and care.

Jeffrey says he is focused on problem solving and making continuous improvement and supporting people through what can be a difficult period in their lives, and that it's fantastic to have the support of his team and icare to make a difference for the people of New South Wales.

Strategy

Strategy update

icare established its five-year enterprise strategy in FY2021-22, redefining and clarifying our purpose, vision and strategic imperatives. This underpins our focus on providing better services for the people and communities of NSW.

Our purpose is to **care for the people of NSW, building confidence and trust so our communities can thrive**

- we care for the individuals, businesses and communities of NSW. “Care” is no longer the name of a business unit or division but a description of how we act, common to everyone across icare
- we are a proud NSW government agency. We don’t have shareholders – we exist only for the people of NSW
- as an insurer, we serve a broader purpose that underpins societal growth by pooling and mitigating risk in the communities we serve
- trust and confidence are essential for NSW as a community and society to continue to grow and thrive.

Our vision is to **make the complex simple, so our schemes deliver better outcomes for people and communities**

- we operate in an inherently complex environment with constantly evolving legislation, regulations, societal and technical developments
- those we serve and our stakeholders are not shielded from this complexity





- our vision compels us to make it easier for those we serve by simplifying their interactions with our schemes and supporting them with empathy
- we aim to empower people and communities, and being open and transparent with our data, enables them to make better choices
- we aim to simplify the manual, tedious and form-based processes to empower our people to focus on the more valuable activities of caring for those we serve.

Our purpose and vision will be achieved through the successful execution of five **enterprise imperatives**:

Simplify for those we serve

- simplify processes to enable efficient and effective delivery of various services to those we serve
- embrace a digital-first mindset, enabling us to focus human capacity on high-value interactions
- develop service channels to meet the needs of those we serve and incorporate emerging healthcare technology.

Support our schemes

- simplify how we operate, evolving the corporate centre to focus on scheme outcomes
- identify and drive cross-scheme synergies
- have appropriate corporate and governance structures in place to manage risk.

Make information accessible

- improve the quality of our data and achieve mastery of all our data sources
- make information more broadly and securely available both to our people and our stakeholders to improve understanding and decision making
- promote self-service options to create independence
- build data science and analytics capabilities to improve insight-to-action outcomes.

Build a constructive culture

- create a culture where our people are driven, take ownership, work together, and are curious and passionate about delivering our purpose and vision
- strengthen icare leadership, implement performance management and development practices to drive performance and recognise high performers
- transform communications to drive an open and connected organisation with a highly engaged workforce and unique employee proposition.

Lift partner performance

- build partnerships with our delivery partners and build capability to manage performance to optimise outcomes for those we serve
- align incentives to hold partners to account, while providing competition to stimulate innovation, and giving partners the motivation to invest and innovate
- build industry capability and career paths.

Paralympians changing workplace safety attitudes

icare's Paralympian Speakers Program continues to be popular with employers wanting a unique way to raise the awareness of workplace health and safety with their teams.

During FY23 icare hosted 217 tailored presentations by Paralympians who have been affected by a workplace injury.

The eight Paralympian speakers visit workplaces to share personal stories of their own workplace accidents and the impact it has had on not only their lives, but those of their friends, family and colleagues.

Run in partnership with Paralympic Australia, the free program aims to help icare customers empower their people and reduce their workplace incidents, as well as improve return-to-work outcomes.

Medal-winning Paralympian weightlifter Kahi Puru says he shares the story of losing his leg in a forklift accident ***"so the businesses I visit can really deeply engage their teams on the importance of workplace health and safety"***.

He encourages workers to listen carefully to safety training and speak up whenever they identify a risk, no matter how small.

"Accidents can happen to anyone, at any time. Sometimes people with decades of experience in driving or operating a machine can slip up. Sometimes it's the inexperienced staff. My message is for everyone in the workplace to play their part," Kahi said.



FY24 priorities – Lifetime Schemes

Strategic Imperatives	Priorities
Simplify for those we serve	Support a person-centred service model through self-service, automation and use of technology <ul style="list-style-type: none"> • automate repetitive back-office tasks to better enable scalability • uplift and migrate Dust Diseases Care (DDC) technology platforms to a simpler common platform • refine the CTP Care operating model and technology to support new clients and plan for the future-state operating model • enable greater self-service • refresh and refine communication material to provide clarity and improved experience.
Make information accessible	Enable greater independence through self-management and addressing service gaps <ul style="list-style-type: none"> • provide enhanced self-management options • uplift dust disease screening capabilities (mobile and fixed) to enable early detection • model and predict future participant and client needs and service supply to support better decision making.
Lift partner performance	Develop our provider network and champion attendant care as a career <ul style="list-style-type: none"> • design training and promote attendant care as a career to help address industry shortages • broaden our service provider set to support a full suite of CTP Care client needs • develop a third-party management framework to better enable service delivery across all providers (attendant care, home modifications etc).
Support our schemes	Position our schemes to sustainably scale over the long term <ul style="list-style-type: none"> • centralise operational support functions to support the scalability of the Lifetime Schemes model • design and implement the long-term CTP Care operating model to support the rapid ongoing growth in client numbers • design and implement the Dust Diseases Care operating model to better support workers and their dependants.
Build a constructive culture	Create an environment that fosters innovation and challenges the status quo <ul style="list-style-type: none"> • work with other icare schemes to drive innovation and support for lower complexity clients • embed icare's values and uplift the capabilities of our leaders to support delivery of our strategy • build a strong risk management culture including the identification and mitigation of risks.

FY24 priorities – Insurance for NSW (IfNSW) and Home Building Compensation Fund (HBCF)

Strategic Imperatives	Priorities
Simplify for those we serve	Enhance experience and ease of interaction for those we serve <ul style="list-style-type: none"> • enhance our agency, builder and broker portals to improve self-service capability • clarify and streamline agency, icare and provider roles to improve worker outcomes and ensure co-ordinated stakeholder interactions • automate, simplify and digitise key processes to enhance claims management and customer experience • refine and improve the agency value proposition and segmentation model to improve our service, offer greater choice, flexibility and value.
Make information accessible	Drive an integrated, data-led agenda to mitigate “whole-of-government risk” <ul style="list-style-type: none"> • support agencies through collating data, developing insights and timely reporting to improve claim and risk decision making • develop scheme-based risk management strategies to ensure a consistent approach to risk identification, mitigation and scheme sustainability • address policy/regulatory inhibitors through analysis and insights and engagement with key stakeholders in our role as a trusted advisor • develop effective strategies to address emerging and adverse trends in risk exposures, claims and liabilities.
Lift partner performance	Increase provider efficiency, effectiveness, performance and competition aligned to scheme sustainability outcomes <ul style="list-style-type: none"> • finalise provider contracts to improve performance and alignment of Claims Service Providers (CSPs) and agencies across Workers Compensation in the Treasury Managed Fund (TMF) • ensure TMF Workers Compensation CSPs are focused on improving the injured worker experience and outcomes for psychological claims • align Workers Compensation CSP KPIs to strategic priorities to drive improved customer experience and claims outcomes • work with general lines service providers to ensure there is sufficient capacity to meet the increased demands associated with catastrophic events • for HBCF, enable a Hybrid Distribution Operating Model by offering choice to builders for eligibility and policies by improving current HBCF capabilities, closing out the Independent Pricing and Regulatory Tribunal (IPART) recommendations • enable icare to improve performance, increase transparency and provide claims portability for NSW Government agencies, delivered through a dedicated transformation program.

Strategic Imperatives	Priorities
Support our schemes	<p>Enable simplicity, flexibility and enhanced service through functional platforms</p> <ul style="list-style-type: none"> • start development of the TMF Workers Compensation single claims platform that supports implementation of the target operating model and decommissioning of legacy systems • build data and digital capabilities to support icare and agencies to achieve better injured worker and claim outcomes • continue joint initiatives with NSW Government agencies and Claims Service Providers, such as Front of Mind, that support better outcomes for injured workers.
Build a constructive culture	<p>Set our people up for success enabling them to deliver exceptional service to those we serve</p> <ul style="list-style-type: none"> • leverage the latest technology platforms and tools to help our people better understand and assist those we serve • ensure the right teams, recruitment, retention, development, capabilities, career paths and roles are in place to support a high-performing team • work collaboratively with agencies and CSPs to improve governance, transparency and alignment of priorities and outcomes • embed icare's values and uplift the capabilities of our leaders to support the delivery of our strategy • build a strong risk management culture including the identification and mitigation of risks.

FY24 priorities – Workers Compensation Nominal Insurer

Strategic Imperatives	Priorities
Simplify for those we serve	<p>Delivering experiences and technology through the lens of those we serve</p> <ul style="list-style-type: none"> • empower CSPs to simplify interactions for employers and injured workers • develop self-service tools for employers and workers to simplify their interactions • streamline, digitise and automate our processes to reduce administrative burden • enhance existing and develop new technology to give those we serve further clarity over our processes and decision making to promote transparency and fairness • enhance integration with employers and CSP systems to improve automation and convenience.

Strategic Imperatives	Priorities
Make information accessible	Empowering those we serve with transparent data and insights to facilitate choice and promote independence <ul style="list-style-type: none"> • provide transparent performance data on CSPs and ourselves to drive accountability and performance improvement • give eligible employers the insights and information they need to choose the best CSP for them • improve data quality and leverage insights in our decision making to strengthen our strategies (including strategic partnering and management of CSPs, prevention and mental health) • innovate and collaborate to identify risks and share learnings to support prevention at scale.
Lift partner performance	Supporting employers and being a manager of claims managers <ul style="list-style-type: none"> • embed the new claims model, building a competitive marketplace to enable choice for employers • introduce a specialised claims model (initially in the Nominal Insurer) for the management of psychological injury claims • embed the CSP model with the right skills, data and monitoring to be successful and improve claims outcomes • publish performance data to enable new employers to choose a CSP • incentivise CSPs to invest in innovation and case manager capability • implement transition plans for portfolio reallocations under the new model.
Support our schemes	Deliver scheme sustainability through efficient delivery and scale <ul style="list-style-type: none"> • enhance icare's platform(s) to uplift utilisation, improve integration and drive process optimisation • implement continuous improvement programs to drive productivity, encourage innovation and improve scheme sustainability • embed claims and portfolio reporting to support better decision making • embed a remuneration model that supports the new claims model and incentivises performance improvement.
Build a constructive culture	Invest in our people to create a highly capable and collaborative team <ul style="list-style-type: none"> • drive innovation and leverage technology to help our people support those we serve • ensure the right teams, capabilities, careers, tools and roles are in place to support a high-performing function • embed icare's values and uplift the capabilities of our leaders to support delivery of our strategy • build a strong risk management culture including the identification and mitigation of risks.

Improvement Program

The icare Improvement Program is a multi-year program of work enhancing policies, processes, systems, culture and our approach to the people we serve. It is managed across two sub-programs - Enterprise Improvement and Nominal Insurer Improvement - and addresses the recommendations of two independent reviews of icare.

Year in review

The Enterprise Improvement Program comprised of six workstreams in FY23: Governance, Risk Uplift, Procurement Uplift, Customer Uplift, Culture and Accountability and Enterprise Sustainability. These are designed to focus our corporate functions to improve scheme performance.

The Nominal Insurer Improvement Program relates to Nominal Insurer scheme-specific improvements and was comprised of five workstreams in FY23: Return to Work Performance, Claims Model, Claims Service Provider (CSP) Procurement and Performance, CSP Transition and Professional Standards and Capability.

icare is committed to transparency. External assurer Promontory Australia, engaged by icare, provides independent assurance of the Program's progress, assessing whether the desired changes have been embedded in the organisation. Promontory's Quarterly Update Reports are available on the icare website.



What might we help injured workers achieve by July 2025 to be done in 2025?

What is the injured worker thinking, feeling and doing throughout the experience?

Today I got into an accident in my delivery van and broke my wrist. I am worrying about how I will support my family if I can't work and how this could impact my future employment. In the back of my mind I remember that I might be eligible for worker's compensation. When I go to the doctor, they confirm my injury.



Injured worker

Employer



Enterprise Imperative 2
Make our information accessible and available to improve understanding and decision-making for our ecosystem

Develop a digital process strategy to ensure injured workers can access and resources 24/7 through their channel of choice

After calling my Employer to tell them about my injury, I was given my claim number. When I called my Employer, I was told that I was eligible for worker's compensation. I was also told that I could get medical treatments using my private insurance. I was also told that I could get a second opinion if I needed it.



85% of employees are aware that they need to report an injury within 30 days of the incident to be eligible for worker's compensation.

85% of employees think it is hard to prove the work is the cause of a psychological claim.

My employee, Kai, calls me and tells me he has had an accident during a delivery. I first make sure he is safe and encourage him to see a doctor. After the call, I worry about managing deliveries the next day and keep my business running. When he is recovering, I contact my insurer, who sends me a claim form.

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While we recognise the work is ongoing, the progress made in FY23 builds strongly on the foundations from the previous years. More than half of the program's initiatives have completed delivery, with the remaining initiatives on track for FY24 completion.

Key areas of focus in FY23 shifted from design and initial remediation, to implementing more complex priorities and enabling deep embedment of reform. This will help ensure icare's ongoing improvement with the goal of long-term sustainable positive outcomes.

Progress through FY23

Continuing to build capability and structures improving governance, accountability and culture

- we improved our project management approach to drive stronger prioritisation and disciplined focus on business benefits through new prioritisation processes, requirements to use mandated business case templates and a post implementation review process
- governance processes were assessed to facilitate streamlined information flow between the Minister and the Board and to ensure Committees were operating as outlined in charters, with clarity on purpose and responsibilities
- board governance processes to ensure Board effectiveness are now in place including consideration of Board skill diversity, training needs and succession planning
- the Inspire Leadership Program has been rolled out to Group Executives, senior leaders and people leaders to improve icare's leadership capabilities, incorporating leadership feedback and development to drive cultural change
- recruitment, induction, performance, development and reward policies and practices have been reviewed and updated to align these with, and reinforce, icare's expectations and values.

Continuing to strengthen risk, compliance and procurement practices

- having been significantly uplifted in FY22, our main risk management policies, including the Risk Management Framework (RMF), went through their standard annual cycle of review and update, considering feedback from our first line risk teams and senior leadership team
- we embedded updates to our central governance, risks and controls (GRC) system through training and workshops. The updates now enable all risks, obligations, controls, issues, and operational incidents to be captured, managed, and monitored in one system that is accessible to

everyone in icare. Throughout FY23 we have made further enhancements to the GRC system based on the feedback from system users

- business unit risk meetings were embedded to ensure the regular oversight and monitoring of the processes for identifying, assessing, managing and monitoring business unit risks and business issues and incidents
- we refined the Fraud and Corruption Control Policy and implemented an Obligations Register and provided training and communications to increase employee awareness of icare's obligations and commitment to good governance and strong processes
- the icare "Procurement Central" system is now in operation, improving tracking and governance around purchasing and procurement activities
- procurement capability and practices have been uplifted, strengthening compliance, transparency, frameworks and procedures
- delegation policies have been updated
- contract register and executive dashboards have been implemented to enable better planning, tendering and contract management activities
- as part of an ongoing focus on operational efficiency, icare undertook a review of operating expenses incurred from FY20 to FY22. This confirmed a decrease in expenses incurred during this period. icare continues to focus on improving operating efficiency.

A focus on the people we serve

- The Customer Advocate role was operationalised, incorporating the Customer Advocate's primary areas of accountability and focus into scheme and enterprise governance activities and forums through:
 - design of icare's Customer Governance approach enabling schemes to meet the State Insurance Regulatory Authority (SIRA) Customer Service Conduct Principles
 - development of Fair Decision Making Principles and Complex Customer Circumstances Guidelines empowering our people to deliver fair outcomes for those we serve

- initial implementation of the Complaints and CRM Uplift initiatives, designed to deliver a consistent and coordinated approach to complaints management and the ability to identify and drive continuous improvement
- Customer Advocate reporting and insights have also been incorporated into icare's governance and risk routines
- stakeholder approaches and structures set out under the Stakeholder Accountability Framework were formalised and feedback measures were included in routine reporting to allow opportunities for improvement to be identified and realised
- we have embedded Customer Satisfaction Score (CSAT) as our primary measure of customer satisfaction. Now that it has been in place for a year, our understanding of customer satisfaction and drivers is allowing us to focus more deeply on the people we serve.

Improving workers compensation performance

- significant steps were taken to develop and roll out an enhanced claims model for the Nominal Insurer (NI) workers compensation scheme which will provide simpler, better care for injured workers. An open market (Request for Proposal) tender process was completed in 2022, and icare now partners with Allianz, DXC Technology, EML, Gallagher Bassett, GIO and QBE, to deliver claims services for the NI scheme
- all six CSPs will handle all types of workers compensation claims, including claims for physical and psychological injuries. Four of these companies — Allianz, DXC, EML and Gallagher Bassett — also provide specialist services to manage psychological injuries claims and have Case Managers with specific training and experience in these types of complex claims that aims to improve outcomes for those we serve including return to work
- the new claims model represents a major reset for the workers compensation scheme to help injured workers return to work faster, give employers greater choice of providers and deliver improved financial sustainability for the scheme over time. See page 44 for more information on the new claims model.
- individuals will be able to use this Framework to progress their careers and professional development, as well as obtain recognition of prior learning through the Personal Injury Education Foundation (PIEF) to complete a Certificate IV in Personal Injury Management, an industry first
- the structure of the Framework and its standardised assessment practice was co-designed with CSPs including consultation with regulators and interjurisdictional counterparts. A cycle of continuous improvement has been established through a quarterly Learning Governance Forum, which will include an annual review
- icare has completed scheme-wide baseline assessment against the Professional Standards Framework's required competencies and the results will be used to drive targeted capability uplift for New South Wales. This represents the first qualitative standardised competency assessment for workers compensation in the country.

Given the size of the Improvement Program and the level of importance it has been assigned by icare, the above list consists of only some of the achievements in the past 12 months.

As the Improvement Program has been an icare-wide priority, further detail on the program and its many initiatives can be found in various sections throughout this report and on the icare website.

Creating a profession for case managers

- in March 2023, the final version of the Professional Standards Framework for frontline Claims Management Professionals was released. The Framework that icare developed sets out the practices, skills, knowledge and behaviours that are critical for claims management professionals to provide high standards of service for injured workers and employers



Operations and Performance

Workers Compensation

The Nominal Insurer is the largest private sector workers compensation insurer in NSW and administers the NSW Workers Compensation Insurance Fund and Nominal Insurer Scheme. In FY23 it managed more than 68,000 new claims and helped those people injured at work through income protection, treatment and care and return to work support.

The Nominal Insurer Scheme (scheme) has a unique statutory, governance and regulatory structure with an unconditional licence to issue insurance policies to NSW employers. It is regulated by the State Insurance Regulatory Authority (SIRA), an independent agency located in the NSW Department of Customer Service.

The Scheme is funded by employer premiums, which are used to cover claims costs, statutory levies and scheme operating costs. Our investment returns also provide for the future needs of injured workers and cover associated operating costs, helping us to maintain affordable premiums and ensure long-term scheme sustainability.





icare's Paralympian Speaker Nigel Smith with Rheem's workplace health and safety team at their manufacturing site in Sydney.

Year in review

New claims model

The cornerstone of the Nominal Insurer's continuous improvement program is a new claims management model. The model aims to better support our injured workers and employers and improve scheme performance by harnessing competitive market forces across a panel of Claims Service Providers (CSPs)..

In calendar year 2022, a rigorous open market request for proposal was completed and six CSPs were appointed: Allianz, EML, GIO, and QBE, with new providers, DXC Technology (DXC) and Gallagher Bassett (GB) joining in 2023. Four of the providers (Allianz, DXC, EML and GB) also provide specialised management of mental health claims. There is a growing need for such services as one in five Australians experience a mental health issue every year¹. The six providers form a panel of CSPs with different offerings and will be expanded over time.

The principal features of the new model include:

- market competition through the appointment of six CSPs
- performance transparency through publishing of key quality and operational metrics for all CSPs
- a remuneration model that incentivises CSP performance improvement and innovation
- choice of CSP for employers over time
- choice of CSP with specialist mental health capabilities
- uplifted case management capabilities in the sector through the Professional Standards Framework providing a career path and encouraging tenure of staff
- a central icare claims technology platform and a central telephony and incident management platform.

Implementing the model

A staged and measured approach has been adopted to ensure a smooth transition to the new claims model. This required extensive consultation with a range of stakeholders.

While incumbent CSPs (Allianz, EML, GIO and QBE) were onboarded on 1 January 2023, the number of CSPs continue to expand with Gallagher Bassett successfully going live on 1 July 2023 and DXC Technology to be onboarded in late 2023.

A Claims Provider Performance Management Framework was developed to govern and manage performance expectations and includes new robust reporting.

Enhanced information system functionality has enabled a multi-CSP claims management environment and allows icare to manage new and existing policy allocations. It has also enabled simplified communications with brokers, employers and injured workers.

Employers with an average premium of more than \$500,000 are eligible to choose their CSP through the icare online portal. Gradually more employers will be eligible to make an informed choice of CSP as the average premium threshold is lowered.

A phased transfer of policies and claims among CSPs will continue throughout 2023 to ensure fair market share.

Through ongoing consultation and performance meetings, clear expectations of performance standards, roles and responsibilities have been established that will lead to better outcomes for the people that we serve.

Over the next 18 months, the model will be embedded, and success will be measured through key performance indicators including experience satisfaction measures and return to work.

¹ https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/1-facts_figures.pdf, accessed 1 August 2023

Return to Work (RTW) performance program

In FY23 we implemented a range of initiatives to help return injured workers to health and work, including:

- early intervention focusing on claims from date of injury to 13 weeks. This includes targeted use of workplace rehabilitation providers in the first four weeks of a claim
- a small employer strategy for when the employer has challenges with return to work and providing suitable duties
- referrals to workplace rehabilitation providers and promotion of SIRA programs including work trial, training, and transition to work
- mental health claims initiatives including an improved online hub for injured workers and employers
- continual focus on improving work capacity decisions and active management of the Tail Liability¹ by embedding tailored claims strategies to support workers who may be impacted by section 39 (cessation of weekly benefits) and section 59A (cessation of medical benefits) of the *Workers Compensation Act 1987*
- targeted cohort management focused on building capacity for workers with high needs and increasing opportunities to apply commutations and share knowledge across the scheme.

The new performance-based contracts with CSPs will be measuring key early intervention activity which should drive RTW improvements through the early claims cohorts.

icare Claims Team Test & Learn

In February 2023, icare formed a new team to help address the rise in psychological injury claims. It seeks to improve outcomes for psychological injury claims by piloting new initiatives and sharing findings with CSPs across the Treasury Managed Fund and Nominal Insurer. The team is focused on changes to communication, behaviours and ways of engaging with employers and workers. These areas have been identified as critical to achieving better outcomes.

The team will trial initiatives that respond to cultural, systemic and capability barriers within the scheme. An evaluation framework is being developed.

Early initiatives include:

- early intervention to improve injured worker support, early adjustment to RTW goals and to ensure treatment is in place for the injured worker
- design and provision of resources tailored for small employers to support RTW
- implementation of peer coaching
- improving capability for all case managers with a nine-module training program
- piloting the use of digital wellbeing apps for case managers.

Access to treatment is a critical issue to support recovery. To 30 June 2023, 68 per cent of the workers in this pilot have needed icare's assistance to ensure access to psychological treatment.

Mental Health Claims Hub

Mental health pressures are rising for both employers and workers.

In FY23, icare launched the Mental Health Claims Hub (Hub) as an information resource on the icare website. The purpose of the Hub is to make it easier for workers and employers to access the information and help they need to understand a mental health claim in the workplace.

The content in the Hub has been tailored to support both injured workers and employers, as they have different experiences and roles to play in a mental health claim. The Hub explains the process of making a mental health claim, what to expect after lodging a claim and provides guidance for employers on how to support their workers to return to health and work.

¹ Tail liability refers to long term claim duration

Professional Standards Framework and capability

In March 2023, the Professional Standards Framework (the Framework) for frontline claims management professionals was finalised and released. The Framework sets out the practices, skills, knowledge and behaviours for claims management professionals to provide high standards of service for the workers and employers we serve.

Individuals can use the Framework to progress their careers and professional development, as well as obtain recognition of prior learning through the Personal Injury Education Foundation (PIEF). This provides subject credits towards completing a Certificate IV in Personal Injury Management, an industry first.

icare has completed scheme-wide baseline assessment against the Framework's required competencies and the results will be used to drive targeted capability uplift for NSW. This represents the first qualitative standardised competency assessment for frontline workers in workers compensation in the country.



Other achievements

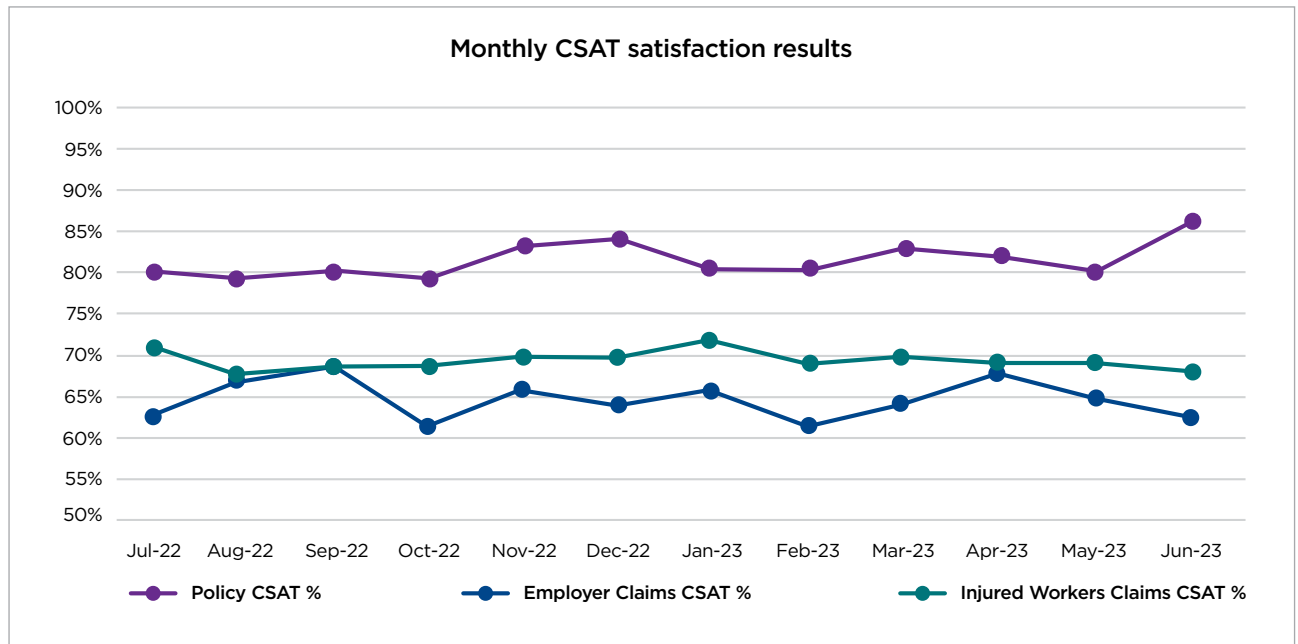
- executed contracts with 65 third-party service providers who tendered for workplace rehabilitation, medico-legal and investigation services
- released system and process enhancements to deliver more accurate payments to injured workers and improve the user experience for claims managers
- created a dashboard of 31 new lead and three lag indicators of recovery through work measures. The Nominal Insurer dashboard will be released in FY24.

Customer experience

The Nominal Insurer aims to improve the outcomes and experience for injured workers and employers.

icare and CSPs have a range of initiatives in place to drive improvements in customer experience across claims and policy. Initiatives include proactive communications, call coaching, early intervention, targeted industry programs, and greater use of digital solutions such as timeline videos to explain the claims process.

The graph below details the CSAT rating provided by our customers in FY23.



Employer Policy CSAT remained consistently high throughout FY23. This reflects the continuous improvement initiatives conducted by the icare Policy and Underwriting Team including automation and simplification of processes.

Injured worker CSAT remained relatively stable, with the focus on maintaining stability for injured workers and employers as we undertook significant foundational work to establish our new claims model, which aims to drive improvements in experience in future.

Financial performance*

FY23 (\$m)	Nominal Insurer
Net Earned Premiums/Contribution (incl hindsight adjustments)	3,907
Net Claims Expense/Scheme Costs	(4,482)
Underwriting & Other Expenses	(1,149)
Underwriting Result	(1,724)
Net Investment Revenue	1,157
Other income/adjustments	28
Net Result	(539)
Funding Ratio	92%
Insurance Ratio	100%
Investment Funds Under Management	17.6bn
Investment Return	7.2%

*The financial information in this table is unaudited. Audited financial information is included in Volume 2 of this Annual Report.

Funding of the scheme is measured using both a funding ratio and insurance ratio. As at 30 June 2023, the funding ratio of the scheme is 92%, and the insurance ratio is 100%. The insurance ratio is calculated using a 5.5% discount rate, based on the investment return expectation for the scheme, instead of the risk-free rate required by accounting standards. Both the funding ratio and insurance ratio for the scheme's liabilities have an 11% risk margin in addition to the best estimates of liabilities.

As a statutory scheme funded by employer premiums, the scheme's funding arrangements are different to private sector insurance. The scheme manages financial risks across a longer time horizon than private sector insurance, with premium income that is more predictable and a claims payment profile that is much longer. The scheme's Capital Management Policy uses the insurance ratio and its outlook as the primary metric of the scheme's ability to pay claims and expenses into the future, as recommended by the McDougall Review. The funding ratio and cash flows are also considered.

The scheme's insurance ratio of 100% as at 30 June 2023 is outside the target operating zone of the Capital Management Policy. A business plan to return the scheme to the target operating zone is being implemented.

Over the last year, several factors have contributed to these results:

- investment funds under management are higher in 2023, due to strong returns in the share market, although the year also saw high and persistent inflation, increasing interest rates and tighter credit conditions
- rising inflation continued to increase the expected future cost of claims, which has contributed to the fall in the insurance ratio
- an increase in premium revenue mainly due to higher wage inflation and to a lesser extent a premium rate increase of 2.9%, to maintain the sustainability of the scheme while supporting the businesses of NSW.

Claims and injury management

Return to Work (RTW) rates

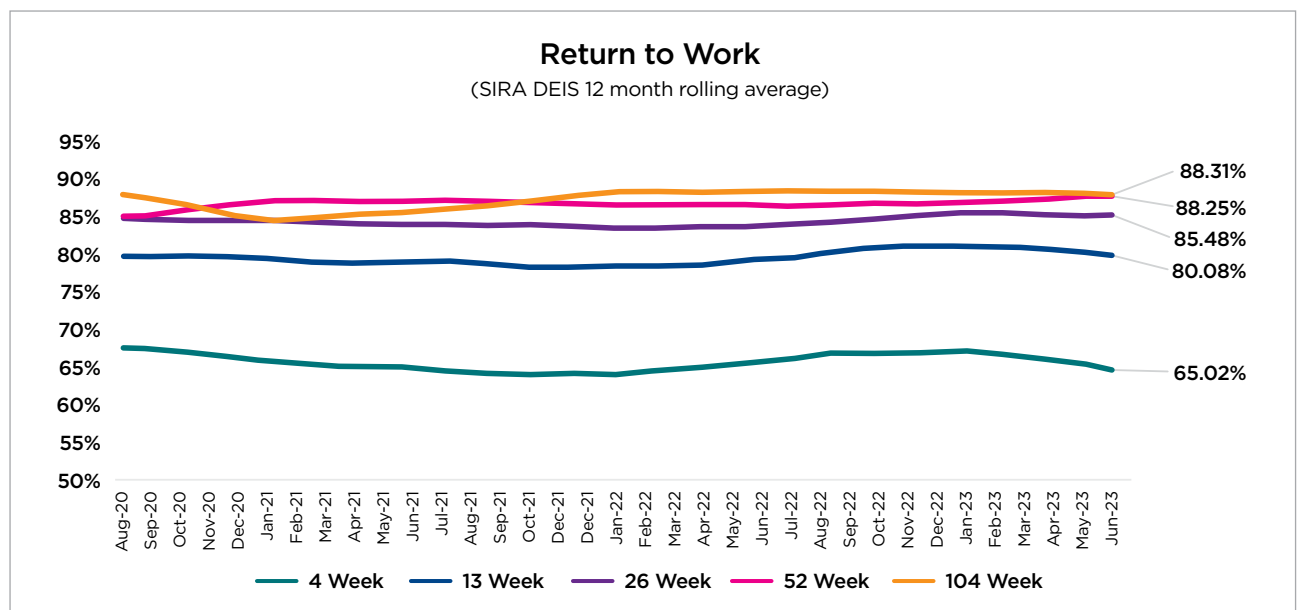
icare is focused on improving RTW performance. Returning injured and ill workers to health and full participation in life and work is at the foundation of the Nominal Insurer Scheme.

The external environment is changing and this is having a direct impact on our claims portfolio. Employment in Australia has shifted over many decades from manufacturing to the services sector. This sector is characterised by more specialised, mentally demanding, time sensitive roles. Working digitally has increased the number of people with non-standard working arrangements including part-time, casual and self-employment. Complementing this, we also have an ageing workforce. Instances of mental health injuries continue to rise, with mental ill-health now being the most diagnosed long-term condition in Australia.

While long-term RTW rates for the scheme have stabilised, RTW rates have been declining across Australia since 2006 due to the factors mentioned above.

Early intervention programs tailored for small to medium business are critical to improved RTW performance and remain a key priority.

For FY24, icare is partnering with CSPs to increase efforts and strategies to raise RTW rates.



Rolling RTW rates (DEIS) from July 2020 to June 2023 for Nominal Insurer

The graph above indicates the RTW rates from the date the claim was entered into the system (DEIS) between July 2020 and June 2023 for the Nominal Insurer within four, 13, 26, 52 and 104 weeks.

All RTW measures remained steady throughout FY23 as COVID-19 claims had less of an impact. The scheme experienced reduced volumes and claims notifications, returning to pre-COVID-19 claim levels. Mental health claims continue to have an impact on RTW.

Medical Program

Medical Office

In FY23 icare has implemented measures to improve the efficiency and effectiveness of healthcare funding to enhance outcomes for those we serve, including:

- launching a Healthcare Dashboard which allows us to more easily view healthcare metrics and ensure injured workers are receiving optimal, timely treatment
- establishing the Healthcare Insights Team to improve the healthcare performance of our workers compensation schemes.

icare continued to support health outcomes for injured workers by:

- providing evidence-based recommendations to assist with treatment requests, so workers receive the right treatment for their injury or condition
- establishing a Healthcare Community of Practice to review emerging issues regarding healthcare trends
- embedding a Treatment Decision Making Framework which supports decision makers to provide outcome-focused, consistent and compliant treatment decisions
- continuing to strengthen the Medical Support Panel (MSP) Consult Pathway service by providing CSPs and their case managers direct access to specialist medical advice through a 30-minute virtual meeting. This service continued to grow with almost 2,000 consultation services being completed in FY23
- the MSP of independent medical specialists provided more than 4,100 recommendations and the average timeframe to respond was 3.1 days, enabling more timely decision making for case managers. Sixty-five per cent of recommendations did not require a referral to an Independent Medical Examiner.

icare has established regular meetings with peak healthcare associations representing SIRA-approved allied health practitioners to improve service delivery by:

- opening communication channels and strengthening the relationships between our organisations to assist with operationalising SIRA regulatory changes
- offering a forum to discuss continuous improvement opportunities across the scheme
- providing insights into provider utilisation, treatment provision and trends within their practitioner group.

Our governance of healthcare practitioners has been uplifted through:

- improving processes to ensure healthcare practitioners are appropriately qualified to deliver safe, efficient and effective services
- developing better processes for addressing conduct and performance issues.

These measures will improve performance oversight and enable monitoring of allied health practitioner requirements expected in keeping with SIRA's Implementation plan for value based-healthcare.

Mobile Engagement Team goes west

icare's Mobile Engagement Team (MET) communicates with employers, brokers and industry associations with a focus on those outside the major NSW cities. They host face-to-face and online events to provide information, updates and tailored education on everything to do with icare and the NSW workers compensation scheme.

In FY23 our MET travelled across Sydney and the state to host 22 events. We received 8,400 registrations to participate in these face-to-face events and webinars.

Quality Assurance Program

In FY23 icare's Quality Assurance (QA) Program continued to improve the quality of claims management activities through targeted reviews. These ensured compliance with key legislative and regulatory requirements and were conducted by CSPs and icare. Validation reviews and independent assurance were undertaken by the QA Team. Learnings and feedback were communicated and actioned to help improve the quality and consistency of case management.

The Workers Compensation Claims Quality Assurance Framework helps facilitate the appropriate design and application of the Program. The QA Framework has seen a steady improvement in QA scores since January 2022. From 1 January 2024 CSP-contracted quality-measures will be incorporated into the Framework for consistent monitoring.

Nominal Insurer – payment review and indexation review

Throughout the year, we undertook a remediation program of work focused on the historical application of indexation on claims lodged between 2012-2019, which predated icare. Deloitte was engaged to analyse the extent of the impact to our customers. The findings indicated approximately 36,940 workers for the Nominal Insurer scheme and 10,881 for the Treasury Managed Fund may have been impacted.

It is anticipated payments to impacted customers will occur from July 2023 with a completion date of December 2023. The remediation approach was based on the framework for the previous 2021 Average Weekly Payment (PIAWE) Review and Remediation Program outlined below.

The PIAWE remediation program related to possible payment errors in PIAWE payments for injured workers who lodged claims on or after 1 October 2012 with a date of injury prior to 21 October 2019.

In 2023, the Nominal Insurer completed all reviews and proactive payments on schedule and the program was then closed. To drive future consistency, the PIAWE service expectations were circulated to all CSPs from 1 January 2023.

At a half-day workshop held at Dubbo's Taronga Western Plains Zoo in June, employers learned strategies to prevent injuries and improve recovery. Speakers from our MET team and icare subject matter experts provided tips to help employers create their own mentally healthy workplaces and get a better understanding of ways to support a worker if they're impacted by a psychological injury.

A better service for business

The scheme is funded by employer premiums which are used to cover claims costs, statutory levies, and scheme operating costs. icare's goal is to simplify the policy purchase and renewal process through automation and self-service offerings.

In FY23, after an analysis of icare's self-service functionality, an opportunity was identified to remove the barriers preventing self-service. This has delivered a more efficient customer experience, lifting the use of self-service from 70 per cent to 93 per cent.

In March 2023 we implemented new policy renewal documentation to improve customer experience. Online processes were streamlined, especially for reporting wages. The new employer renewal packs also improved the renewal experience for experience-rated employers.

icare introduced direct phone access to senior underwriters for experience-rated and large employers.

Some key highlights include:

- delivering over 3.4 million interactions with our employers
- answering 350,000 calls in icare's customer support centre with 25,000 live chats with customers
- achieving a customer satisfaction score of 4.9 out of 5 throughout FY23 for icare's Customer Support Center in partnership with Service NSW
- 203,000 employers choosing to pay their premium through icare's monthly instalment option
- complaints continue to account for less than one per cent of customer/policy base
- icare partnership with Revenue NSW enabling efficient debt recovery.

Throughout the year, we continued to support employers, their brokers and industry associations. icare's engagement focus was honed using performance data to identify employers that needed greater help to improve outcomes for injured workers.



David Huxley and Adam O'Leary from the MET team at Taronga Western Plains Zoo in Dubbo.

In FY23 icare optimised employer customer experience through:

- obtaining accreditation for the allocation of Continuing Professional Development points for accredited icare training through the National Insurance Brokers Association (NIBA). This incentivises brokers to attend icare educational forums, such as Looped-In sessions, MET events, and webinars, building their skills and raising capability
- implementing a secure portal for the distribution of icare's Cost of Claims reports, with over 5,000 reports now available through self-service each month
- delivering over 450 strategic employer performance reports focused on highlighting performance improvement opportunities for the scheme's large employers
- building relationships and presenting key initiatives to executives through:
 - participation in the Nominal Insurer Advisory Committee (NIAC) quarterly forums
 - engagement with the Master Builders Association, for employers within the construction industry.

We delivered 22 events, with 14 regional face-to-face events and eight webinars. icare has a continued focus on supporting small to medium-sized business with the Workers Compensation Foundation forums, as well as promoting greater education and awareness through the Mental Health Forums. The webinars provide technical information with a focus on simplifying the complex.

icare will continue to build upon our strategic plan in collaboration with brokers and Industry Associations including the ongoing distribution of the icare Connect e-newsletters for brokers and industry.

During 2023, the MET received over 8,400 registrations to 22 events, including face-to-face and webinars. A wide range of workers' compensation topics were covered in all the sessions including workers compensation foundations, how to support injured employees to return to work, and tips for creating mentally healthy workplaces.

Injury prevention – working with businesses

The Prevention Team delivered 41 training sessions (20 virtual) this year to support employers with proactive injury prevention initiatives. Initiatives included:

- Due Diligence: explaining the work health and safety legislative framework
- Leading with Purpose & Compassion: which explores how people leaders can find individual and team purpose
- Accredited Mental Health First Aid (MHFA) Course: a standard face-to-face program and a blended program delivered by e-learning and a virtual instructor. This two-day course teaches how to assist an adult who may be experiencing a mental health problem or crisis until professional help is received
- Optimising Mental Health Skills: teaching ways to maximise the reach and impact of mental health skills gained in the MHFA Course through promotional and self-care strategies
- Mental Health Trends, Insights & Changes for NSW Employers: providing senior leaders and operational managers with insights into the recent changes in NSW work health and safety legislation and best-practice psychosocial risk management
- Respect & Resilience and Respect and Resilience Train the Trainer: providing frontline workers with skills and practical strategies to identify, prevent, contain and cope with customer misbehaviour
- Respect & Resilience Insights: Offering ways to improve the workplace to reduce customer misbehaviour and outlining the core organisational factors that can contribute to customer misbehaviour in the workplace.

icare's partnership with SafeWork NSW

icare's membership on a range of SafeWork NSW forums continued.

We participated on the:

- Mentally Healthy Workplaces Advisory Board
- Musculo-skeletal Disorder (MSD) Committee
- National Advisory Committee for the World Congress on Safety and Health at Work 2023
- SafeWork NSW led Respect at Work Taskforce.

In FY23 icare became a member of the Family and Injured Workers Support and Advisory Group convened by SafeWork.

Innovation to address psychological injuries

The Design for Care research project, funded by icare, surveyed 1,300 healthcare and social assistance workers over an 18-month period to better understand whether SMART (Stimulating, Mastery, Agency, Relational, Tolerable) work design strategies could improve employee job satisfaction, mental health and wellbeing.

The survey found 37 per cent of workers reported they did not have enough time to do their work, 40 per cent said their jobs were highly emotionally demanding, 22 per cent reported high work-related burnout, and 24 per cent said they don't spend enough time with their family.

Project lead John Curtin and distinguished Professor Sharon Parker, from Curtin's Future of Work Institute, said: ***"Individuals with high SMART work design report lower levels of burnout and mental ill-health, lower intention to leave, and higher job satisfaction."***

"Redesigning work involves changing systems, roles and tasks in a way that improves the wellbeing and mental health of employees. The findings from this project will help create tailored recommendations for the Healthcare and Social Assistance industry to embed SMART work design into organisations as a preventative and sustainable strategy for mental health and wellbeing."


The latest set of insights from the Design for Care research project have been made available to industry groups and employers to align to icare's long-term goal to deliver work design interventions and resources to half a million Health and Social Assistance workers in New South Wales.

Dr Chis Colquhoun, icare's Chief Medical Officer, said:

"An increasing body of evidence from Design for Care has demonstrated that poor work design is a common factor behind the rising rates of anxiety, burn-out and depression among our healthcare and aged care workers. That's why icare is looking to pilot innovative work practices that will lower the workplace risks contributing to psychological injury."



icare Injury Prevention Specialist Melanie Bonifacio talks to local businesses about creating mentally healthy workplaces at an event in Newcastle.



Wasted enough time, don't mention it

Tell supervisor

Digital role play for safety

Over 180 construction apprentices from NSW and Victoria have participated in the trial of a new digital role-playing game to help improve communication between young workers and their supervisors about life, health and safety in the workplace.

The game includes three interactive scenarios which are based on the lived experiences of construction apprentices. It allows users to navigate their way through these scenarios by making turn-based decisions which lead to different outcomes. Every outcome provides a learning opportunity by demonstrating the importance of effective communication in improving the safety and wellbeing of all workers.

The design of the game has been informed by the research which revealed the quality and supportiveness of communication between apprentices and their supervisors is influenced by several intrapersonal communication skills and behaviours, as well as interpersonal interactions between apprentices and supervisors.

For apprentices, these skills and behaviours include being assertive, having self-confidence and possession of work health and safety knowledge. For supervisors these include approachability, empathy, clear and consistent messaging as well as using a participative management style.

Research conducted in 2021, funded by icare and run by RMIT University, in collaboration with the Master Builders Association (NSW), the Australian National University and the Centre for Work Health and Safety, found communication between young construction workers and their supervisors is critical to promoting safety and wellbeing on and off the job site.

Stakeholder engagement

Nominal Insurer Advisory Committee (NIAC)

Our industry consultative group, NIAC, continued to meet bi-monthly. The NIAC includes icare executives, unions, industry groups and government bodies and has been established to provide feedback and advice to improve our claims management services.

For more information see the Governance section of this report.

National Insurance Brokers Association (NIBA)

NIBA represents the interests of brokers (approximately 450 member firms and 15,000 individual brokers in Australia). The “roundtable”, established between NIBA and icare, provides clear and transparent executive engagement on scheme change and ensures consultation and feedback is considered and included in the scheme planning process.

Inter-scheme Executive Forum

The quarterly Inter-scheme Executive Forum provides an opportunity for executive-level information sharing and collaboration. Participants include icare, the Accident Compensation Corporation (ACC) of New Zealand, Transport Accident Commission (TAC) in Victoria, WorkSafe Victoria, Return to Work South Australia, and WorkSafe Queensland.

Key facts

Workers Compensation

covered **338,000** businesses with over **33,000** new policies issued and **305,000** policies renewed



3.6m workers covered and **\$225b** in wages insured

over **68,000** new claims received and paid **\$3.2b** in claims costs



\$3.9b net earned premiums

Most **common injuries** included: ligament and muscle strains, wounds and lacerations, musculoskeletal disorders, fractures, mental disorders



Insurance for NSW

Insurance for NSW (IfNSW) manages several NSW Government funds and statutory insurance schemes, which collectively support and protect the operations of the NSW public sector.

Year in review

The Treasury Managed Fund (TMF) provides workers compensation insurance for over 384,000 workers and over 143,000 volunteers across NSW. We also protect more than \$299 billion of the State's assets, including the iconic Sydney Opera House and Sydney Harbour Bridge as well as critical infrastructure such as schools, hospitals and the services provided by the Government to the communities of NSW. In FY23, IfNSW managed 21,768 new claims.

TMF Workers Compensation

Over the past five years TMF Workers Compensation has experienced an increase in claims reflecting growth in the public sector workforce and a higher number of psychological injuries. Since 2018, psychological claims by non-emergency agencies (e.g. Department of Education, Department of Health, Department of Communities and Justice) have risen from approximately 14% to 21% of claims. In emergency services agencies, psychological injury claims have increased from approximately 16% to 27%.

Streetscape, Dubbo

Destination NSW

dubbo

Gawaymbanha
Dhubu-gu

Welcome to Dubbo

Time to smile

m | dubbo.com.au

aronga Western Plains Zoo
vation Breeding Program



The severity of psychological injury claims is continuing to increase, which significantly impacts the financial performance of the TMF.

To better support injured workers and agencies, we have implemented targeted initiatives to improve psychological injury claim management and performance. These include:

- a psychological claims strategy that covers both prevention initiatives and claims management activities. Continuing with our investment in agency and Claims Service Provider (CSP) education through initiatives such as the Connect and Care program, together with a renewed focus on how a claim is managed to ensure accuracy in claim assessment and injury management planning
- greater investment in frontline claims employees. In collaboration with the Nominal Insurer scheme, we are targeting an uplift in the capability of case managers through the implementation of a Professional Standards Framework. TMF Workers Compensation is also investing in additional resources across our CSPs to lower average caseloads for frontline case managers to enable them to better engage with injured workers and agencies to support return to work (RTW) activities
- improved performance management and remuneration metrics for our CSPs. This includes a focus on improved RTW performance for psychological injury claims, as well more proactive management of Work Injury Damages (WID) resulting in better outcomes for injured workers and the scheme.



icare and the claims consultants are always available if I have any questions for our insurance claims.

- NSW Government agency

Return to work

COVID-19 continued to impact RTW performance in FY23. A positive impact on the early RTW metrics (4-week and 13-week) across the first three quarters was due to a large volume of low severity COVID-19 claims. The majority of these claims were resolved quickly, usually within 13 weeks leading to improved RTW performance. In the fourth quarter there was a significant reduction in the number of low-severity COVID-19 claims reported, resulting in performance on the 4-week and 13-week RTW metrics returning to levels consistent with the beginning of FY23 but better than pre-pandemic levels.

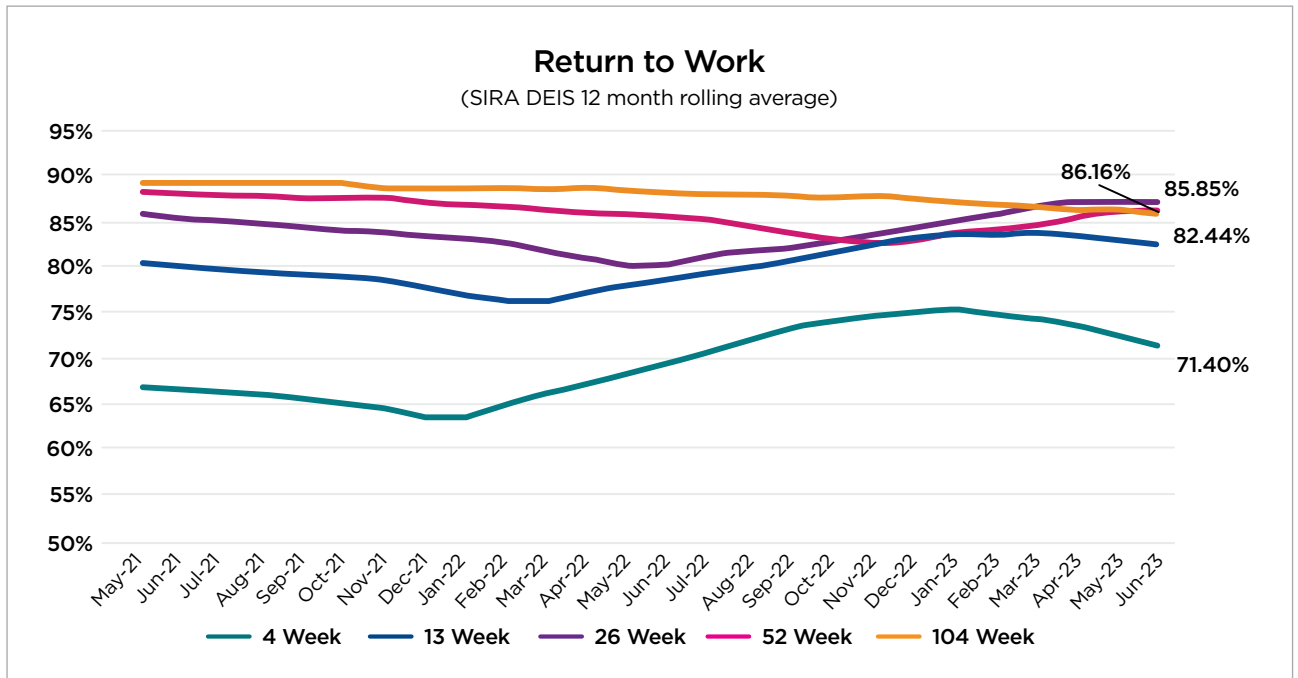
Modest improvements were observed in RTW performance in the 26-week and 52-week metrics over the course of the year. The 104-week metric experienced a decline over the same period due mainly to a growing number of psychological injury claims. Apart from the 104-week RTW metric, performance across all other RTW cohorts is better than, or consistent with, pre COVID-19 pandemic levels.

Physical injury claims continue to achieve stronger RTW outcomes than psychological injury claims. At the 26-week RTW metric, approximately 94% of injured workers with a physical injury have successfully returned to work compared to only 45% of workers with a psychological injury.

Return to work for psychological injury remains challenging with several notable factors driving the delay. These include an increased number of claims caused by interpersonal relationships and work pressures in the workplace, as well as difficulties accessing psychological treatment in a timely manner post injury.

There was improvement of RTW performance for psychological injury claims in the third and fourth quarters of FY23 in the 4-week and 13-week RTW metric. This, in part, has been driven by early intervention initiatives, the improved ability of agencies to offer suitable duties and a renewed focus on demonstrating empathy and service expectations to injured workers.

icare will continue to focus on NSW Government agency and CSP capability uplift and providing suitable duties for injured workers in the coming year to improve performance across all RTW measures for both physical and psychological injuries.



Rolling return to work rates (DEIS) from May 2021 to June 2023 for TMF

TMF Transformation Program

IfNSW is committed to the ongoing improvement of our services to NSW Government agencies and their employees. The TMF Workers Compensation Transformation program has been developed with this in mind and is designed to improve health outcomes and efficiencies across the scheme.

Acknowledging the unique requirements of NSW Government agencies, the program's objective is to improve the efficiency and outcomes of the claims process, provide greater transparency and an improved experience for both agencies and injured workers.

A key element of the program is the delivery of a single claims system which will streamline and support claim lodgement for all providers and agencies. This will be supported with a revised performance framework and remuneration model for our CSPs. There will also be a capability and competency model across icare and a focus on data and insights to support predictive and risk-based decision making. The discovery phase for the program commenced in 2022 with system development underway in 2023. icare is working with NSW Government agencies and CSPs to support planning and transition to the system and revised model.

TMF General Lines

TMF General Lines provides broad cover for agencies for all liabilities arising from delivering services to the community and people of NSW, other than workers compensation. Across the portfolio claim volumes increased 8% on FY22.

Key movements in the portfolio were:

- **Motor:** increase of 16% in claim volumes, primarily in the Emergency Services segment which represent 65% of the reported claims, up from 63% last year
- **Property:** decrease in reported claims by 13%, driven by lower weather-related claims with large reductions in Transport for NSW (-11%), NSW Police (-30%) and National Parks and Wildlife Service (-49%). Department of Education remain the largest agency claimant with claim volumes at 52% of the portfolio up from 46% last year
- **Medical:** decrease of 9% in reported claims with the largest segment of claims (14%) arising in Emergency Departments, down from last year (16%)
- **Liability:** Increase of 7% in overall reported claims driven by 1,758 abuse claims reported in FY23, a 104% increase on the claims reported during FY21. While many of these claims stem from historic abuse, an increasing proportion are more recent occurrences (post-2000). They are also growing more rapidly than originally expected, particularly in Youth Justice facilities. Also, the nature of these claims is evolving in unforeseen ways, like the emergence of claims associated with child-on-child abuse in education settings.
- **Miscellaneous:** decrease of 14% in reported claims primarily because of decreased travel and reduced claims from National Parks and Wildlife Service
- **Pre-Managed Fund** (claims arising prior to 1 July 1989): increased by 8% primarily due to historic child abuse reports.

Reported Claims

	FY21	FY22	FY23
Medical	2,477	2,355	2,240
Liability	2,558	3,490	3,783
Miscellaneous	474	274	237
Motor	11,202	11,348	13,110
Property	7,058	5,335	5,176
Pre-Managed Fund	538	623	673
Total	24,307	23,425	25,219

There were two significant decisions impacting the liability portfolio during the year:

- **Williamson v Sydney Olympic Park Authority & Ors.** In this matter the Owners of Opal Towers commenced a Class Action in 2019 against the Sydney Olympic Park Authority on the basis the Authority was the deemed developer and breached statutory warranties under the *Home Building Act 1989*. The matter settled via a Settlement Distribution Scheme in December 2022 funded by the builder and structural engineers.
- **Edward Obeid Snr, Moses Obeid, Paul Obeid and Edward Obeid Jnr** – debt recovery proceedings. Following an Independent Commission Against Corruption (ICAC) Inquiry, members of the Obeid family collectively made a number of unsuccessful appeals against findings in the inquiry. Arising from the appeals, costs orders were made against the Obeids and bankruptcy proceedings were commenced to recover those costs. In October 2022, the claim was resolved following the payment of \$5,250,000 for costs owed to various creditors, including the State of NSW.

Bush Firefighters and Emergency and Rescue Workers Compensation Fund

Our Bush Firefighters Fund provides cover for NSW Rural Fire Service volunteers against injury, death and personal property damage. The Emergency and Rescue Workers Compensation Fund provides cover for injury, death and personal property damage for volunteers of the NSW State Emergency Service, Marine Rescue NSW, Surf Life Saving NSW and the NSW Volunteer Rescue Association. Volunteers of these organisations are entitled to workers compensation benefits, including medical and weekly benefits.

During FY23 we received 293 Bush Firefighters Fund claims and 367 Emergency and Rescue Workers Compensation Fund claims. The volume of volunteer claims for FY23 remains consistent with the historical average for years where there are not any natural disasters (e.g., extreme bushfire season).

Construction Risk Insurance Fund (CRIF)

This year marked the 10th anniversary of the Construction Risk Insurance Fund (CRIF) which provides construction insurance for infrastructure projects on behalf of the NSW Government and its partners. Leveraging the NSW Government's significant infrastructure investment, we offer principal arranged insurance and ensure a robust insurance program supports each individual project.

Since inception, the CRIF has insured over \$80b of government projects including projects worth over \$23b in construction value in FY23. These included major government projects such as the Western Harbour Tunnel and Coffs Harbour Bypass.

Written premiums increased to \$251m with CRIF costs approximately 22% lower than the commercial market. This has saved the government over \$50m that can be invested in community infrastructure without compromising the protection of assets under construction.

General Lines defined events

Weather-related events were again a feature of the General Lines portfolio. Heavy rains in the Sydney and Hunter regions caused significant damage across areas recovering from the March 2022 rains, followed by flooding in October 2022 that extended west through Forbes and Wagga Wagga in the Murray Darling Basin.

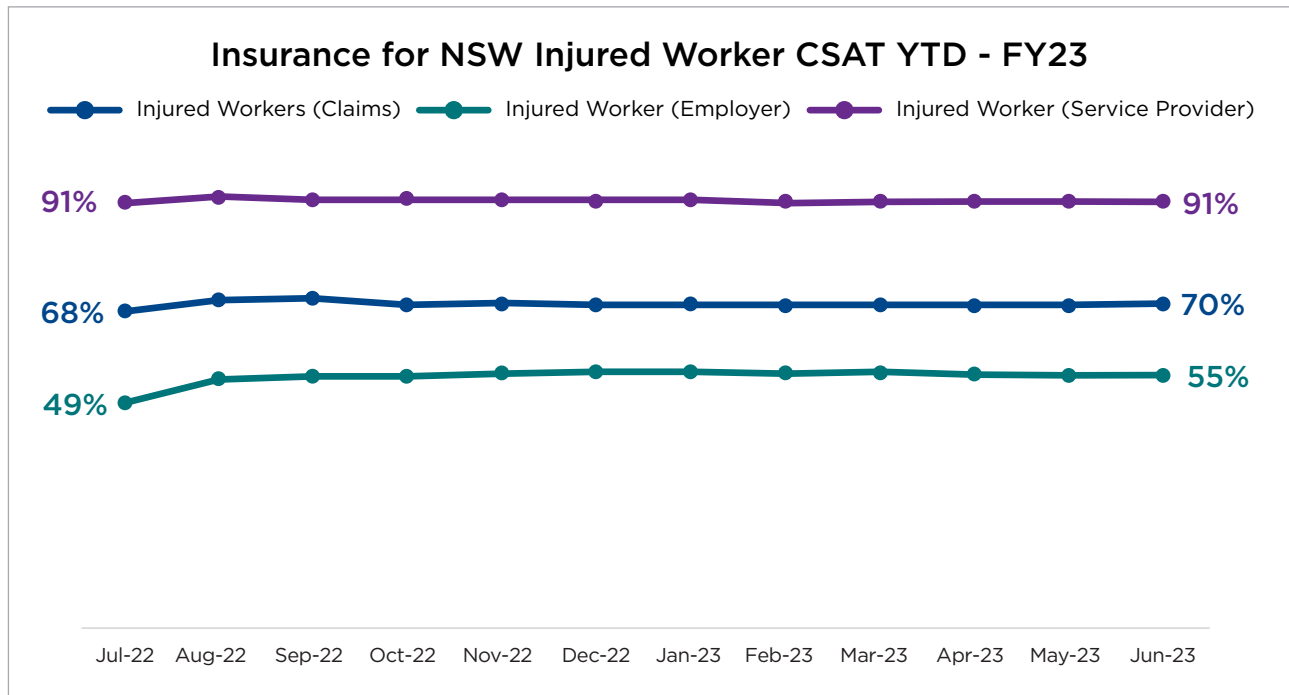
The assessment and rebuilding program arising from the March 2022 floods contributed to further strengthening of reserves during the year as the full extent of the damage became apparent. Collectively the floods in 2022 represented a significant impact on the portfolio as set out in the table below:

Flood Event	Reported Claims	Gross Incurred	Gross Ultimate Estimate	Anticipated Reinsurance Recoveries
March 2022 (Northern Rivers)	1,985	\$476m	\$550m	\$195m
July 2022 (Sydney & Hunter Region)	179	\$114m	\$150m	Nil
October 2022 (Murray Darling Basin)	161	\$27m	\$66m	Nil

Provision has been made for potential reinsurance recoveries arising from the March 2022 flood event. The recovery position is not anticipated to be finalised until FY25.



Customer experience



BASE: All Injured Worker (Claims) Jul-22 to Jun-23 n=4,115; Injured Worker (Employer) n=3,064; Injured Worker (Service Provider) n=3,421. 'Service Provider' measures health providers associated with a claim. For injured workers this is predominantly nominated treating doctors, physiotherapists, and rehabilitation providers.

Customer feedback is captured through the Customer Experience Measurement (CXM) Program that allows icare and its schemes to listen to the people we serve, learn from feedback and improve outcomes.

Injured worker satisfaction for medical and rehabilitation service providers remains high, ending FY23 at 91%. Customer satisfaction for injured workers on their claims experience with CSPs and with their Agencies ended FY23 at a higher level (70% CSAT and 55% CSAT respectively) compared to how it began the financial year (68% CSAT and 49% CSAT respectively), with both relationships experiencing a strengthening in satisfaction from July to September 2022, before stabilising over the rest of the financial year.

Throughout FY23, workers with psychological illnesses continued to have a less satisfactory experience, relative to those with physical injuries. However, sustained performance was driven by a new CSP remuneration model that came into effect in the second half of FY23, reducing caseloads and improving case management standards (including a focus on quality communication). This model is expected to drive improved customer experience across all relationships.



My case manager was very helpful and was always approachable as this was the first time I had to go on compo. I was very nervous at the beginning, but my case manager made it all very easy to understand everything.

– Injured worker

Financial performance*

FY23 (\$m)	IfNSW
Net Earned Premiums/Contribution	2,406
Net Claims Expense/Scheme Costs	(4,368)
Underwriting & Other Expenses	(349)
Underwriting Result	(2,311)
Net Investment Revenue	1,492
Grants from the Crown	669
Other Income/adjustments	187
Net Result	37
Funding Ratio (IfNSW)	105%
Insurance Ratio (TMF)	120%
Investment Funds Under Management (TMF)	14.9bn
Investment Return (TMF)	9.6%

* The financial information in this graphic is unaudited. Audited financial information is included in Volume 2 of this Annual Report. The results shown above are for Insurance for NSW only. NSW Self Insurance Corporation includes Insurance for NSW and the Home Building Compensation Fund and the audited financial results can be found in Volume 2.

The funding ratio of the self-insurance schemes¹, where the TMF is the largest component, was 105% on 30 June 2023. The insurance ratio provides a more meaningful measure of the financial strength of the scheme, is calculated using a 7% discount rate and is based on the investment return expectation for the scheme, instead of the risk-free rate required by accounting standards. The insurance ratio for the TMF on 30 June 2023 was 120%.

As a self-insurance scheme for the public sector, TMF funding arrangements are different from commercial insurance. The scheme operates in conjunction with NSW Treasury through the Net Asset Holding Level Policy (NAHLP). Grants are received by the TMF from NSW Treasury if the funding ratio falls under 105%.

Over the last year NSW Government agencies experienced increased losses reflecting significant growth in abuse claims, continued uplift in psychological injuries and the ongoing impact of 2022 flood claims. Offsetting this was the favourable investment income and the NAHLP grant payment of \$669m (as the funding ratio fell below 105%).

¹ Insurance for NSW includes the following schemes: Treasury Managed Fund, Construction Risk Insurance Fund, Transport Accidents Compensation Fund, Pre-Managed Fund Reserve, Governmental Workers Compensation Account, Residual Workers Compensation Liabilities of the Crown, Bush Firefighters Compensation Fund, Emergency and Rescue Workers Compensation Fund, and Supplementary Sporting Injuries Fund.

Supporting Risk Management

Risk Management

Over the past year, IfNSW has invested in risk management services to support NSW Government agencies, expanding the areas of risk advice and education, injury prevention and data and insights.

Some of these services are delivered digitally through the IfNSW online portal, which has grown through the year to more than 4,000 public sector employees. Approved NSW Government employees can visit the portal to complete insurance tasks, access resources and education and view the TMF Dashboard - our self-service reporting platform. Our focus continues to be on providing access to more data and insights so agencies are better informed when making risk management decisions. This includes introducing improved workers compensation and general lines performance and risk dashboards.

Another feature introduced this year is liability risk advisers. A risk adviser reviews all agency profiles from declaration and claims data, benchmarks the agency's liability performance and creates data profiles which can be shared with agencies.

We have also been working closely with health agencies to mitigate the risk of medical negligence claims. An obstetric treatment outcomes dashboard is being set up to assist health agencies to determine whether any patterns of clinical management are leading to adverse outcomes and to use these findings to advise on potential risk management approaches.

We have also supported a number of agencies to transition their insurance cover into the TMF, helping them realise the value of our coverage and services in managing risk. This financial year, three agencies transitioned their coverage needs into the TMF, amounting to an additional \$1.5b in assets and services.

Strategic Partnerships

Our strong partnerships with NSW Government agencies have helped raise awareness of current and emerging risks and allowed us to share strategies and initiatives to mitigate those risks. Of particular focus has been the impact of increasing frequency and duration of workers compensation psychological injury claims. Our partnerships involve frequent operational and performance focused engagements with key agency stakeholders. We also host quarterly executive leaders from across our Government agencies.

Risk Education eXpress (REX)

REX is an education service that supports NSW Government agencies to build capabilities to protect people, assets and services, and aid recovery should harm occur. Programs and resources support employees and line managers to play their part, with a key focus on professionals in risk management, WHS, insurance management and return to work roles.

In FY23, REX had a record year with 5,115 employees across 138 agencies attending 192 programs. Participation was enhanced by continuing to offer agencies flexibility in the way they learn, with 61% of programs available virtually. Learners also took advantage of the just-in-time digital learning on offer, with an increase in e-learn completions.

A highlight for the year was two face-to-face events - the People and Risk Forum on 21 June with a theme of 'Championing Psychological Safety' and the General Insurance and Risk Summit on 'Future Proofing NSW' on 1 September. The events achieved a customer satisfaction score of 94% and 95% respectively, with the People and Risk Forum attended by 468 participants with 264 of those able to access the event virtually.

Connecting and caring for frontline workers

Connect and Care is icare's six-hour education program aimed at building line managers' confidence and competence to provide support to vulnerable workers.

icare, QBE and the Department of Communities and Justice (DCJ) developed Connect and Care to upskill managers with the tools they need to better manage psychological injuries, support injured workers and get them back to work.

Research has shown that strengthening relationships and engagement between direct line managers and injured workers can improve their recovery outcomes and optimise their engagement with the workplace.

DCJ has embedded the best practice training program into its overall mental health and wellbeing strategy with Community Corrections fully embracing the initiative through a state-wide roll-out.

Forty-six leaders from across three Community Correction hubs in Sydney, Bathurst and Port Macquarie attended the one-day program for managers.

Leaders then participated in the one-day Connect and Care train-the-trainer so they could cascade information to the DCJ's Injury Management team. Programs have been run in Grafton and Dubbo with further programs scheduled in FY24 in Sydney and Kempsey.

Shanna Satya, Director of Strategic Operational Management at Community Corrections, described what has been achieved so far: ***"Our people are central to all that we do. Connect and Care continues to build managers' confidence and capability in working with staff members, at their most vulnerable times, to support their safe and fulfilling participation in our workplaces"***.



It's provided me with more insight into the processes and the difference between the workers compensation process and grievances. I can lead positive culture changes, promote 'no judgement' and provide a supportive inclusive environment for all.

- Connect and Care participant



Helping agencies equip frontline employees

icare's unique Respect and Resilience training program expanded last year, with the addition of online learning modules as a new, flexible training option. These modules complement existing face-to-face options for large group training, and a train-the-trainer program utilised by NSW government agencies.

The online courses have proven valuable through the COVID-19 pandemic, where frontline workers faced rising verbal and physical abuse, with serious impacts to their mental health.

The Respect and Resilience program was designed in conjunction with Griffith University. It helps employers and agencies to equip customer-facing workers with skills to de-escalate customer misbehaviour and manage their own emotional response to these difficult interactions.

Working as the Service Co-ordinator at Service NSW in Sydney's south west, Kareenna (pictured above) explained people reaching out to her team are often distressed and vulnerable.

While Service NSW always aims to put the customer's needs first, Kareenna has learned to be empathetic to someone's situation while detecting the warning signs and calming difficult situations involving abuse from customers.

She explained how the Respect and Resilience training run by icare complements the training provided by Service NSW and has helped her better support customers, so they feel heard, while also protecting her mental health.

For Kareenna, the training has had a huge impact not only on her own wellbeing, but that of her team.

"It is confronting and upsetting when people take their frustration out on you, but if you know how to deal with it, you can be resilient," she said.

"Mental health is a big part of our work. The training helps us feel positive and confident at work and that means we're in a better position to assist our customers, especially those in a difficult situation of their own."

Front of Mind

The Front of Mind Program is a multi-year innovation investment which involves collaboration with expert mental health researchers, University of New South Wales (The Black Dog Institute and Phoenix Australia) and University of Sydney (The Matilda Centre), to design and deliver a program of work that seeks to reduce the rates and associated burden of psychological injuries that occur as a result of exposure to traumatic incidents, workplace stressors, and/or bullying and harassment. The Front of Mind Program includes three funded projects (to trial six interventions):

- early detection and intervention to optimise the mental health of frontline workers
- developing resilience in high-risk occupations
- multimodal stepped-care approach to disrupt the cycle of traumatic stress and substance use.

Delivery Partners are working with Corrective Services NSW, Fire and Rescue NSW, NSW Ambulance and NSW Police to develop, test and trial the interventions.

Key facts

Insurance for NSW

21,768 new workers compensation claims



220 NSW Government agencies insured

\$1.2b paid in workers compensation benefits



384,000 public sector workers covered

Most **common injuries** include ligament and muscle strains, psychological injuries, wounds, lacerations, amputations and internal organ damage



\$299b NSW Government assets protected
25,219 new general lines claims
\$1.1b paid in general lines claims

Home Building Compensation Fund

The Home Building Compensation Fund (HBCF) provides insurance to protect homeowners from incomplete or defective residential building work when a builder becomes insolvent, dies, disappears or has their licence suspended.

Year in review

Under the *Home Building Act 1989*, builders are required to obtain a Home Building Compensation (HBC) insurance policy for all residential building projects where the contract price is over \$20,000. Through HBC insurance, we provide the necessary consumer protections. Without this, a significant number of homeowners would suffer financial loss and potentially severe hardship.

This financial year has been especially challenging for the residential construction industry, with a downturn in new residential construction contracts and an 80% increase in insured builder insolvencies compared to previous years.

While strong activity has continued in the construction sector, which has driven higher numbers of premiums and jobs insured in the scheme, there has been an increase in insolvency rates. To date, these pressures have been offset by operational savings and improved claims outcomes.

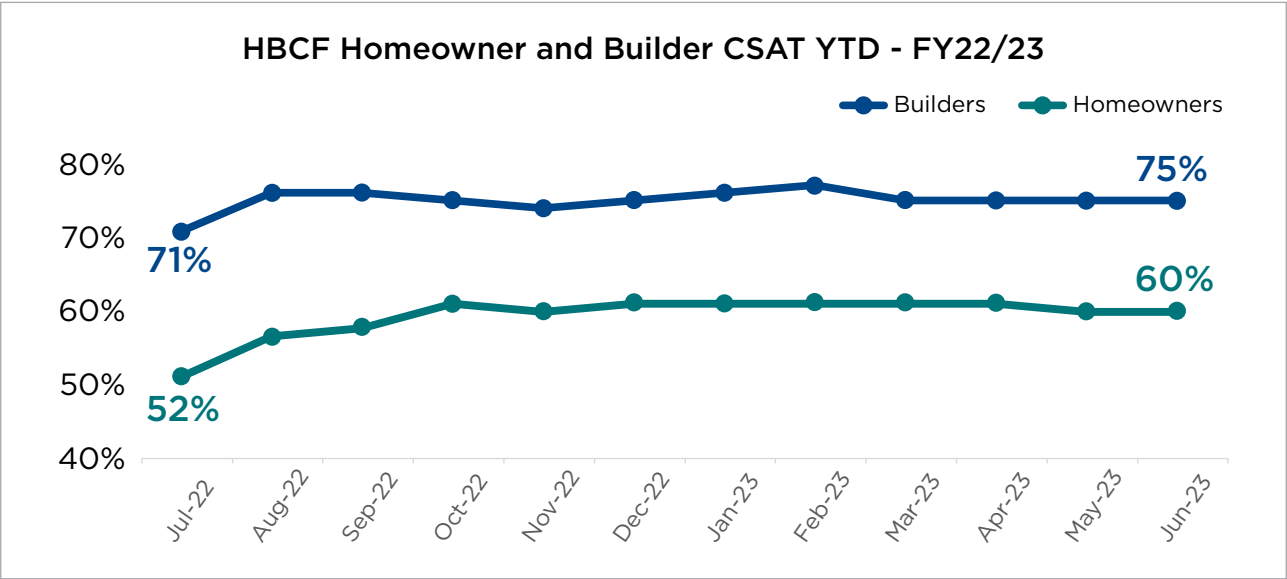
HBCF has assisted homeowners through numerous builder collapses, and made it easier and faster for builders to obtain eligibility so they can purchase insurance. We have also simplified construction types, reducing the number from nine to five, making the pricing process more transparent for builders and improving how premiums are regulated.



The table below shows homeowner claims from the last three financial years, demonstrating a consistent rise in the number of claims year-on-year. There was a 33% increase in claims in FY23 when compared with the number of claims in FY22.

HBCF	FY21	FY22	FY23
Reported Claims	507	673	887

Customer experience



BASE: All Builders Jul-22 to Jun-23 n=939, Homeowners n=423

Homeowner

Homeowner satisfaction increased to 60%, but remains below target. Satisfaction with the claims process was impacted by several factors including builder availability, supply chain delays and cost of living pressures. Feedback from customers also showed our communications didn't meet their expectations and we're focused on improving case manager accessibility and communication processes.

“

The representative communicated effectively with us and was punctual with his appointment. He was very professional in dealing with our case. He fully investigated our concerns.

– Homeowner

Builder

The builder experience CSAT Score finished at 75% satisfied for FY23 and has improved since the start of the financial year. For builders, it has been a challenging year, with pressures on business finances and increasing insolvency rates. This has been reflected in builder responses, as has the increase in the number of Builder Eligibility Assessments undertaken in the period. Issues regarding proactive communication and process delays or backlogs drove dissatisfactory experiences. Initiatives are underway to address these issues and further simplify the process for builders through technology, process and communication improvements.

Financial performance*

FY23 (\$m)	HBCF
Net Earned Premiums/Contribution (incl hindsight adjustments)	145
Net Claims Expense/Scheme Costs	(276)
Underwriting & Other Expenses	(31)
Underwriting Result	(162)
Net Investment Revenue	38
Grants from the Crown	68
Net Result	(56)
Funding Ratio	60%
Insurance Ratio	61%
Investment Funds Under Management	0.73bn
Investment Return	6.1%

*The financial information in this table is unaudited. Audited financial information is included in Volume 2 of this Annual Report.

HBCF premiums target the break-even cost per policy of insurance plus an uncertainty margin, used to ensure appropriate competitive neutrality for potential commercial entrants. Due to the historic government approach from 2010 to 2018 of maintaining HBCF premiums below the cost of claims, HBCF uses grants from Treasury to cover claims losses associated with historical policies.

Since 2018, premiums have progressively moved towards full break-even rates in a staged approach that supports the construction industry. Since 2021, premiums have reached pricing within 10% of estimated breakeven levels plus an uncertainty margin.

The funding ratio for HBCF was 60% on 30 June 2023. The HBCF portfolio is split between the pre-2018 and post-2018 underwriting year portfolios. Reflecting the historical government subsidy of the portfolio below premiums, a Treasury grant of \$68m will be received for the pre-2018 portfolio which addresses the cash deficit of the HBCF pre-2018 portfolio for FY23. For the post-2018 portfolio, the funding ratio was 78%. HBCF is projected to achieve full funding within the next 10 years.

The negative net result is driven by provisions for Elderton Homes and Oracle Building Corporation insolvencies, general inflation in the construction industry and higher incurred costs (particularly for multi-unit residences). This has been partially offset by favourable investment income.

Builder eligibility assessment

To be eligible to purchase a HBCF insurance policy, a builder must first be assessed for the risk they pose to the fund. This ensures only builders able to complete projects can obtain cover. Assessments involve a comprehensive review of a builder's financial position, history of conduct and future business practices.



icare always provides great service for my business. They are very helpful and professional. Thanks.

- Builder

In July 2022, HBCF went live with a new risk-based assessment type - the Automated Builder Scorecard Review (ASR). This automated process simplifies obtaining eligibility by reducing wait times, with builders receiving a decision within 48 hours.

Designed to take the complexity out of the application process, around 94 per cent of builders can use this automated eligibility assessment type. It replaces the old manual assessment process which involved a full financial submission that could take up to a month from lodgement to decision. The risk-based assessment type also improves icare's ability to identify a builder's risk factors.

HBCF has historically undertaken between 8,000 and 9,000 reviews per year, but over the past two years, this has increased to 12,000-14,000 per year, largely in response to increases in industry pressures.

In October, icare transitioned to a simpler premium model, in line with SIRA's HBCF regulations. This change reduced the number of construction types from nine to five. They now align more closely to the Australian building codes and are easier to identify.

HBCF Transformation

Following the successful introduction of the ASR assessment model, icare is undertaking a HBCF transformation strategy to deliver a range of business, regulatory and financial improvements.

The HBCF Transformation aims to provide builders and homeowners with simpler, automated, and more transparent engagement with greater choice in how they deal with icare, while making HBCF more efficient and cost effective.

The central features will:

- introduce the option for builders to deal directly with HBCF when they choose, where assessments and insurance policy purchases can be managed entirely online
- fully automate and digitise the ASR process, reducing builder effort and creating capacity to respond to the increased volume of applications
- allow immediate processing of the simplest cohort of builders (94%+), reduced from the current 48-hour turnaround time
- for complex or high-risk assessments, improve transparency, engagement and outcomes for builders while ensuring they retain access to a market for independent third-party advice from brokers or advisors
- establish a support team and customer relationship management framework to reduce the number of customer touchpoints and streamline processes
- enable proactive notification to homeowners of their entitlement to claim based on a HBCF trigger event such as builder collapse
- leverage new system capability to provide enhanced customer reporting (e.g., improved builder reports on eligibility status, improved public reporting on projects insured) and data validation, including premium leakage controls.

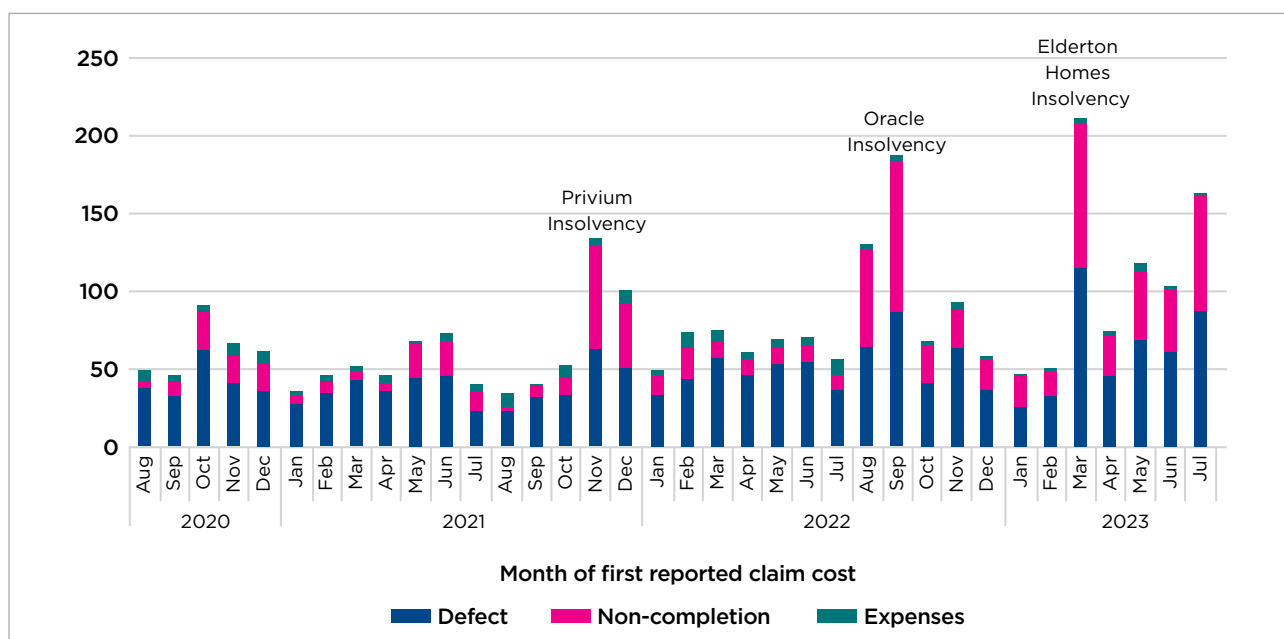
The strategy is intended to be delivered over two years, with completion targeted for the end of 2025.

Large builder insolvency

The challenging economic conditions placing strain on builders gave rise to two major insolvencies during FY23:

- Oracle Building Corporation Pty Ltd, a Queensland-based builder, went into administration in August 2022. icare had suspended Oracle's eligibility on 13 May 2022. At the time of the appointment of the administrator, there were 179 incomplete projects, most of which were in the Hunter region. As at 30 June 74% of claims had been finalised.
- Millbrook Homes is part of the Elderton Homes Group, a group of five companies of which Elderton Homes and Millbrook Homes were eligible for insurance. Though Elderton Homes has gone into administration, Millbrook Homes continued to be registered and no administrator was appointed as of 30 June 2023.

Claims reported



Note: A single claim can have both defect and non-completion costs and would be counted separately in the graph above.

The builder insolvency rate decreased over the period from December 2022 to June 2023, compared to the prior six months, but remains significantly higher than average levels.

For new dwellings, the average number of certificates per insolvent builder has increased in the last 12 months, which indicated that larger builders are more affected by the current building cycle downturn.

Although inflation in the building industry has started to ease, cost pressures still exist for builders, particularly for fixed-price contracts.

This increases the risk of insolvency for builders that cannot manage their cashflow in the short-term and presents a systemic risk to the industry.



I was asked to provide additional information that required additional time, effort, and money, but I could see how thorough and diligent they were.

– Builder



Key facts

HBCF

\$125.2m amount of
claims payments



887 number of new claims received

21,631 number of builders covered



\$19.9b worth of projects insured

72,442 policies issued





Lifetime Care

The Lifetime Care and Support Scheme provides lifelong person-centred treatment, rehabilitation and care services to people severely injured in a motor vehicle accident in NSW.

The Workers Care program provides the same care and treatment to people who were injured at work.

Year in review

The Lifetime Care and Support Scheme, the Workers Care program, Dust Diseases Care and CTP Care are all part of Lifetime Schemes. A Service Development team and frontline operational employees provide support to all Lifetime Schemes. In FY23 we provided support to 1,792 people in Lifetime Care and 352 people in Workers Care.



Jack has done all the things he said he would do since his motorcycle accident. He's improved his health, cycled more than 800km to fundraise for his local hospital brain health unit, completed tertiary studies and got a job he loves. ***"And I'm just starting. I want to pay it forward to help show people what they can do and what I can do to make the world a better place".***

Lifetime Care

Most people who are supported by Lifetime Care have had a traumatic brain injury or spinal cord injury. Our support includes:

- hospital and medical treatment
- rehabilitation
- ambulance and other transport
- respite care and attendant care services
- equipment and prostheses
- educational and vocational training and
- modifications to homes, workplaces and education facilities.

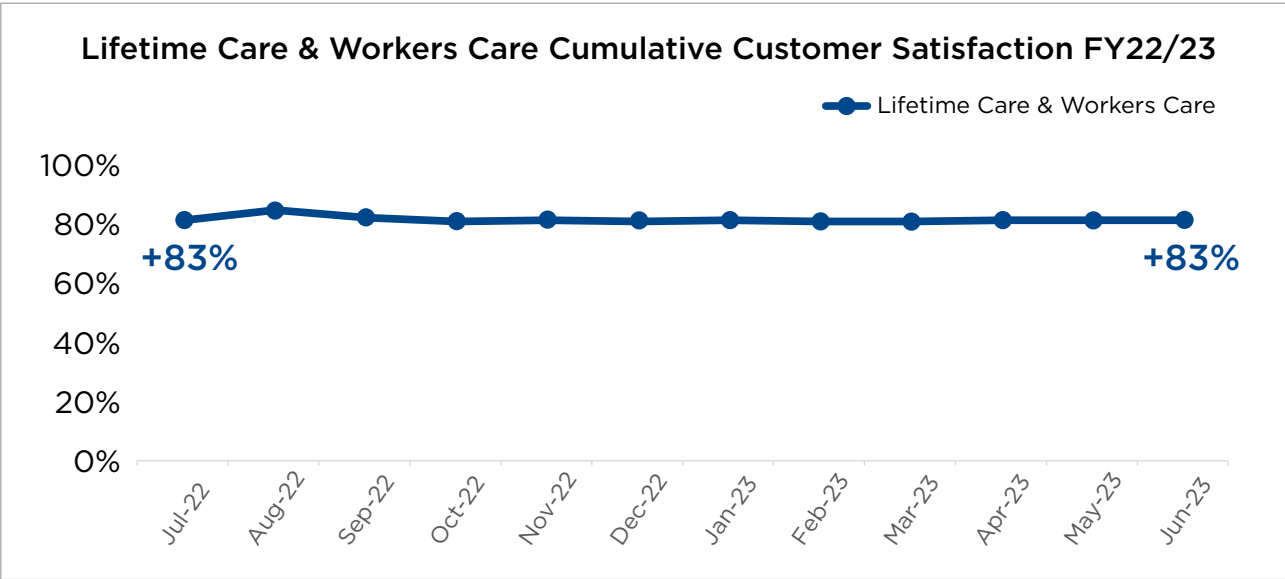
The impact of a severe injury can be broad and spread across various aspects of daily life. Activities such as showering, dressing and preparing meals can be difficult and can have an impact on a person’s independence and wellbeing. We work with experts to offer a range of evidence-based programs to support activities of daily living as well as vocational and community activities to improve quality of life.

Workers Care

The Workers Care program provides treatment and care services to people in the NSW Workers Compensation Nominal Insurer Scheme who are severely injured at work. Similar to Lifetime Care, severe injuries include spinal cord injury, brain injury, amputations, burns and permanent blindness.

Customer experience

Lifetime Care and Workers Care have maintained high levels of satisfaction through FY23. While a high satisfaction score is positive, several initiatives are underway to continually improve the experiences of participants and workers. These include increasing attendant care availability through the Attendant Care Strategy and updating customer collateral to provide clarity on the roles and responsibilities of all those involved with a participant’s care and support.



Financial performance*

FY23 (\$m)	Lifetime Care
Levies	589
Scheme Costs	(923)
Service Fees & Other Expenses	(45)
Net Investment Revenue	771
Other income/adjustments	1
Net Result	393
Funding Ratio	114%
Insurance Ratio	133%
Investment Funds Under Management	9.0bn
Investment Return	9.6%

*The financial information in this table is unaudited. Audited financial information is included in Volume 2 of this Annual Report, specifically the Lifetime Care and Support Authority Fund (LTCS) within the Lifetime Care and Support Authority Financial Statements.

The positive net result of \$393m is driven by higher net investment income, favourable discount rate assumption changes and fewer than expected participants entering the scheme. This was partially offset by increases in the claims inflation outlook, some changes in payment profiles to better meet participant needs, as well as increases in attendant care rates above the anticipated levels. The price of attendant care services increased by 9% during the financial year.

The Lifetime Care Scheme insurance ratio of 133% as at 30 June 2023 was impacted by inflationary pressure on treatment and care costs and favourable investment returns (noting the insurance ratio was 131% last year). The insurance ratio sits in Zone B as defined by the Capital Management Policy (i.e., between 115% and 140%). The target operating zone is Zone A, which has an insurance ratio of 140% to 170%. icare has implemented a strategy to return Lifetime Care to the target operating range over time. Nevertheless, the scheme continues to be in a strong position to meet its obligations now and into the future.

Investment funds under management increased by 13.9% (\$1.1b) during the financial year. Significant contributions include equities, foreign currency exchange and fixed income partially offset by unlisted property and infrastructure and credit.

Key activities

AT Hub (Assistive Technology)

icare partnered with the Ingham Institute and Southwest Sydney Local Health District to form the AT Hub, a specialist service to assist individuals with brain injury to access and utilise assistive technology that promotes safety and independence.

The AT Hub brings together clients, clinicians, developers, researchers and funders to facilitate the process of applying technological solutions in brain injury rehabilitation.

In June 2023, the AT Hub clinic commenced taking referrals from individuals, families and carers for an initial assessment.



Huntah Hawkins, winner of the Shine Arts Prize 2022, masterfully pilots a drone from his wheelchair, capturing images from a unique perspective.

Shine Arts Prize

The Shine Arts Prize was developed to showcase the artistic talent of Lifetime Care and Workers Care participants and workers and to recognise the role of art in maintaining wellbeing. We held the Shine Arts Prize once again, and this year we were able to host a face-to-face exhibition. Thirty-nine artists submitted entries with artworks centred on the theme 'Where I Find Hope'. Lifetime Care participant Huntah Hawkins was the winner of the Shine Arts Prize 2022 for his suite of three artworks in the photography category titled 'Purple and Yellow,' 'Shapes from Above' and 'Drone Selfie'.

Support for carers

We continue to provide support to carers of people living with brain or spinal cord injury.

Together with the University of NSW we developed the Carers Way Ahead program. The free web-based program consists of educational modules specific to challenging behaviours of people with a brain injury and supports the wellbeing of family and carers.

In collaboration with Carers NSW we developed the wecare carers journal. The resource helps carers support their loved ones from soon after injury and throughout their rehabilitation. Journals were distributed to service providers and intensive care units across NSW. With the University of Sydney we delivered The Social Brain Toolkit. This set of online tools helps people with a brain injury and their support networks to communicate more successfully together.

Spinal cord injury physiotherapy guidelines

icare provided funding to the John Walsh Centre for Rehabilitation Research to determine the extent and causes of cognitive impairment in newly injured adults with a spinal cord injury (SCI) and the impacts this has on recovery. This initiative commenced in September 2019. Since then, the project team has collaborated with spinal injury units to address the lack of information on the multiple factors that interact to cause cognitive impairment and how a lack of understanding can lead to poor clinical outcomes, significantly lowered wellbeing, increased rehabilitation costs and increased pressure on families of those with a SCI.

Using the outcomes of the research, the project team published the revised Guide for Health Professionals on the Psychosocial Care of Adults with Spinal Cord Injuries in January 2023. The focus of the next phase of the project is embedding this in spinal units across NSW. The project has received significant international attention with research published in more than five journals.

Peer support

We are committed to connecting people to others with similar injuries and experiences through peer support programs.

Peer support for spinal cord injury

With icare's support, Spinal Cord Injuries Australia (SCIA) delivered the peer support program for people with SCI between June 2019 and June 2021. The SCIA program supported 229 new inpatient clients and 320 clients in the community, providing information, helping with transitions home from rehabilitation units and ongoing individual support.

From June 2021, icare has worked with SCIA to continue peer support services through a fee-for-service program in spinal cord injury units and rehabilitation facilities. icare is working with SCIA to pilot a new program to increase the support to participants transitioning from the hospital into the community.

Asha's story

Asha receives care and support through icare's Workers Care Program. Her life changed forever when she had a massage at work and sustained a serious injury. At that time in Asha's life she was loving the independence that came from a job she loved and the social life typical of a 26 year old.

After graduating, Asha landed a job in a small advertising agency in Neutral Bay as an account coordinator. *"I was living in a new city, shopping, clubbing and loving life."*

In October 2006, a few days after a free neck and shoulder massage offered at her work, Asha began vomiting and feeling dizzy.

Asha was told a blood vessel in her neck had ruptured because of the massage and she'd had a stroke. It had caused a neurological disorder often referred to as "locked-in syndrome" where a person is aware and fully conscious but is paralysed and can't move anything except their eyes.

She was only given a week to live, but defying her prognosis, Asha was soon able to breathe on her own and start rehabilitation.

"I had to learn to eat again, talk again and write again," Asha said.

Peer support for brain injury

In collaboration with Synapse, Family Liaison Officers provide support and information to participants who have sustained a brain injury and their families while they are inpatients or have returned home.

Since the completion of the pilot in June 2022 in the Hunter and Illawarra regions, Synapse are currently exploring ways to continue the program with volunteers.

Ageing project

icare's Ageing project was established to understand the experiences, concerns and preferences of ageing workers and participants in the scheme. These insights help guide support for ageing participants and workers to maintain independence, health and wellbeing, as well equipping employees with skills and knowledge to provide support.

This project has been ongoing for several years and during this time there has been completion of a qualitative study, literature review and multiple points of consultation with participants, workers, employees, case managers and other industry stakeholders.

Despite the moments of depression, anger and loneliness, Asha found strength to continue living her best life. Many years of rehabilitation, therapy and specialist services have helped her get to where she is now. This year, Asha exhibited three original artworks in the icare Shine Arts Prize. The theme was "Where I Find Hope".

"I'm 42 and my focus has changed to looking after my mental health and keeping things as calm and peaceful as I can. I don't fret about petty things, and I try and surround myself with positive and uplifting people who love me for who I am."



Asha and her support worker Saveda (standing).

During the last year a suite of resources focused on ageing have been developed as an outcome of previous research and consultation. One resource, Ageing: Overview for staff and providers, focuses on increasing health literacy about general ageing for participants, workers and their supports.

The other resources, Ageing Well with a Traumatic Brain Injury and Ageing Well with a Spinal Cord Injury, provide guidance on ageing with TBI and SCI for case managers and other people who are working with those ageing with injury.

The next stage will seek to explore and understand the intersection of the Lifetime Schemes and the aged care system with the goal of improving service delivery and reducing complexity for participants, workers, and their families in negotiating residential aged care.



It seemed like a lot happened really easily. They were very professional and really listened to my needs.

– Lifetime Care participant with a spinal injury, on home modifications.

Home modifications

Home modifications allow our Lifetime Schemes participants and workers to move around their homes independently and safely following an injury on the road or at work. icare surveyed participants about their experiences, issues, problems and possible improvements to the home modification process. Twenty-one participants were involved in the research which found that overall participants were very satisfied with their home modification experience.

In FY23 we completed 107 major home modifications at a cost of \$6.5m.

Workers Care satisfaction survey

To evaluate the Workers Care program performance for quality improvement purposes, the Workers Care Survey, a biannual research survey was conducted from October 2022 – March 2023. Overall, it showed satisfaction with the Workers Care program is high among both workers and nominated persons. Workers believe the program provides a valuable support for workers, access to services, and is delivered with a high level of professionalism and empathy. Eighty-nine per cent of respondents reported they were satisfied overall with how the Workers Care program meets workers' needs. The survey highlighted some opportunities for improvement which are being worked through.

From our people – Workers Care

Members of the Workers Care team supported a worker with a traumatic brain injury to return safely to be with his family overseas. More than 12 months since returning home, the worker has achieved big recovery goals such as standing for up to 20 minutes, walking short distances, engaging in meaningful activity and improvements in cognition and memory. The family of the worker are so grateful for the support the worker has received from icare.



Being part of a team that can support someone's recovery in this way really reinforces how rewarding our work is.

– icare case manager



There isn't a day goes by that I don't feel lucky to simply be alive and following my passion.

The music never stops!

Daniel's story

Life took an unexpected turn for Lifetime Care participant Daniel when he was only 19 years old. Seven years ago, on his way to work Daniel was struck down on his motorbike by another driver in the southern suburbs of Sydney leaving him paralysed with a severe brain injury. He was a young man with big dreams and full of life before his accident.

For several months, Daniel fought for his life and after a long stay in hospital he had to learn how to do everything again - walk, talk and perform small tasks. But nothing stopped him from dreaming again. He has been able to learn to play his guitar by using his foot rather than one of his hands (which is still paralysed).

"My parents and my brothers were my rock, but I knew that my recovery was ultimately up to me,"
Daniel said.

"I reckon everyone can achieve their big goal, but first they need to break it down to smaller goals. And it might take a long time as it did for me."

Daniel is now a motivational speaker, and in between attending events and workshops, he spends time working to improve his guitar skills.

"It is still a work in progress but, as they say, practice makes perfect."

"There isn't a day goes by that I don't feel lucky to simply be alive and following my passion."

Key facts

Lifetime Care

Injury	Brain	Spinal	Other	Total
Male	954	297	53	1304
Female	392	91	5	488
Total	1,346	388	58	1,792



1,304 Male and **488** Female Scheme participants

530 Driver
347 Passenger
388 Pedestrian
420 Motor bike (incl. pillion)
77 Cyclist
30 Other



1,578 NSW
151 Other states/territories
49 Overseas
14 Not stated

22,549 Treatment Rehabilitation and Care (TRAC) decisions, resulting in **\$236.7m** paid.



Workers Care



Injury	Brain	Spinal	Other	Total
Male	181	104	31	316
Female	23	7	6	36
Total	204	111	37	352

5,779 decisions about treatment, rehabilitation and attendant care resulting in **\$65.5m** paid.



309 NSW

29 Other states/territories

12 Overseas

2 Not stated

Dust Diseases Care

Dust Diseases Care (DDC) supports workers who have developed a dust disease because of harmful dust exposure at work in NSW. This support also includes compensation for their dependants.

DDC also provides health screening services to monitor disease progression, perform vital early detection and support employers in meeting their legislative obligations to monitor the health of workers who are exposed to hazardous dust in NSW workplaces.

DDC is delivered by icare on behalf of the Workers Compensation (Dust Diseases) Authority in accordance with the *Workers' Compensation (Dust Diseases) Act 1942*.

Workers accepted into DDC are provided with financial assistance for loss of income, including after they reach retirement age, and the costs of reasonable medical expenses for treatment and care related to their compensable dust disease.

Our screening service is offered through the Health Screening Clinic and the mobile 'lung bus' which has been operating in regional NSW for more than 10 years. The cost to employers is subsidised by icare, free for employers whose workers are exposed to silica and free for workers who have been accepted into the scheme.

Year in review

In FY23, DDC supported 5,399 workers and their families, including 3,241 dependants, impacted by occupational dust diseases. This comprehensive support included healthcare, nursing and personal care assistance, mobility aids and oxygen supplies, home support and financial assistance.



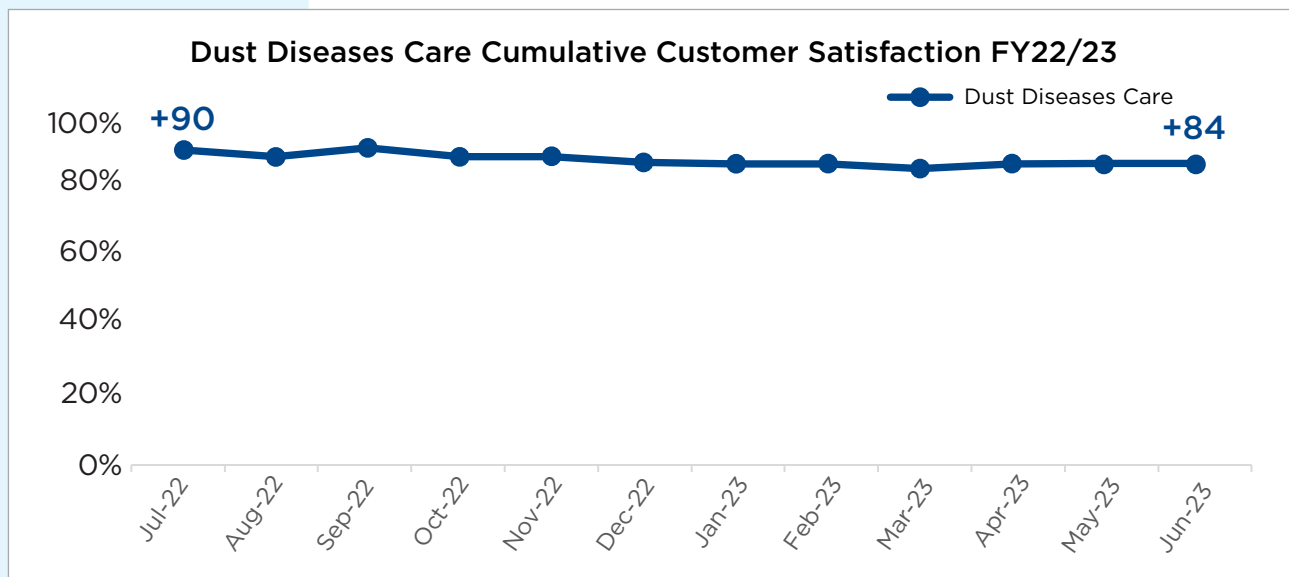
Glen and his wife Janice sing “we’ll grow old together” not just because his family are well-known country music artists. He recovered from treatment for mesothelioma and is now a passionate advocate for screening to his mates who’ve worked with dust.

Silicosis and manufactured stone

This financial year there has been increased community awareness of silicosis and silica-related diseases. In January 2023, we opened a new state-of-the-art health monitoring clinic and have continued our screening support for workers in the manufactured stone industry. We are assessing the potential for an expanded screening service.

Workers diagnosed with a silica-related dust disease typically have very different care and support needs to workers diagnosed with an asbestos-related dust disease. We have commenced a transformation program to deliver improved operations and more efficient processes so our team members have more time to provide care and support for the evolving needs of clients.

Customer experience



Satisfaction for Dust Diseases Care remains high overall with a small reduction in satisfaction compared with FY22. The results are attributed to several initiatives implemented over the last 12 months including regular employee coaching, better case allocation and implementing the DDC decision-making framework. The technology rollout as part of the DDC Technology Transformation Program in late FY24 aims to uplift customer experience.



Everything ran smoothly, and we appreciated working with the icare team who were professional. We also appreciated their flexibility with appointments.

– Screening employer client

Living the icare values

Radiographer and winner of the 2022 icare Employee of the Year

Linda Apin



What makes this job so rewarding is the ability to help many senior citizens in remote areas.

Linda has worked in every imaginable type of radiographer role, including one in the prison system. After working as the radiographer for 14 years in the icare Dust Diseases Care Lung Bus last year, Linda stepped up to take the team leader role.

“It’s been a fantastic experience for me to play a part in screening thousands of workers exposed to hazardous dust in the workplace. But running the lung bus comes with a unique set of challenges. After all, we’re a mobile unit in the middle of nowhere. But over the years I’ve learnt how to manage problems when things go wrong,” Linda said.

Take for example a recent setback in Orange which didn’t stop Linda. After driving over bumpy roads, the x-ray equipment came loose and was damaged. The parts needed for repairs had to be sourced from Sydney and even so, Linda managed to resolve the issue within two days.

“I caught up on the backlog by servicing over double the number of customers”, explains Linda. She x-rayed 90 people in one day compared to the team’s usual 40.

As the existing ‘Lung Bus’ nears the end of its useful life, icare is in the process of commissioning a new unit and is also undertaking a scoping study to assess the potential for an expanded mobile service in the future.

“What makes this job so rewarding is the ability to help many senior citizens in remote areas. I get inspired by their stories and the lives they’ve lived. Having an amazing team to work with makes the role even better. The icare people are so committed to the job that it makes you strive to do better every day.”



My case manager has been extremely helpful in arranging a hospital bed, oxygen, wheelchair etc for home care, a cleaner and more. I appreciate all that she does for us.

- DDC client

Financial performance*

FY23 (\$m)	Dust Diseases Care
Net Earned Premiums/Contribution (incl hindsight adjustments)	79
Net Claims Expense/Scheme Costs	(89)
Underwriting & Other Expenses	(45)
Underwriting Result	(55)
Net Investment Revenue	63
Grants from the Crown	-
Other income/adjustments	(8)
Net Result	0
Funding Ratio	100%
Investment Funds Under Management	1.0bn
Investment Return	6.4%

*The financial information in this table is unaudited. Audited financial information is included in Volume 2 of this Annual Report.

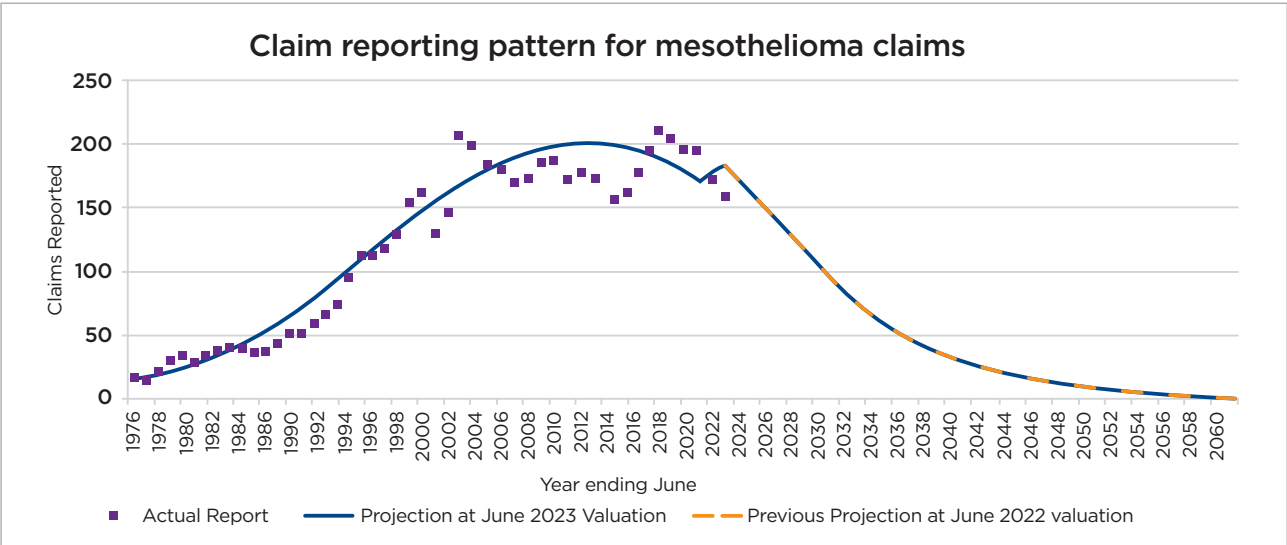
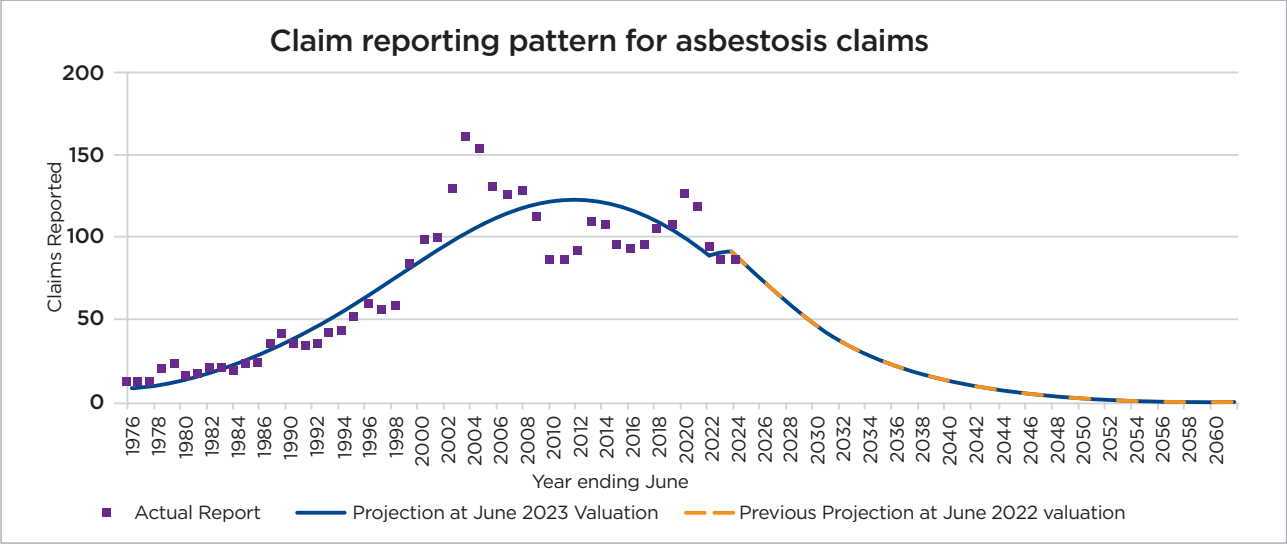
The net result is driven by favourable net investment income which has been partially offset by adverse impacts from the June 2023 valuation of outstanding claims. The valuation made an additional allowance for people with early signs of silicosis progressing to higher levels of impairment over time. The valuation increase was partially offset by reductions in expected worker medical and fortnightly payments based on the emerging experience.

Investment funds under management reduced by 0.2% (\$17.3m) during the financial year as payments were made to workers and their dependants.

Dust Diseases Care is a pay-as-you-go scheme and as such the contributions are designed to cover the next year's claims costs and expenses, after allowing for investment income. However, DDC also holds around \$1b of invested assets which further strengthens its financial position and allows the contributions to be partially offset.

Commentary

The graphs below show the actual number of reported claims for asbestosis and mesothelioma claims, and the projected number of future reports from the latest June 2023 valuation.



Key activities

Screening clinic relocation

The Dust Diseases Care Health Screening Clinic was opened on 25 January 2023 at 321 Kent Street, Sydney. The state-of-the-art facility replaced the former clinic at Pitt Street which ceased operations in December 2022. The new clinic was designed considering the needs of clients who will use the facility, as well as the needs of employees running the facility. By co-locating the clinic at our headquarters our real estate footprint is smaller and our people work even closer to those we serve.

Screening service for manufactured stone industry

Silica dust is a hazard and people who work with manufactured stone are potentially exposed to higher concentrations of silica. We are continuing our efforts to reach more NSW workers handling manufactured stone and making screening as readily available as possible.

Screening service expansion

This financial year we have been assessing the potential for an expanded screening service. An expanded service would enable us to reach more workers and keep aligned with emerging evidence for clinical best practice. A key consideration is service sustainability to ensure our service delivers the best possible customer experience and supports optimal health outcomes.

New case management platform

Work is underway to implement a new technology platform for DDC. The complete system will provide an end-to-end case management platform, streamlined onboarding and faster, more efficient processes. Benefits include improved operations and processes so our team members have more time to provide care and support.

Decision Making Framework

A Decision Making Framework was introduced this financial year to improve decision making and ensure all decisions are applied consistently. Our people were provided with training and updated resources to help them apply the new framework appropriately.

Employee wellbeing program

To support the wellbeing of our people so they can sustainably deliver effective care and support for clients we have implemented an employee wellbeing program in partnership with Acacia. The program includes one-on-one wellbeing sessions with a professional psychological supervisor. This is critical in Dust Diseases Care where our people are often supporting workers and their families through end-of-life decisions.

Palliative care pathways

DDC support includes palliative care needs at the end of life. We are enhancing the palliative care support provided for workers and their families. The initiative includes staff training, enhanced collaboration with hospital palliative care units and improved access to support services and resources.



My coordinator is excellent to deal with. We developed a supportive connection.

Supportive connection **Warren's story**

Warren developed a dust disease while working at an engineering firm. He was told he needed complex surgery that would prolong his life for another 18 months. That was five years ago.

Warren started work as an apprentice fitter machinist in 1979 in Muswellbrook, New South Wales, where he was exposed to asbestos in power stations and at his workplace.

"At the time there wasn't any education about the hazards of working with asbestos," Warren recalled.

Then in 2018, Warren's left lung collapsed, and he had surgery to drain fluid build-up around the lung. He recovered well from the surgery but was hit with a second shock when he was told he had malignant pleural mesothelioma: cancer.

He successfully applied to icare's Dust Diseases Care and was put in contact with the Asbestos Diseases Research Institute (ADRI) where he was welcomed into their support group.

"The team at ADRI have been amazing for us. I don't know how people do this by themselves. It would be difficult," Warren said.

This support helped Warren through complex surgery and the removal of his lung, followed by 30 sessions of radiation treatment. icare provides regular compensation payments and covers the costs of all medical treatments.

Warren has a good relationship with his icare coordinator. ***"We developed a supportive connection and met for coffee when I was in Sydney. You need to be empathetic and understanding in that role, especially when people aren't doing well."***

"My coordinator is excellent to deal with," Warren said.

Today, Warren is managing the family business, plays golf every week, and recently returned from an overseas holiday with his wife and children.

His advice to others is to speak with experts in dust diseases for accurate information, don't go searching online and reach out for support, talking with other people who've been through similar experiences is very helpful.

Mostly, Warren feels lucky he has a strong network around him.



icare's Lung Bus is a mobile respiratory screening service that travels around metro and regional NSW.

Dust Diseases Board Grants

The Dust Diseases Board (DDB) funds research and support services for people affected by dust diseases through grants, scholarships and fellowships. Grants are offered across four funding streams: Ideas to Action (Discovery & Translational) grants, Focus grants, Fellowships & Scholarships and Support Organisation grants. In FY23, nine grants were offered to the value of \$2,296,359. A total of \$1,004,436 was paid in FY23 and includes one new and 15 existing grants awarded in previous years. The full list of grant funding paid in FY23 and grants awarded in FY23 is in the Appendices from page 146.

In FY23, the DDB continued to prioritise research into silicosis and mesothelioma prevention and treatment as well as research projects focused on supportive and palliative care for individuals with dust diseases. The Board also funded two organisations to provide support to individuals and their families affected by dust diseases.

The Board's vision is to make a positive difference to those impacted by hazardous dust exposure and occupational dust diseases. It aims to achieve this by funding novel, innovative research and support program activities that have an impact.



I wish to thank you for your great service, care and understanding that you have shown while dealing with my father's illness (mesothelioma), and subsequently helping Mum. Your high level of professionalism and genuine effort to answer and resolve my queries is very much appreciated.

– Son of a DDC client

Key facts

Dust Diseases Care

5,399 Total number of clients.
3,241 dependants, **1696** workers
462 clients supported through end of life.



5,363 Number of lung health checks,
3,255 Lung Bus, **1,625** Clinic, **394** External Screen,
89 Screen Review

3,255 people provided lung bus screening
 across **47** locations. **88** employers participated.



1,625 screened at Dust Diseases Clinic.
112 employers participated.

\$123.1m, all payments.
\$102.3m for workers' and
 dependants' fortnightly payments.



221 new applications received, **61** days
 to provide an application outcome.

42 Medical Assessment Panel meetings
 held. **1,853** assessments completed.



Number of cases awarded in FY23, by
 disease type: Asbestos/ARPD **109**,
 Lung cancer **11**, Mesothelioma **136**,
 Silicosis **55**, Other **5**, Total **316**

CTP Care

CTP Care is a new program within the NSW Compulsory Third Party (CTP) insurance scheme. Operations commenced at full scale on 1 December 2022.

CTP Care is the name given to a new scheme administered by the Lifetime Care and Support Authority. The program exists within the NSW Compulsory Third Party (CTP) insurance system and was established after legislative reforms changed the way people injured in a motor accident have their long-term treatment and care needs met.

Under the *Motor Accident Injuries Act 2017* (MAI Act) the Lifetime Care and Support Authority of NSW becomes the relevant insurer for payments of treatment and care from five years after a person's accident. In certain situations, the payment of treatment and care benefits can be transferred before five years and this type of transfer is referred to as "Early by Agreement" (EBA).

CTP Care is funded by the Motor Accident Injuries Treatment and Care Benefit Fund (MAITCBF) through a levy collected at the time the CTP premium is paid by each NSW motorist. Treatment and care costs incurred by early transfer (EBA) clients before the five-year mark are not covered under the MAITCBF but are funded by the CTP insurers via a cost recovery arrangement.

Year in review

CTP Care is unlike any other program currently in operation. A multi-year project was needed to develop CTP Care and this concluded in April 2023. The project was established to build the end-to-end capability needed to deliver CTP Care across the domains of people, processes and technology.





Sea Cliff Bridge at Clifton



Thank you for all
your help we really
appreciate everything
you do

- Client of CTP Care

Key milestones achieved include:

- developing the operating model which describes what capabilities are needed to deliver CTP Care and how we are organised to do this. CTP Care operates on a segmented model. A client onboarding function is split from the ongoing needs-based service coordination. This split allows for the anticipated high volumes of clients onboarding and segmentation of our service enables clients with different needs to receive support in different ways for better outcomes and customer experience
- working collaboratively with SIRA and CTP Insurers to define ways of working. The ways of working have been agreed by all parties and documented for reference. The ways of working aim to ensure an injured person's transfer between the licensed insurer and CTP Care is seamless
- a CTP Care frontline team was built. The team increased in size over the last 12 months in readiness for new clients transferring to CTP Care from 1 December 2022. An extensive onboarding and induction program was developed and implemented to ensure the teams have the right capabilities to support clients transferring to CTP Care
- a technology solution was built that supports employees to meet the needs of CTP Care clients efficiently and in line with legislative requirements
- extensive operational readiness and control testing was undertaken by icare's risk management function to demonstrate CTP Care was operationally ready to commence with appropriate controls in place
- the CTP Care Pilot (people transferring early) enabled icare to test and learn through early transfer arrangements with insurers for a small number of people
- CTP Care formally commenced on 1 December with clients who were injured in December 2018 transferring to the program. In accordance with Motor Accident Guidelines, CTP Insurers began notifying clients and CTP Care of their transfer, six months ahead of the transfer date
- an independent review of the CTP Care program – using the Department of Customer Service Framework for post-implementation assessment – assessed the Final Delivery Rating as High, meaning the Program has delivered outcomes and benefits aligned with agreed objectives, to time, cost and quality.

Since commencement, CTP Care has continued to focus on embedding and refining processes and technology. A further focus is the development of our people who are working in this new program with a new system. Enhancement to processes continues as more clients enter the program and more experience is gained across all the legislative requirements.

As CTP Care matures, actual experience is tracked against assumptions and estimates. It will be some years before CTP Care is mature enough to rely on actual experience data. At present, the numbers of clients onboarded is tracking slightly lower than estimated. Treatment and care expenses continue to increase with client volumes.

Experience is still emerging on the injury profile of CTP Care clients and their treatment and care service needs. Based on experiences to date, CTP Care clients have commonly sustained multiple injuries such as complex fractures, amputations, injuries to joints and psychological injuries.

Looking ahead, the focus for CTP Care will be to continue improving operational efficiency while meeting legislative obligations and driving financial performance.

Customer experience

With the scheme only commencing on 1 December 2022, there is little customer experience data available. CTP Care customer satisfaction data this financial year represents the client experience of onboarding only, and the customer satisfaction score for this on 30 June 2023 was 75%. From the start of FY24 we will also measure the customer satisfaction of ongoing interactions with CTP Care.

Ride, Recover, Rise, Repeat!

Robert's story

Robert was a competitive cyclist, racing since his teens and later keeping up cycling for the fitness and friendships.

Three and a half years ago, Robert had big plans with his wife to drive around Australia and had just purchased a brand-new mountain bike to spend more time on trails instead of roads.



What you (icare) do makes a lot of difference to the quality of someone's life.

Then two weeks later Robert was out cycling when a young driver cutting the corner failed to see him. ***"The rest is history,"*** Robert said.

Treatment and care for Rob's injuries were covered by CTP insurance and he received treatment and care through a private CTP insurer. When Rob was identified as someone who will have long-term treatment and care needs under his CTP claim, he was invited to transfer early to the CTP Care pilot program in 2022. Early transfer meant CTP Care could start planning and supporting long-term treatment and care needs sooner.

"The transfer from my private insurer to CTP Care was seamless. Joanne rang me to introduce herself and reassure me all my care needs would remain unchanged. Which remains the case to this day.

I not only have the support of my friends and family but also you good folk here at icare. What you do makes a lot of difference to the quality of someone's life."



Financial performance*

FY2022-23 (\$m)	CTP Care
Levies	141
Scheme Costs	(123)
Service Fees & Other Expenses	(13)
Net Investment Revenue	21
Other income/adjustments	2
Net Result	28
Funding Ratio	84%
Insurance Ratio	87%
Investment Funds Under Management	0.4bn
Investment Return	6.1%

*The financial information in this table is unaudited. Audited financial information is included in Volume 2 of this Annual Report, specifically the Motor Accident Injuries Treatment and Care Benefits Fund (MAITC) within the Lifetime Care and Support Authority Financial Statements.

The positive net result of \$28 million is mainly due to higher investment income partially offset by changes in the valuation of future liabilities. The future liabilities were impacted by changes in economic assumptions. Specifically, by increases in the claims inflation outlook, partially offset by favourable discount rate assumption changes.

Investment funds under management increased by 47% (\$139m) during the financial year driven by collected levies, which have been accumulated since 2017 in anticipation of the scheme commencing in December 2022.

As scheme experience develops, the funding position will be regularly reviewed. The levy has been set to move the scheme towards a fully funded position over the next three years.



Cassandra, Injury Management Specialist at CTP Care, is at the forefront of an innovative recovery program. She collaborates with clients and doctors to design recovery plans, ensuring sustained care. This valuable work inspires Cassandra and her team daily.

Key facts

CTP Care



542 CTP Care clients

271 Female

257 Male

14 Not recorded

501 NSW

37 Other states/territories

0 Overseas

4 Not stated



1089 Treatment, Rehabilitation and Attendant Care decisions.

\$1.6 million paid in treatment, rehabilitation and attendant care services.



Sporting Injuries

Sporting Injuries Insurance is a no-fault scheme providing affordable insurance cover for sporting officials and members of participating sporting organisations. It insures against serious injury such as permanent loss affecting arms, legs, sight, hearing or mental capacity. Minor injuries such as breaks, sprains, abrasions, cuts and bruises or dental injuries are not covered.

Year in review

This not-for-profit scheme is funded solely from premiums paid by member organisations, with membership open to any sporting organisation in NSW. We educate members about the importance of having a risk management framework that includes injury prevention and advocates best-practice processes.

In FY23, five new claims were received and no payments were made for sporting injury claims. COVID-19 has resulted in several policyholders receiving a reduced premium rate for the year, due to fewer games being played. The two most significant policy holders are the National Rugby League (NRL) and NSW Rugby League (NSWRL).

Sporting Injuries Insurance also provides claims management services for the Supplementary Reporting Injuries Scheme on behalf of icare Insurance for NSW. This protects all NSW school children who are seriously injured while participating in organised school sport or authorised activities. It also covers those injured while participating in activities conducted or sanctioned by the Office of Sport. This year we did not pay out any such claims and no new claims were received for this scheme.

Financial performance

FY23 (\$m)	Sporting Injuries
Net Result	1.4
Funding Ratio	429%
Investment Funds Under Management	6.1
Investment Return	6.1%



Financial Performance

A core focus of icare is ensuring its schemes remain in a financially sound and sustainable position, holding sufficient assets to meet their future liabilities. Financial plans incorporate investment strategies that aim for investment returns in excess of long-term investment objectives.

Investment performance

Year in review

All icare investment funds produced positive returns over the financial year. The four largest schemes have tailored investment strategies and objectives. Each of these schemes continue to exceed their longer-term inflation-related investment objectives which are measured over 10-year periods. Smaller schemes are invested in pooled funds which have objectives aligned with scheme objectives. Details of the earnings of all investment funds and icare's financial performance can be found in the full financial statements in Volume 2.

Across the icare funds, the themes driving investment performance were similar to FY22 but each has matured:

1. **Economic disruption due to COVID-19 declined** through the strategies governments globally chose to manage the economic effects. This has impacted government budgets, debt and economic growth.
2. **Supply shocks and related inflation subsided** but strong nominal growth generated other sources of inflation, leaving inflation significantly higher than most Central bank targets.
3. **Central banks began to taper their efforts to address inflation** and made substantial rate increases during the year but by year-end most were indicating this process was largely complete.
4. **Decline in risk of energy crisis in Europe.** Gas and oil markets normalised to an extent, factoring in an apparent stalemate in Ukraine and government policies to maintain the security of oil and gas supply.

The market impact reflected this partial normalisation, though some markets are still dealing with higher interest rates.

Scheme investment performance in FY23 has been driven by:

1. **A strong year for equity returns.** Earnings remained relatively resilient and valuation multiples which declined in the prior year recovered. China was an exception, as its emergence from COVID-19 lockdowns did not produce the economic recovery expected.
2. **Higher bond yields and interest rates, and a weaker Australian dollar.** Substantial increases in US interest rates have kept the pressure on other currencies including the Australian dollar, which boosted returns for foreign currency assets.
3. **Divergence of property and infrastructure returns.** Infrastructure benefited from the economic normalisation and pass through of inflation. Property fundamentals, particularly in the office sector did not recover, while higher interest rates also put pressure on valuations.

The funds' investment settings remain appropriate and within the risk appetites approved by the icare Board.

Investment returns by scheme

	10 year		5 year		1 year	
	Investment Return (% pa)	Investment Objective (% pa)	Investment Return (% pa)	Investment Objective (% pa)	Investment Return (% pa)	Investment Objective (% pa)
Workers Compensation	5.6%	4.3%	4.5%	4.3%	7.2%	5.8%
Insurance for NSW (Treasury Managed Fund)	8.4%	6.1%	6.3%	6.7%	9.6%	9.8%
Lifetime Care and Support and Workers Care	7.4%	4.4%	5.7%	4.5%	9.6%	5.8%
Dust Diseases Care	7.1%	4.5%	4.8%	4.5%	6.4%	4.5%
Home Building Compensation Fund	NA	NA	NA	NA	6.1%	8.2%
CTP Care	NA	NA	NA	NA	6.1%	8.2%
Sporting Injuries	NA	NA	NA	NA	6.1%	8.2%

Home Building Compensation Fund, CTP Care and Sporting Injuries are invested in the TCorpIM Medium Term Growth Fund.

Each scheme's investment objective is selected based on the nature and term of the underlying liability.

Sustainability

ESG initiatives

At icare, we offer more than just insurance. We protect, insure and care for those we serve and the broader NSW community. To do this, it's important we consider environmental, social and governance risks and opportunities and can effectively respond to these.

Year in review

Throughout FY23, icare progressed several initiatives designed to identify and address ESG (environmental, social and governance) risks and opportunities. To date, efforts have focused on Inclusion and Diversity, Health, Safety and the wellbeing of our people and implementing steps to address Modern Slavery in the supply chain in our risk management processes. icare is committed to continuing to understand and respond to these risks and opportunities across each of the ESG dimensions and work in this area is ongoing.



Family watching the sun set from
Camp Cove in Watsons Bay, Sydney
Destination NSW

Workforce diversity

We recognise the importance of a diverse workforce, ensuring we represent the people and communities we serve. At icare, we embrace people from all backgrounds, races, religions, abilities, genders, ages and sexualities.

In FY23 we launched our 2023-2025 Inclusion and Diversity Plan which bolsters our commitment to inclusion and diversity across four pivotal areas: Inclusive culture, Accessibility, First Nations engagement and Multiculturalism. We also launched our inaugural Reflect Reconciliation Action Plan (RAP).

More detail on our Inclusion and Diversity Plan and RAP can be found on page 22.

Number of employees

Category	30 June 2023	30 June 2022	30 June 2021	30 June 2020
Chief Executive Officer	1	1	1	1
Group Executive Team	8	8	8	9
Executives	58	45	53	46
Non-executives	1,689	1,525	1,370	1,116
Total	1,756	1,579	1,432	1,172

Workforce diversity trends

Workforce diversity group ¹	2023%	2022%	2021%
Women	65.4	65.3	65.1
Aboriginal and/or Torres Strait Islander people	0.8	0.7	0.6
People whose first language is not English	14.8	18.4	19.3
People with a disability	2.2	2.6	2.8
People with a disability requiring work-related adjustment	0.6	0.5	0.6

¹ Diversity data in our Workforce Profile is subject to several factors, including employees self-identifying their diversity characteristics in our human resources information system.

Distribution of workforce diversity trends across salary bands

Workforce diversity group	Benchmark target %	2023%	2022 %	2021 %
Women	100	87	87	87
Aboriginal and/or Torres Strait Islander people	100	n/a	n/a	n/a
People whose first language spoken as a child was not English	100	99	99	99
People with a disability	100	94	94	93
People with a disability requiring work-related adjustment	100	n/a	n/a	n/a

In relation to the above table: A Distribution Index score of 100 indicates that the distribution of members of the Workforce Diversity group across salary bands is equivalent to that of the rest of the workforce. A score less than 100 means that members of the Workforce Diversity group tend to be more concentrated at lower salary bands than is the case for other employees. The more pronounced this tendency is, the lower the score will be. In some cases, the index may be more than 100, indicating that members of the Workforce Diversity group tend to be more concentrated at higher salary bands than is the case for other employees.

The Distribution Index is not calculated when the number of employees in the Workforce Diversity group is less than 20 or when the number of other employees is less than 20.

Workplace health and safety

Our team is committed to developing a safety culture that strives for continuous improvement and best practice health, safety and wellbeing systems and integrated programs and practices. This is supported by an emphasis on strong leadership commitment and ownership of psychological safety and employee engagement.

Our FY22-23 to FY24-25 Work Health and Safety (WHS) plan is focused on four strategic pillars: embedding a strong safety culture; robust safety management systems; an emphasis on employee wellbeing; and safe and supportive environments. We're undertaking a full review of our safety management systems, including WHS policies and procedures, and uplifting our people leader capability in managing psychosocial hazards in the workplace.

We have established the icare Health and Safety Committee (iHSC) as our primary consultative forum for matters relating to workplace health and safety of our people, visitors and partners. Together, we aim to meet our health and safety obligations through everyday interactions with each other, our health and safety representatives and our iHSC.

During FY23 we recorded 113 WHS notifications compared to 46 notifications reported in FY22. This increase can be attributed to icare's ongoing commitment to creating psychologically safe teams and an organisational culture where our people can speak up, in addition to the physical safety focus already well in place. During the course of the year we had a strong focus on leadership development. This included education and awareness initiatives helping to reinforce our WHS obligations in line with the new Code of Practice for Managing psychosocial hazards at work with an emphasis on proactive identification and reporting of both psychosocial and physical hazards.

Of these notifications, 51 were injuries/illnesses, and 16 were compensable. Where lost-time injuries occurred, no patterns or trends could be discerned and there were no WHS prosecutions. The remaining notifications covered Building Maintenance Damage (13), Hazard (20), Near miss (4), Security (3) and Workplace issue (22).

We continue to focus on addressing the cause of work health and safety incidents and associated claims by building leadership capability and promoting a safety/reporting culture. Additional key activities underway to support a reduction of incidents and management of associated risks include development of a Peer Support Network Program and building leadership capability related to identification and management of psychosocial risks in the workplace.

Data on workers compensation claims lodged by icare employees for the last two financial years is shown in the table below.

	FY2022-23	FY2021-22
Number of employees	1,756	1,579
Number of claims	22	12
Number of claims per employee	0.013	0.0078
Total cost of the claims made and paid during the financial year	\$358,878	\$210,934
Average cost of claims made and paid during the financial year	\$41,443	\$17,578

The number of open claims at the beginning of FY23 was 15 and of these, nine were closed during the year. Within FY23 icare lodged 22 claims, however liability was only accepted for 16 new claims. There were 22 open claims at the end of the financial year, which included prior open claims. Of the current open claims, 11 are psychological claims and 11 are physical claims.

The total payments made in FY23, including settling matters resulting from injuries/illnesses sustained before the beginning of the financial year, was \$358,878.

Modern slavery

Modern slavery is a crime and a violation of fundamental human rights and takes various forms such as servitude, forced and compulsory labour and human trafficking. It may also be in the form of coercion, threats or deception used to exploit victims and undermine their freedom.

icare is committed to ensuring transparency within our business operations, supply chains and investments as we address the issue of Modern Slavery. We expect the same standards from our service providers, suppliers, sub-contractors and other business partners. Our approach entails:

- acting ethically, honestly and with integrity in all our business dealings and relationships
- developing and implementing an effective Modern Slavery Reasonable Steps Framework, with controls and processes to identify and eliminate modern slavery issues across icare's schemes, operations and supply chains
- monitoring service providers and suppliers through contract management to ensure adherence to relevant icare policies and procedures.

icare was a founding member of a working group established in November 2022 that embarked on developing a Shared Implementation Framework (SIF). Our contributions to the discussion paper presented by the Office of the Anti-Slavery Commissioner (OASC) for public consultation formed part of the considerations in the SIF.

Throughout FY23, we actively participated in the OASC-led development of guidance and risk assessment tools for the implementation of reasonable steps to address modern slavery in the supply chain. Consequently, we amended our Procurement Policy, Statement of Business Ethics, tender documentation and supplier onboarding procedures to include measures and actions aligned with the *NSW Modern Slavery Act 2018*. Evidencing our commitment to compliance, we initiated awareness sessions, delivered to our major suppliers during the onboarding process.

Training sessions were also delivered to icare Group Executives, Senior Leadership Team, Business Unit managers responsible for contract management, and all procurement employees. To ensure enterprise-wide compliance, a mandatory eLearning Module was developed for deployment in FY24 for all icare employees.

Climate change

icare recognises that climate change poses potentially significant impacts and risks that will evolve over time. We are collaborating with industry stakeholders, policymakers, and experts to better understand and address climate-related risks to foster a sustainable and resilient future for our business, policyholders, and communities.

As the State's insurer, icare is taking steps to understand and address the potential impacts of climate change on NSW Government assets, workers and communities.

For investment funds, icare and its investment manager, TCorp, is undertaking detailed planning and analysis to meet the NSW Government's net zero target. This will include a 50% reduction in greenhouse gas emissions from 2005 levels by 2030.

We actively engage with regulatory bodies, industry associations, and policymakers to stay informed about upcoming changes so we can respond to risks created by the transition to a low-carbon economy.

The material risks posed by climate change will continue to evolve and present uncertainty for the future. icare is committed to further understanding the impacts of climate change and ensuring we can adequately respond to these and continue to meet the needs of those we serve long term.



Management and Accountability

Our Governance

icare is governed by a Board of Directors consisting of our CEO and up to eight independent non-executive directors, appointed by the Responsible Minister.

Year in review

All decisions relating to the functions of icare are made by or under the authority of the icare Board. The constitution of our Board, as well as its role and functions, are set out in the *State Insurance and Care Governance Act 2015* and include:

- providing the Responsible Minister any information requested about the activities of icare
- keeping the Responsible Minister informed of the general conduct of icare's activities and of any significant developments in icare's activities
- determining general policies for icare and directing the CEO in relation to icare's activities
- undertaking any other function conferred or imposed on the Board by the *State Insurance & Care Governance Act 2015* or any other law.

icare acts and provides services for a number of statutory insurance schemes (refer to Appendix 6 for a full list of the legislation we administer). The Board's role is to govern icare and includes setting the strategic direction as well as establishing and monitoring performance targets as set out in the Statement of Business Intent.



Our non-executive directors are appointed by the Responsible Minister for a three-year term, after which they are eligible for reappointment. The CEO is appointed by the Board for a five-year term. Our directors have extensive experience across diverse fields including insurance, customer experience, business improvement, finance, investment, healthcare, disability services, technology and digital, and strategy.

The State Insurance and Care Governance Act 2015 allows the Responsible Minister to give a written direction to icare if the Responsible Minister is satisfied it is necessary to do so in the public interest. Before giving any such direction, the Responsible Minister must consult with the icare Board and seek its opinion as to whether the direction would not be in the best interests of icare.

If the Responsible Minister does make a written direction, it must be published in the NSW Government Gazette, stating why the direction is in the public interest. The Board must then ensure the direction is complied with.

A direction was issued in April 2023 by the Minister for Industrial Relations, and Minister for Work Health and Safety, the Hon. Sophie Cotsis MP, in relation to Nominal Insurer workers compensation insurance premiums. The direction was issued under section 7 of the *State Insurance and Care Governance Act 2015* and states that the Nominal Insurer premium filing for the next three financial years 2023/24, 2024/25 and 2025/26 be limited to an average increase of eight per cent per annum, and restructure the employer safety incentive in 2023/24 to take into account employer safety record/claims experience, with no more than a two per cent impact on average premiums.

Board Committees

The Board maintained five Committees during the reporting period for FY23: Board Audit Committee (BAC); Board Risk Committee (BRC); Investment and Asset Committee (IAC); People and Remuneration Committee (PRC); and Technology and Data Strategy Committee (TDSC). In February 2023, the Board resolved to dissolve the Technology and Data Strategy Committee (TDSC). The Committees assist the Board with its oversight and governance responsibilities and are all chaired by a non-executive director of the Board.

The objective of the Board Audit Committee is to provide independent assistance to the Board by performing an oversight function of financial and actuarial reporting, the application of accounting policies, and internal and external audit functions.

The Board Risk Committee provides independent assistance to the Board by monitoring, reviewing and providing advice in relation to icare's governance processes, risk management and control frameworks and its external accountability obligations.

The Investment and Asset Committee was established to assist icare in setting the investment strategy and related investment policies. The Committee is responsible for overseeing the investments of icare's scheme funds.

The aim of the People and Remuneration Committee is to endorse and recommend to the Board the approval of icare's people strategies. These include remuneration, culture, talent, leadership and diversity strategies. It also monitors the implementation of the Board approved people strategies and ensures icare maintains robust and has relevant people policies and practices.

Our Board of Directors

John Robertson

Chair

Appointment Term: 7 September 2020 – 6 September 2023*

Member - People and Remuneration Committee

John Robertson has more than 30 years of experience in stakeholder engagement, negotiating with and on behalf of numerous interest groups and government and representing the interests of some of the most vulnerable people across NSW.

He is currently Chief Executive Officer at Foodbank NSW & ACT.

John is the former Member for Blacktown from 2011 to 2017 and NSW Opposition Leader from 2011 to 2014. He served as a Minister in the NSW Government from 2009 to 2011, which included time as Minister for Transport, Minister for Public Sector Reform, Minister for Energy and Minister for Corrective Services.

He is the President of the NSW Council of Social Service and has held previous board and committee roles for WorkCover NSW, Heritage Council of NSW, Building and Construction Industry Long Service Payments Corporation and EnergyAustralia.

John began his career as an electrician and later worked with the Electrical Trades Union and the Labor Council of NSW.

*Reappointed for a further term until September 2026.

Michael Cameron

Deputy Chair

Appointment Term: 30 November 2020 - 29 November 2023

Chair - Board Audit Committee

Member - Board Risk Committee

Michael has held several financial services leadership roles, most recently as CEO and Managing Director of Suncorp Group. He has significant board experience across listed, government and not-for-profit boards.

He has been a Group Chief Executive Officer of two top ASX companies spanning 10 years and a non-executive director of a top 20 ASX company for four years. Prior to that Michael was the Chief Financial Officer of Australia's largest bank and held senior executive roles in a diverse range of property and financial services groups.

Michael has led major cultural and organisational transformations, delivered value-creating growth initiatives and implemented industry-leading technology change programs.

He gained deep experience from involvement in the Royal Commission and governance reviews of the financial services industry. He has also contributed to Federal Treasury and NSW Treasury in an advisory capacity.

Michael currently chairs the Heritage and People's Choice Limited and its Remuneration and Governance Committee, Resolution Capital Limited and Foray Enterprises Pty Ltd. He is a Fellow of the Institute of Chartered Accountants, CPA Australia and the Australian Institute of Company Directors.

Richard Harding

Chief Executive Officer and Managing Director

Member – Investment and Asset Committee

Standing Attendee – Board Audit Committee

Standing Attendee – Board Risk Committee

Standing Attendee – People and Remuneration Committee

A biography for Richard Harding is provided in Our People on Page 25.

Kirsten Armstrong

Non-Executive Director

Appointment Term: 15 February 2023 – 14 February 2026

Member – Investment and Asset Committee

Kirsten is an experienced actuary and strategic adviser with a 25-year career in health, disability, social insurance and international development.

She has a deep understanding of the health and disability sector with experience advising governments in Australia and internationally on major reforms.

Kirsten previously led the health practice at analytics consultancy Taylor Fry and was a Partner at PwC where she advised the NSW Treasury Managed Fund and undertook a major strategic review of the New Zealand Accident Compensation Corporation.

She was recognised as one of the Australian Financial Review's 100 Women of Influence for her work as an Executive Director at The Fred Hollows Foundation to bring impact investors to help end blindness in low-income countries.

Kirsten currently leads Social Ventures Australia's social impact bond work, supporting governments, social-purpose organisations and impact investors to create high-impact projects that generate evidence and change the lives of Australia's most vulnerable.

Mark Goodsell

Non-Executive Director

Appointment Term: 15 February 2022 – 14 February 2025

Chair - People and Remuneration Committee

Mark Goodsell is the national Head of WHS Policy for the Australian Industry Group (Ai Group).

Mark's role centres on public and policy advocacy in WHS representing the industry base of Ai Group's membership.

Up to May 2021, he had been Head of NSW for Ai Group for more than 20 years, with a focus including state and regional development, innovation, government procurement, skills formation, WHS, workers compensation and business regulation.

Mark is the Chair of the NSW Industry Capability Network (ICN NSW) and was previously a member of Safe Work Australia and the NSW Skills Board.

Mark holds qualifications in both economics and law.

Virginia Malley

Non-Executive Director

Appointment Term: 16 August 2021 – 15 August 2024

Chair - Board Risk Committee

Member - Board Audit Committee

Member - Investment and Asset Committee

Virginia Malley is a non-executive director with experience in the financial services and environmental sectors. She is the Chair of icare's Risk Committee and a member of the Audit Committee and Investment and Asset Committee.

Most recently Virginia has been responsible for overseeing the integrity and performance of market-based environmental schemes promoting increased renewable energy generation, carbon abatement and protected biodiversity in Australia.

Virginia is the Deputy Chair of the Future Super Risk Committee, a member of the Future Super Investment Committee and a non-executive director on the Board of Perpetual Equity Investment Company Limited. She is a Fellow of the Australian Institute of Company Directors.

She also serves as the Chair of the Carbon Industry Code Review Panel, Pinnacle Fund Services Ltd Compliance Committee and Bell Asset Management Compliance Committee.

Virginia was previously Chief Risk Officer at Macquarie Funds Management Group and has served on the boards of the Clean Energy Regulator, Macquarie Investment Management Ltd and Perpetual Superannuation Ltd.

She has a Bachelor of Arts and Master of Applied Finance from Macquarie University, a Juris Doctor from the University of Technology Sydney and a Graduate Diploma of Environmental Law and a Master of Laws from the University of Sydney.

John Walsh AO

Non-Executive Director

Appointment Term: 30 November 2020 – 29 November 2023

Chair – Dust Diseases Board

Member – Board Audit Committee

Member – Board Risk Committee

John spent over 20 years as a Partner in the advisory practice of PwC, before retiring from full-time employment. His major client work was in the areas of social policy and funding of accident compensation, health and disability services. John's ability to contribute to social policy is assisted by his own disability, traumatic quadriplegia.

He has been statutory actuary to the NSW Lifetime Care and Support Authority, the NSW Motor Accidents Authority and the workers compensation insurance schemes of both NSW and South Australia. He has conducted major reviews of several of Australia and New Zealand's accident compensation schemes and insurers.

John has advised the Commonwealth and NSW governments on future demand and funding requirements for disability services, homelessness services and Aboriginal disadvantage. In 2010 he was appointed to the Productivity Commission investigation which recommended and provided a blueprint for the National Disability Insurance Scheme.

In 2001 he was named Australia's Actuary of the Year, and in 2011 received an AM and the Prime Minister's Award for outstanding service to the disability sector. In 2015 he was appointed Australia's Patron for the United Nations International Day of People with a Disability. John was honoured in 2022 as an Officer of the Order of Australia for distinguished service to public health through leadership and advocacy roles.

John has an appointment as an Adjunct Professor at the University of Sydney and is an Honorary Fellow of the Royal Australasian College of Physicians.

Kylie Willment

Non-Executive Director

Appointment Term: 16 August 2021 – 15 August 2024

Chair – Investment and Asset Committee

Kylie is an experienced financial services executive with experience across public and private sector organisations and brings a specialisation in investment management to the icare Board.

In her current role Kylie is a Senior Partner and Chief Investment Officer for Mercer Australia, and previously spent 17 years at NSW Treasury Corporation (TCorp) and was a key part of the evolution of TCorp's investment function.

Kylie holds a Master's Degree in Applied Finance and is a Certified Investment Management Analyst (CIMA). She has also served as a Director of the CIMA Society of Australia and been a member of the Investment and Wealth Institute's Global Certification Commission.

Board Members retired in FY2022-23

Peeyush Gupta Non-Executive Director	Chair: Investment and Asset Committee Member: Technology, Data and Strategy Committee	Term: 5 October 2015 – 14 February 2023
Elizabeth Carr Non-Executive Director	Chair: People and Remuneration Committee Member: Board Audit Committee, Board Risk Committee	Term: 5 October 2015 – 14 May 2023

New Board Members in FY2022-23

Kirsten Armstrong Non-Executive Director	Member: Investment and Asset Committee	Term commenced: 15 February 2023
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FY22-23 Board and Committee Meeting Attendance

Directors	Committee Directors	icare Board	Board Audit Committee	Board Risk Committee	Technology & Data Strategy Committee**	Investment & Asset Committee	People & Remuneration Committee
FY22-23 meetings		28 July 2022	26 July 2022	26 July 2022			
		29 August 2022	25 August 2022	25 August 2022	23 August 2022	24 August 2022	24 August 2022
		26 September 2022	22 September 2022	22 September 2022			
		26 October 2022				25 October 2022	
		28 November 2022	24 November 2022	24 November 2022	22 November 2022	23 November 2022	23 November 2022
		27 February 2023	23 February 2023	23 February 2023		22 February 2023	22 February 2023
		8 March 2023 (Strategy)					
		27 March 2023				22 March 2023 (Workshop)	
		29 May 2023	25 May 2023	25 May 2023		24 May 2023	24 May 2023
John Robertson	Board, PRC Standing attendee at BAC & BRC	9/9 attended	5/6 attended *absent 24/11/2022	6/6 attended			4/4 attended
Michael Cameron	Board, BAC, BRC, TDSC	9/9 attended	6/6 attended - Chair	6/6 attended	2/2 attended		
Kirsten Armstrong (appt 15 Feb 2023)		4/4 attended				2/2 attended	

Directors	Committee Directors	icare Board	Board Audit Committee	Board Risk Committee	Technology & Data Strategy Committee	Investment & Asset Committee	People & Remuneration Committee
Elizabeth Carr <i>(retired 14 May 2023)</i>	Board, PRC, BAC, BRC	8/8 attended	5/5 attended	5/5 attended			3/3 attended - Chair
Mark Goodsell	Board, PRC	9/9 attended					4/4 attended - Chair (1)
Peeyush Gupta <i>(retired 14 Feb 2023)</i>	Board, IAC, TDSC	5/5 attended			2/2 attended	3/3 attended - Chair	
Virginia Malley	Board, BAC, BRC, IAC	9/9 attended	5/6 attended <i>*absent 24/11/2022</i>	6/6 attended - Chair		6/6 attended	
John Walsh	Board, BAC, BRC, Dust Diseases Board	9/9 attended	6/6 attended	6/6 attended			
Kylie Willment	Board, TDSC, IAC	9/9 attended			2/2 attended - Chair	6/6 attended - Chair (3)	

***icare's Technology & Data Strategy Committee was dissolved on 27 February 2023.*

Note: X/Y attended denotes the number of meetings attended out of the total number of meetings a Director was expected to attend.

**Denotes apology at indicated meeting*

Board and Committee remuneration

The following table provides Non-Executive Directors' fees for the icare Board and Committees as at 30 June 2023.

These fees are established within the Public Service Commission's **Classification and Remuneration Framework for NSW Government Boards and Committees** - December 2012. Non-Executive Directors do not receive any performance related remuneration.

Name	Position	Total Annual Fixed Remuneration
John Robertson	Chair	\$200,000
Michael Cameron	Deputy Chair	\$115,000
	Chair - Board Audit Committee	\$15,690**
John Walsh	Non-Executive Director	\$100,000
	Chair - Dust Disease Board	\$40,000
	Member - Board Audit Committee and Board Risk Committee	\$2,092** per meeting day*
Mark Goodsell	Non-Executive Director	\$100,000

Name	Position	Total Annual Fixed Remuneration
Virginia Malley	Non-Executive Director	\$100,000
	Chair - Board Risk Committee	\$15,690**
Kirsten Armstrong (From 15 February 2023)	Non-Executive Director	\$100,000
Kylie Willment	Non-Executive Director	\$100,000
Peeyush Gupta (Until 14 February 2023)	Non-Executive Director	\$100,000
Elizabeth Carr (Until 14 May 2023)	Non-Executive Director	\$100,000
	Member - Board Audit Committee and Board Risk Committee	\$2,092** per meeting day*

* The Board Audit and Board Risk Committees are treated as a single committee for remuneration purposes and Board members do not receive separate fees for sitting on each committee.

** Engaged under the conditions of the Prequalification Scheme Conditions dated December 2020, issued by the NSW Treasury.

Transparency, openness and accountability

icare is committed to regular publishing of a range of data about the schemes we manage on our website. This provides accountability and transparency to our operations and performance. It includes monthly updates on the performance of the workers compensation system across a range of key metrics. We also receive quarterly update reports on icare's Improvement Program from our external assurer, Promontory Australia, which we publish on our website. icare also publishes submissions to external reviews and inquiries and updates on matters of importance to the people we serve and our wider stakeholders.

icare is committed to engaging with stakeholders in an open, constructive and accountable manner and fostering relationships on a foundation of trust and mutual respect.

Update on SIRA interactions

icare continues to strengthen its regulatory engagement to ensure open and constructive relationships. We have a dedicated team to manage regulatory engagement which includes proactively notifying regulators of matters of significance, regularly meeting with regulators and providing information about the schemes and ensuring timely responses to regulatory requests.

icare's primary regulator is the State Insurance Regulatory Authority (SIRA). This relationship has continued to evolve with both parties working together to ensure the effective and sustainable functioning of the schemes for the people of NSW.

Over the year, our key engagements with regulators have included briefings on icare's Improvement Programs, in particular the Nominal Insurer's new claims model and onboarding Claims Service Providers, sharing research and analysis on the changing nature of work and its impacts on return to work, and responding to various notices and audits.

Update on Nominal Insurer Advisory Committee (NIAC)

The NIAC is made up of employer and workers' representatives including:

- Business NSW
- Australian Industry Group (Ai Group)
- Unions NSW
- Australian Manufacturing Workers Union (AMWU)
- Construction, Forestry, Maritime, Mining and Energy Union (CFMMEU)
- NSW Small Business Commission
- Workers Health Centre

During FY23 meetings were held on 16 August, 18 October, 15 December, 16 March, 9 May and 22 June.

In the spirit of positive, open and constructive communication, the Committee discussed a broad range of topics including the impact of workplace mental health and psychological injury claims, the delivery of the Nominal Insurer Improvement Program, implementation of the Case Manager Professional Standards Framework and onboarding of new Claims Service Providers to deliver the enhanced Claims Service Provider model.

Update on NSW Treasury interactions

icare has regular dialogue with the NSW Treasury including a monthly financial meeting, a bi-monthly meeting between the icare Chief Executive Officer and the NSW Treasury Secretary and attendance at the NSW Asset and Liability Committee. In addition, icare meets with NSW Treasury on a range of project-related activities.

During FY23, interactions with NSW Treasury included, but was not limited to:

- The Treasury Managed Fund, including psychological claims, ongoing costs, claims following the *Child Abuse Bill 2021*, the Net Asset Level Holding Policy (NAHLP) and damage to state infrastructure caused by flooding and other weather events
- icare's financial positions and performance of the schemes
- return to work rates
- psychological claims
- implementation of the McDougall Review recommendations through icare's Improvement Program
- procurement activities
- impact of new Australian Accounting Standard AASB 17 (Insurance Contracts) to icare schemes
- the Home Building Compensation Fund (HBCF)
- Dust Diseases Regulation.

Parliamentary inquiries

In FY23 icare gave evidence at three NSW Parliamentary public hearings.

Inquiry	Committee	icare Hearing dates	Attendees	Recommendations
<i>2022 Review of the Lifetime Care and Support Scheme and 2022 Review of the Compulsory Third Party insurance scheme</i>	Legislative Council Standing Committee on Law and Justice	18 November 2022	Mr Richard Harding – CEO & Managing Director, icare Nick Allsop – Group Executive Lifetime Schemes, icare	Recommendation 1 (LTC) - That the <i>Personal Injury Commission Act 2020</i> be amended to clarify the legislative power of the Independent Review Office to deal with disputes related to the Lifetime Care and Support Authority.
<i>2022 Review of the Workers Compensation Scheme</i>	Legislative Council Standing Committee on Law and Justice	10 October 2022	Mr Richard Harding – CEO & Managing Director, icare Ms Mary Maini – Group Executive Workers Compensation, icare Ms Rashi Bansal – Former Group Executive Insurance for NSW and HBCF	Inquiry focused on increase in psychological claims. N/A - Report/ recommendations not yet published.
<i>Budget Estimates 2022-23</i>	Legislative Council Portfolio Committee No. 1 - Premier and Finance	26 August 2022	Richard Harding – CEO & Managing Director, icare	N/A - Portfolio Committee does not make recommendations.

Managing our risks

Risk management strategy and framework

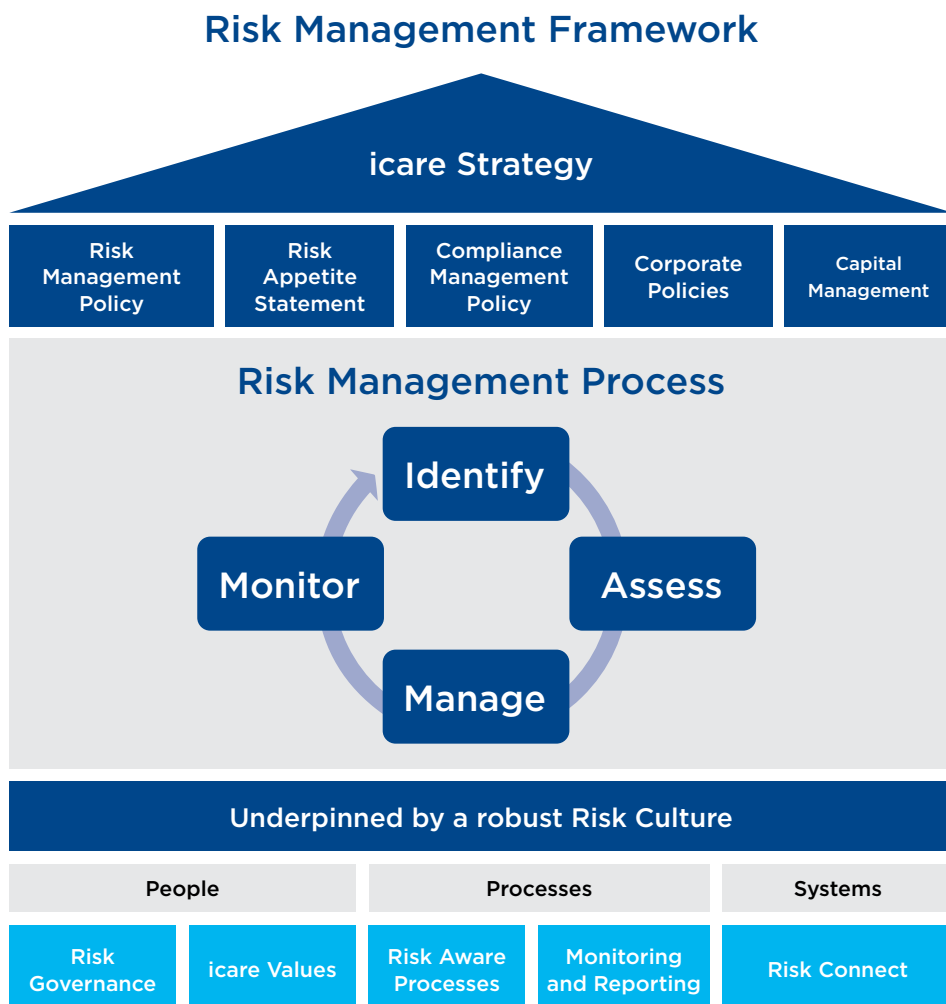
At icare we manage risks and opportunities likely to have an impact on the ability to achieve our strategic objectives. In FY23 we continued with our substantial uplift of risk capability, including embedding our Three Lines of Defence (3LoD) operating model, resulting in further improvements to our overall organisational risk maturity.

The 3LoD model drives an understanding of the roles and functions of business, risk management and compliance and independent assurance functions, such as internal audit in managing risk. When the three lines are appropriately structured with no gaps in coverage, there is an increased likelihood the organisation's risks can be effectively managed.

Our Risk Management Framework (RMF) is the totality of structures, systems and processes in the organisation that help us to identify, assess, manage and monitor risks that could have a material impact on operations. Our RMF is appropriate to our size and complexity, informed by best practices in risk management and compliant with the *Internal Audit and Risk Management Policy for the NSW Public Sector*. Our RMF also includes the requirements of regulated insurance companies as documented in the Australian Prudential Regulation Authority's (APRA) prudential standard *CPS 220 – Risk Management*.

A healthy risk culture is critical to the effective management of risk in any organisation. Risk culture can be defined as the impact of organisational culture on how we manage risk. For icare, risk culture is driven by the Group Executive Team. It focuses on ensuring everyone in icare is aware of their risk and compliance obligations and providing them with the tools and knowledge to meet these obligations. It also ensures visibility when these obligations are not being met so appropriate action can be taken.

The major business risks potentially affecting icare's ability to achieve our business objectives are set out below. We monitor these, including the mitigating actions in place, to reduce risks to within our risk appetite. Regular reports are submitted to our Group Executive team and our Board Risk Committee.



Risk reporting

The Board Risk Committee (BRC) regularly assesses the effectiveness of our RMF and the robustness of our control environment to assist the Board in fulfilling its corporate governance and oversight responsibilities.

Management risk reporting is provided to the BRC each quarter. It provides information on key risks and how these are being managed within the Board's Risk Appetite Statement and where risks are outside of appetite, how these risks are treated and managed.

The Risk Appetite Statement (RAS), supported by appropriate governance infrastructure, establishes acceptable risk thresholds for our operations. Together with the RMF, this informs our business planning. An integral part of the regular business plan performance process and a key governance document, it is responsive to changing market challenges and opportunities. It guides management in material decision making. Monitoring of business activities against the Board's RAS provides it with periodic assurance its risk appetite requirements are being met. The RAS and the RMF are both updated in line with changing requirements and emerging experience and are subject to annual review and approval by the Board.

Business continuity management

We are committed to ensuring our critical business processes can continue should a serious disruptive event affect normal business activity. Our approach and methodology for our Business Continuity Management Plan aligns with the best practice approaches outlined in:

- International Standard ISO 22301 – Societal Security – Business – Business Continuity Management Systems – Requirements; and
- APRA's Prudential Standard CPS 232 Business Continuity Management.

This means having business continuity plans, systems and capabilities in place so we can respond to and recover from any interruption. It includes a response that covers people, facilities, equipment, information technology, telecommunications and suppliers. icare's priorities for business continuity, crisis management and resilience continue to be safety, security and service delivery.

We have continued to deliver services to our stakeholders in FY23 by protecting the health and wellbeing of our people through maintaining a flexible hybrid working approach, while ensuring our services to those we serve continue without disruption.

Our key activities included:

- continuing our flexible hybrid working-from-home approach to business-as-usual, to ensure employees feel safe and are supported by technology and equipment wherever they work
- continually improving business continuity plans, including implementing an enhanced process to identify critical functions and assess the impact of disruptions to icare and those we serve
- identifying and assessing our outsourced arrangements and ensuring collaboration with our partners to build resilience
- continuing to monitor increasing cyber threats
- ensuring our people and those we serve are kept informed by regular communications
- conducting ongoing assessments of our risk profile and actions planning.

Public Interest Disclosures

Our Reporting Wrondgoing Policy, including information on public interest disclosures, is available to all employees on the icare intranet. In line with our values, our CEO has acted to ensure employees are aware of their rights and responsibilities under the *Public Interest Disclosure Act 1994* through induction, online compliance training and internal communications.

Information on disclosures made during the year is provided at Appendix 7.

Insurance Arrangements

icare's Treasury Managed Fund contributions for FY23 was \$2,778,864 including GST (FY21-22: \$1,827,683) across workers compensation, property, liability, motor and miscellaneous categories. Our Directors' and Officers' liability insurance premium was transferred in FY23 to the Treasury Managed Fund and folded into Legal Liability insurance. The overall insurance contributions are higher than in the previous year due to a change in the pricing method plus an increase in permanent employee numbers.

Internal Audit and Risk Management Attestation Statement

We, the Insurance and Care NSW Board, are of the opinion that Insurance and Care NSW (icare) has internal audit and risk management processes in operation are compliant with the seven (7) Core Requirements set out in the *Internal Audit and Risk Management Policy for the General Government Sector*, specifically:

Core Requirement		
Risk Management Framework		
1.1	The Accountable Authority shall accept ultimate responsibility and accountability for risk management in the agency.	Compliant
1.2	The Accountable Authority shall establish and maintain a risk management framework that is appropriate for the agency. The Accountable Authority shall ensure the framework is consistent with AS ISO 31000:2018.	Compliant
Internal Audit Function		
2.1	The Accountable Authority shall establish and maintain an internal audit function that is appropriate for the agency and fit for purpose.	Compliant
2.2	The Accountable Authority shall ensure the internal audit function operates consistent with the International Standards for Professional Practice for Internal Auditing.	Compliant
2.3	The Accountable Authority shall ensure the agency has an Internal Audit Charter that is consistent with the content of the 'model charter.'	Compliant
Audit and Risk Committee		
3.1	The Accountable Authority shall establish and maintain efficient and effective arrangements for independent Audit Committee and Risk Committee oversight to provide advice and guidance to the Accountable Authority on the agency's governance processes, risk management and control frameworks, and its external accountability obligations.	Compliant
3.2	The Accountable Authority shall ensure the Audit Committee Charter and Risk Committee Charter collectively is consistent with the content of the 'model charter.'	Compliant

Membership

The independent chair and members of the Board Audit Committee are:

- Independent Chair, Michael Cameron – 1 May 2022 – 1 May 2025
- Independent Member, Elizabeth Carr AM – 1 May 2022 – 14 May 2023 (Retired)
- Independent Member, Virginia Malley – 1 May 2022 – 1 May 2025
- Independent Member, John Walsh AO – 1 May 2022 – 1 May 2025

The independent chair and members of the Board Risk Committee are:

- Independent Chair, Virginia Malley, 1 May 2022 – 1 May 2025
- Independent Member, Michael Cameron – 1 May 2022 – 1 May 2025
- Independent Member, Elizabeth Carr AM – 1 May 2022 – 14 May 2023 (Retired)
- Independent Member, John Walsh AO – 1 May 2022 – 1 May 2025

Signed:

Date: 28 August 2023



John Robertson

Chair, for and on behalf of the Board,
Insurance and Care NSW

Signed:

Date: 28 August 2023



Richard Harding

Chief Executive Officer and Managing Director,
for and on behalf of the Board,
Insurance and Care NSW

Contact Officer: Michelle Taylor, Group Executive, Strategy & Customer, Insurance and Care NSW

Cyber Security Annual Attestation Statement

As a NSW Government agency and a Statutory Body listed in Schedule 2 of the Public Finance and Audit Act 1983, Insurance and Care NSW (icare) is required to prepare an annual Cyber Security Attestation Statement in line with the core requirements of the NSW Government Cyber Security Policy.

Over the 2022/23 financial year, icare continued to build new components to expand and enhance system functionality to support its core business.

icare adopts NSW Government information security requirements, including the NSW Government Cyber Security Policy and continues to invest in people, process and new technologies to build a sustainable cyber security capability that is expected of an Australian financial services provider, a NSW government agency and by the people of New South Wales.

ATTESTATION

We, John Robertson, Chair of Insurance and Care NSW, and Richard Harding, Chief Executive Officer Insurance and Care NSW, are of the opinion that icare continues to monitor and evaluate cyber security threats and risks in a manner consistent with the mandatory requirements set out in the NSW Government Cyber Security Policy.

icare is committed to ongoing uplift in its cyber security posture through the further development of a cyber-aware culture, continuous improvement programs and monitoring of key risk indicators. icare also recognises the importance of our third-party ecosystem in managing and protecting sensitive information, and the heightened presence of supply chain threats in the broader cyber-threat landscape. We have identified areas for uplift and have a plan to drive targeted improvements that will enhance our current cyber security posture.

Across the 2022/23 financial year, icare used information technology systems supplied by:

- icare technology teams delivering technology and processes within the scope of icare’s ISO27001 Information Security Certification.
- Cloud providers who have satisfied icare’s security assurance checks, including certification under ISO27001 or SOC2.

During 2022/23, risks to icare’s information and systems have been assessed and controls have been implemented which are compliant with ISO/IEC 27001:2013 Information Security Standard, with additional controls identified for uplift as part of our cyber uplift program FY24/25.

icare has a cyber incident response plan in place and the plan has been tested during 2022/23 financial year.

icare works collaboratively with NSW Government agencies, third parties, stakeholders, and those we serve to identify and manage cyber risks.

icare’s ISO27001 certified Information Security Management System has been independently audited during the reporting period by Lloyds Register Quality Assurance Limited.

Signed in accordance with a resolution of the Governing Board of Insurance and Care, NSW:

Signed:


Date: 28 August 2023



John Robertson
Chair, for and on behalf of the Board,
Insurance and Care NSW

Signed:

Date: 28 August 2023



Richard Harding
Chief Executive Officer and Managing Director,
for and on behalf of the Board,
Insurance and Care NSW

Senior executive numbers and remuneration

Band*	Gender 30 June 2023		Gender 30 June 2022		Average remuneration 30 June 2023 \$	Average remuneration 30 June 2022 \$	Average remuneration 30 June 2021 \$
	F	M	F	M			
Band 4	4	3	1	1	652,379	656,418	656,614
Band 3	9	14	6	13	403,068	387,697	404,033
Band 2	8	12	10	13	336,043	311,844	304,815
Band 1	2	1	1	2	256,506	267,218	230,560
Total	22	31	18	29			

*icare do not use the public service Senior Executive Bands. Our Board sets our Remuneration Policy, which is outside the *Government Sector Employment Act 2013* (GSE Act). Outcomes reflected above outline the proportion of our Senior Executive Headcount (defined as Senior Leadership team and above) with remuneration packages aligned with the GSE Act range amounts.

Employee-related expenditure

In FY23, the percentage of total employee-related salary expenditure that related to senior executives was 8.06 per cent, an increase from 7.4 per cent in the previous year. Senior executives represented 3.16 per cent of full-time equivalent employees at year end, a decrease from 4 per cent in the previous year.

In FY23, the Board undertook a comprehensive review of icare's remuneration framework to ensure it remains fit for purpose and is fair, competitive and transparent. Taking into consideration the reset of the icare strategy, recent public reviews and stakeholder feedback, the Board decided to remove performance incentives from all reward arrangements at icare. To ensure that remuneration remained fair and appropriate, fixed pay for employees impacted by this change was adjusted. The total reward has been set with close reference to external market benchmarks to confirm reward is appropriate and not excessive. icare benchmarks individual roles against AON and Mercer market data for fixed remuneration and decisions relating to remuneration for Executives are at the discretion of the Board.

The following table details FY23 remuneration for the Chief Executive Officer and Managing Director and permanent members of the Group Executive Team as at 30 June 2023, either for the full financial year, or for the period for which they were employed as a Group Executive Team member during the financial year.

Name	Position	Annual Fixed Remuneration ¹	Actual Remuneration paid
Richard Harding	Chief Executive Officer and Managing Director	\$1,066,069	\$ 1,053,228
Tony Wessling ²	Group Executive ifNSW & HBCF	\$590,000	\$ 571,758
Mary Maini	Group Executive Workers Compensation	\$623,975	\$ 615,346
Nick Allsop	Group Executive Lifetime Schemes	\$576,245	\$ 569,565
Anne Clarke (from 5 December 2022)	Group Executive, Risk & Governance	\$600,000	\$ 311,976
Stuart Farquharson (from 10 October 2022)	Chief Financial Officer	\$638,600	\$ 451,030
Amanda-Lea Smith	Group Executive People & Culture	\$560,737	\$ 554,322
Michelle Taylor (from 27 March 2023)	Group Executive, Strategy & Customer	\$535,000	\$131,262

¹ Amounts represent full year salary value as at 30 June 2023

² Tony Wessling held the role of Group Executive, Strategy & Office of the CEO until 6 November 2022. He was appointed Group Executive ifNSW & HBCF effective 7 November 2022, with a corresponding increase in Fixed Remuneration from that date.

Consultants

Supplier	Description of Service	(\$)
Promontory	Improvement Program Assurance Review	2,673,186
Mercer	Investment Management Consulting Services	834,580
Accenture	Claims service model and risk management advice	705,192
Quantium	Data strategy design and implementation plan	455,000
Deloitte Touche Tomatsu	Guidewire technology benefit review and Cloud Platform review	448,700
AT Kearney Australia Pty Ltd	Workers Compensation Employer Strategy	438,652
KPMG	Review Pre Injury Average Weekly Earning calculations	436,053
PricewaterhouseCoopers	AASB17 Accounting Policies	432,053
Deloitte Touche Tomatsu	Assessment for in-house CT capability for Dust Diseases Control scheme	360,000
PricewaterhouseCoopers	Direct channel design for Home Building Compensation Fund	350,007
AT Kearney Australia Pty Ltd	Review icare-wide payments strategy	308,976
Protiviti	Information and Communications Technology Strategy	250,000
AT Kearney Australia Pty Ltd	Develop Treasury Managed Fund claims fund model	249,950
Quay Consulting	Provide independent assessment and advice on digital architecture	216,750
Frazer Walker Pty Ltd	Review and assurance of technology dependencies for Nominal Insurer	210,000
PricewaterhouseCoopers	Investment Valuation Services	200,000
Deloitte	Remediation program to address underpayments in Nominal Insurer Workers Compensation	188,812
IT NewCom	Review and redefine icare's Digital and Technology operating model	145,000
Source Nation Pty Ltd	Advice on effective working relationships between icare, NSW First Nations communities and other stakeholders	140,000
Frazer Walker Pty Ltd	Develop artefacts for core program uplift	130,000
John Trowbridge	Return to work performance targets for Nominal Insurer and Treasury Managed Fund Workers Compensation	116,725
Human Synergistics Australia	Organisational Culture Assessment	106,400
Elevenm Consulting	Design, develop and support new cyber security strategy	106,000
ISG	General Lines transformation	97,000

Supplier	Description of Service	(\$)
OCM	Probity advice for new Nominal Insurer Claims Management procurement	94,409
Amstelveen Pty Ltd	Review and advice on the Risk Management Framework	58,500
Simplyai	Automation advisory services	53,000
Total greater than \$50,000		9,804,945
Plus 4 Consultants under \$50,000		75,587
Total		9,880,532

1. The consultancy spend presented here provides a comprehensive view of the arrangements between icare and third-party suppliers for consultancy services. All arrangements listed are reported expenditure in icare and scheme financial statements, across various line items. Our Annual Report FY23 was prepared according to the *Annual Reports (Statutory Bodies) Act 1984* and reporting requirements issued by the NSW Treasury. All icare contracts can be found on the NSW eTendering website.

icare actuarial fees FY2022-23

Supplier	Description of Service	(\$)
Finity Consulting Pty Ltd	Actuarial Services under contract for Insurance for NSW	1,585,672
Finity Consulting Pty Ltd	Actuarial Services under contract for Nominal Insurer	3,758,033
Finity Consulting Pty Ltd	Other Actuarial Services	1,220,394
PricewaterhouseCoopers Consulting	Actuarial Services under contract for Lifetime Care	877,680
PricewaterhouseCoopers Consulting	Actuarial Services under contract for Insurance for NSW	531,263
PricewaterhouseCoopers Consulting	Actuarial Services under contract for Home Building Compensation Fund	415,892
PricewaterhouseCoopers Consulting	Actuarial Services under contract for Dust Disease Centre	276,172
PricewaterhouseCoopers Consulting	Actuarial Services under contract for Nominal Insurer	147,830
PricewaterhouseCoopers Consulting	Other Actuarial Services	135,000
Total greater than \$50,000		8,947,936
Plus 1 Actuarial Fees \$50,000 or under		24,070
Total		8,972,006

1. The consultancy spend presented here provides a comprehensive view of the arrangements between icare and third-party suppliers for consultancy services. All arrangements listed are reported expenditure in icare and scheme financial statements, across various line items.

Our Annual Report FY23 was prepared according to the *Annual Reports (Statutory Bodies) Act 1984* and reporting requirements issued by the NSW Treasury. All icare contracts can be found on the NSW eTendering website.

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Appendix 1. Important terminology

Insurance Ratio (Economic Funding Ratio): the ratio of scheme assets to scheme liabilities, where the scheme liabilities allow for the time value of money that is reflective of the scheme's investment assets.

Net result: The net result is the total financial result accounting for all sources of income and outgoings.

Pricing always allows for the investment income. These investments ensure employer funds work harder to keep premiums lower than would otherwise be the case.

Probability of Adequacy (PoA): A statistical measure of the level of confidence that the outstanding claims liability will be sufficient to meet claims as and when they fall due. A 75% PoA is the standard measure, used across Australia including by the Australian Prudential Regulatory Authority (APRA) and SIRA.

Underwriting result: is the financial result without accounting for the investment income, which is crucial to icare's schemes' financial sustainability. This term is a financial measure common across the insurance industry in Australia. The underwriting result consists of:

- i. the price that is charged to customers (which is largely a cash movement)
- ii. less the cost of running the Scheme (which is largely settled in cash) and
- iii. less the cost of the claims - this includes claims paid in the year and an estimate of future claim payments that will emerge for claims that have already occurred.

This future claim payments estimate is recognised in the financial accounts immediately.

Appendix 2. Land disposal

The organisation did not dispose of any land or properties in FY23.

Appendix 3. Overseas travel

Date of Travel	Name	Destination	Purpose	Cost (\$) [i]
5 – 8 September 2022	N. Agius D. Holt	London, UK	To meet with Construction Risks Insurance Fund to arrange reinsurance for upcoming major projects.	\$31,000 [ii]
25 – 28 March 2023	K. Mathews	Christchurch, New Zealand	Present scientific paper to the Thoracic Society of Australia and New Zealand annual conference. Dr Mathews' paper was entitled "Bench to bedside: using bibliometrics and compensation data to track the translation of immunotherapies for mesothelioma". The conference was an opportunity to learn more about respiratory medicine and research, increase visibility of icare's research on dust diseases and to collaborate.	\$2,766 [ii]
2 – 17 May 2023	T. Wessling R. Singh	Singapore, London, UK, Bermuda and New York, USA	To meet with re-insurance markets to provide a briefing on NSW assets and risk, including bushfire and flooding, and emerging cyber exposure.	\$54,190 [ii]

[i] "Cost" includes all costs associated with the trip

[ii] Travel for employee(s) paid by icare

Appendix 4. Consumer response

Workers Compensation (Nominal Insurer)

Workers Compensation (Nominal Insurer) complaints

Complaints information for our operations in the Workers Compensation scheme includes that relating to policies and claims. Complaints are received from various parties, including employers, brokers, workers, legal representatives and service providers. The table below shows complaints managed by Claims Service Providers and those received directly by icare.

Workers compensation underwriting complaints

Complaints	Total complaints	Top three complaint categories	Average business days to resolve
The main drivers of dissatisfaction for Employer's Workers Compensation Policy Complaints were delayed action or billing documentation.	6,907	<ul style="list-style-type: none"> • Process (transaction-based) reduced to 43% of total volume (down from 50% last year) • Communication • Cost/Payment/Benefit 	5 days

Commentary: The volume of policy complaints has continued its downward trend year-on-year since 2019 with FY23 experiencing a 45 per cent reduction on the previous year, which had recorded 12,517. The complaints total figure represents less than one per cent of employer interactions. Information technology system enhancements, improved policy renewal documentation and the availability of the self-serve portal have provided greater control to the employer and/or their brokers. This, together with the icare strategy to uplift complaints management practices and resolve complaints at first contact, has resulted in increased overall employer satisfaction.

Workers Compensation complaints managed by Claims Service Providers

Source FY2022-23	Total complaints
Claims Service Provider data reporting (for complaints managed in their systems)	406
icare CRM (Customer Relationship Management) system	3,632*

*Excludes Ministerial complaints and includes some complaints managed by icare frontline teams. Please note this analysis relies on the data captured by Claims Service Providers in the systems identified which could result in some reliability issues.

Workers Compensation claims complaints managed by icare

Complaints	Total complaints	Top three complaint categories	Average business days to resolve
Non-complex complaints.	768	<ul style="list-style-type: none"> • Cost/payment/benefits • Decision • Communication 	4.77
Complex and escalated complaints.	462	<ul style="list-style-type: none"> • Cost/payment/benefits • Decision • Communication 	15.01

Commentary: The total volume of claim-related complaints managed by icare and our CSPs for the Nominal Insurer has decreased by more than 50 per cent when compared to FY22.

The top three categories for claims complaints were cost/payment/benefits, decision and communication, with a reduction in claims complaints about process. Several changes have been applied to icare systems to improve payment processing and the calculation of weekly payments under the Nominal Insurer Improvement Program.

A change in the way complaints are approached at icare and by our CSPs has also been implemented as part of the Enterprise and Nominal Insurer Improvement Programs and has resulted in a reduction of the volume of complaints managed by icare and an improvement in the average business days to resolve complex and escalated complaints from 22.6 to 15.01 days.

Insurance for NSW

Claims Support Services complaints

Claims complaints	Total complaints	Top three complaint categories	Average business days to resolve
Combination of complaints regarding claims managed under the NI (EML staff and uninsured liability) and volunteers (TMF).	72	<ul style="list-style-type: none"> • Cost/Payment/Benefit • Decision • Communication 	6

Commentary: icare's Claims Support Services team manages claims for EML employees and Uninsured Liabilities for the Nominal Insurer and for volunteers covered under the Bush Firefighters Fund (BFF) and Emergency and Rescue Workers Compensation Fund (ERWF). The above data includes IRO and SIRA complaints relating to Claims Support Services-managed claims. Twenty-one complaints were referred from IRO and the other 51 were made to the team directly.

Insurance for NSW (IfNSW) complaints

IfNSW outsources the management of policies and claims to relevant scheme agents. The complaints data reported below shows complaints managed by scheme agents and complaints received directly by icare. Complaints relate to both policy and claims.

Claims	Total Complaints	Top three complaint categories	Average business days to resolve
Complaints received directly by icare relating to IfNSW business division. Numbers represent a combination of complaints about Workers Compensation claims for NSW Government Agencies, Construction Risk and general complaints made to the IfNSW division.	318	<ul style="list-style-type: none"> • Decision • Premium • Service Delivery 	12

Treasury Managed Fund General Lines complaints

Claims	Total Complaints	Top three complaint categories	Average business days to resolve
Complaints received by scheme agent and reported to icare relating to the management of claims under the Statement of Cover for Government Agencies.	49	<ul style="list-style-type: none"> • Communication • Service Delivery • Decision 	4

Government Agencies complaints

Claims	Total Complaints	Top three complaint categories	Average business days to resolve
Complaints received by scheme agents and reported to icare relating to Workers Compensation claims for Government Agencies.	1,389	<ul style="list-style-type: none"> • Payment/Benefit Issues • Treatment Decision • Customer Service 	1

Treasury Managed Fund Workers Compensation disputes

Disputes	Total Disputes	Top three complaint categories	Average business days to resolve
Workers compensation disputes.	550	<ul style="list-style-type: none"> • Whole Person Impairment • Weekly payment • Weekly payment & medical expenses (combined) 	Not available with current reporting provided by CSPs

Treasury Managed Fund General Lines claims disputes

Disputes	Total Disputes	Top three complaint categories	Average business days to resolve
General Lines disputes.	13	<ul style="list-style-type: none"> • Decisions • Cost/Payment/Benefits 	4

Commentary: Complaints in relation to notification of LSP referrals, response to follow up questions.

HBCF

Home Building Compensation Fund complaints

The Home Building Compensation Fund (HBCF) outsources the management of claims to a scheme agent. HBCF has recently insourced the eligibility risk management function. The complaints data reported below shows complaints received directly by icare and scheme agents and HBCF underwriting disputes.

Complaints	Total complaints	Top three complaint categories	Average business days to resolve
Complaints resolved by frontline staff.	254	<ul style="list-style-type: none"> • Decision • Premium • Service Delivery 	11

Disputes	Total Disputes	Top three complaint categories	Average business days to resolve
Represent disputes raised with HBCF claims from homeowners.	83	<ul style="list-style-type: none"> • Claim decision • Claims determination • Liability Disagreement 	15

Commentary: The majority of resolved disputes/complaints were around coverage and being lodged out of time.

Disputes	Total Disputes	Top three complaint categories	Average business days to resolve
ifNSW and HBCF Underwriting	40	<ul style="list-style-type: none"> • Eligibility Decision • Claims Determination • Decision by icare 	12

Sporting Injuries

There were no complaints received for Sporting Injuries in FY23.

Lifetime Care and Support

Lifetime Care Complaints

Complaints	Total complaints	Top three complaint categories	Average business days to resolve
Level 1: complaints received by frontline staff.	241	<ul style="list-style-type: none"> • Service Delivery • Communication • Decision 	1
Level 2: Escalated complaints involve a detailed investigation and response by our Scheme Integration and Resolution Team.	33	<ul style="list-style-type: none"> • Decision • Service Delivery • Communication 	16
Level 3: Escalated to the NSW Ombudsman.	0	n/a	n/a

Commentary: The volume of Level 1 and Level 2 complaints increased in FY23 compared with the previous financial year, but were similar to volumes in FY21. There were no Level 3 complaints received, which is a decrease on the one Level 3 complaint received in the previous two financial years. The majority (21) of Level 2 complaints were about Lifetime Care's decisions, which include funding decisions and operational decisions such as changing a person's icare contact. Eleven different Level 2 complaints were received from an individual complainant.

Lifetime Care Disputes

Disputes	Total Disputes	Top three complaint categories	Average business days to resolve
Treatment, Rehabilitation and Care (TRAC).	46	<ul style="list-style-type: none"> • Services • Care needs • Equipment 	56
Eligibility.	6	<ul style="list-style-type: none"> • Lifetime ineligibility • Interim ineligibility; Lifetime eligibility (equal) 	105
TRAC Review.	3	<ul style="list-style-type: none"> • Services • Care needs 	74
Motor Accident.	0	n/a	n/a

A dispute arises when a participant disagrees with a decision Lifetime Care has made. These disputes are about treatment and care needs, eligibility and whether the injury was caused by a motor accident.

- The number of Treatment, Rehabilitation and Care (TRAC) disputes is expected to rise as the scheme grows and participants become increasingly familiar with the process. The time taken to resolve a TRAC dispute is impacted when a dispute is placed on hold at the request of the participant, a participant or assessor needs to re-schedule an assessment, or a dispute assessor requires additional information from another specialist or clinician.
- The time taken to resolve an Eligibility dispute has reduced significantly, likely due to the lessened impact of the COVID-related lockdowns in FY22.
- Ten participants used the Lifetime Care Support and Advocacy Service for treatment and care needs disputes. No-one used the Lifetime Care Support and Advocacy Service for eligibility disputes. Two participants used the Support and Advocacy Service for assistance during the Review process.
- Disputes about motor accident injury are resolved by the Personal Injury Commission (PIC) and none were received in FY23.

Workers Care

Complaints	Total complaints	Top three complaint categories	Average business days to resolve
Level 1: complaints resolved by frontline staff.	73	<ul style="list-style-type: none"> • Service Delivery • Cost/Payment/Benefit • Communication; Decision (equal) 	1
Level 2: Escalated complaints involve a detailed investigation and response by our Scheme Integration and Resolution Team.	3	<ul style="list-style-type: none"> • Staff; Communication; Guidelines/Legislation (equal) 	14
Level 3: Escalated to the NSW Ombudsman.	3	<ul style="list-style-type: none"> • Decision • Service Delivery 	2

Commentary: The volume of complaints has increased this financial year across all complaint levels: Level 1, 28%; Level 2, 14% and Level 3, 67%. Most complaints were lodged by the worker (49%) or a family member/friend (23%).

Dust Diseases Care

Dust Diseases Care complaints

Complaints	Total complaints	Top three complaint categories	Average business days to resolve
Level 1: complaints resolved by frontline staff.	60	<ul style="list-style-type: none"> • Service Delivery • Communication • Decision 	1
Level 2: Escalated complaints involve a detailed investigation and response by our Scheme Integration and Resolution Team.	1	<ul style="list-style-type: none"> • Process 	1
Level 3: Escalated to the NSW Ombudsman.	0	n/a	n/a

Commentary: The volume of Level 1 complaints has decreased with the FY23 data showing a 17% decrease when compared to FY22. There was one Level 2 complaint that was resolved on the same day it was received. Most complaints were lodged by the client (58%) or a family member/friend (28%).

CTP Care

CTP Care complaints

Complaints	Total complaints	Top three complaint categories	Average business days to resolve
Level 1: complaints resolved by frontline staff.	5	<ul style="list-style-type: none"> • Communication • Service Delivery; Staff; Cost/Payment/Benefit (equal) 	3
Level 2: Escalated complaints involve a detailed investigation and response by our Scheme Integration and Resolution Team.	1	<ul style="list-style-type: none"> • Cost/Payment/Benefit 	19
Level 3: Escalated to the NSW Ombudsman.	1	<ul style="list-style-type: none"> • Service Delivery 	3

Commentary: The number of complaints received this financial year is low noting that CTP Care commenced on 1 December 2022.

CTP Care Internal Reviews

Nature of review	Total reviews	Average business days to resolve – no additional information required	Average business days to resolve – additional information required
Treatment	4	13	20
Care	2		
Equipment	1		

Commentary: Four of the reviews did not require additional information. Three of the reviews required additional medical information. One review request related to a decision made by the CTP insurer prior to the client's transition to CTP Care. As per the Motor Accident Guidelines, an internal review is to be completed within 14 days of receiving the internal review request if no additional medical information is required. If additional medical information is requested by the internal reviewer or supplied by the party requesting the internal review, the internal review is to be completed no more than 28 days from the date the internal review is requested.

Personal Injury Commission (PIC) Disputes

If a client disagrees with an internal review decision they are entitled to lodge a dispute with the Personal Injury Commission (PIC).

Nature of Dispute	Number of disputes	Top three dispute categories	Average business days to resolve
Treatment	2	Internal review decision by CTP Care; Internal review decision by CTP insurer (equal)	Ongoing, see commentary.

Commentary: The number of disputes completed this financial year is low, noting CTP Care commenced on 1 December 2022. At the time of reporting the medical assessment for the two disputes had not yet been allocated by the PIC.

Appendix 5. Grants

Innovation & Partnerships Grants

Partner	Investment	FY23 Funding	Nature of work
Agency for Clinical Innovation (ACI)	Specialist Pain Clinics - Be Pain Smart	\$218,720	To develop and pilot a specialised multi-disciplinary pain clinic for people with Traumatic Brain Injury (TBI)/Spinal Cord Injury (SCI). An aim is for the assessment of pain to become a routine part of clinical care for each person and for clinicians to have the tools and knowledge to manage pain.
Carers NSW	We care support program for families and carers of people with severe injuries	\$70,000	A Carer Mentoring Program providing 10 individual sessions to adult family carers over 24 to 28 weeks. And a Children and Young People's Mentoring Program using solutions-based casework to help young people adjust to new circumstances in their household because of disability, injury and chronic conditions.
Cerebral Palsy Alliance	Remarkable Phase 2	\$550,000	icare is re-investing to help Remarkable (Phase 2) refine the accelerator model, build long-term sustainability and an evidence base for the quality-of-life outcomes generated by inclusive technology start-ups. It will also extend the benefit of the program, in which many of the technologies have direct relevance for Lifetime Care participants.
Curtin University	Design for Care	\$2,500,000	An intervention with the Health and Social Assistance sector that contains a digital platform, resources and industry benchmarking designed to prevent psychological injuries in the workplace.
Housing Industry Australia (HIA)	Social media and behaviour change strategy	\$170,000	Social media and behaviour change strategy to empower and increase engagement of young workers in site safety in the construction industry.

Partner	Investment	FY23 Funding	Nature of work
Ingham Institute	ACT Adjust Pilot	\$70,000	An evidence-based 10-session psychological treatment to promote positive mental health after a severe TBI. The program assesses the delivery of an existing TBI mental health treatment program through video conferencing. The program was originally delivered face-to-face.
John Walsh (JW) Centre	The John Walsh Centre for Rehabilitation Research	\$908,777	The JW Centre is an internationally-recognised interdisciplinary research and educational centre that focuses on motor vehicle injury related disability. It is jointly funded by icare and SIRA, to help support better outcomes for people seriously injured in motor vehicle accidents. Core funding supports operational funding and six key academic positions.
Royal Melbourne Institute of Technology and Master Builders Association NSW	Social supports for young construction workers' health and safety	\$200,000	Research that focuses on improving supervisor-worker communication and relationships and better social supports for young workers who are identified as a high-risk subgroup of the workforce. This will also enable industry partners to develop healthy, safe, and supportive workplaces for young construction workers.
Synapse	Brain Injury Peer Support	\$10,000	To develop an evidence-informed program that contributes to individual participants affected by brain injury and their families/ carers reporting that they feel more informed, supported and connected because of participation in a peer-led support model.
University of New South Wales	Carers Way Ahead	\$59,905	To develop an evidence-informed program that assists in addressing the challenging behaviours experienced in association with lived experience of TBI to decrease carer burden and increase quality of life years for family members.

Partner	Investment	FY23 Funding	Nature of work
University of New South Wales	PTSD Research - Trauma Clinic	\$110,000	This project aims to improve productivity and reduce compensation costs in emergency service organisations by evaluating a program that reduces stress reactions and increases cognitive functioning in police, firefighters and paramedics in NSW. An individual program will be administered to 100 emergency service personnel who have difficulty maintaining their work duties because of stress reactions.
University of NSW and University of Sydney	Front of Mind	\$2,122,328	To build, test and scale a suite of mental health supports to prevent and reduce psychological injury amongst NSW frontline workers. It includes three programs of work; early detection and intervention to optimise the mental health of frontline workers, developing resilience in high-risk occupations, and a multimodal stepped-care approach to disrupt the cycle of traumatic stress and substance use.
University of Sydney	Improving rehab outcomes for people with SCI with cognitive issues	\$70,103	To determine the extent and causes of cognitive impairment in newly injured adults with SCI and the impacts this has on recovery.
University of Sydney	The Social Brain Toolkit	\$20,000	To develop and pilot communication training programs to increase communication skills for people with TBI, their families, and carers, leading to improved quality of life via improved social connection and participation.
University of Sydney	Spinal Cord Injury Health Maintenance Tool	\$207,707	To build and scale the health maintenance tool to empower people with SCI to self-manage their health, build health literacy and educate GPs and clinicians of evidence-based best practice.

Partner	Investment	FY23 Funding	Nature of work
Wheelchair Sports NSW	Adaptive Sports and Recreation Hub for NSW/ACT	\$38,000	To develop an evidence-informed program that contributes to participants living with a disability, reporting an increased connection through their participation in a new online Adaptive Sports and Recreation Hub. This hub will provide information and access to a range of active recreation and sporting activities in NSW.
Total		\$7,325,540	

Note: The Statutory Accounts include a credit of \$89,000 for unspent funds recovered from various grant recipients. The appendix above does not include the credit.

Dust Diseases Board Grants

Funding paid in FY23 to grants newly awarded in FY23 and existing grants awarded in previous years.

Partner and Chief Investigator	Investment	FY23 funding	Nature of work
Asbestos Diseases Foundation Australia	Mesothelioma Helpline Coordinator and Support Services	\$75,653	The Mesothelioma Helpline Operator provides assistance and advice to victims of asbestos-related diseases and their families while maintaining ongoing administrative functions.
Asbestos Diseases Foundation Australia	Mesothelioma Support Services for people and families affected by an occupational dust disease - this grant was awarded in FY21	\$17,000	The Mesothelioma Helpline Operator provides assistance and advice to victims of asbestos-related diseases and their families whilst also maintaining ongoing administrative functions.
Asbestos Diseases Research Institute	Mesothelioma Support Services for people and families affected by an occupational dust disease	\$177,490	The Mesothelioma Support Coordinators are Registered Nurses that advise and support patients and their families through individual conversations, group meetings and information sessions. They also conduct educational and targeted group meetings with guest speakers on all aspects of mesothelioma management from diagnosis to bereavement.

Partner and Chief Investigator	Investment	FY23 funding	Nature of work
Institute for Respiratory Health - Dr Amber Louw	Loss of BAP1 and CDKN2A/p16 in malignant pleural mesothelioma (MPM): effect on survival and response to chemotherapy	\$6,000	This research aims to evaluate the biological and clinical consequences of two of the most frequently mutated genes in MPM, BRCA1-associated protein 1 (BAP1) and cyclin-dependent kinase inhibitor 2A (CDKN2A) and report on the genetic changes commonly seen through three avenues.
Lung Foundation Australia	Suite of tailored dust diseases information and education resources	\$68,000	Aims to optimise the wellbeing of people with a dust disease within key culturally and linguistically diverse (CALD) communities and inform/educate them about dust diseases and the icare scheme.
The Thoracic Society of Australia and New Zealand	Grant operations costs	\$18,000	Payment for assessment of applications in FY2022-2023 Research and Focus Grants round.
University of New South Wales - A/Prof W Alexander Donald	Early detection of lung disease in silica-exposed workers	\$192,327	This project brings together an interdisciplinary team of international leaders in occupational dust-related lung diseases and chemical analysis to develop a rapid, sensitive and portable device to enable early detection and treatment of silicosis.
University of Sydney - Dr Elham H Beheshti	Extracellular Vesicles (EV) as Gateway to precision Immunotherapy	\$184,481	This project aims to comprehensively characterise the EV derived from MPM cell lines and patients' samples for their novel potential in MPM diagnosis via a less invasive procedure.
University of Western Australia - Dr Jessica Boulter	A neoantigen approach to improving immunotherapy response in malignant mesothelioma	\$20,000	This project aims to evaluate the role neoantigen-specific immunity plays in immunotherapy outcomes and whether neoantigen responses can be harnessed to improve immunotherapy responses.
University of Western Australia - Dr Jonathan Chee	Developing novel strategies to predict and improve mesothelioma responses to chemo-immunotherapy (ICT)	\$40,000	This research aims to investigate the immunological mechanisms that underlie successful anti-tumour responses in patients treated with chemo-ICT. It also addresses the unmet need for a biomarker of response and develops novel strategies to improve therapy responses for patients with mesothelioma.

Partner and Chief Investigator	Investment	FY23 funding	Nature of work
University of Western Australia - Dr Jonathan Chee	Identifying biomarkers of response to chemo-immunotherapy in mesothelioma	\$66,163	This project aims to understand the mechanisms behind why some individuals respond to chemo-immunotherapy but others do not, develop novel methods of predicting these responses and identify ways to enhance responses.
University of Western Australia - Dr Alastair Cook	Harnessing synergy between radiotherapy and immunotherapy to improve outcomes in mesothelioma	\$24,000	This project focusses on using vascular-remodelling radiation to improve immunotherapy outcomes in mesothelioma.
University of Western Australia - Prof Jenette Creaney	Exploiting common genetic alterations in mesothelioma	\$55,347	This study aims to evaluate if clinical benefit can be achieved based on knowledge of the following common MPM genetic alterations. The frequency of BAP1, CDKN2A/p16 and NF2 loss will be determined in over 200 clinical samples. The diagnostic value of these new markers will be determined in an independent set of clinical samples.
Western Sydney University - Dr Maggie Davidson	Beyond Respirable Crystalline Silica: what makes artificial stone different	\$21,736	This project aims to evaluate the toxicity of artificial and natural stone dusts using human lung cells exposure to artificial stone dust in a purpose-built exposure chamber that mimics occupational exposure. The outcome of this research will assess the suitability of the current Workplace Exposure Standard for use in the Artificial Stone industry.
University of Western Australia - Dr Edward Fysh	AIR Study: A novel minimal-invasive biopsy approach for pleural malignancies	\$11,243	This study explores a novel method to make pleural nodules visible on Computed Tomography (CT) scan by instilling air into the chest to create an airpleura interface. Nodules can then be biopsied with a small needle (like a blood test). This procedure can save many mesothelioma patients from invasive surgery, its risks (pain and tumour spread) and costs.

Partner and Chief Investigator	Investment	FY23 funding	Nature of work
University of Western Australia - Mr Joel Kidman	Characterising Dynamic changes in T-cell diversity	\$12,376	This project aims to understand mechanisms that underlie successful responses to immune checkpoint blockade by characterising features of the immune system in responding and non-responding individuals. This will be done through utilising unique preclinical models and novel technologies.
University of Western Australia - Prof Bruce Robinson	Boosting antigen targeted therapy against cancer (ATTAC) for malignant mesothelioma	\$14,620	This project will study patients with malignant mesothelioma (MM) and determine the effect of chemotherapy on T cell responses to MM tumour neo-antigens. The question being resolved is whether neo-antigen vaccines can stimulate immune attack on new tumour mutations induced by chemotherapy.
Total		\$1,004,436	

Note: The Statutory Accounts include a credit of \$62,500 due to agreed project timeline variations for Asbestos Diseases Research Institute. The appendix above does not include the credit.

Dust Diseases Board Grants approved in FY23 but no payment made

The following grants were approved in FY23 but the first payments will be made in FY23-24.

Partner	Investment	FY23 Funding	Nature of work
Asbestos and Dust Diseases Research Institute	Mesothelioma and Silicosis Support Services for people and families affected by an occupational dust disease	\$298,252	The Mesothelioma and Silicosis Support Coordinators advise and support patients and their families through individual conversations, group meetings and information sessions as well as targeted group meetings on all aspects of disease management from diagnosis to bereavement.
Asbestos and Dust Diseases Research Institute - Dr Steven Kao	Phase 1 study of <i>Leptospermum polygalifolium</i> extract in mesothelioma	\$249,000	This project is a Phase 1 study of a specific extract from <i>Leptospermum polygalifolium</i> to determine its potential as a monotherapy agent for patients with MPM. This will involve a determination of a safe dose, identification of potential toxicities and characterisation of the pharmacokinetic profile of this product.
Flinders University - Dr Ashleigh Hocking	Personalised therapy for mesothelioma: moving treatment into the 21st century	\$318,187	This study aims to determine whether patient-specific cancer organoids can be used to accurately predict their response to standard first-line therapies and novel drugs undergoing clinical trial investigations. It also aims to identify and characterise therapy resistant mesothelioma cells by measuring changes in gene expression associated with therapy resistance in organoids.
Lung Foundation of Australia	Culturally and Linguistically Diverse resources and promotional campaign	\$91,800	The project aims to optimise the wellbeing of people with a dust disease within key CALD communities and inform/educate those communities about dust diseases and the icare scheme. It also aims to improve the outcomes and experiences of those affected by dust disease and to help lessen the impact of the disease for members of the Chinese, Vietnamese, Arabic, Punjabi, Nepali and Spanish-speaking NSW communities.

Partner	Investment	FY23 Funding	Nature of work
Monash University - Associate Professor Jane Bourke	Establishing a novel human model for anti-fibrotic drug screening in silicosis	\$322,500	This project aims to remodel an existing drug testing system to specifically test silicosis drugs. Trials will be undertaken for pre-approved anti-fibrotic drugs found to be effective in other lung disease and two promising novel in-house drugs to target inflammation and fibrosis in silicosis.
Monash University - Professor Anne Holland	SilicosisCare: Optimising future healthcare and support for people with silicosis	\$195,377	This aims of this study are to understand the experiences and care needs of younger people with silicosis and identify key components of a long-term supportive care model. A key outcome will be a proposed model of supportive care that reflects the experiences, needs and priorities of young people with silicosis.
University of Technology - Sydney Professor Philip Hansbro	Defining new and effective therapies against the pathogenesis of accelerated silicosis	\$352,879	This project aims to improve health and care outcomes for sufferers of accelerated silicosis (AS) by taking a three-pronged approach to discover effective therapies. This hypothetically entails using an innovative murine model of chronic, low-dose respirable crystalline silica exposure to identify early biomarkers of silicosis onset and progression, predicting a response to these therapies and finally screened for their effect on seven master regulator genes.
University of Western Australia - Professor Carolyn McIntyre	ISC-TEAM: Integrative Supportive Care Trial to Enhance physical Activity in Malignant pleural effusion	\$228,363.97	The Integrative Supportive Care Trial to Enhance physical Activity in Malignant pleural effusion team (ISC-TEAM) will randomise 100 patients to receive standard clinical care or integrative supportive care through a multidisciplinary program of dietetics, exercise physiology, and psychology over 12 weeks. This will provide data to facilitate implementation of these programs into routine clinical care.

Lifetime Care Grant

Partner	Investment	FY23 Funding	Nature of work
Australian Community Industry Alliance	Attendant Care Industry Development 2022-2025	\$350,000	Review, maintenance and administration of the Australian Community Industry Standard (ACIS). This includes certification of attendant care service providers against the ACIS, a mandatory requirement to be part of icare's attendant care panel.

Appendix 6. Legislation

Principal legislation

State Insurance and Care Governance Act 2015

Regulations

State Insurance and Care Governance Regulation 2021

Amending legislation

State Insurance and Care Governance Amendment Regulation 2022. Commenced on 16 December 2022.

Insurance for NSW

Principal legislation

NSW Self Insurance Corporation Act 2004

Regulations

NSW Self Insurance Corporation Regulation 2015

Amending legislation

NSW Self Insurance Corporation Regulation 2022 repeals and replaces *NSW Self Insurance Corporation Regulation 2015* on 26 August 2022.

Workers Insurance

Principal legislation

Workers Compensation Act 1987 Part 4 and Division 1A of Part 7

Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987

Workplace Injury Management and Workers Compensation Act 1998

Regulations

Workers Compensation Regulation 2016

Workers Compensation (Bush Fire, Emergency and Rescue Services) Regulation 201

Amending legislation

Workers' Compensation (Dust Diseases) Amendment Act 2022. Assented to and commenced on 18 October 2022.

Workers Compensation Amendment Regulation 2022. Commenced on 16 December 2022.

Workers Compensation Amendment (Penalty Notice Offences) Regulation 2023. Commenced on 2 March 2023.

Lifetime Care

Principal legislation

Motor Accidents (Lifetime Care and Support) Act 2006

Motor Accident Injuries Act 2017

Regulations

Motor Accidents (Lifetime Care and Support) Regulation 2020

Motor Accident Injuries Regulation 2017

Amending legislation

Motor Accident Injuries Amendment Act 2022. Date of commencement of Sch 1[1]–[9] [15]–[18] [20]–[23] [26]–[29] [32] [33] and [46]–[51], 1 April 2023. Date of commencement of Sch 1[10]–[14] [19] [24] [25] [30] [31] [34]–[45] [52] and [53], 28 November 2022.

Motor Accident Injuries Amendment (Claim for Statutory Benefits) Regulation 2023. Commenced on 2 March 2023.

Dust Diseases

Principal legislation

Workers' Compensation (Dust Diseases) Act 1942

Regulations

Workers' Compensation (Dust Diseases) Regulation 2018

Amending legislation

Workers' Compensation (Dust Diseases) Amendment (Scheduled Diseases) Regulation 2022. Commenced on 12 August 2022.

Workers' Compensation (Dust Diseases) Amendment Act 2022. Assented to and commenced on 18 October 2022.

Sporting Injuries Insurance

Principal legislation

Sporting Injuries Insurance Act 1978

Regulations

Sporting Injuries Insurance Regulation 2019

Amending legislation

None in FY23.

Building Insurers' Guarantee Corporation

Principal legislation

Home Building Act 1989 (Part 6A)

Regulations

Home Building Regulation 2014

Amending legislation

Health Legislation (Miscellaneous) Amendment Act (No 2) 2022. Assented to 04.10.2022. Date of commencement of Schs 3 and 4, 4 October 2022.

Statute Law (Miscellaneous Provisions) Act (No 2) 2022. Commenced on 13 January 2023.

Building and Other Fair Trading Legislation Amendment Act 2022. Assented to and commenced on 14 November 2022.

Home Building Amendment (Miscellaneous) Regulation 2022. Commenced on 9 December 2022.

Home Building Amendment (Insurance Cover) Regulation 2023. Date of commencement of Sch 1[1], 1 June 2023. Date of commencement of Sch 1[2], 2 March 2023.

Appendix 7. Public interest disclosures

The Public Interest Disclosures Act 1994 (PID Act) requires public authorities, including icare, to have an internal reporting policy and procedures in place for receiving, assessing, and dealing with public interest. icare reviewed and updated its Reporting Wrongdoing Policy in August 2022. We also continued awareness activities during FY23, including making the policy available to all employees on our intranet and conducting online staff training on fraud and corruption.

All public authorities, including icare, are required to collect and report specific information on their handling of public interest disclosures to the NSW Ombudsman. We reported the following information for FY23.

	Made by public officials performing their day-to-day functions	Under a statutory or other legal obligation	All other PIDs
Number of public officials who made public interest disclosures to your public authority	0	-	-
Number of public interest disclosures received by your public authority	0	-	-
Of public interest disclosures received, how many were primarily about:			
Corrupt conduct	0	-	-
Maladministration	0	-	-
Serious and substantial waste	0	-	-
Government information contravention	0	-	-
Local government pecuniary interest contravention	0	-	-
Number of public interest disclosures (received since 1 Jan 2012) finalised in this reporting period	0		
Have you established an internal reporting policy?	Yes		
Has the head of your public authority taken action to meet their staff awareness obligations?	Yes		

	Made by public officials performing their day-to-day functions	Under a statutory or other legal obligation	All other PIDs
If so, please select how staff have been made aware	<p>Training provided by icare, links on icare's intranet site, and training provided to new employees during induction.</p> <p>PID Disclosure Officer training for new officers and refresher for existing officers was provided by an external firm in April 2023.</p>		

Appendix 8. Government, Privacy and Health Information applications

Privacy Management

In the course of carrying out its functions, icare collects, retains, stores, uses and discloses personal and health information about individuals. The *Privacy and Personal Information Protection Act 1998* (PIPP Act) and *Health Records and Information Privacy Act 2002* (HRIP Act) deal with how all NSW public sector agencies, including icare, must manage personal and health information.

All personal information held by icare is managed in accordance with NSW privacy legislation. This includes records in any format such as documents (paper and electronic), data in business information systems and verbal decisions and objects (eg photographs, maps, evidence and samples).

During FY23, icare reviewed and updated our "Privacy Fundamentals" e-learning module which all icare employees are required to complete annually. The icare Privacy Team continued to provide advice to icare business areas in relation to a range of privacy issues, including privacy best practice for new projects, information sharing and the management of data breaches. icare provides voluntary notifications to the NSW Privacy Commissioner of privacy-related matters.

icare continues to review collection notices, consent forms and other privacy obligations for programs and services delivered by icare to ensure they comply with the PPIP Act. In accordance with section 33 of the Act we have published a Privacy Management Plan on our website. The Privacy Management Plan is currently being reviewed to incorporate upcoming changes to the PPIP Act and will be finalised in FY24.

In FY23, icare received 21 valid internal review applications made under the PPIP Act, with 20 finalised in FY23. An additional 13 reviews received in FY22 were finalised in FY23. Six applications for external review were lodged at the NSW Civil and Administrative Tribunal during FY23. No matters have been investigated by the NSW Privacy Commissioner.

Obligations under Government Information (Public Access) Act 2009

icare is committed to ensuring the public's right to information is managed in accordance with the *Government Information (Public Access) Act 2009* (GIPA Act) and *Government Information (Public Access) Regulation 2009* (GIPA Regulation) and that responses to other requests for information are handled effectively.

Proactive release of information

icare has implemented a Proactive Release Strategy to promote awareness for all employees of the requirement to proactively publish government information that may be of interest to the public. The strategy was reviewed in FY23, with each business area confirming the information they hold that is suitable for proactive release has been released appropriately through the year or had already been released. The review confirmed that icare regularly publishes a large range of information on the icare website, including:

- policies, frameworks, guidelines and fact sheets
- data and statistics information about icare programs, initiatives and research
- copies of submissions, external reviews and recommendations
- information about our engagement with stakeholders and the community.

Number of access applications received

A total of 155 formal valid access applications were received during FY23. This includes withdrawn and transferred applications but excludes invalid applications. Additionally, icare processed 48 informal applications during this period.

Number of refused applications for Schedule 1 information

Clause 8(c) of the GIPA Regulation requires icare to report on the total number of access applications received during the year that were refused, either wholly or partly, because the application was for the disclosure of information for which there is a conclusive presumption of overriding public interest against disclosure (as described in Schedule 1 of the GIPA Act). During FY23, icare refused 43 access applications for this reason. Of those applications, two were refused in full and 41 were refused in part.

Statistical information about access applications

Clause 8(d) and Schedule 2 (Tables A to I) of the GIPA Regulation require icare to report a range of statistical information on access applications received during the year. A detailed analysis of the formal access applications received throughout FY23 is provided in the following tables.

Table A: Number of applications by type of applicant and outcome*

	Access Granted in Full	Access Granted in Part	Access Refused in Full	Information not Held	Information Already Available	Refuse to Deal with Application	Refuse to Confirm/ Deny whether information is held	Application Withdrawn
Media	0	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	1	1	0	1	0	0	0	0
Members of the public (by legal representative)	28	100	0	0	0	2	0	9
Members of the public (other)	7	27	2	0	0	1	0	1

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision.

Table B: Number of applications by type of application and outcome*

	Access Granted in Full	Access Granted in Part	Access Refused in Full	Information not Held	Information Already Available	Refuse to Deal with Application	Refuse to Confirm/ Deny whether information is held	Application Withdrawn
Personal information applications information applications	34	95	1	0	0	2	0	6
Access applications (other than personal information applications)	2	33	1	1	0	1	0	4
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision.

Table C: Invalid applications

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the GIPA Act)	71
Application is for excluded information of the agency (section 43 of the GIPA Act)	18
Application contravenes restraint order (section 110 of the GIPA Act)	0
Total number of invalid applications received	89
Invalid applications that subsequently became valid	72

Table D: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the GIPA Act

	Number of times consideration used*
Overriding secrecy laws	0
Cabinet information	0
Executive Council information	0
Contempt	0
Legal Professional Privilege	40
Excluded information	3
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0
Privilege generally – Schedule 1 (5A) of the GIPA Act	0
Information provided to High Risk Offender Assessment Committee	0

*More than one public interest consideration may apply in relation to a particular access application and if so, each such consideration is to be recorded (but only once per application).

Table E: Other public interest considerations against disclosure: matters listed in table to section 14 of the GIPA Act

	Number of times consideration used*
Responsible and effective government	32
Law enforcement and security	1
Individual rights, judicial processes and natural justice	74
Business interests of agencies and other persons	3
Environment, culture, economy and general matters	0
Secrecy provisions	1
Exempt documents under interstate Freedom of Information legislation	0

*More than one public interest consideration may apply in relation to a particular access application and if so, each such consideration is to be recorded (but only once per application).

Table F: Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	137
Decided after 35 days (by agreement with applicant)	13
Not decided within time (deemed refusal)	0
Total	150

Table G: Number of applications reviewed under Part 5 of the GIPA Act (by type of review and outcome)

	Decision varied	Decision upheld	Total
Internal review	3	1	4
Review by Information and Privacy Commissioner*	2	0	2
Internal review following recommendation under section 93 of the GIPA Act	1	0	1
Review by NSW Civil and Administrative Tribunal (NCAT)	0	0	0
Total	6	1	7

*The Information and Privacy Commissioner does not have the authority to vary decisions but can make recommendations to the original decision maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made.

Table H: Applications for review under Part 5 of the GIPA Act (by type of applicant)

	Number of applications for review
Applications by access applicants	6
Applications by people to whom information the subject of access application relates (see section 54 of the GIPA Act)	0

Table I: Applications transferred to other agencies under Division 2 of Part 4 of the GIPA Act (by type of transfer)

	Number of applications transferred
Agency initiated transfers	1
Applicant initiated transfers	0

Appendix 9. Publication notes

The 2022-23 icare Annual Report was produced in accordance with the *Government Sector Finance Act 2018*, the *Government Sector Finance Regulation 2018*, and the *NSW Treasury Policy and Guidelines - Annual Reporting Requirements TPG23-10*.

The Report complies with Premier's Memorandum *MC2000-68 Amendment to Premier's Memorandum No. 2000 - 15, Access To Published Information - Laws, Policy and Guidelines*, as well as *Web Content Accessibility Guidelines 2.0*, as per the Premier's Circular *C2012-08 NSW Government Website Management*. The Report can be downloaded from icare's website at www.icare.nsw.gov.au.

The estimated external printing costs of the FY23 Annual Report are \$6,316.20.

Access

October 2023

ISBN: 978-0-6453353-4-7

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*A copy of this report is available at icare.nsw.gov.au

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