



Annual Report

2023–24



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.



Contents

Introduction

- 5 Letter of submission
- 6 Message from the Chair
- 8 Message from the interim Chief Executive Officer

Overview

- 12 icare at a glance
- 20 The people we serve
- 26 Our people

Strategy

- 34 Strategy update
- 40 Improvement program

Operations and Performance

- 44 Workers Compensation
- 58 Insurance for NSW
- 64 Home Building Compensation Fund
- 70 Lifetime Care
- 78 Dust Diseases Care
- 84 CTP Care
- 88 Sporting Injuries

Financial performance

- 90 Transformation expenditure and benefits
- 92 Investment performance

Sustainability

- 94 Environmental, social and governance initiatives

Management and Accountability

- 102 Our governance

Appendices

- 120 Appendices 1 - 10

October 2024

ISBN: 978-0-6453353-6-1

Introduction

ART GALLERY OF NEW SOUTH WALES

The Art Gallery of NSW is
insured by icare
Destination NSW

Letter of submission

31 October 2024

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 2024

Dear Minister,

We are pleased to present the Insurance and Care NSW (icare) Annual Report 2023–24 for tabling in the NSW Parliament. This report details the operations and performance of icare and its related entities over the past year, including the progress of our improvement program.

An additional volume, containing the financial statements for the period is also included.

Our Annual Report 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 (Volume 2) are certified by the Auditor-General.

Yours sincerely,



John Robertson
Chair



Stuart Farquharson
Interim Chief Executive Officer and Managing Director



Message from the Chair

John Robertson



icare continues to transform and build on the solid foundations it has implemented through significant reform. A focus on stronger governance and a clear plan to keep improving the organisation will deliver better outcomes for the people and communities of New South Wales.

Through a year of continued change, icare has maintained its focus on the important community outcomes it delivers. Teams across the organisation have continued to support people and businesses through some of their most challenging times, while delivering and driving activity that embeds reform outcomes focused on improved service delivery.

The conclusion of the McDougall and Governance Accountability and Culture (GAC) driven improvement program is a significant milestone in icare's history, and demonstrates the positive progress made in transforming icare to meet community expectations.

While there will always be more to do, the organisation now has robust risk, governance and procurement practices in place. There is a clear

plan to improve outcomes for workers with injuries, businesses and participants, and continue building on our constructive culture.

These foundations mean that the organisation is well positioned to meet the ever-changing needs of our community and address the long-term challenges faced by the organisation.

This year, work has been completed to refresh and sharpen icare's strategy, to increase focus on those we serve and continue driving transformation. This is the next evolution of icare's journey and will see the organisation embed and build upon the work already achieved to ensure long-term sustainability.

Good progress has been made, and the Board remains firmly committed to supporting the organisation to continue delivering and improving performance for those we serve.

Building a more sustainable and efficient organisation

The Board understands the important role icare plays in the community, and the expectations to operate efficiently and effectively, and deliver better outcomes. icare's strategy is designed to achieve these outcomes and create long-term sustainability of the schemes it operates.

This year, icare accelerated activity to improve the efficiency and effectiveness of the organisation. icare's management team developed a Board-approved savings plan that will deliver sustainable operating expense savings while continuing to allow investment in improving the experience and outcomes of those we serve.

Board renewal

icare is a complex organisation and performs a critical role underpinning the economic fabric of NSW. Ensuring the right mix of experience on the icare Board is essential in supporting the organisation to achieve its strategic, community and legislative outcomes.

icare welcomed two new non-executive directors to the Board during the year, ensuring we maintain a strong mix of skills and experience and aligning with the *State Insurance and Care Governance Act 2015*, as amended, to ensure employer and employee representation on the Board.

Leah Fricke, a legal professional with extensive executive and board experience, including in the finance industry and on government boards, was appointed as a non-executive director in December last year.

The Secretary of Unions NSW, Mark Morey, was appointed as the new employee representative. Mark has extensive board experience and a deep understanding of the needs of workers accessing the schemes.

The appointment of an employer representative nominee director will occur in due course. The size and cost of the icare board remains unchanged with eight non-executive directors.

I thank Michael Cameron (now retired) for his service as Deputy Chair on the icare Board, Chair of the Board Audit committee and for his contribution to the Board Risk committee and Technology and Data Strategy committee.

Director John Walsh AO, a respected actuary, accomplished social policy leader and disability advocate sadly passed away on 8 June. John made an enormous contribution to icare

having joined the Board in 2020 and serving as Independent Chair of the Dust Diseases Board and as a member of the Board Audit and Board Risk Committees. John's ability to contribute to the reform and improvement of icare was assisted by his formidable intellect and lived experience with his own disability, traumatic quadriplegia. The Board is grateful for his passionate advocacy for the people icare serves. We miss him.

Executive and icare team

In April 2024, I announced the resignation of icare Chief Executive Officer and Managing Director, Richard Harding. Richard joined icare in 2021, at a time when the organisation was in a period of crisis and under intense public scrutiny. He implemented significant reform and set icare on a path to long-term sustainability.

The recruitment process for a new Chief Executive Officer has commenced and we will provide an update once this process is complete. In the meantime, the organisation is in the capable hands of Stuart Farquharson as interim Chief Executive Officer and Managing Director.

In closing, I'd like to acknowledge and thank the management team, and all icare employees, for their continued commitment and focus through a period of significant change. There is a clear plan for the future, strong leadership in place, and a passion to continue helping the organisation achieve and improve delivery for the people we serve.

On behalf of the icare Board, I am pleased to submit the Insurance and Care NSW (icare) Annual Report for the 2024 financial year.



Message from the interim Chief Executive Officer Stuart Farquharson



Our purpose is to care for the people of New South Wales, building confidence and trust so our communities can thrive. In what has been a year of continued change, this purpose has created focus and meaning for our team to keep driving icare's transformation and improving how we operate.

Over the past year, we have implemented changes that demonstrates our transformation is progressing. It is pleasing to confirm the conclusion of our improvement program, with a clear uplift in transparency and accountability. A new claims model has been embedded across the Nominal Insurer scheme, which will improve outcomes for workers with injuries and employers, and we continue to streamline our systems and processes to further improve efficiency and effectiveness.

Here for those we serve

icare plays an important role in the community, and in the past year, we insured 338,000 businesses across NSW, covering four million workers and supporting 92,000 workers with injuries. We cared for over 1,800 people severely injured on our roads and supported more than 5,450 impacted by a dust disease. We helped 775 homeowners, insuring \$20.9 billion in residential projects, and continue

to protect \$436 billion in NSW Government assets including iconic landmarks like the Sydney Harbour Bridge and Opera House.

icare continues to refine and improve how we deliver services, with feedback from workers with injuries, employers and the broader community informing how we simplify and improve their experiences.

One example of change based on feedback is the consolidation of the teams supporting the Nominal Insurer and the Treasury Managed Fund Workers Compensation schemes. This has created one team that will share systems and knowledge to deliver a more efficient and consistent approach to claims management. Our goal is to get workers with injuries back to health and work as soon as possible and this is another step forward to meeting that goal.

New claims model for workers compensation

We are committed to building better Workers Compensation Schemes, with a clear goal to improve return-to-work outcomes and deliver long-term sustainability.

Eighteen months ago, we implemented a new claims model for the Nominal Insurer scheme centred on performance, transparency and choice. The embedment of our new Claims Service Providers (CSPs), is now well underway and will reshape the way we provide services to workers with injuries and employers.

Our new claims model will drive improved service outcomes through greater competition and transparency of reporting on CSP performance, and giving employers greater choice and tailored support for workers with psychological claims. Of our six CSPs, four offer specialist services in psychological claims.

There are some early signs that the new model is working, but the nature of Workers Compensation insurance means it will take some time before the full benefits are realised in improved return to work rates, which are still below target.

Navigating challenges on the horizon

icare operates within a complex ecosystem, with economic headwinds, legislative requirements, and social and cultural change impacting the organisation at different levels.

Environmental challenges such as increasing levels of psychological injury and whole person impairment claims are impacting workers compensation, with historical abuse claims and significant climate events impacting our Insurance for NSW scheme. These factors have led to a significant rise in claims costs and are having a material financial impact on the sustainability of icare's schemes.

For the Nominal Insurer (NI), premium increases have not kept pace with rising claims costs and as a result, the NI funding ratio fell to 85% in the financial year. Improving the financial sustainability of the NI is a key priority for us in the year ahead. Premium changes, and ongoing regulatory review will support long-term sustainability, and we will continue working with our stakeholders to ensure we fulfil our purpose of building confidence and trust for the people of NSW so our communities can thrive.

The Treasury Managed Fund (TMF) is a public sector self-insurance scheme for the NSW Government, insuring government employees, assets and services. The TMF also faces pressure from escalating costs associated with psychological injury and institutional abuse claims, as well as climate change related extreme weather events. In the financial year, natural disasters such as the December 2023 storms continued to have a financial impact, with the fund also operating in an increasingly complex litigation environment. Following a \$925 million disbursement from NSW Treasury in the financial year, the TMF funding ratio is 105%.

The Home Builders Compensation Fund (HBCF) protects homeowners from incomplete or defective residential building. In the financial year, increasing builder insolvencies, led to a 9% increase in claims payments. It was also impacted by increased costs and volatility within the building sector, affecting builders and homeowners.

The Lifetime Care (LTC), Dust Diseases Care (DDC), Compulsory Third Party (CTP) Care and Sporting Injuries (SI) schemes provide longer-term care services for people across NSW. Over the 2024 financial year, these longer-term care schemes provided support for over 9,000 people. Financial performance of these schemes remains positive.

Since icare was created, we've been caring for those we serve while overcoming challenge. We will continue to navigate these emerging challenges with our focus clearly on our purpose, and delivering improved performance, sustainability and community outcomes.

In the financial year, we expanded our measurement of satisfaction (CSAT) across all our schemes. We progressed activity to improve communications, simplify complex processes, and build education and engagement. Results show positive progress on prior years, with five out of nine CSAT targets achieved, which is an improvement on prior year performance.

Improvement program improves accountability and transparency

2024 marks the conclusion of a comprehensive program that has transformed icare's approach to governance, risk and culture, driving improved transparency and accountability.

In response to recommendations from the McDougall and GAC reviews of icare, the Improvement Program has created an organisation committed to transparency and accountability, and one that puts improving outcomes for those we serve at the centre of our focus.

Independent assurer Promontory highlighted the significant improvement in accountability, performance management, values, and culture at icare, as well as recognising a clear focus on improving customer outcomes. They also acknowledged the program has delivered better capital management, greater integrity in cost allocation, and stronger transparency on financial sustainability. While the program has concluded, some activity remains ongoing, and we are on track to complete all planned initiatives in calendar year 2024 and, will remain vigilant about maintaining the improvements we have achieved.

Continuing to drive change and improve outcomes

Our people continue to make a difference and focus on those we serve, and our achievements are the result of their passion, commitment and determination. I'm proud to lead icare as interim Chief Executive Officer, and I want to acknowledge our team for the important contributions they make, especially through a period of change and transition.

We know there is more work to do, and that challenges exist on our horizon, but we are committed to improvement, ensuring those we serve remain at the centre of all we do, and continuing to deliver on the important community outcomes we're responsible for.



Overview

icare at a glance

Delivering for the people we serve

Since 2015, icare's services have protected and cared for millions of people, businesses and communities across the state through our management of the NSW Government's insurance and care schemes.

Supporting businesses and workers



338,000
4m
90,000

businesses covered
workers covered
workers with injuries supported



\$308b
\$5b
8 out of 10

wages insured
paid in benefits
workers with injuries returned to work within 13 weeks

Providing education and training



7,500

people registered for 35 events, including
ones focused on creating psychologically
safe workplaces

196

training programs delivered for public
sector workers

Caring for people



1,611

people supported with brain injuries

530

people supported with spinal injuries

5,468

people suffering from dust diseases supported

1,478

people supported through new CTP Care scheme

4,866

lung health checks completed

Protecting important assets



\$436b

NSW Government
assets protected



\$21b

worth of residential
projects insured

Committed to continuous improvement



Improvement program concluded

99 recommendations from reviews of icare addressed



6 Claims Service Providers
appointed, four with
specialist teams to manage
psychological claims



1,405 case managers
participating in the Professional
Standards Framework to improve
consistent service delivery



300 Employers chose
their preferred Claims Service
Provider as part of the new
Nominal Insurer claims model



4 Customer Advocate driven
training modules, with 2,309
registrations, supporting the
delivery of fair and empathetic
interactions with those we serve.

FY24 performance scorecard

The following tables summarise the results of our Enterprise Performance Scorecard. This scorecard, which is revised annually, enables us to track our progress against key focus areas from our strategy. Additional information about contributing initiatives and future targets for non-financial metrics can be found in Appendix 4.

Focus	Metric	Targets	Results	Commentary
Those we serve	Satisfaction (CSAT) survey results across 9 groups of people we serve	FY24: 9 of 9 CSAT targets met	4 of 9 CSAT targets met	The results show an improvement on prior year, driven by our continued embedment of activity to listen, learn, and act on feedback from those we serve. Improving experiences and satisfaction will continue to be an ongoing focus for us.
		FY23: 5 of 5 CSAT targets met	1 of 5 CSAT targets met	
		Net Promoter Score used prior to FY23.		
People	Employee engagement measured through our Act2Engage employee survey	FY24: ≥ 67%	57%	Results have improved from our starting point in 2022, although showing a reduction from the prior financial year. We have an ongoing focus on building an engaged and constructive workforce to support delivery for those we serve.
		FY23: ≥ 61%	62%	
		Alternate targets set and reported in prior years. FY22 outcome included for reference: 53%		
Financial management	Nominal Insurer Workers Compensation Net Result	≤ 5% adverse variance to budget.		Significantly higher claims, driven primarily by an increase in psychological injuries and more severe injuries (more claims reaching the whole person impairment threshold) are the main drivers of this negative net result. We continue to work with our key stakeholders to address these scheme wide challenges.
		FY24: -\$434m	-\$1,877m	
		FY23: -\$833m	-\$539m	
		FY22: -\$371m	-\$993m	

Focus	Metric	Targets	Results	Commentary
Financial management	TMF Workers Compensation Net Result	≤ 5% adverse variance to budget. FY24: \$143m	-\$7m	Results negatively impacted by the significant increase in the cost of claims, particularly in the Police and non-emergency service agencies, primarily driven by an increase in the number of psychological injuries and more claims reaching the whole person impairment threshold. Work continues with agencies and stakeholders to implement injury prevention initiatives.
	TMF General Lines Net Result	≤ 5% adverse variance to budget FY24: \$143m	\$185m	Included in the result is a Net Asset Holding Level Policy (NAHLP) disbursement of \$356m.
	FY22 and FY23 TMF General Lines and Workers Compensation net result	FY23: -\$83m	-\$26m	Prior to FY24, financial results for TMF Workers Compensation and TMF General Lines were combined.
		FY22: -\$178m	-\$288m	
	Lifetime Care and Support Scheme (including CTP Care) Net Result	≤ 5% adverse variance to budget FY24: \$303m	\$607m	The positive net result is due to higher investment income and the positive movement in claims valuations, due to changes in discount rate assumptions and a lower-than-expected increase in the attendant care rate.


Focus	Metric	Targets	Results	Commentary
Scheme performance	Nominal Insurer Workers Compensation: 13 week working rate (measured in Q4)	FY24: 88.1%	86.5%	Our 13 week working rate is below target primarily due to an increasing mix of psychological claims within the 13-week cohort. This cohort had a 5.9% mix of psychological claims for the 3 months rolling to February 2024, compared to 5.0% in the June 23 quarter.
		Alternate targets set and reported in prior years. Prior year outcomes included for reference, based on FY24 measurement approach: FY23: 87.4% FY22: 88.4%		
	TMF Workers Compensation: 13 week return to work (RTW) rate for physical injury claims (measured in Q4)	FY24: 88.5%	86.0%	Our 13 week physical injury RTW rate was 2.5% below target. Biggest impacts have been an 8.3% increase in the number of physical injury claims, as well as a greater proportion of claims from older workers and those living in regional locations, impacting the ability to find suitable work arrangements.
		FY23 outcome not split between physical and psychological injuries. FY23 outcome included for reference: 89.0%		
		Alternate targets set and reported in prior years. FY22 outcome included for reference, based on FY24 measurement approach: 88.4%		
	TMF Workers Compensation: 13 week RTW rate for psychological injury claims (measured in Q4)	FY24: 39.3%	40.1%	This portfolio continues to be challenged by the increased psychological injuries claims and the overall complexity and severity of injuries notified. Other impacts include: <ul style="list-style-type: none">• The growing proportion of workers with injuries over 50 (who have had longer tenure in the workforce)• concurrent entitlements outside of workers compensation for some large agencies• access to meaningful suitable duties• access to treatment providers in psychological health.
		FY23 outcome not split between physical and psychological injuries. FY23 outcome included for reference: 44.7%		
		Alternate targets set and reported in prior years. FY22 outcome included for reference, based on FY24 measurement approach: 38.6%		

Focus	Metric	Targets	Results	Commentary
Scheme performance	Lifetime Care:	FY24: 3.58	Not measured	WHOQoL was not measured in FY24, as this metric will be replaced by an alternative measure that better reflects participant outcomes.
	World Health Organisation Quality of Life (WHOQoL) assessment (Maximum score of 5)	FY23: 3.58	3.57	
		Alternate targets set and reported in prior years. FY22 outcome included for reference, based on FY24 measurement approach: 3.61		
	TMF General Lines:	FY24: ≤ 20 calendar days	20 days	Results for this portfolio remain stable. Results reflect time off the road for both drivable and non-drivable vehicles. NSW police continue to account for 40% of completed repairs. An ongoing challenge to this metric is supply and labour pressures in the motor industry.
	Time off the road for motor repairs	Alternate targets set and reported in prior years. Prior year outcomes included for reference, based on FY24 measurement approach: FY23: 17 days FY22: Data not available		
	General Lines:	FY24: 10% improvement on 586 calendar days	649 days	Claim durations were higher than target for long-tail claims primarily due to ageing open claims for the Abuse and Medical Indemnity portfolios. <ul style="list-style-type: none">• Within Medical Indemnity, claim duration has been influenced by an increase in the number of claims that are more complex in the assessment of damages, particularly in child trauma, nervous shock, and catastrophic claims, which typically take longer to settle.• In the Abuse portfolio, the higher reported claim volumes in the past three years has led to an open claims portfolio with a longer duration profile compared to two-three years ago. As these portfolios continue to mature, it is expected that more claims will reach longer durations before finalisation, pushing up the average.
Claim duration of long-tail claims (measured in Q4)	Alternate targets set and reported in prior years. Prior year outcomes included for reference, based on FY24 measurement approach: FY23: 601 days FY22: 506 days			

Focus	Metric	Targets	Results	Commentary
Risk management	Risk Maturity Index (RMI) rating	FY24: Evolving Plus	Evolving	<p>The RMI rating of 'Evolving' reflects the maturity of our risk management practices. The Enterprise Improvement program recognised moving our RMI from 'evolving' to 'evolving plus' would take time to fully embed, and achieving this in FY24 would be a stretch. Embedding risk management will continue to be an ongoing focus for us in FY25.</p> <p>In FY24 our activities have seen improvements in key areas such as executive business committee meetings, improved risk reporting, improvements in risk management communication and awareness, continued uplift in risk profiles, and completion of control testing across all business areas.</p>
		FY23: Evolving	Evolving	
		FY22: Evolving	Evolving	
Strategic benefits and outcomes	Project Benefits (from Enterprise Portfolio)	FY24: ≥ 75% of benefits forecasted	60%	<p>The NI Improvement Program (NIIP) is the largest project in the Enterprise Portfolio, comprising over 90% of target benefits.</p> <p>NIIP benefits realised (\$69m) met 58% of its target (\$120m), while the benefits realised (\$8m) for the other projects met 100% of their aggregate target.</p>
		This the first year using our new project benefits measure.		



Paralympian Scott Reardon
presenting at an icare event



Lifetime Care participant Courtney acquired a spinal cord injury in a car accident. Several operations later, she lives independently and has completed an internship providing support for people with spinal cord injuries.

The people we serve

icare is dedicated to delivering empathetic and fair services, focusing on the people and communities of NSW. Throughout FY24, we sharpened our focus on those we serve by improving how we listen, learn and act. This has allowed us and our providers to find new ways to improve outcomes, while ensuring the voices of the people we serve are considered in decision making and governance.

Those we serve

Following feedback, we recognised that the term “customer” did not appropriately reflect our relationship with those we serve. After extensive engagement, icare now defines our customers as “those we serve”, a term that captures our diverse relationships with businesses, government agencies, injured people and participants. This change is reflected in our Code of Conduct and Ethics Policy, and our Putting Those We Serve First Policy.

Those we serve remain central to what drives icare. We are committed to listening to them, learning from their feedback, and acting to enhance their experiences and outcomes.

Human-centred design

In FY24, icare continued to build organisational maturity in the experience of those we serve and human-centred design (HCD). HCD focuses on human needs to solve organisational problems and to design products services and processes.

Across the schemes, icare used its deeper understanding of those we serve to:

- develop scheme strategies focused on those we serve
- create future state blueprints in workers compensation and on transformation programs to guide team alignment and investment decisions
- establish continuous improvement squads with embedded experience designers and analysts.

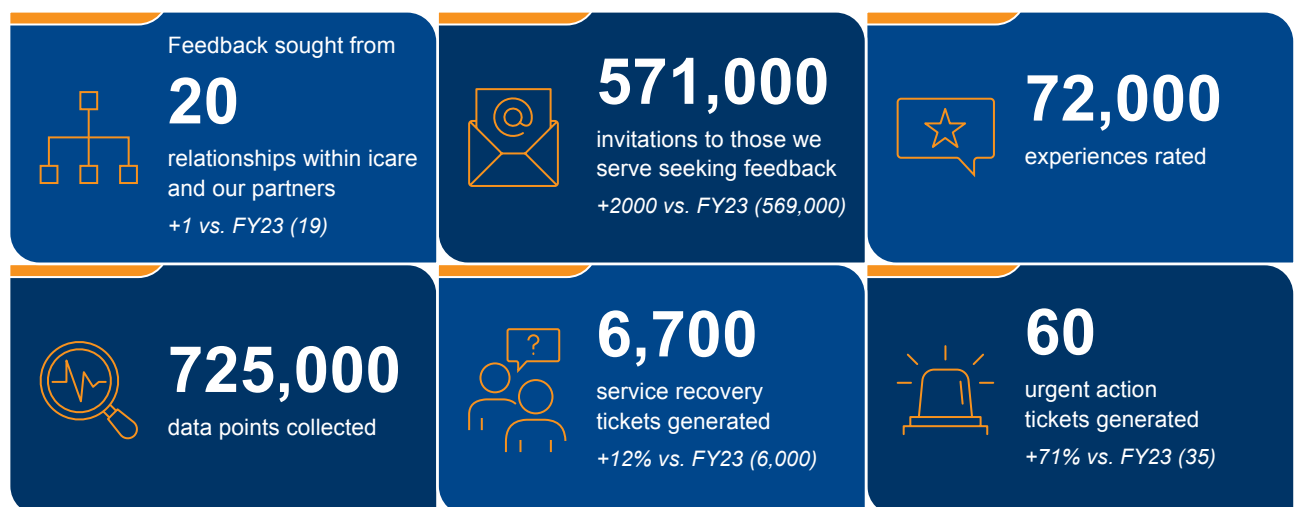
At an enterprise level, icare developed foundational experience elements to support scheme decision making, driving greater efficiency and value for those we serve. Examples include:

- **icare journey:** Identifying common journey steps and needs across schemes for consistent and efficient delivery
- **experience aspirations:** Providing a view of common scheme aspirations and aligning them with the needs and expectations of those we serve
- **interaction preference segmentation:** Analysing channel preferences to inform our digital transformation roadmap
- **interaction type framework:** Identifying common interaction patterns to inform our digital transformation roadmap, and to design consistent and efficient services.

We also enhanced our HCD capabilities by training 252 staff, hosting an Empathy Day event attended by 340 employees, and focusing on recruitment and onboarding of key roles critical to driving people-centric outcomes.

Experience measurement

icare gathers feedback from over 70,000 people annually. This program allows us to listen, learn and take action to improve outcomes. About 6,700 service recovery tickets were raised and resolved throughout the year. Insights from the program help us improve processes within the schemes and across Claims Service Providers (CSPs).



Overall satisfaction (CSAT) performance has been stable with most schemes maintaining high performance scores, and an opportunity to uplift the experience of those we serve in other schemes. The outcomes of these performance measurements for FY24 are reported in each scheme section.

In FY24, we expanded our measurement to include an assessment of the experience we are delivering across CTP Care and General Lines. We also formalised the Contact Centre Survey for all CSPs, receiving 75,000 responses with 91% CSAT indicating high satisfaction.

Official Partner of the
Australian Paralympic Team

Since 2016, icare has partnered with Paralympics Australia to deliver our successful Paralympian Speakers Program.

This initiative gives our business customers access to inspiring stories and essential safety messages from current and former Paralympians. This partnership, which aligns with our values of Driven and Together, supports our diversity and inclusion goals and strengthens our commitment to creating safer workplaces across NSW.

Clint Pickin

Clint Pickin started Para-triathlon after a life-threatening farm accident in 2014. Quickly excelling, he won Para World Cup Bronze and Silver medals in 2018 and 2019, became a three-time Oceania Para-triathlon Champion (2018-2020), and Australian Para-triathlon Champion (2019). After a shoulder injury, Clint shifted to Para-cycling, aiming for the 2028 Los Angeles Paralympics. icare recently named Clint to our Paralympian Speakers Program to promote workplace safety.

By sharing with workers what I've been through, it resonates really well. It makes me happy that I might help even just one person.



Annabelle Lindsay

An Australian wheelchair basketball player, coach, community volunteer, and icare employee, Annabelle is a passionate advocate for adaptive sports. Driven to help others with serious injuries, she finds fulfilment as a Partnerships Officer at icare, a proud partner of Paralympics Australia. Introduced to wheelchair sports by a friend after her own injury, she is committed to promoting adaptive sports. She encourages people to get involved, emphasising the positive impact adaptive sports had on her life.

When I found out I couldn't play basketball anymore, I was really lost. Adaptive sports allowed me to reconnect with my passion and stay active.



icare Paralympian Speakers Program

icare's Paralympian Speakers Program remains highly sought after by employers to raise workplace health and safety awareness.

icare's Paralympian Speakers Program, in partnership with Paralympics Australia, hosted 175 tailored presentations in FY24. Paralympians share personal stories of workplace injuries, raising health and safety awareness. This free program empowers teams and aims to reduce workplace incidents. Scan the QR code for more information.



Stuart Jones

Life threw Stuart a curveball in 2014 when he was hit by a car while cycling to work. During rehab, seeing someone ride a recumbent bike ignited his journey to becoming a Paralympian. He credits his recovery to the support from icare and access to adaptive sports. Stuart, now a Paralympian cyclist and icare Lifetime Care Participant, highlights the significance of sport in his life.

“ Having cycling as part of my rehab program gave me hope.

My acquired impairment allowed me to reimagine myself as representing Australia on the world stage at a Paralympics.



Jarrold Emeny

Growing up in Mudgee, always involved in sport, a car accident left Jarrold Emeny with a spinal cord injury at 17, leading him to discover a passion for wheelchair basketball. He played in the national league with the Wollongong Roller Hawks while studying for a business degree at Wollongong University, aiming to become a professional basketballer. Last year, he moved to the United States with a full scholarship to play college basketball at the University of Illinois, and is now juggling a busy training schedule alongside studying for a Master's in Finance.

“ If it wasn't for icare, I wouldn't have made it this far in my career and my recovery.



My own independence

Mark has been using a wheelchair since a serious accident at work 20 years ago. Thanks to his family, friends, support team and icare Workers Care, Mark has built a fulfilling life.

After leaving school, Mark joined the timber industry, working in logging and cutting timber. He loved the adventure and had everything sorted: a job he enjoyed, great friends and a baby on the way with the woman he loved. But one day, he went to work, and the next thing he remembers is waking up in hospital.

Mark sustained a severe spinal cord and traumatic brain injury. His spinal cord injury resulted in paraplegia. In his most difficult moments, Mark couldn't imagine how he would be able to be a husband or father.

"I'd always been independent and ventured out on my own a lot. The change was hard, and it took me a bit to 'retrain'," Mark recalled.

It took time for Mark to accept his injuries, find new ways of doing things and learn how to stay healthy and well. Despite the accident and living in a wheelchair, Mark has found there's still a lot he can do.

"I really had awesome support from not only family and friends, but from my case managers, my occupational therapist and my nurses, who actually put the time in and spoke to you," Mark said.

Mark values his independence. He likes being able to do what he wants, when he wants, without relying too heavily on others.

He lives with his wife and their daughter on acreage that is more hilly than flat. They have a few head of cattle, chickens, and a workshop where Mark makes furniture out of wood.

"Instead of getting the primary product, I now make the end product, making something of the timber," Mark said.

"My car is rigged up with a hoist so I can lift the chair onto the back of the car. When I go out, I can take my chair and don't have to organise anyone to load and unload it. I don't need anybody's help."

Thanks to Workers Care, Mark can maintain his property, pursue his interests, and enjoys time with friends and family. "It makes me feel good because I can do it all at my own will."



Mark is a Workers Care participant who values his independence on his farm

Customer Advocate

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

In FY24, the Customer Advocate Office established a framework to ensure those we serve continue to be at the core of what drives icare. This framework focuses on:

- standards we expect for those we serve
- desired experiences for those we serve
- delivering those standards and experiences.

Our commitment is brought to life in our Putting Those We Serve First Policy. This policy sets out the standards we expect our schemes to meet, including:

- customer experience commitments
- treating those we serve with dignity, empathy and respect
- fair decision making
- managing complex circumstances
- fair and accessible complaints management
- listening, learning and acting on feedback.

The Customer Advocate supports governance routines aligned with the SIRA Customer Service Conduct Principles, ensuring insights and recommendations are shared with the Group Executive and the Board, to support driving continuous improvement activities across icare.



Our people

Our people continue to lead and drive change and make a difference at icare, working together to care for the people and communities of New South Wales.

Our values

Our purpose, vision and strategic pillars are underpinned by a set of core values:



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 and 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.

Our people are critical to how we care and support for those we serve. Our team is focused on improving what we do and the outcomes we deliver, and our culture will enable us to achieve this.

A new organisational operating model has been designed, and is being embedded, to set icare up to deliver on our strategy efficiently and effectively. This transformative step will make it simpler and easier for our people to collaborate and make decisions, with less layers between the Group Executive Team, and frontline team members, clear accountability, and the introduction of agile partnering models.

Continued investment in leadership development is building leadership capability, to own, lead and drive change across icare.

New, improved and optimised digital solutions are improving the employee experience, making it easier for employees to find the information they need. Refinements and upgrades to people systems are also helping to provide an improved digital experience for employees.

Our people and culture plan for the future builds on the foundations put in place over the past two years. Clear, simple, and constructive people frameworks will now be leveraged to ensure all our people are set up to succeed, thrive and contribute to icare's transformation.



Fostering connection and belonging

An inclusive and diverse workplace is key to strengthening a culture of achievement and collaboration.

Our Inclusion and Diversity Plan focuses on four pillars: Accessibility, First Nations, Multiculturalism and Inclusive Culture. Each pillar has a working group to drive change.

Additionally, we have two employee-led networks, Pride and Women.

We are fortunate to have a strong representation of women in our workforce, with over 60% of employees identifying as female, and support and activities for this group will continue to be developed and implemented by icare's Women's network.

Action plans are in place to improve reporting across our other diversity groups and networks. icare's is making progress on its Reconciliation Action Plan, and will be moving from Reflect to Innovate over the next 12 months. icare is also implementing and activating its disability and multicultural action plans, to ensure that our people, systems and processes support and reflect the diversity of the communities in which we operate.

Highlights for FY24 include:

- Celebration of diversity through participation in NSW Government events and internal initiatives.
- Improved education focused on unconscious bias, cultural awareness and inclusive behaviours.
- Increased partnerships with suppliers and experts to support delivery of our Inclusion and Diversity Plan.
- Submitted a report to Multicultural NSW highlighting achievements and operational activities implemented as part of icare's 2021-2023 icare Multicultural Inclusion Action Plan.
- Advanced our Reflect Reconciliation Action Plan, strengthening relationships with First Nations stakeholders and completing 40 deliverables, with the final six in progress.

Recognising achievement

At icare, we celebrate collaboration, growth and achievement aligned with our values and strategy to foster a constructive culture. Our three-tier recognition program encourages outstanding performance. Throughout the year:

- 5,695 on-the spot recognition from peers were awarded
- 550 individual award nominations were made
- 183 team award nominations were submitted.

Our People Awards

Our values guide our behaviour, interactions and support decision making. Our quarterly and annual Our People Awards recognise employees who live our values and make a difference. Our winners are people who work together, are passionate, curious, driven and take ownership.

Prioritising development

We align individual aspirations with current and future skills, performance and strategic direction. Our enhanced performance cycle includes continuous conversations anchored to our capability framework, accompanied by a capability development program for all employees.

Over the past year, we emphasised internal mobility and targeted development for our senior talent pool, building leadership capability for succession planning.

Supporting our people

Our People and Culture strategy continues to provide tools, frameworks and processes to help our people thrive and improve outcomes for those we serve.



Functional organisation chart

as at 30 June 2024



*Richard resigned as icare CEO effective 5 July 2024.
Stuart Farquharson appointed Interim CEO effective from 5 July 2024.

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 15 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.

Prior to icare, he was based in New Zealand for five years as CEO of Tower Insurance 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.

Richard resigned as icare CEO effective 5 July 2024.

Stuart Farquharson

Chief Financial Officer

Stuart is an experienced leader with a demonstrated track record in building successful teams, managing transformation and driving positive commercial outcomes for organisations.

Stuart joined icare as Chief Financial Officer (CFO) from global insurer Zurich where he was CFO of their Australian and New Zealand general insurance business.

Prior to Zurich, Stuart was the CFO for AIG Australia where he also held various CFO and Director roles across the Asia Pacific region. Stuart has also held CFO roles at 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.

Stuart became interim CEO from July 2024.

Tony Wessling

Group Executive, Workers Compensation

Tony has over 25 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.

Prior to joining Workers Compensation as Group Executive, Tony managed Insurance for NSW and HBCF, and before that led the Strategy, Program Delivery, Corporate Affairs and Innovations & Partnerships functions at icare.

Tony holds a Bachelor of Engineering from the University of Queensland, and an MBA from Harvard University.

Tanya Graham

Group Executive, Digital and Transformation

Before joining icare, Tanya was Executive General Manager, Strategic Programs and Interim CIO for Healthscope, Australia's second largest private hospital operator, where she developed a new technology strategy and led a significant transformation program that modernised the company's technology, created new business models and ways of working, and drove complex organisational change.

Prior to this, Tanya was Chief Transformation Officer at Alinta Energy and Chief Digital & Data Officer at Austrade.

Tanya holds an MBA from Macquarie Graduate School of Management, has completed the Company Directors course with the Australian Institute of Company Directors and is a member of the Institute of Engineering and Technology.

Amanda-Lea Smith

Group Executive, People and Culture

Amanda-Lea has over 25 years' broad industry experience spanning professional services, consumer, energy and utilities, and financial services in both public and private sector settings.

She 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, Amanda-Lea has experience leading across a range of disciplines, including corporate affairs, sales, retail, customer service, environment and facilities.

Amanda-Lea 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.

Scott North

Group Executive, Risk and Governance

Scott has acted as interim Group Executive at icare previously, as well as being the Deputy Chief Risk Officer at Bank of Queensland and Chief Risk Officer for St Andrew's Life Insurance where he was responsible for non-financial risk management, specifically operational risk, compliance, assurance and non-financial risk frameworks that support the strategic direction and operations of the Group.

He was also Chief Risk Officer at Youi and Credit Union Australia (including CUA Health) where he was responsible for operational and compliance risk management, board and corporate governance, internal audit, legal, financial crime and strategic risk.

Scott is an Executive in Residence (Fellow) at the University of Melbourne and member of the University of Sunshine Coast Audit and Risk Committee. He holds a Master of Business and Technology, is a Fellow Chartered Accountant, Fellow Governance Institute of Australia, and is a Graduate of the Australian Institute of Company Directors.

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' 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 Master's degree in Communication Management and is a Graduate of the Australian Institute of Company Directors.

Britt Coombe

Group Executive, TMF General Lines and HBCF

Britt joined icare in 2017 and has extensive General Lines and Lifetime Care experience.

She has 23 years of leadership experience in the insurance industry working at QBE and Allianz in areas including the Treasury Managed Fund, long-tail claims, front-end claims and operations management. Britt has also worked with Master Builders Australia to revise their Safety Management System.

She holds a Master of Business Administration from Deakin University and a Bachelor of Occupational Health and Safety from Newcastle University.

Shailendra Singh*

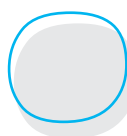
Group Executive, Lifetime Schemes (interim)

Shailendra joined icare in May 2024. He is a highly effective business leader with over 32 years' experience across financial services, information technology and the NSW Government sector.

Shailendra's sector experience includes retail banking, funds management, insurance, superannuation, corporate trust, and high net worth advisory and human services.

Most recently he was Chief Financial Officer for NSW Department of Communities and Justice. Prior to this, he had an extensive career in publicly listed companies, having held the roles of Executive General Manager, Wealth for Suncorp Group, Chief Executive Officer, The Trust Company, and Chief Financial Officer, Perpetual Private.

Shailendra's passion is to optimise outcomes for customers, community and supporting people in building careers.



*Dr Nick Allsop was Group Executive, Lifetime Schemes until May 2024



Strategy update

Our purpose

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 not 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

Our vision is to make the complex simple to deliver better outcomes for those we serve.

- We are transitioning from fixing the foundations towards a heightened focus on those we serve, where we aim to deliver great outcomes and experiences.
- We make it easier for those we serve by simplifying their interactions with our schemes and supporting them with empathy.
- We help those we serve navigate an inherently complex environment with constantly evolving legislation, regulations, societal and technical developments.
- We listen, learn and act on feedback from those we serve, those we work with and our people to support everything we do.

Strategy

Our strategic priorities

Our purpose and vision will be achieved through the successful execution of our five enterprise priorities.

Deliver fair and empathetic interactions for those we serve

- listen, learn and act on feedback from those we serve and those we work with
- invest in people capability, training and empowerment
- ensure that our people and partners act fairly and empathetically.

Enhance experiences using digital and data

- use digital and data to provide more service options and interaction channels
- create easy, convenient and relevant interactions for those we serve, our people and partners
- set ourselves up to deliver small but frequent change, empowering our people to respond dynamically.

Drive better performance through all our partnerships

- build relationships with delivery and ecosystem partners founded on mutual support, expertise and innovation
- reward our delivery partners and hold them to account for performance
- share data and information between icare and our partners to support decision making.

Be efficient, effective and focus on what matters

- focus energy and resources on supporting those we serve while reducing lower value tasks
- automate and streamline our operations
- provide our people with the tools and access to data they need to be effective.

Strengthen our culture of collaboration, growth and achievement

- continue to drive our constructive culture by building leaders
- focus on achievement and inspire collaboration beyond our functional teams
- foster a growth mindset that continuously improves what we do, learns from experience and seeks new opportunities.

FY25 Priorities by scheme

icare has outlined several priorities for FY25 to improve performance against the key legislative objectives of: maintaining the affordability of insurance and the efficiency and viability of State insurance and compensation schemes; promoting early and appropriate treatment and care for injury and illness that optimises the recovery and return to work or other activities; and promoting efficiency, transparency, and accountability in the conduct of icare's operations.

These are summarised below for each of icare's operating units.

Lifetime Schemes (LTS)

Objective	How success will be measured in FY25
Improve access to provider services, particularly in attendant care, mental health and lung screening.	<ul style="list-style-type: none"> • reduction in complaints related to providers • improved LTS participant survey results • improved experience for our Dust Disease Care (DDC) participants • increased use of our screening clinic and lung bus • reduced complaints • complaints resolved within Service Level Agreements (SLA).
Improve access to self-management and self-service options.	<ul style="list-style-type: none"> • low rates of complaints relating to self-management and self-service tools • take-up rates of Workers Care self-management.
Ensure all LTS are on a technology stack that enables flexibility, adoption of emerging technologies and adequate risk controls.	<ul style="list-style-type: none"> • improved processes and services to those we serve • effective risk controls for all Lifetime Schemes • cost avoidance and capacity increase through implementation of people, process and technology improvements with a focus on automation of information management.
Ensure LTS operating models are efficient, fit for their customers' unique needs and complexity, and for the projected size of the scheme in the future.	<ul style="list-style-type: none"> • increased operational efficiencies and reduced operating expenses • enhanced experience for those we serve • increased quality of life • improved LTS participant survey results • reduced complaints • complaints resolved within SLAs.
Improve LTS risk and controls to ensure fair outcomes for those we serve, adherence to all legislative and compliance obligations, and efficient operation of our schemes.	<ul style="list-style-type: none"> • improved risk maturity index • reduced complaints.

Insurance for NSW General Lines and Home Builders Compensation Fund (HBCF)

Objective	How success will be measured in FY25
Improved builder and homeowner experience of the HBCF scheme through increased transparency, awareness and digitalisation.	<ul style="list-style-type: none"> • improved builder and homeowner experience • increased adoption of digital self-service options • improved complaints resolution • increased homeowner product awareness • improved operational efficiency.
Agency experience uplift through service enhancement by meeting agency needs.	<ul style="list-style-type: none"> • improved customisation of service to agency profile and risk • increased adoption of risk management tools • increased agency engagement satisfaction • improved complaints resolution.
Be efficient, effective and focus on what matters. Support our people and provide them with the tools to be effective.	<ul style="list-style-type: none"> • reduction in average claims duration • improved operational efficiency • capability uplift and retention.
Improve how we advise NSW Government on matters of general insurance risk.	<ul style="list-style-type: none"> • improved stakeholder satisfaction • increased engagement with government on current and emerging liability • degree of implementation of risk-based pricing.



Workers Compensation Schemes

Nominal Insurer and Treasury Managed Fund

Objective	How success will be measured in FY25
Enhance the experience of those we serve by providing customer-centred solutions.	<ul style="list-style-type: none"> improved satisfaction of those we serve across the lifecycle of a policy or claim earlier recognition and resolution of complaints leading to an overall reduction in complaint escalations.
Implement a claims model that improves outcomes through competition, choice and performance incentives.	<ul style="list-style-type: none"> improved satisfaction of those we serve through better Claims Service Provider (CSP) service levels improved return-to-work (RTW) outcomes for workers with injuries lower total cost of claims through better RTW outcomes operational savings.
Deliver priority claims strategies to improve performance and sustainability.	<ul style="list-style-type: none"> improve RTW outcomes for claims requiring specialist support, like psychological claims reduced claim costs for psychological claims reduced claims leakage through better management of engagement with treatment service providers.
Enhance operational efficiency through ways of working, technology and automation.	<ul style="list-style-type: none"> improved operational efficiency improved satisfaction for those we serve through better digital service access.
Build our strategic partnering model with providers to influence outcomes.	<ul style="list-style-type: none"> improved CSP performance, including RTW and service quality improved case manager capabilities, tenure and retention.
Continue to grow and develop our risk culture through uplifting risk maturity and embedding risk in change principles.	<ul style="list-style-type: none"> uplifted risk maturity index as measured through a Risk Management Index. improved payment integrity reduced risk of external fraud.
Develop and operationalise a segmentation model to improve outcomes for the scheme and those we serve.	<ul style="list-style-type: none"> improved satisfaction for those we serve through service models tailored to different segment needs.



icare Mobile Engagement Team
event Darling Harbour



Improvement program

icare's Improvement Program was established in 2021 and ran for over three years. It comprised the Enterprise Improvement and Nominal Insurer Improvement programs and addressed recommendations made in external reviews of icare.



Year in review

The Enterprise Improvement Program comprised six workstreams: Governance, Risk Uplift, Procurement Uplift, Customer Uplift, Culture and Accountability, and Enterprise Sustainability.

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

Throughout the program, icare has delivered over 60 individual initiatives to address 107 recommendations. Since commencement, independent assurer Promontory Australia has been monitoring progress and ensuring the desired changes have been implemented. Promontory's Quarterly Update Reports and Final Report (June 2024) are available on the icare website.

The Improvement Program, in response to the McDougall and GAC Reviews, focused on three key objectives:

- improving risk and governance to meet community and regulatory expectations
- improving performance, particularly getting workers with injuries back to work sooner and reducing internal costs
- driving an accountable culture.

Promontory's Final Closure Report highlighted the positive organisation-wide outcomes across Governance and Accountability, Culture and Capability, prioritisation of Customer and uplifted Infrastructure and Systems. Specifically, they observed:

- A strengthening of governance and accountability at all levels enabling more effective oversight, better decision-making and clearer ownership of risks, decisions and actions.
- Significant effort in cultivating an open, constructive and accountable culture.
- The voice of those we serve now resonates strongly across the organisation and all governance forums, with a clear focus on improving outcomes.
- icare has demonstrated a robust commitment to continuous improvement, actively responding to learnings, insights and feedback.



In the final months of the Improvement Program, icare, in consultation with Promontory, identified five initiatives and recommendations that would not be fully complete by 30 June. All five initiatives are complex and require additional time to be fully embedded into business as usual. They will be finalised later in 2024, with final external assurance in early 2025.

Improvement Program Achievements

The Improvement Program has achieved quality sustainable outcomes across icare.

A claims management Professional Standards Framework and assessment practices were developed in collaboration with the Professional Industry Education Foundation as an industry first. These assessments validate the experience of claims professionals in the NSW Workers Compensation scheme and provide opportunities to enhance skills and support role progression.

Improvements to our Risk Framework and streamlined risk policies, systems and reporting have strengthened our ability to manage risks, improving our Risk Maturity Index rating.

We've also made significant improvements in icare's governance with better committee structures and streamlined processes. More balanced representation and skills on committees are also supporting better decision making.

Uplifts to our Procurement Framework and processes, along with the new Procurement Central tool, have increased consistency, transparency and reporting in procurement, aligning with the NSW Procurement Policy Framework.

Our efforts to improve culture, capability and performance have led to a material shift in our measurable culture and engagement scores over the last three years, reflecting a more open and accountable culture. The initiatives delivered have also boosted our employees' skills.

The new Inspire Leadership Program, based on core capabilities, has been successfully running for the past year, providing a development pipeline for future leaders at icare.

We've also improved performance management with regular performance and development conversations based on core capabilities and a refreshed Performance Framework that links consequences to performance.

Improved outcomes for those we serve

The Improvement Program has also focused on icare's commitment to providing better outcomes for those we serve.

The Program saw the Nominal Insurer transition to a new claims model, which is designed to improve outcomes for workers with injuries and employers. We have increased the number of Claims Service Providers (CSPs) to six, which drives stronger performance through competition as more employers are able to choose their preferred provider. Four of our six providers have also developed specialised mental health claims services to address the growing number of psychological injury claims.

The Customer Uplift Initiative improved how we recognise, manage and record complaints, and increased our empathy and fairness when engaging with those we serve.

We implemented new customer experience measures, governance and reporting to better support and advocate for those we serve and to ensure proactive complaints management. By integrating the Listen, Learn, Act guidelines and improved processes, icare continues to promote empathy in how we approach those we serve. This is supported by extensive training and effective real-world tools for leaders, frontline staff and CSPs, to ensure fair decisions and improved interactions with people who have complex needs, and to maximise opportunities identified through complaints.

Our new healthcare dashboards enable better outcomes for workers with injuries by supporting informed decision making and driving quality outcomes for those we serve. We've also changed the way we measure the experience we're creating for those we serve by establishing an extensive Customer Satisfaction measurement program. This program tracks the level of satisfaction of those we serve and identifies key areas for improvement.

For more details on the Improvement Program and its initiatives, please refer to various sections of this report and the icare website.

“

I am proud of the improvement journey icare has been on over the past three years. This program has touched every part of icare, internally with our Board, our own people and externally with the CSPs and our third-party suppliers. Our goal was to improve our systems and processes to improve outcomes for the people we serve, and we have achieved our goal.

- Tony Wessling, Group Executive Workers Compensation, icare.

”



Workers Compensation

icare provides workers compensation insurance for more than 3.9 million workers in NSW helping those injured on the job through wage support payments, treatment and care.

Operations and performance

Overview

Workers compensation is administered through the Nominal Insurer (NI) scheme for the private sector and the Treasury Managed Fund (TMF) for NSW Government agencies, including volunteer organisations.

To simplify and improve the experience for both workers with injuries and employers, the teams supporting the NI and the TMF Workers Compensation schemes at icare came under a common operating division in December 2023. The objective of bringing the operations together was to deliver scale and operating efficiencies through greater sharing of systems and knowledge and the adoption of a common approach to claims management across the two schemes.

The NI scheme covers over 3.5 million private sector workers and is funded by employer premiums, which cover the cost of claims, statutory levies and operations. Investment returns also support the needs of workers with injuries and help keep premiums affordable while ensuring long-term scheme sustainability.

The TMF provides workers compensation insurance for over 379,000 state government workers and 161,000 volunteers across NSW.

Throughout the year, the NI Workers Compensation scheme managed over 72,000 new claims and paid \$3.9 billion to provide weekly income payments, treatment, care and return-to-work support for those injured at work. Complementing this, the TMF Workers Compensation scheme managed over 20,000 new claims and paid out \$1.4 billion in medical services, weekly benefits and other support services for workers with injuries.

The NI and TMF have unique statutory, governance and regulatory structures. They do not require authorisation under the *Commonwealth Insurance Act 1973* to operate. The NI and TMF are regulated by the State Insurance Regulatory Authority (SIRA), an independent agency located within the NSW Customer Service cluster. The TMF is administered by the NSW Self Insurance Corporation (SICorp), which was established under the *NSW Self Insurance Corporation Act 2004*. It is used to meet the workers compensation and other liabilities of government-managed schemes. NSW Treasury has an oversight and monitoring role for both schemes.

Year in review

FY24 has been a productive and transformative year for the NI and TMF schemes, focusing on enhancing outcomes for those we serve and continuing to lay the foundations to ensure improved schemes.

This year has seen us successfully onboard new Claims Service Providers (CSPs) and commence publishing performance data, as part of the new claims model in the Nominal Insurer.

We also continued to support return to work and injury prevention initiatives and automated processes to improve our service to workers with injuries and employers.

Additionally, we launched and began rolling out the Professional Standards Framework to case managers across both schemes as part of our strategy to lift scheme-wide capability.

While good progress has been made, we know we have more work to do and are committed to continuous improvement.

A number of areas outside of icare's control continue to challenge both our workers compensation schemes. This includes the changing nature of the workforce and the corresponding increase in psychological claims, and an increase in the number of workers with injuries experiencing higher whole person impairments as a result of their workplace injuries. We are continuing to work with SIRA and key stakeholders to address these scheme wide challenges.

New claims model to deliver better outcomes

Expanding our CSP panel

Building on the foundations set in January 2023, the new claims model focuses on market competition among a panel of CSPs with an emphasis on improving outcomes. Gallagher Bassett and DXC Technology joined Allianz, EML, GIO and QBE as CSPs, making a panel of six. Four of these CSPs have specialist teams for the management of psychological injury claims.

More choice for employers

Expanding the choice of CSPs to more employers is a key element of the new claims model. Since May 2020, employers with an Average Performance Premium or Group Average Performance Premium of more than \$500,000 could choose their CSP. This was expanded to employers with an average premium of more than \$200,000 from 30 June 2024, with 300 employers exercising this choice.

Publishing CSP Performance data

In November 2023, we commenced publishing performance data across our CSPs, tracking a series of performance measures focusing on service, capability and outcomes.

Publishing this data ensures employers have relevant information to enable them to choose the most appropriate CSP for them, whilst driving ongoing competition and innovation.

Employers can use the information available to choose a provider that best serves the needs of their workers with injuries.

Expressions of interest for the TMF

In February 2024, the TMF invited expressions of interest for CSPs to deliver innovative claims services that align with the NI model. Using robust evaluation criteria, respondents were selected to submit a request for proposal in June 2024.

Service models that deliver better performance for the scheme and provide specialist support for workers with psychological injuries are an important component of the request for proposal. Psychological injury claims comprise up to 30% of new claims lodged in some government agencies. The final panel will be appointed, and contracts signed by 31 December 2024, with transition throughout 2025–2026.



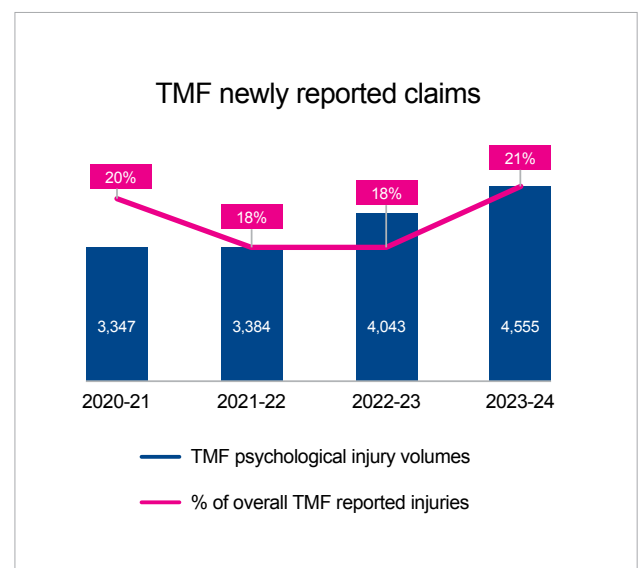
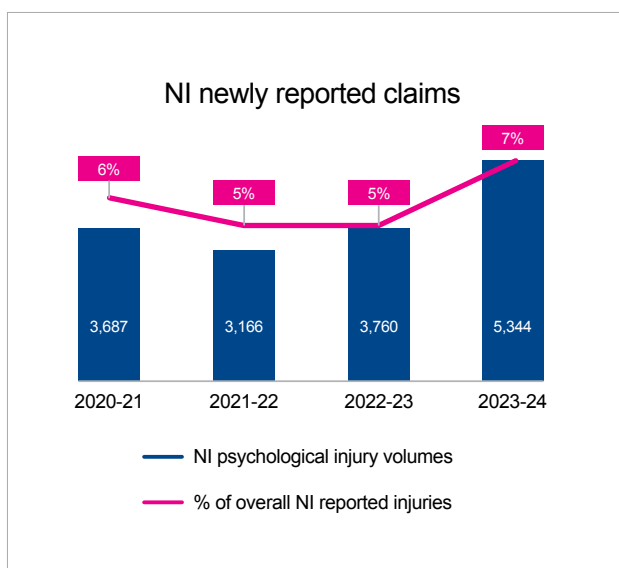
Kahi Puru is a member of icare's Paralympic Speakers Program that give safety talks in workplaces

Focusing on return to work

Our Return-to-work Performance Program in the NI is driving initiatives to support workers with injuries' rehabilitation, recovery and ultimately return to employment. Initiatives include early intervention and education through our Mobile Engagement Team, and analysing return-to-work opportunities with CSPs to improve outcomes. And in the government sector, icare is contributing to the NSW Whole of Government Recovery Through Work Strategy. The focus of this strategy is to overcome structural, cultural and capability barriers to improve return-to-work outcomes across the NSW Government sector.

Psychological injuries having an impact

Return-to-work (RTW) performance in both the NI and the TMF continues to be challenged by the growing number of psychological injury claims. Psychological injuries now account for 7% in the NI and 21% in the TMF, of reported injuries. As can be seen in the charts below, psychological injuries have increased year on year.



Psychological injury claims are complex, often severe and take longer for recovery. This is a challenge for the overall performance of our workers compensation schemes, with both RTW and claims costs being impacted. The RTW performance for a psychological injury is significantly lower than other types of injuries. This has led to average claims costs being on average three to four times higher than other injury types.

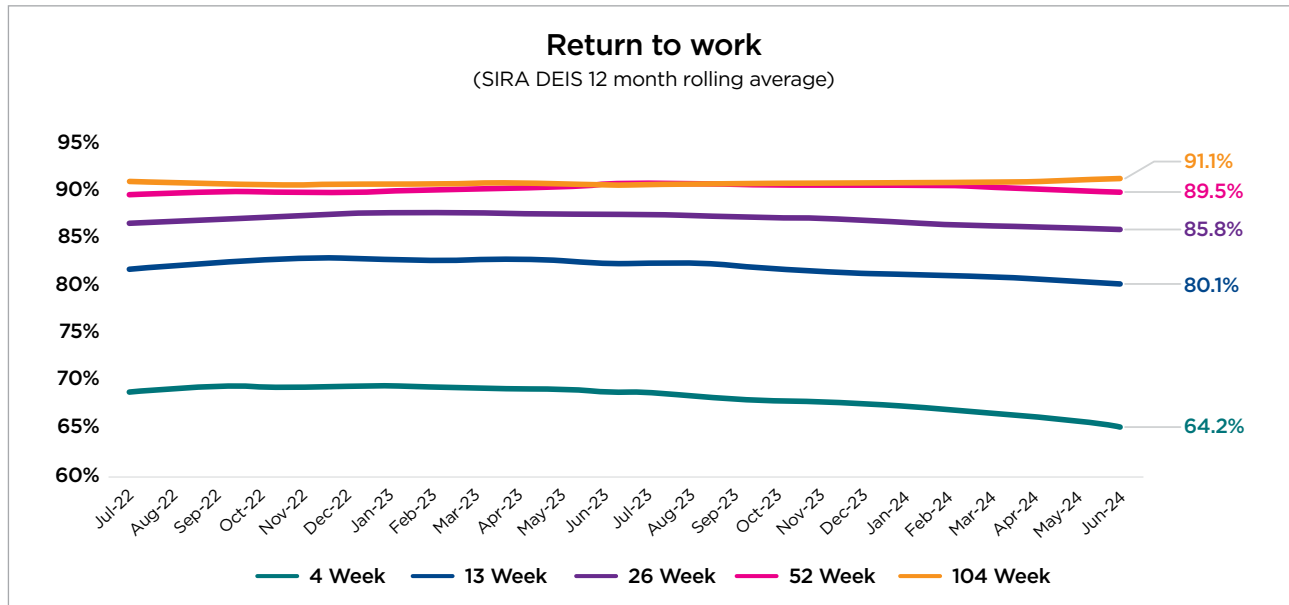
Drivers of psychological injury claims

There have been clear drivers identified for the rise in psychological injury claims. For the NI, 70% of the psychological claims reported are caused by harassment and work pressure. While for the TMF, these injuries are increasingly driven by exposure to trauma, occupational violence and assaults.

As an example, the emergency services sector, particularly in its claims related to Post Traumatic Stress Disorder (PTSD) is being impacted by these challenges, as many employees with PTSD cannot return to their pre-injury jobs. To address this, the TMF is prioritising service models that support people with psychological injuries in its new claims management contracts, which should be in place by 1 January 2025.

Nominal Insurer

The graph below provides an overview of return-to-work performance of the Nominal Insurer from the date the claim was entered into the system (DEIS) between July 2022 and June 2024 within 4, 13, 26, 52 and 104 weeks (as per SIRA's open data methodology published on its website).



More recent RTW measures (4, 13, and 26 week cohorts) are starting to trend down in FY24 as the scheme returns to pre-COVID-19 levels, coupled with an increase in mental health claims reported in the scheme.

In 2021, SIRA introduced changes to the Workers Compensation Insurer Data Reporting Requirements (WCIDRR) with changes to key data items related to date ceased work, number of days off work and time loss record rules that are used to measure return to work (RTW) across the NSW Workers Compensation Scheme. These changes were implemented in 2023 to align with the implementation of SIRA's "Recovery through Work Measurement Framework" (RTWMF), a multifaceted approach to the measurement of recovery from an injury at work.

The framework also introduced new reporting measures such as the 'working' rate which is a combination of the RTW rate (workers who have returned to work after having at least one day off work) and the 'stay at work' rate (workers who have not been off work and remained at work with the same or different employer following a workplace injury). The changes to WCIDRR and the introduction of the RTWMF will have an

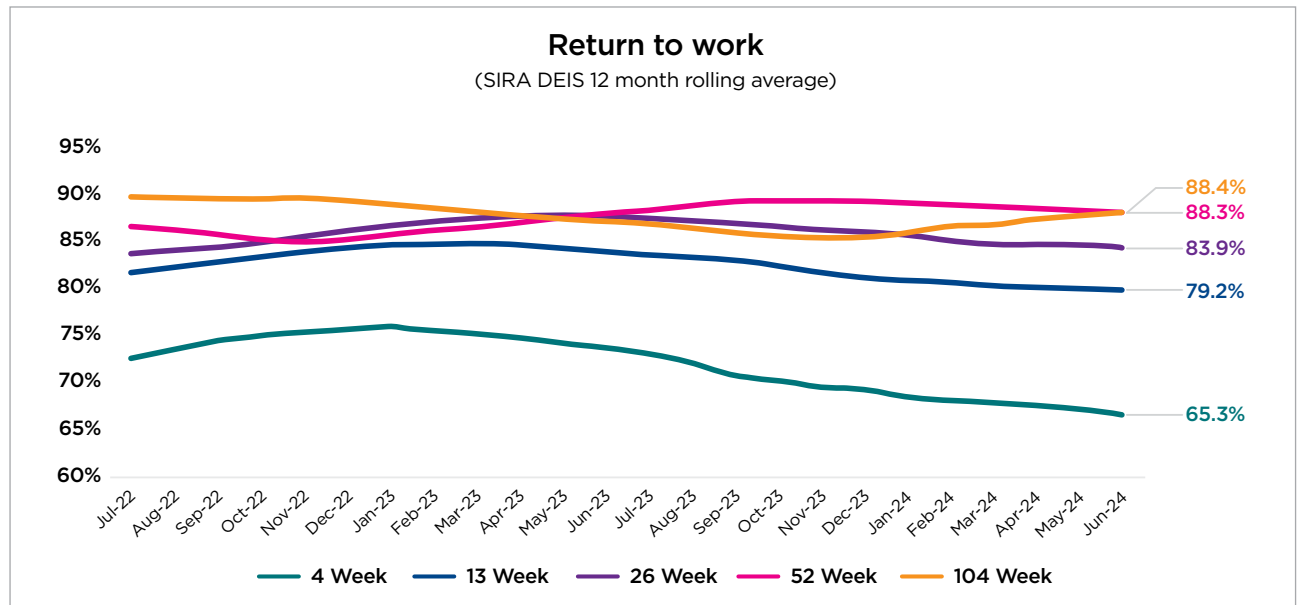
Mobile Engagement Team

Our Mobile Engagement Team (MET) continued to travel the state, hosting 21 complimentary face-to-face and webinar events with 14 live face-to-face forums. These supported many of our regionally based customers, attracting more than 6,500 registrations. The MET averaged a 93% customer satisfaction score for these events. The team focuses on promoting injury prevention, supporting small business, raising mental health awareness and improving injury reporting.

impact on the RTW measure that will stabilise as the data matures. Reporting of the RTW, alongside the 'stay at work' and 'working rate' is performed to ensure performance across workers with injuries is closely monitored and results across all measures will be published in future annual reports.

Treasury Managed Fund

The graph below provides an overview of return-to-work performance of the Treasury Managed Fund from the date the claim was entered into the system (DEIS) between July 2022 and June 2024 within 4, 13, 26, 52 and 104 weeks (as per SIRA's open data methodology published on its website).



RTW performance continues to be impacted by the increasing number of the psychological injuries across non-emergency and emergency services. Psychological injury claims reported in FY24 rose 4% compared to FY23. Psychological claims reported in FY20 compared to FY24 have risen by 50% due to a year-on-year increase in such claims. The decline in RTW performance is partially driven by the change in methodology mentioned above in the NI RTW section.

Injury prevention initiatives

icare continues to assist in securing the health, safety and welfare of workers and preventing work-related injury through a range of resources and targeted programs.

- **Prevention Hub** – The new Prevention Hub on the icare website offers a range of free workplace safety resources accessible to any organisation.
- **The P2 Program** – A voluntary program designed to assist qualifying employers each year in creating safer workplaces. Employers are guided through a comprehensive process involving learning, diagnostics, planning and actionable improvements in injury prevention. Employers participating in the program experience significant benefits, including

reductions in workplace injuries and the promotion of a stronger, positive workplace culture that supports business growth.

- **Mock Court Partnership** – Ensuring safe working spaces is a legal mandate. To explore and reinforce these responsibilities, we collaborated with the Ministry of Health to conduct a mock court trial. The trial was an interactive learning experience that closely replicated real-life legal proceedings. A team of skilled volunteers, including seasoned legal professionals, created a realistic courtroom environment. Participants from various Local Area Health Districts engaged in a hypothetical legal case specifically designed to address the intricate management of psychosocial risks within healthcare settings.

Building capability through our Professional Standards Framework

Industry-led and designed with claims experts across NSW Workers Compensation, icare's Professional Standards Framework (PSF) includes six standards that aim to support consistent, person-centric, holistic case management.

In FY24, we published initial data assessing the capability of frontline claims professionals. These assessments enable icare to evaluate our claims management skills and abilities, and identify opportunities for development.

The implementation of these standards benefits the scheme and also those who work in it, including service providers, by supporting case managers to develop their skills and knowledge, and providing a more holistic approach to managing claims.

New segmentation model

Following research to better understand the unique workers compensation needs of our employers and government agencies, we adopted a segmentation model in January 2024. An important finding was that our employers' and agencies' needs vary depending on the size and type of business. Customer insights are now focused on each segment. icare products and services are designed to meet the needs of each business segment and agency type to improve service delivery.

Through this segmentation approach, we developed a new premium product for the largest employers in the NI scheme: Loss Prevention and Recovery Plus (LPR+). This new product rewards large employers for creating safe workplaces and supporting workers with injuries back to work.

New online Broker Hub

The new online Broker Hub, launched in June 2024, helps brokers to support employers in creating safe and healthy workplaces, while supporting workers with injuries recovery and return to work. Brokers can access the self-service hub via the icare website and get the latest premium news, education, training and tools related to claims, underwriting, injury prevention and safety programs.

Remediation of Weekly Benefit Payments

icare's previous remediation work addressed historical payment errors in the NI and TMF on claims from 2012–2019, with all payments completed by May 2024. This year's review focused on post-2019 claims, which included possible impacts to approximately 13,000 workers under the NI. Payments were processed in two cohorts with all payments completed by 30 June 2024. Eligible workers with injuries, who are yet to claim their payments, can still claim by contacting their CSP.

icare has invested in system enhancements to improve the accuracy of payments and prevent future issues, which will be fully implemented by December 2024.

Medical Management

In FY24, icare continued to take a proactive approach to implementing value-based healthcare across the icare's schemes. The NI and TMF schemes were supported with quality treatment decision making through:

- consistent use of the Treatment Decision Making Framework to ensure outcome-focused, consistent and compliant treatment decisions
- engagement with healthcare peak associations, creating a reach to almost 13,000 allied health practitioners to facilitate change management
- provision of evidence-based research through the Healthcare Community of Practice to support treatment decision making
- our Medical Support Panel of Occupational Physicians and Occupational Psychiatrists, which made 4,255 medical recommendations to assist in faster decision making on treatment requests.

Cover for bush firefighters and emergency and rescue workers

The Bush Firefighters Fund is part of the TMF and provides cover for NSW Rural Fire Service volunteers for injury, death and property damage. Similarly, the Emergency and Rescue Workers Compensation Fund insures volunteers from the NSW State Emergency Service, Marine Rescue NSW, Surf Life Saving NSW and the NSW Volunteer Rescue Association.

In FY24, we received 430 Bush Firefighters Fund claims and 445 Emergency and Rescue Workers Compensation Fund claims. The increase in volunteer claims compared to FY23 is due to more significant natural events, and increased awareness of entitlements, including specific cancer presumptive entitlements in the Bush Firefighters Fund.

Front of Mind

Funded by icare, the Front of Mind program aims to develop a range of tailored, innovative interventions to reduce first responders, and frontline workers' risk and severity of psychological injury and associated injury claims. The initiative aims to put research-into-practice and, using knowledge generated over five years, address gaps in the research and provide agencies with new support services.

Planned for five years, the Front of Mind program commenced in July 2020. It involves collaboration between icare and a consortium of leading experts in mental health and four participating NSW agencies: Department of Communities and Justice, Fire and Rescue NSW, NSW Ambulance and NSW Police.

Through the program, the NSW Police Force trained their sergeants (managers) to detect and support personnel showing signs of PTSD, promoting early help for frontline officers. Research partners, the University of New South Wales and the Black Dog Institute, developed the program to teach police sergeants the importance of mental health, how to discuss mental health

issues with frontline officers, and make recommendations for direct referral to mental health support services.

Since the completion of the trial, the NSW Police Force will extend the Sergeant Training Program to the whole agency in FY25.

Design for Care

Design for Care uses Curtin University's SMART (Stimulating, Mastery, Agency, Relational, Tolerable) work design model to address psychosocial risk factors associated with work-related psychological injuries in the Healthcare and Social Assistance industry.

Macarthur Disability Services, a not-for-profit community organisation providing support services for people with a disability, trialled this worker participatory approach to improving mental health.

Preliminary findings indicate workers involved in the redesign groups were associated with high mental health and wellbeing scores including thriving at work.

“

You can make a difference improving your workplace mental health and wellbeing... not all (work design) solutions need to be complex, huge and expensive.

- Jeff Scobie, CEO Macarthur Disability Services

”

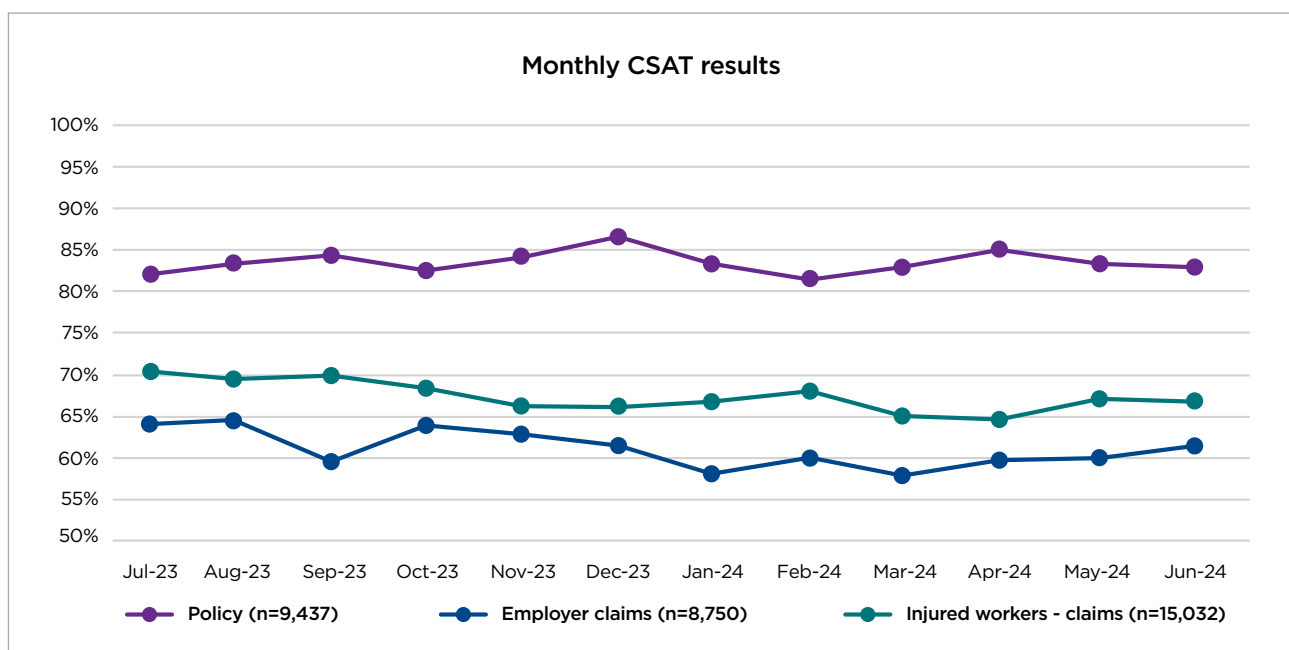


Experience of those we serve

Nominal Insurer

icare and CSPs have a range of initiatives to drive improvements in the experience of those we serve across claims and policy. These include proactive and timely communications, call coaching and targeted education for small employers.

The graph below details the satisfaction rating (CSAT) provided by workers with injuries and employers in FY24.



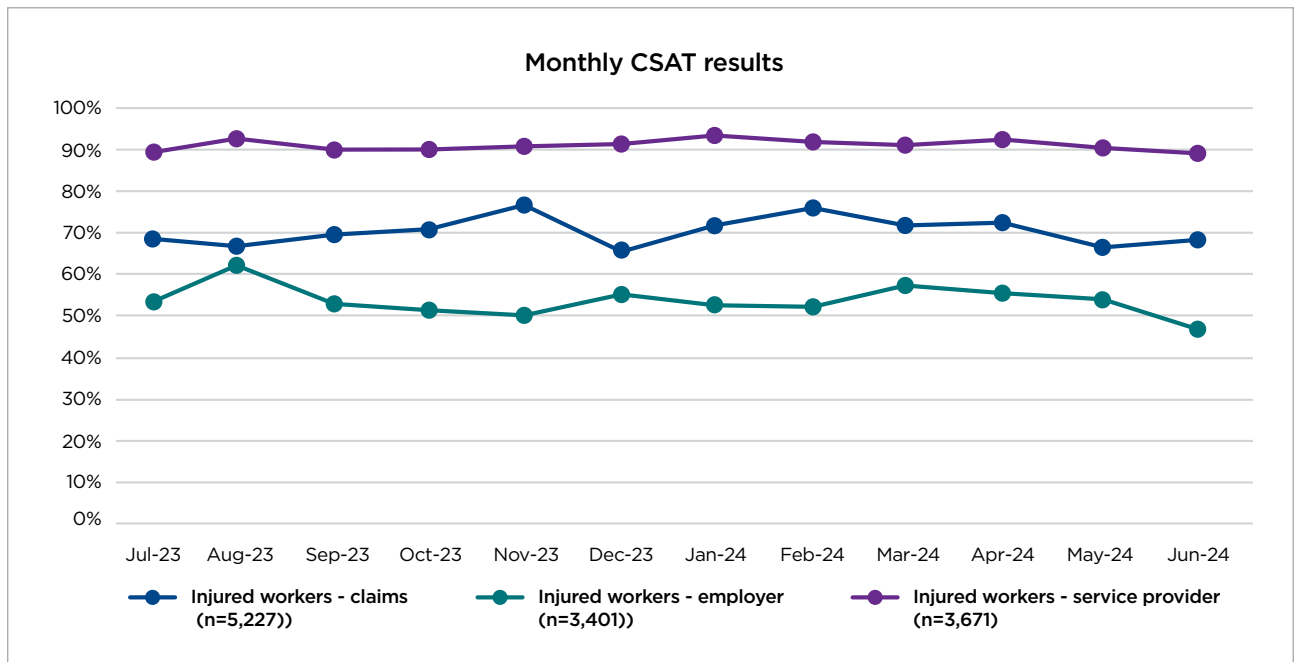
Employer Policy CSAT maintained strong performance throughout FY24, sitting at 83% in June 2024.

Note: Employer Policy CSAT relates to employer satisfaction with their workers compensation insurance policy, for example, with the renewal process or hindsight adjustment.

The claims experience CSAT score has been down for both employers and workers with injuries. One key area of focus for CSPs is improving communications with workers with injuries and small employers who are new to the scheme. This is being addressed with initiatives around proactive outbound calls, call quality programs and greater education on navigating the scheme.



Treasury Managed Fund



Satisfaction among workers with injuries about service providers, which in this context refers to health providers associated with a claim, remained high sitting at 89% in June 2024.

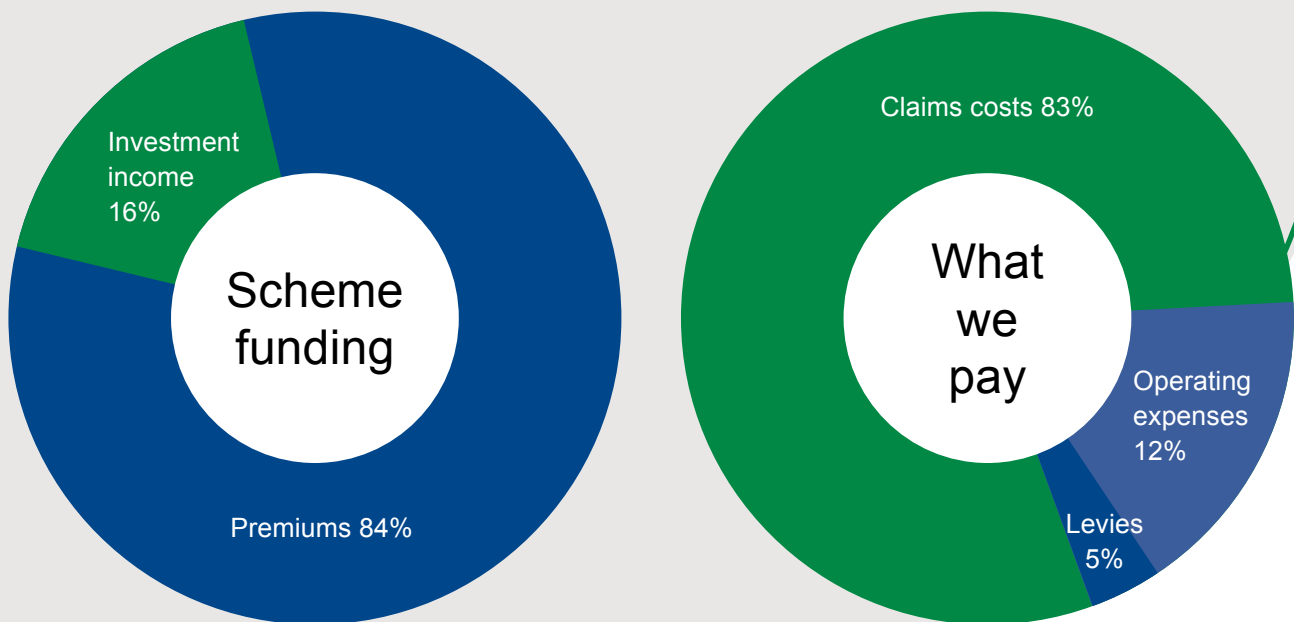
Satisfaction of workers with injuries on their claims experience with CSPs was stable, peaking at 77% in November 2023. Meanwhile, satisfaction with employers declined by the end of FY24, with less than half (46%) of workers with injuries reporting being satisfied.



Overview of Nominal Insurer funding and payments

The NI scheme provides workers compensation insurance for most private businesses in NSW, with every employer in the scheme paying a premium based on the number of people they employ and the type of work they do. Income is also earned for the scheme from icare investments.

If an employee is injured at work, the cost of their medical treatment and wages while they are off work may be covered by the scheme, until the injured person can return to work. The scheme also covers the cost of statutory levies and operations.



Financial performance (Nominal Insurer)

The financial performance of the Nominal Insurer (and TMF) is being adversely impacted by a number of external factors. These include the increasing number of psychological injuries being reported and an increase in the number of Whole Person Impairment (WPI) assessments exceeding 15%.

- Psychological injury claims have longer durations of incapacity and are more likely to exceed 15% WPI.
- More claims exceeding 15% WPI resulting in ongoing entitlements to weekly and medical benefits.

These issues will continue to persist and have a detrimental financial impact unless consideration is given to regulatory reform. icare has commenced working with SIRA on potential scheme reform.

The Nominal Insurer portfolio is valued twice per year, incorporating any changes or trends that have impacted the portfolio. In June 2024, the actuarial valuation identified adverse movements, with two key drivers:

- A \$712m increase to allow for higher numbers of claims to exceed WPI thresholds from both physical and psychological injuries.
- A \$234m increase resulting from above inflation increases in average weekly benefits and fewer exits.

FY24 (\$m)	Nominal Insurer
Net Earned Premiums/Contribution	4,774
Other Income	18
Net Claims Expense/Scheme Costs	(6,278)
Underwriting and Other Expenses	(1,303)
Underwriting Result	(2,789)
Net Investment Revenue	912
Net Result	(1,877)
Funding Ratio	85%
Insurance Ratio	91%
Investment Funds Under Management	17,025
Investment Return	5.3%

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 2024, the scheme's funding ratio was 85%, and the insurance ratio was 91%. The insurance ratio is calculated using a 5.5% discount rate, which is based on expected investment returns for the scheme, instead of the risk-free rate required by accounting standards. Both ratios include an 11% risk margin on top of the best estimates of liabilities.

As a statutory scheme funded by employer premiums, the scheme's funding arrangements are different from private sector insurance. The NI manages financial risks over a longer period than private sector insurers, with more predictable premium income and a longer claims payment timeline. The scheme's Capital Management Policy uses the insurance ratio and its outlook as the main measure of its ability to pay future claims and expenses, as recommended by the McDougall Review. The funding ratio and cash flows are also considered.

The insurance ratio, at 91% on 30 June 2024, is below the target operating zone of the Capital Management Policy. A plan to bring the scheme to the target range has been put in place.

Several factors contributed to this result over the year:

- **Increased claim costs:** There were more claims exceeding the whole person impairment thresholds from both physical and psychological injuries, and these claim costs were higher than inflation.
- **Investment returns:** Investment funds were lower in 2024 with moderate returns in the share market due to high and persistent inflation, stable high interest rates, and tighter credit conditions.
- **Higher premium revenue:** Premium revenue increased mainly due to higher wage inflation.

NI Workers Compensation

Key facts



covered **338,000** businesses with over **35,000** new policies issued and **303,000** policies renewed



3.5m workers covered and **\$260b** in wages insured



\$4.8b net earned premiums



over **72,000** new claims received and paid **\$3.9b** in benefits to workers



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

TMF Workers Compensation

Key facts



over **20,000** new workers compensation claims and **\$1.4b** paid in workers compensation benefits



\$47.9b in wages insured




166 NSW Government agencies insured



379,000 public sector workers and **161,000** volunteers covered



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



Sydney Harbour
during Vivid Sydney
Destination NSW

Insurance for NSW

Insurance for NSW (IfNSW) manages several NSW Government funds and statutory insurance schemes, supporting and protecting the operations of the NSW public sector.

The Treasury Managed Fund is the largest fund managed by IfNSW. In addition to providing workers compensation insurance for the NSW public sector, it also provides protection to our essential services and insures infrastructure and assets totalling more than \$436 billion. These include iconic landmarks like the Sydney Opera House and Sydney Harbour Bridge, as well as critical infrastructure like schools and hospitals, and the services provided by the State Government to the communities of NSW.

In addition to managing 23,610 new General Lines claims in FY24, IfNSW also completed a comprehensive review and update of the Statement of Cover, the sixth review of this cover in 30 years. We also updated the pricing methodology and gathered information about NSW Government agency assets to determine their insurable risk.

TMF General Lines

TMF General Lines provides broad coverage for NSW Government agencies, protecting their assets and liabilities.

Key movements in the portfolio were:

- **Motor:** Claims increased by 3%, driven primarily by the Emergency Services sector (65% of reported claims) and the Department of Education (+20%) and NSW Health (+15%).
- **Property:** Property claims decreased by 17%, mainly due to fewer weather-related events which saw reductions in claims in the Department of Education (-74%) and the NSW Police (-3%). The Department of Education remains the largest agency claimant, with claims volumes accounting for 52% of the portfolio, up from 46% last year.
- **Medical:** Overall claims decreased in most medical areas, including Emergency Medicine (-20%), Obstetrics (-22%) and Nursing (-19%). Emergency Medicine still had the most claims in FY24, with 15% of all claims reported, followed closely by Obstetrics and Gynaecology at 14%.
- **Liability:** The overall number of claims reduced by 11%, though historical child abuse claims continued to rise. Claims associated with damage to private property from weather events, such as damage to buildings and equipment from storm water, and to vehicles caused by potholes, reduced by 55%.
- **Miscellaneous:** Other claims increased by 18%, mainly due to bushfire fighting costs for the National Parks and Wildlife Service.
- **Pre-Managed Fund** (claims arising prior to 1 July 1989): Claims decreased slightly by 1%, due to fewer historical child abuse reports.

Reported claims

	FY22	FY23	FY24
Medical	2,355	2,240	1,815
Liability	3,490	3,783	3,354
Miscellaneous	274	237	279
Motor	11,348	13,110	13,544
Property	5,335	4,751	3,955
Pre-Managed Fund	623	673	663
Total	23,425	24,794	23,610

General Lines defined events

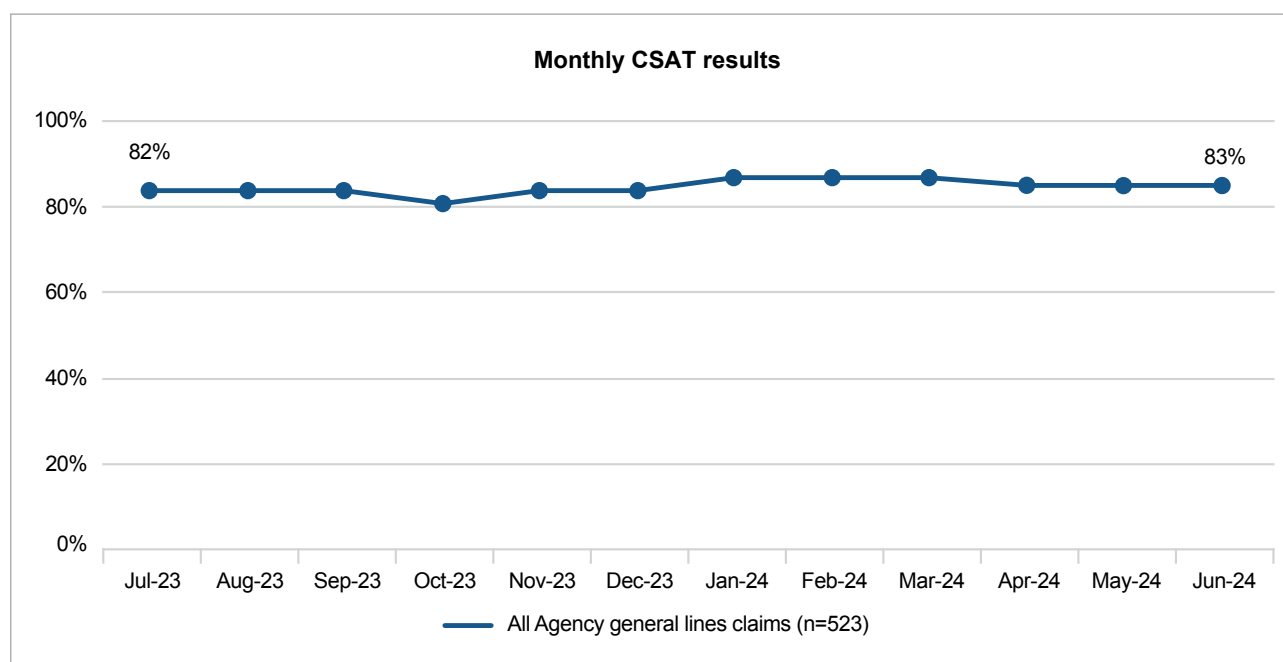
Weather-related events such as the March 2022 rains and October 2022 floods caused significant damage and a number of large loss claims.

While most agency reconstructions are complete, the planning and rebuilding of several schools continues, revealing the full extent of the damage and rebuild costs.

The 2022 floods have significantly impacted 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)	2,319	\$682m	\$800m	\$436m
July 2022 (Sydney & Hunter Region)	394	\$192m	\$185m	Nil
October 2022 (Murray Darling Basin)	445	\$58m	\$63m	Nil

Experience of those we serve



Satisfaction for General Lines Claims Service Provider (CSP) claims remained high throughout FY24, ending the financial year with a satisfaction rate of 81%. Improving case management standards and simplifying processes remain key focus areas for CSPs to improve the experience in FY25.

Financial performance

FY24 (\$m)	IfNSW
Net Earned Premiums/Contribution	2,820
Net Claims Expense/Scheme Costs	(4,941)
Underwriting & Other Expenses	(385)
Underwriting Result	(2,506)
Net Investment Revenue	1,498
Grants from the Crown	925
Other Income/Adjustments	332
Net Result	249
Funding Ratio (IfNSW)	106%
Insurance Ratio (TMF)	120%
Investment Funds Under Management (TMF)	16.7bn
Investment Return (TMF)	8.37%

The financial information in this table 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.

As at 30 June 2024, the funding ratio of the self-insurance schemes¹, where the TMF is the largest component, was 106%. These figures are for the TMF scheme as a whole including TMF workers compensation. The insurance ratio, which was 120% at 30 June 2024, 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. The ratio for the TMF at the same time last year 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). If the funding ratio falls under 105%, the TMF will be topped-up with a disbursement from NSW Treasury.

Overall, impacts from increased losses from abuse and flood-related damages, were offset by favourable investment income and a \$925 million NAHLP disbursement.

Construction Risk Insurance Fund (CRIF)

The Construction Risk Insurance Fund (CRIF) provides construction insurance for NSW Government infrastructure projects. Since its inception, the CRIF has insured over \$87 billion in projects, including major initiatives such as the Royal Prince Alfred Hospital upgrades and the Singleton Bypass. This year, the CRIF wrote \$53 million in premiums, saving the government approximately 22% on commercial premiums, totalling over \$10 million in savings.

Strategic Partnerships

IfNSW engages with government through an Agency Engagement team, a trusted advisor with the team, supporting agencies by developing customer value propositions, driving performance and risk management, and collecting and sharing feedback to improve services.

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 NSW Government agencies through Risk Education eXpress (REX)

REX supports NSW Government agencies by building capabilities to manage risks and aid recovery should harm occur. REX programs and resources equip employees and line managers with tools to manage risks, prioritise work health and safety, navigate insurance processes, and facilitate smooth return-to-work transitions.

In FY24, REX had a record year with 7,719 employees across 149 agencies attending 196 programs. The average Customer Satisfaction Score for these events was 94%. REX caters to diverse learning styles, delivering 56% of programs virtually and 44% face-to-face.

There were a number of highlights during the year including the REX General Insurance and Risk Forum, which addressed current challenges facing agencies. The event attracted 337 registrations with 271 attendees participating on the day: 137 attended in-person and 134 joined us via live stream across NSW. The forum achieved a CSAT score of 94%.

Additionally, REX provided support to public sector employees who work in roles that expose them to traumatic experiences. REX partnered with NSW Police to upskill police chaplains with the 'Managing Vicarious Trauma' program. The program helps those impacted recognise the signs of trauma, build coping mechanisms, and create a self-care toolkit for resilience.

"With over 40 chaplains already trained, the course ensures self-care becomes a priority. Healthy chaplains create a stronger support network for the police officers they help," said Reverend Ian Schoonwater, Senior Chaplain, NSW Police Force.

Vicarious Trauma doesn't just affect first responders and those who support them. It can impact anyone who interacts with people experiencing trauma, regardless of profession.

In FY24, REX's open enrolment program attracted a diverse mix of participants — from healthcare workers to educators and customer service representatives. In addition to five in-house tailored programs, REX welcomed a range of participants from Local Health Districts, other health agencies, Department of Customer Service, Department of Communities and Justice, Education and TAFE.

Another highlight was REX's Spring Wellness Series, a program that encouraged NSW Government agencies to prioritise wellbeing. The series covered topics including emotional regulation and resilience, healthy eating, social connection, sleep hygiene, exercise and movement. With 2,109 participants across five live sessions and an additional 993 recorded viewings, the webinar series broke REX registration records.

In early 2024, REX also expanded its services to provide risk advisory support to NSW Government agencies, addressing challenges like cyber risk, climate risk, legacy institutional abuse, and medical negligence. These complement efforts of agencies such as NSW Treasury, Cyber NSW and the Department of Climate Change, Energy, the Environment and Water.

Insurance for NSW

Key facts

**166**

NSW Government
agencies insured



\$1.3b paid in
General Lines claims



23,610
new General
Lines claims



\$436b in NSW
Government assets
protected



Home Building Compensation Fund

The Home Building Compensation Fund (HBCF) provides insurance to protect homeowners from incomplete or defective residential building work caused by builder insolvencies, death, disappearances or licence suspensions in the circumstances¹.

¹ License suspensions due to non-compliance with a money order made in favour of the homeowner by the NSW Civil and Administration tribunal or court.

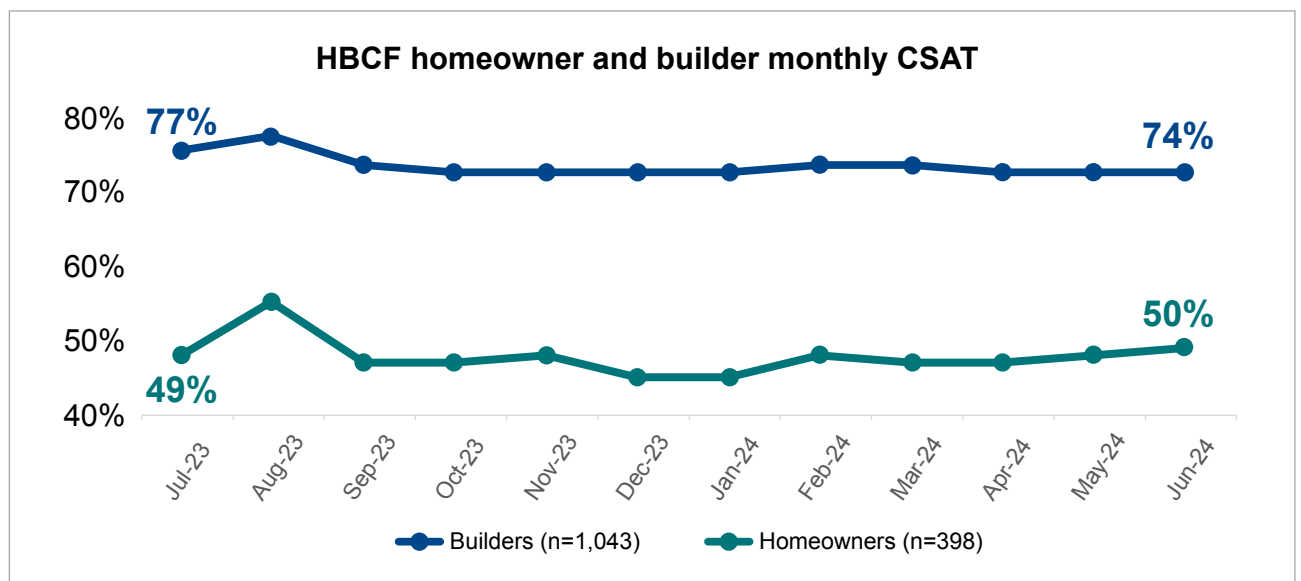
Year in review

Under the *Home Building Act 1989*, builders must get a Home Building Compensation (HBC) insurance policy for residential projects over \$20,000. This insurance offers essential consumer protections, preventing significant financial losses and hardship to homeowners.

This financial year has been challenging for the residential building industry, marked by an increased number of insolvencies, especially among small to medium-size builders. Whilst the number of claims received were less than the previous financial year, payments made to claimants increased by 9%. Despite this, there has been a modest improvement in the number of projects insured and gross written premium when compared to FY23. The table below shows homeowner claims for the last three financial years, with FY24 returning to expected claim volumes.

HBCF	FY22	FY23	FY24
Reported Claims	672	887	775

Experience of those we serve



Homeowners

Homeowner satisfaction has remained consistent, rounding out at a 50% satisfaction rate on 30 June 2024. Builder availability, supply chain delays and cost of living pressures have all had an impact on homeowner satisfaction. Homeowners' expectations were also largely unmet by the Claims Service Providers (CSP's) due to poor communication and service from frontline staff. HBCF has taken steps to address these issues leading to a performance improvement. HBCF is committed to building on this improvement in the new financial year.

Builders

While builders' experience was much higher than homeowners, the satisfaction rate for the end of the financial year was 74%, down 3%. During the year, builders were challenged with financial pressures and rising insolvency rates, which contributed to dissatisfaction. Service issues impacting builder satisfaction, a perceived lack of empathetic service and poor communication. HBCF is addressing these issues with initiatives that focus on technology, streamline processes and improve communication to, to simplify and improve the builder experience.

Financial performance

FY24 (\$m)	HBCF
Net Earned Premiums/Contribution	162
Net Claims Expense/Scheme Costs	(108)
Underwriting and Other Expenses	(33)
Underwriting Result	21
Net Investment Revenue	51
Grants from the Crown	44
Net Result	116
Funding Ratio	69%
Insurance Ratio	70%
Investment Funds Under Management	0.83b
Investment Return	6.4%

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

HBCF premiums aim to break even, including an uncertainty margin to ensure competitive neutrality. Due to the 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 gradually increased towards break-even rates. Premiums for the past three years have reached pricing within 10% of estimated breakeven levels plus an uncertainty margin.

On 30 June 2024, HBCF's funding ratio was 69%. The HBCF portfolio is split into pre-2018 and post-2018 underwriting years, reflecting the 2017 reforms and commitment to support HBCF for historical unfunded liabilities. Accordingly, a Treasury disbursement of \$44m (for the pre-2018 portfolio) was recognised in FY24 and will be received in FY25 to address the cash deficit. The post-2018 portfolio's funding ratio for the end of the financial year was 85%. HBCF aims for full funding within the next 10 years.

The positive net result is driven by favourable investment income, the Treasury disbursement and favourable claims experience.

Program highlights

Builder eligibility assessment

To be eligible to purchase an HBC insurance policy, a builder must first be assessed for the risk they pose to the fund. An assessment reviews a builder's financial position, conduct history and future business practices.

In July 2022, HBCF introduced the Automated Builder Scorecard Review (ASR) to streamline the insurance application process. The ASR uses a commercial credit bureau score to indicate a builder's risk level.

Since introducing the ASR, over 8,000 builders have benefited from the faster process. HBCF has increased the maximum approved Open Job Values for system reviewed builders to \$6 million, expanding the benefits of improvements to more builders. We've automated eligibility renewals for 2,000 builders, reducing administrative burdens and thanks to automation and simplification efforts, we've processed over 13,000 builder assessments this financial year, up 537 compared to FY23.

In addition, we've expanded the eligibility limit reduction cap to include all eligible builders undergoing their first ASR assessment and we've reduced the mandatory information requirements for manual reviews, making it easier for builders to meet our minimum criteria. We have also increased our standard Construction Profiles for Builders, to help builders manage inflationary pressures.

Interstate contractors also now benefit from the simplified eligibility process which recognises interstate licences of individual contractors.

HBCF Transformation

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

The HBCF Transformation aims to provide builders and homeowners with simpler, automated and more transparent engagement.

Key features include:

- the option for direct interaction with HBCF for online assessments and insurance policy purchases
- full automation of the ASR process, reducing builder effort and increasing capacity
- immediate processing for the simplest cohort of builders (94%+), previously a 48-hour turnaround
- improved transparency and engagement for complex assessments
- a support team and customer relationship management framework to streamline processes
- proactive notifications to homeowners about their claims
- enhanced customer experience and reporting
- modernised technology systems and payment capabilities.

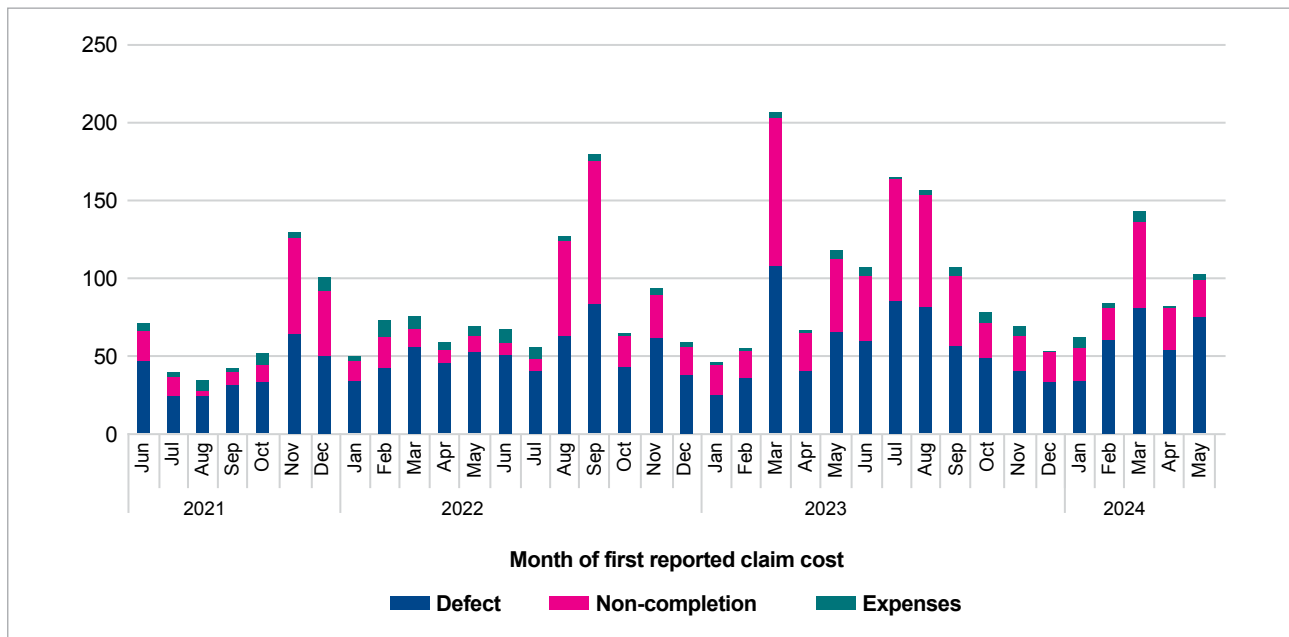
The strategy is intended to be delivered over one year, with completion targeted by the end of 2025.

Builder insolvencies

Economic conditions continued to place financial strain on builders, with several medium-size builders becoming insolvent. These included:

Builder	Number of claims received	Amounts paid for FY24
Ian Cubitt's Classic Home Improvements	56	\$526,578.13
Chelbrooke Homes Pty Ltd	38	\$2,675,394.85
Rescon Builders Pty Ltd	38	\$1,104,906.49
Allura Homes Pty Ltd	25	\$5,500,148.94

Claims reported



The number of claims reported (chart above) has been lower than expected over the last year, despite an increase in the number of builders becoming insolvent. The increasing number of insolvencies is a risk for the fund, particularly if larger builders are impacted in future.

For new single dwellings, the number of certificates issued has been reducing over the last two years, although overall premium volumes remain steady as other projects, such as alterations, have increased.

Despite inflation in the building industry easing, cost pressures still exist for builders, particularly for fixed-price contracts. This increases the risk of insolvency for builders that can't manage their cashflow in the short term, and presents a systemic risk to the industry.

Home Building Compensation Fund

Key facts



\$136.2m
amount of claims
payments



\$20.9b
worth of projects
insured



22,923
builders
covered




775 new claims
received



72,601
policies issued





Lifetime Care participant Richard Poole was celebrated as a Wall of Fame ambassador at Royal Rehab.

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 similar care to people seriously injured in the workplace.

Year in review

In FY24, we supported 1,881 people in Lifetime Care and 358 people in Workers Care. Most people being supported by these schemes have a traumatic brain injury or spinal cord injury. There are also smaller numbers of people with other injuries, including amputations, serious burns or permanent blindness.

Lifetime Care

Our support services include:

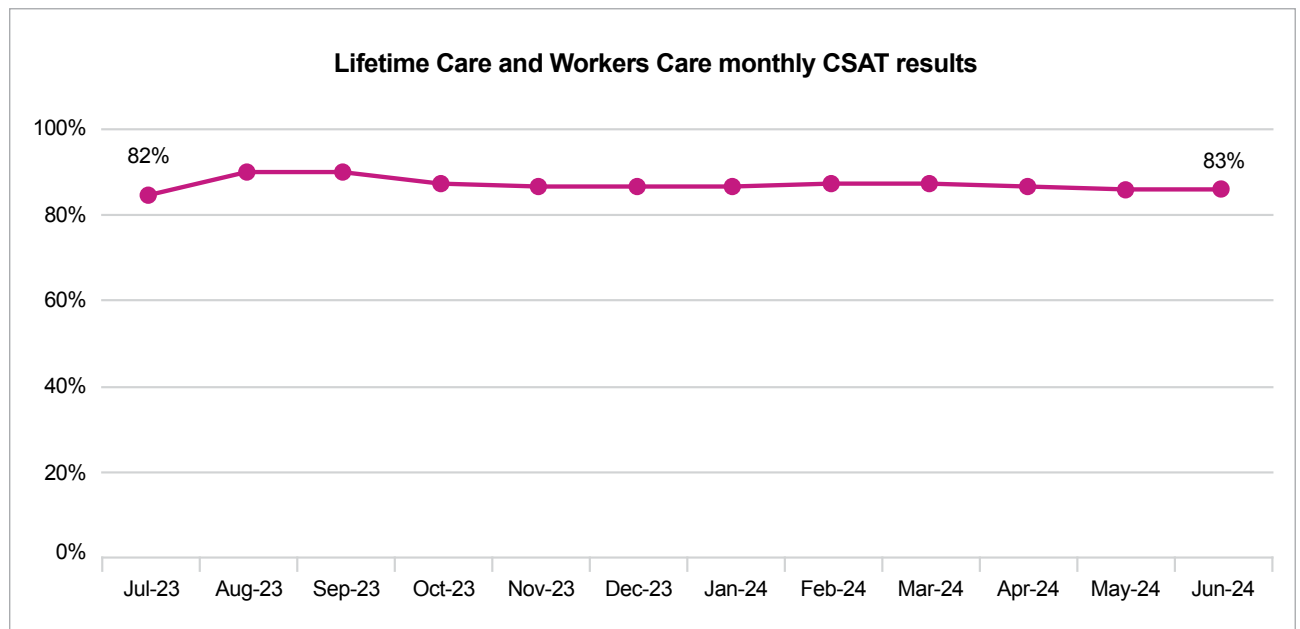
- hospital and medical treatment
- rehabilitation (including physiotherapy and psychology services)
- ambulance and other transport
- respite care and attendant care services
- equipment and prostheses
- educational and vocational training and
- modifications to homes, workplaces and education facilities.

Managing a severe injury can affect many aspects of daily life and community engagement. It can also impact a person's independence and wellbeing. We collaborate with experts to offer evidence-based programs to support daily living activities, as well as vocational and community engagement 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.

Experience of those we serve



Lifetime Care and Workers Care schemes have maintained high levels of satisfaction. We've made several changes to improve the experience, such as better communication, staff training on equipment and participant needs, and a new complexity model for case managers to give more personalised care.

Financial performance

FY24 (\$m)	Lifetime Care
Net Earned Premiums/Contribution	641
Net Claims Expense/Scheme Costs	(719)
Underwriting and Other Expenses	(51)
Underwriting Result	(129)
Net Investment Revenue	688
Other Income/Adjustments	1
Net Result	560
Funding Ratio	120%
Insurance Ratio	137%
Investment Funds Under Management	9.9b
Investment Return	7.6%

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

The net result of \$560m is positive due to higher net investment income, favourable changes in discount rate assumptions, and the positive impact of the June 2024 actuarial valuation largely driven by attendant care rate increases at 1 July 2024 that were favourable compared to expectations. However, increases in claims inflation partly offset these gains.

As at 30 June 2024, the Lifetime Care's insurance ratio of 137%, was impacted by rising interest rates and higher costs for treatment and care. The insurance ratio is in Zone B (115%-140%) of the Capital Management Policy, but the target is Zone A (140%-170%). icare is assessing current conditions and working on bringing Lifetime Care back to the target range. Despite this, the scheme remains strong and able to meet its obligations now and into the future.

Investment funds under management increased by 9.8% (\$0.9bn) during the year, with a return of 7.6%.

Key activities

Spinal Cord Injury Health Maintenance Toolkit app

In September 2023, we launched the Spinal Cord Injury Health Maintenance App in collaboration with the NSW Agency of Clinical Innovation, Royal Rehab and the John Walsh Centre for Rehabilitation Research at the University of Sydney. Funded by icare, this mobile app offers tools to manage common health issues experienced after a spinal cord injury, including pain, bladder and bowel issues, and provides mental health support.

“Through true co-design, we’ve produced something that’s globally unique. It takes time to co-create and icare’s support has allowed us to do this,” said Professor James Middleton, Clinical Director of the State Spinal Cord Injury Service, NSW Agency for Clinical Innovation.

Physiotherapy guidelines for spinal cord injury

icare funded The John Walsh Centre for Rehabilitation Research to develop Clinical Practice Guidelines for Physiotherapy Management of People with Spinal Cord Injuries. These guidelines, the first of their kind in Australia, are intended for use by physiotherapists in both spinal units and the community. They aim to

strengthen the evidence base for physiotherapy practices for people with spinal cord injuries, including ongoing physiotherapy care.

The guidelines were developed with input from physiotherapists, academics and consumers across Australia and New Zealand. Additional funding was also provided by the National Injury Insurance Scheme Queensland, Transport Accident Commission Victoria and Lifetime Support Authority South Australia.

An online learning module was created to support the practical application of these guidelines, with over 25,000 physiotherapy students and clinicians from 169 countries registering.

“

icare is proud to support these pioneering guidelines. This cross-jurisdictional collaboration highlights the importance of proper treatment and care for people with spinal cord injuries. We are excited to see these guidelines adopted by physiotherapists nationwide.

- Suzanne Lulham, General Manager, Service Development, Lifetime Schemes, icare.

”

“

Everything in the one [SCI Health Maintenance Toolkit] app, all our care plans there; if we need to go to hospital we can flick that straight to admin there. It just makes it that little bit easier and then we feel more in control of our body as well.

- Heidi Haydon (front right) lives with a spinal cord injury.

”



The launch of SCI Toolkit app



A participant testing assistive technology solutions.



Assistive Technology Hub

icare partnered with the Ingham Institute for Applied Medical Research and the South Western Sydney Local Health District to establish the Assistive Technology (AT) Hub. This specialist service helps people living with brain injuries to access and use assistive technology, increasing their independence and reducing reliance on support. The AT Hub began accepting referrals in December 2023.

Shine Writers Prize

The inaugural Shine Writers Prize showcased the talents of participants, workers and clients of Lifetime Care, Workers Care and Dust Diseases Care. This year's theme, 'Who I am', attracted 28 entries. Dominic Goodwin, a Lifetime Care participant, won with storyboard, "This is me, Neon," which highlighted key moments before and after his injury. This initiative was run in collaboration with Accessible Arts NSW, the peak arts and disability organisation in NSW.

Carers Way Ahead

The Carers Way Ahead (CWA) helps families and carers to better understand and manage challenging behaviours in a positive way. Research undertaken by the University of New South Wales in March 2024, showed significant reductions in depression, anxiety and stress among carers who completed the program. The findings recommended including the CWA resource in training for support workers.

Support Worker Recognition Program

Launched in April 2024, the Support Worker Recognition Program acknowledges the hard work of support workers employed by our attendant care panel providers. An online nomination form allows anyone to nominate a support worker, and a judging panel meets three times a year to assess nominations and award certificates and prizes.

Ageing with brain injury

The 'Tools for Ageing Well with Traumatic Brain Injury' project, a collaboration between icare, the John Walsh Centre for Rehabilitation Research, the Transport Accident Commission and Monash University, aims to provide resources for older people with traumatic brain injuries and their caregivers. Current efforts include developing information sheets for those considering residential aged care and resources to help aged care providers understand their specific needs.

Dominic's story

At 17, Dominic sustained a severe brain injury from a skating accident. Using facial expressions and a communication device, he worked with a speech therapist and support workers to develop his visual story for the Shine Writers Prize. Together, they developed a customised communication grid and vocabulary on his communication device based on events shown in his photos.

Dominic is very social and loves getting out. His zest for life has continued through his love of music, shuffle dancing, sport and going on adventures.



Dominic Goodwin, a Lifetime Care participant, won Shine Writers Prize with storyboard, "This is me, Neon"



Lifetime Care

Key facts



Participant	Interim	Lifetime	Total
Male	210	1,169	1,379
Female	50	450	500
Unknown	2	0	2
Total	262	1,619	1,881

Injury	Brain	Spinal	Other	Total
Male	1,005	321	53	1,379
Female	400	94	6	500
Unknown	2	0	0	2
Total	1,407	415	59	1,881



Role in accident

Driver **539**
Passenger **360**
Pedestrian **389**
Motor bike (inc. pillion) **454**
Cyclist **78**
Other **27**



NSW **1,641**
Other states/territories **165**
Overseas **52**
Not stated **23**



24,562

Treatment, Rehabilitation and
Attendant Care (TRAC) decisions

\$296.9m

claims paid

Workers Care

Key facts



Injury	Brain	Spinal	Other	Total
Male	179	109	33	321
Female	22	6	6	34
Unknown	3	0	0	3
Total	204	115	39	358



6,745

Decisions about treatment,
rehabilitation and attendant care

\$79.1m paid
claims paid




NSW **312**

Other states/territories **31**

Overseas **12**

Not stated **3**



Trevor lives with mesothelioma and counts every day as a blessing

Dust Diseases Care

Dust Diseases Care (DDC) supports workers in NSW who develop a dust disease because of harmful dust exposure at work. DDC also offers respiratory medical examinations for employers and workers exposed to hazardous dust.

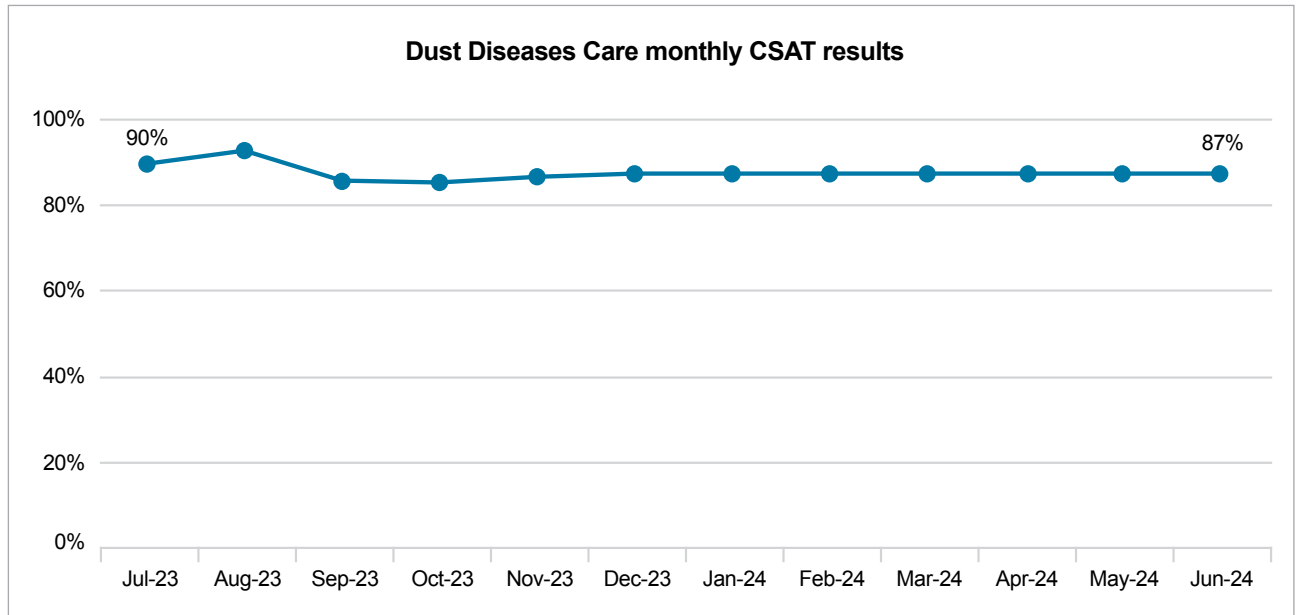
Year in review

In FY24, DDC supported 5,468 workers and their families, including 3,248 dependants, affected by occupational dust diseases. This support included healthcare, nursing and personal care, mobility aids, oxygen supplies, home support and financial assistance. DDC is managed by icare on behalf of the Workers Compensation (Dust Diseases) Authority in accordance with the *Workers' Compensation (Dust Diseases) Act 1942*. It provides workers with financial assistance for loss of income, including after they reach retirement age, and medical expenses related to their dust disease.

Our Health Screening Clinic and the mobile 'lung bus' offer subsidised screening.

The cost to employers is subsidised by icare, free for employers whose workers are exposed to engineered stone and free for workers who have been accepted into the scheme. Our service monitors disease progression and supports employers in meeting health monitoring obligations for workers who are exposed to hazardous dust in NSW workplaces.

Experience of those we serve



Satisfaction for Dust Diseases Care remains high. Most interactions are seen as friendly and helpful, though some delays in correspondence reflect areas for improvement. We plan to enhance the customer experience with updated artefacts and monthly research. The DDC Transformation Program will deliver improved automation, enhance the onboarding experience for those we serve, and ensure greater accuracy with automated compensation payments.

Financial performance

FY24 (\$m)	Dust Diseases Care
Net Earned Premiums/Contribution	83
Net Claims Expense/Scheme Costs	(94)
Underwriting & Other Expenses	(47)
Underwriting Result	(58)
Net Investment Revenue	51
Other Income/Adjustments	7
Net Result	0
Funding Ratio	100%
Investment Funds Under Management	\$993m
Investment Return	5.0%

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

Dust Diseases Care is a fully funded scheme. Claims, underwriting and operating expenses are funded from the contributions levied through the workers compensation insurance policies and investment income.

Dust Diseases Care has \$993m investment funds under management. These funds are invested in a prudent manner across a range of asset classes focused on generating appropriate levels of investment income to support the ongoing sustainability of the scheme.

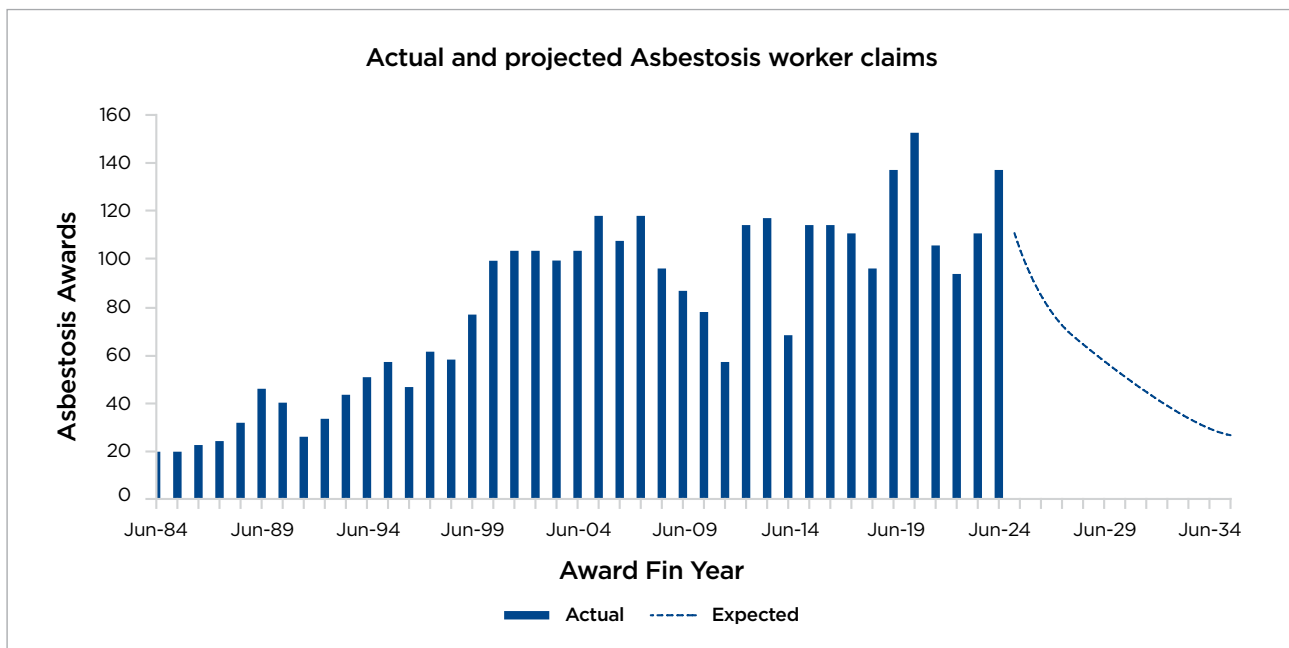
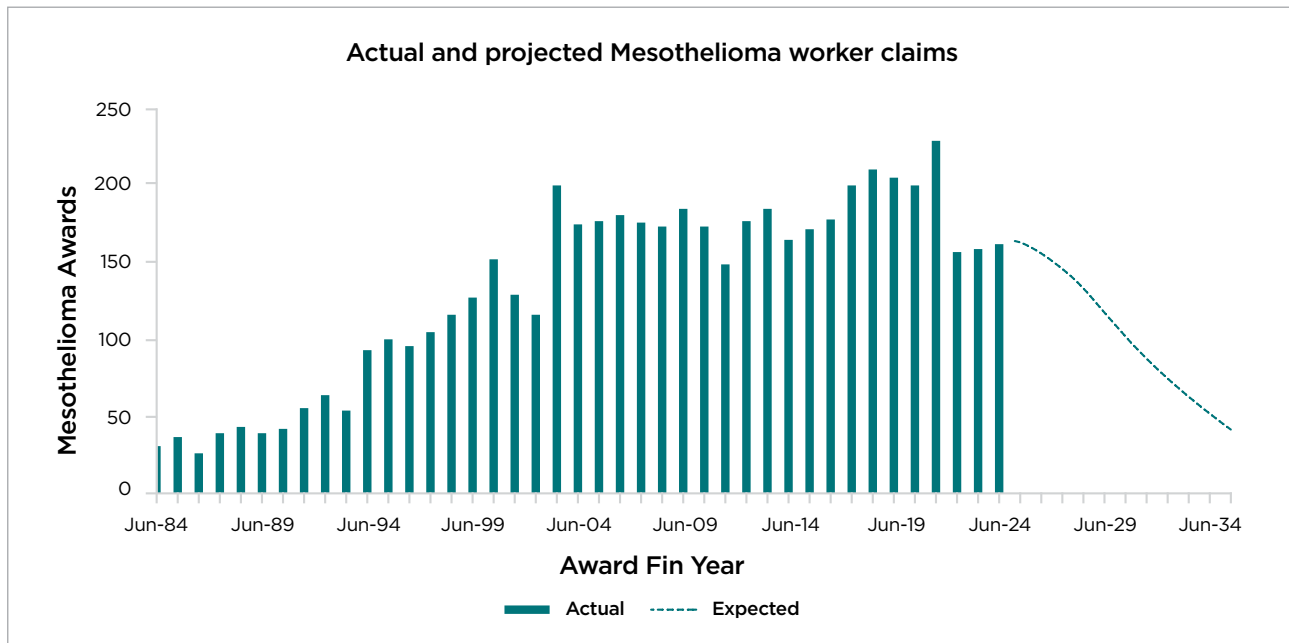
Dust Diseases Care claims portfolio

Claims in the Dust Disease Care (DDC) portfolio mainly arise from exposure to asbestos-related dust in the workplace for an extended period. The long latency periods associated with mesothelioma and asbestosis mean that workplace exposure could have occurred more than 40 years prior to a claim being reported.

Increased awareness of the risks associated with asbestos, a decline in its usage and improved safety practices in workplaces have resulted in lower exposure in more recent years, with peak exposure over 40 years ago.

Of our total current DDC claims liability, workers with injuries with Mesothelioma account for 66%, with Asbestosis 21%, and the remaining 13% can be attributed to those with Silicosis and other dust diseases.

The graphs below show the actual and projected claim forecasts for workers with injuries with Mesothelioma and Asbestosis over time.





Key activities

Dust Diseases Care operates three main services: screening, scheme care and support, and funding management for research and support organisations.

Screening

Route planning for mobile clinic

Our mobile clinic provides respiratory examinations to 3,000 people at around 50 locations across NSW each year. This year, we improved route planning to increase appointment time and reduce wear and tear on the mobile clinic infrastructure. The above change reduced kilometres travelled by the mobile clinic by about 80% over the year.

New mobile clinic supporting regional NSW

Our mobile service is well utilised by the community and is often booked out months in advance by employers across NSW. This financial year, the icare Board approved funding for a new mobile clinic to be built to ensure continuity of service, as the current clinic reaches the end of its life. The new mobile clinic is expected to be launched by end of June 2025.

Clinical Governance Committee on best practice

A Clinical Governance Committee of medical experts helps maintain high screening standards and ensure the latest in best practice is adopted. The Committee provides evidence-based recommendations and strategic direction for our services.

Clinic management tool implemented

This year, we also implemented a new clinic management tool, improving client management, record keeping, scheduling, referrals, and communication.

“

I'm very satisfied with the ongoing testing procedures conducted by the Dust Diseases medical team. It provides me with information about my health and how I am proceeding with this illness

- DDC client.

”

Scheme care and support

Vocational services

Vocational services help workers find suitable employment when they are no longer able to return to their pre-injury duties, as a result of their dust disease. This year, we enhanced our vocational offerings, training our team to better support transitions. About 20 workers have engaged with these services.

Palliative and end-of-life care

Within the year of being accepted into DDC, more than 40% of new clients require palliative care. We developed new guidance for team members to confidently and sensitively support workers through end-of-life care. The guidance aligns with our scheme responsibilities and considers new legislation on voluntary assisted dying. We expect to improve end-of-life care for more than 200 workers each year.

New case management platform

Having completed implementation of the clinic management tool, we're rolling out an end-to-end case management platform to streamline onboarding, improve automation and enhance risk management and compliance.

Trevor's story

DDC client Trevor Seaman

As an electrical contractor in Wagga Wagga during the 1980s, Trevor Seaman worked in areas that were known to have asbestos. On his 59th birthday, he went out for a run and experienced an unusual shortness of breath. After a visit to the doctor and several tests later, Trevor was diagnosed with mesothelioma.

icare Dust Diseases Care scheme and his case manager assist Trevor and his wife Shirley with support and compensation.

"icare wants the best for me. My case manager is good at keeping in touch with where we are, what we need and getting access to things we didn't know we needed so I can have the best quality of life," Trevor said.

"We are privileged to receive lots of support from Asbestos Dust Diseases Research Institute (ADDRI) and icare. We are grateful for the support. It helps anchor us."

Despite not being able to run or mountain bike anymore, these days Trevor finds joy in the little things like fly fishing, but he gets tired after a few hours.

"I've passed my use by date of 12 months, so every day is a blessing. To do the things you love is the best therapy you can have."

Dust Diseases Board

The Dust Diseases Board (DDB) funds research and support services through grants, scholarships and fellowships. In FY24, seven grants were offered to the value of \$1,845,260. Details of grant funding and awards are in the Appendices from page 137.

In FY24, the Minister for Industrial Relations and Minister for Work, Health and Safety Sophie Cotsis appointed three new Board members: Ms Kate Cole OAM, Mr Peter Tighe and Professor Emeritus Malcom Sim AM. Five Board members were reappointed. Visit the icare website for full details.

The DDB has set its vision, mission and strategic priorities for the next five years. The 2025-2029 Strategy will provide further insights on changes in the dust diseases environment, the evolving needs of affected people, and opportunities to increase its reach and impact.



Trevor and his wife Shirley

Dust Diseases Care

Key facts



5,468 total number of clients
3,248 dependants
1,781 workers
439 clients supported through end of life.




\$124.8m claims paid
\$103.5m for workers' and dependants' fortnightly payments



3,024 people provided lung bus screening across **51** locations.
195 employers participated.



4,866 Number of lung health checks,
3,024 Lung Bus, **1,459** Clinic,
329 External Screen,
54 Screen Review



Road to Mundi Mundi
Lookout, Silverton
Destination NSW

CTP Care

CTP Care is a program within the NSW Compulsory Third Party (CTP) insurance scheme. It was launched in December 2022 and provides long-term treatment and care for people who have ongoing injuries caused by a motor vehicle accident in NSW, with claims accepted by a CTP insurer.

Year in review

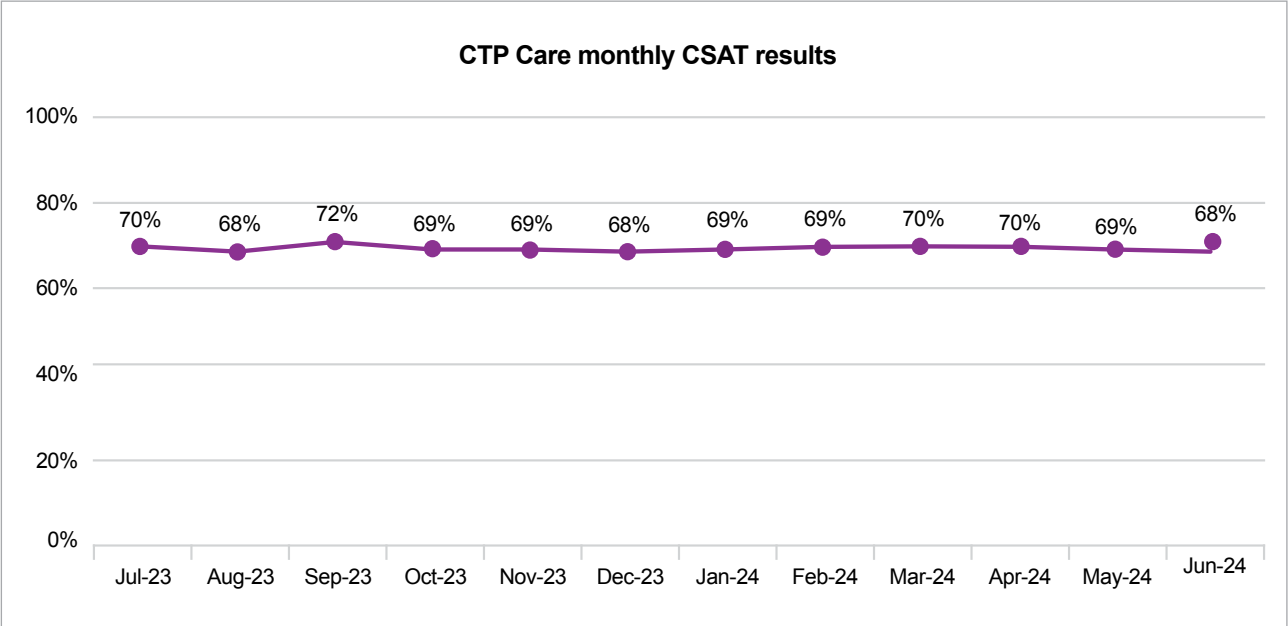
In FY24, CTP Care onboarded 900 new clients, bringing our total to 1,478. Of these, more than 1,000 clients need active support, the remainder of the clients are provided with support as required. Last year, we issued nearly 4,000 service funding approvals, to continue or start new services for our clients. Each year, we expect up to 1,300 new clients to transfer from the various licensed insurers in NSW, to CTP Care.

About CTP Care

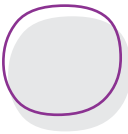
CTP Care is a program managed by icare under the *Motor Accident Injuries Act 2017 (MAI Act)* and it operates as part of the NSW CTP insurance system. It was established after legislative reforms changed the way people injured in a motor accident have their long-term treatment and care needs met.

Through CTP Care, icare manages treatment and care payments for injured road users from five years after their accident, with some cases transferring earlier under an “Early by Agreement” (EBA) option. The Motor Accident Injuries Treatment and Care Benefit Fund (MAITCBF), funds CTP Care through a levy paid by NSW motorists. Treatment and care costs incurred by clients transitioned to CTP Care before the five-year mark, are funded by the relevant CTP Insurer.

Experience of those we serve



CTP Care in FY24 had an average satisfaction rate of approximately 70%, with clients appreciative of the support provided by icare’s advisors. Through the satisfaction survey, clients reported some issues with communication and reimbursement processes and these issues have become the focus of planned service improvements. In May 2024, we introduced a new telephony system with call recording to help us improve communication. This system enables call coaching so our team leaders can support their team members. We’re also enhancing our client onboarding processes and reviewing the information we provide to clients about CTP Care.



Sea Cliff Bridge at Clifton
Destination NSW

Financial performance

FY24 (\$m)	CTP Care
Net Earned Premiums/Contribution	149
Net Claims Expense/Scheme Costs	(125)
Underwriting Other Expenses	(16)
Underwriting Result	8
Net Investment Revenue	34
Other Income/Adjustments	5
Net Result	47
Funding Ratio	94%
Insurance Ratio	95%
Investment Funds Under Management	0.6bn
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 positive net result of \$47 million is mainly due to higher investment income and favourable claims incurred, driven by changes in actuarial assumptions. Specifically, favourable discount rate assumption changes contributed to this, though there were some offsets from increases in the claims inflation outlook.

Investment funds under management increased by 37% (\$163m) during the financial year, driven by collected levies and investment income.

Key activities

Seamless onboarding

New clients are transferred to CTP Care from one of six licenced CTP Insurers in NSW and, in most cases, these clients have an extensive case history. To reduce duplication and help streamline the experience for them, we appointed an Insurer Engagement Specialist and two Onboarding Support Officers.

Continuous improvement

Over the past year, we made 15 technology and process enhancements to improve internal processes and the experience to clients. Having achieved 18 months of operation, we reviewed the CTP Care operating model. This review identified 12 opportunities to enhance operational efficiency and the experience to those we serve, which we are now implementing. It has also helped us plan our service delivery to ensure we are able to keep onboarding new clients as CTP Care continues to grow.

Accelerating digital

We implemented the Genesys telephony system, which provides enhanced functionality, such as call recording and reporting. This system is used by our two frontline teams to provide services to our clients.

“

I received my claim reimbursement quickly, and customer service is reliable and professional

- CTP Care client.

”

“

The people I have dealt with have been easy to talk to and very positive in their attitude towards my injuries

- CTP Care client.

”



CTP Care

Key facts



1,478 CTP Care clients

728 Female

720 Male

30 Non-binary or
not recorded



1,367 NSW

90 Other states/territories

2 Overseas

19 Not stated



\$6.7m
claims paid



3,950
Treatment,
Rehabilitation and
Attendant Care
decisions



Sporting Injuries

Sporting Injuries Insurance offers affordable, no-fault insurance for sports officials and members of participating sporting organisations. It covers serious injuries, such as permanent loss of limbs, sight, hearing or mental capacity. It does not cover minor injuries, such as breaks, sprains, cuts, bruises or dental injuries.

Year in review

This not-for-profit scheme is funded entirely by premiums paid by member organisations, including the National Rugby League (NRL) and the NSW Rugby League (NSWRL). Any sporting organisation in NSW can join. As a part of its administration of the scheme, icare educates members on the importance of risk management and injury prevention.

In FY24, there were 64 policyholders under the scheme, with two new claims received and no payments made.

Sporting Injuries Insurance also manages claims for the Supplementary Reporting Injuries Scheme on behalf of icare IfNSW. This protects NSW school children who are seriously injured during organised school sport or activities sanctioned by the Office of Sport.

Under the Supplementary Reporting Injuries Scheme, one claim was received and no payments made.

Financial performance

FY24 (\$m)	Sporting injuries
Net Result	1.0
Funding Ratio	482%
Investment Funds Under Management	7.7
Investment Return	6.4%

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

Financial performance

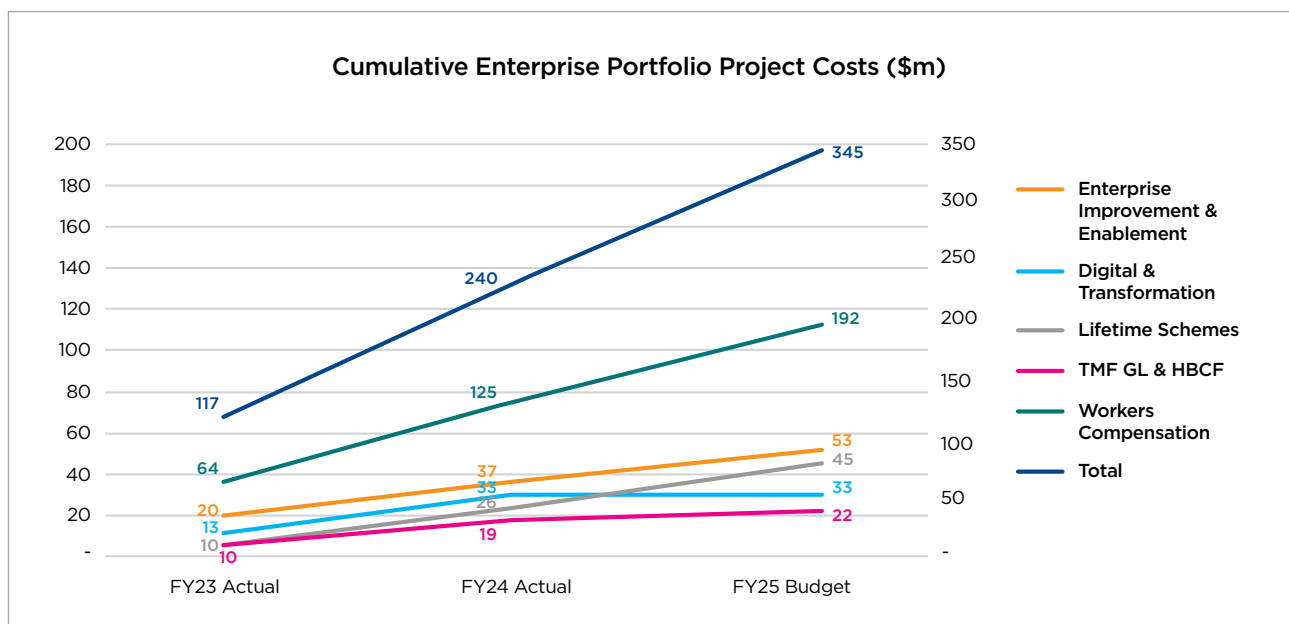
One of icare's primary objectives is to maintain the financial stability and sustainability of its schemes by ensuring they have enough assets to cover their future liabilities. To achieve this, financial plans are developed that include investment strategies aimed at generating returns that exceed long-term investment goals.

Scheme financial performance is outlined in the Operations and Performance section of this report. In addition, icare has undertaken a number of programs to improve outcomes for those we serve, these are both Enterprise-wide and Scheme specific.

As part of the Improvement Program, icare has committed to report publicly on our transformation expenditure and benefits.

Transformation expenditure and benefits

~\$345m has been budgeted to be spent across the Enterprise Project Portfolio for FY23-FY25.



Actual spend in FY23 was \$8.3m lower than budgeted, and Actual spend in FY24 was \$13.8m lower than budgeted. \$105.3m is budgeted for FY25.

FY23 Budget	FY23 Actual	FY24 Budget	FY24 Actual	FY25 Budget
\$125.2m	\$116.9m	\$136.6m	\$122.8m	\$105.3m

icare has developed a Benefit Realisation Management Framework to track financial and non-financial benefits against forecasts.

Financial benefits

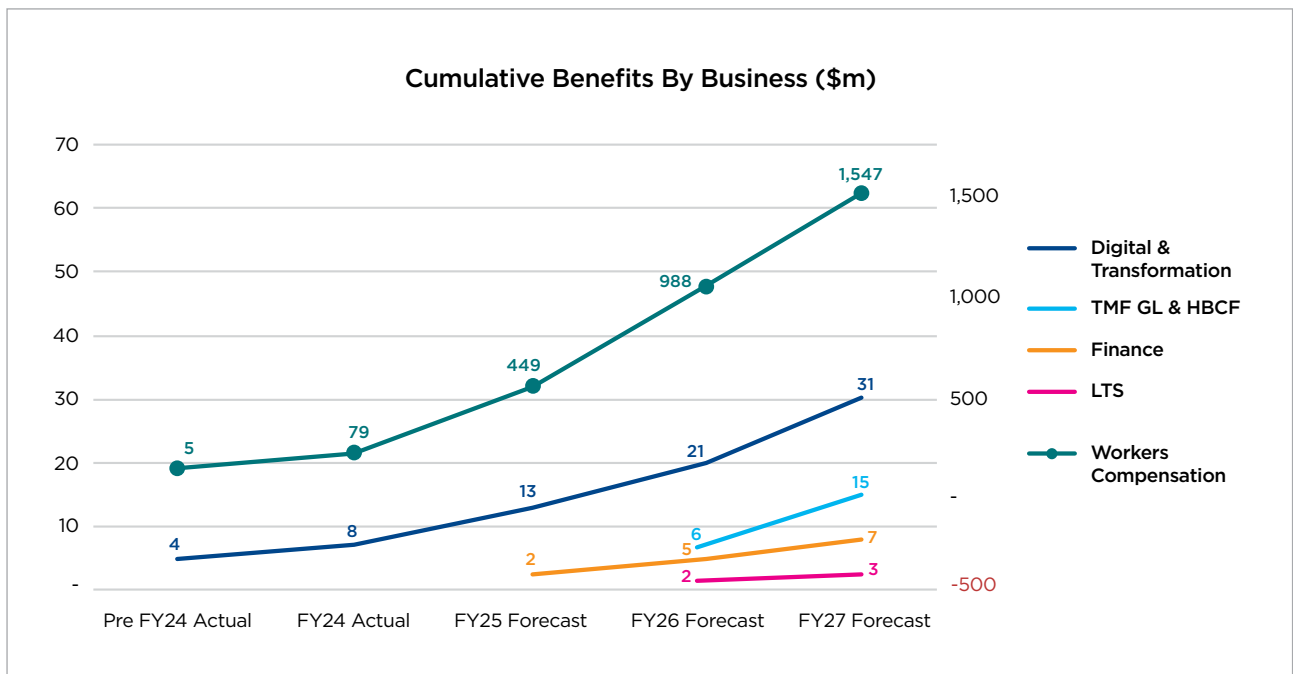
The long-term objective of the transformation investment is to save \$5.2b over 10 years, focusing on improved claims and operational outcomes and costs. This investment will help reduce insurance liabilities through improved case management practices and enhanced technology.

Key initiatives and programs that icare are undertaking include uplift to icare's core claims management system (Core Platform Uplift), TMF Workers Compensation Transformation and Dust Disease Care Transformation, as well as business initiatives that support enhanced digital products and automation to deliver better service and efficiency.

From FY24 to FY27, this investment is forecasted to deliver:

- Claims benefits of ~\$1.5b in the Workers Compensation, IfNSW and HBCF Portfolios
- Operating savings totalling ~\$100m in the schemes and enabling services budgets

(see chart below).



Financial benefits realised in FY24

For FY24, icare realised financial benefits of \$77m, against the forecast of \$128m. By the end of FY24, cumulative benefits delivered equate to \$86m.

Financial benefits, summarised below, are integrated in our annual budgeting and capital planning processes and consolidated for reporting in the Statement of Business Intent and Business Plan.

Business	Pre FY24 Realised	FY24 Forecast	FY24 Realised	FY24 Cumulative Realised	Total Benefit Forecast	Realisation Periods
Workers Compensation	\$5m	\$125m	\$74m	\$79m	\$5,013m	Sep 2021 – Jun 2033
Digital & Transformation	\$4m	\$3m	\$3m	\$7m	\$55m	Dec 2021 - Jun 2030
	\$9m	\$128m	\$77m	\$86m		

Non-financial benefits (outcome benefits)

In addition to financial benefits, icare has committed to ensuring we measure and report on key non-financial outcomes from our programs and initiatives. One way we do this is via our enterprise performance scorecard (see P12) and Appendices (P119) for more information. Key metrics include customer satisfaction and return-to-work rates, governance and risk management, and culture.

Investment performance overview

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 continues to exceed their longer-term inflation-related investment objectives over 10-year periods, though performance for the Workers Compensation and Dust Diseases Care schemes fell short of objectives measured over the financial year. Smaller schemes are invested in pooled funds which have investment 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:

1. Global core inflation continued its trajectory of gradual moderation over the year, following the surprising increases experienced in 2022. As the financial year progressed, investors gained confidence that a 'soft landing' was likely with inflation falling towards central bank targets without a sharp slowdown in economic activity in the developed markets, particularly the US. However, the UK and Japan did fall into recession.
2. The outperformance of the US economy over the past year relative to other advanced economies has resulted in the US central bank delaying rate cuts. In contrast, central banks in Europe and Canada have already begun easing rates in response to falling inflation and weak economic activity.
3. The launch of ChatGPT was a catalyst for a broader appreciation of use cases for artificial intelligence which ignited a large rally in equity returns for companies in this sector.
4. Geopolitical risks remained elevated, but market impacts were minimal and contained. Despite the risk of a Eurozone energy crisis subsiding, there was a constant risk of escalation from the ongoing wars in Ukraine and the Middle East, and tensions between China and the West.

Scheme investment performance in FY24 has been driven by:

- 1. Another strong year in global equity returns.** The key drivers of returns over FY24 have been the decline in inflation and the enthusiasm for companies linked to artificial intelligence. A handful of tech stocks known as the “Magnificent Seven” (Apple, Microsoft, Amazon, Google, Meta, Tesla and Nvidia) were the main beneficiaries, resulting in strong outperformance of the US market and the IT sector in particular.
- 2. Bond yields and interest rates remained elevated.** Rate cut expectations were pared back, resulting in lower returns on bonds. After a particularly poor year in 2022, fixed income returns have since produced more stable, positive returns.
- 3. Poor returns from unlisted property.** The commercial real estate (CRE) sector has been under pressure from higher borrowing costs and more challenging funding conditions. These difficulties were compounded by the acceleration of structural trends during the pandemic, particularly for offices, with more people working from home. This led to further sizable falls in office values.
- 4. Foreign currency exposure was a key detractor.** The defensive currency strategy was impacted by the poor performance of the Japanese yen. The Australian dollar appreciated to multi-decade highs against the yen over the year, driven by wide interest rate differentials between Japan and many other advanced economies.

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 (%)	Investment Objective (%)
Workers Compensation	5.1%	4.4%	3.6%	4.7%	5.3%	6.3%
Insurance for NSW (Treasury Managed Fund)	7.8%	6.2%	6.2%	7.1%	8.4%	7.7%
Lifetime Care and Support and Workers Care	6.9%	4.6%	5.3%	4.9%	7.6%	6.8%
Dust Diseases Care	6.1%	4.7%	4.0%	4.8%	5.0%	6.1%
Home Building Compensation Fund (MTGF)	NA	NA	NA	NA	6.4%	6.1%
CTP Care (MTGF)	NA	NA	NA	NA	6.4%	6.1%
CTP Care (LTGF)	NA	NA	NA	NA	10.6%	7.7%
Sporting Injuries (MTGF)	NA	NA	NA	NA	6.4%	6.1%

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

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



The Sydney Opera House
Destination NSW

ESG initiatives

At icare, we protect, insure and care for those we serve and the broader NSW community. To achieve this, we must consider and effectively respond to environmental, social and governance (ESG) risks and opportunities.

Year in review

In FY24, our efforts have focused on risks and opportunities within workforce diversity, and the health, safety, and the wellbeing of our people. One of the top risks that we have identified and continue to address, is effectively managing health hazards, including psychosocial hazards.

We have also focused on our procurement processes, to ensure they continue to meet community expectations and the requirements of the *Modern Slavery Act 2018 (NSW)*. In addition, we are continuing to work with stakeholders, to address and respond to current and emerging climate and cyber security risks.

Sustainability

Workforce diversity

We recognise the importance of a diverse workforce and value what diverse perspectives offer in terms of continually improving outcomes for those we serve.

Our goal is for our workforce to be representative of the diversity of those we serve and as such, we employ people from all backgrounds, races, religions, abilities, genders, ages and sexualities.

Number of employees

Category	30 June 2024	30 June 2023	30 June 2022
Chief Executive Officer	1	1	1
Group Executive Team	8	8	8
Executives	59	58	45
Non-executives	1,811	1,689	1,525
Total	1,879	1,756	1,579

Workforce diversity trends

Workforce diversity group ¹	2024%	2023%	2022%
Women	64.3	65.4	65.3
Aboriginal and/or Torres Strait Islander people	0.7	0.8	0.7
People whose first language is not English	13	14.8	18.4
People with a disability	2.3	2.2	2.6
People with a disability requiring work-related adjustment	0.5	0.6	0.5

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

For the table below: 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 our 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 (and noted as n/a in the table below) 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.

Workforce diversity group	Benchmark target %	2024%	2023%	2022 %
Women	100	92	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	101	99	99
People with a disability	100	97	94	94
People with a disability requiring work-related adjustment	100	n/a	n/a	n/a

Workplace health and safety

We continue to prioritise work health and safety (WHS) with an increasing emphasis on managing psychosocial hazards in the workplace. Our employees work tirelessly to address complex matters, often under tight deadlines and with high levels of stress and we acknowledge that the mental and emotional demands of our work can have a profound impact on our employees' overall wellbeing.

Safety encompasses not only physical safety but also psychological and emotional safety. Our employees may face safety hazards such as:

- Work-related stress and burnout
- Mental health concerns, including anxiety and depression
- Ergonomic and musculoskeletal injuries from prolonged computer use
- Information security breaches and cyber threats.

We also recognise that the sedentary nature of our type of work can contribute to health risks, such as:

- Cardiovascular disease
- Obesity
- Diabetes

To mitigate these risks, we have a comprehensive safety management system that prioritises:

- Employee mental health and wellbeing
- Ergonomic workspace design
- Information security protocols
- Conflict resolution training
- Health promotion initiatives.

By prioritising safety and wellbeing, we foster a positive and productive work environment that benefits both our employees and our organisation as a whole.

WHS performance

In FY24 we completed a full review of our safety management systems, including WHS policies, programs and initiatives, aimed at enhancing safety protocols and promoting the overall wellbeing of our employees.

Throughout the year, we received 197 WHS notifications compared to 113 notifications reported in FY23. This increase reflects our ongoing commitment to creating a psychologically safe environment and an organisational culture where our people can speak up and are encouraged to proactively identify and report both psychosocial and physical hazards.

Of these notifications, 50 were injuries or illnesses, and 17 were compensable. Where lost-time injuries occurred, no patterns or trends could be discerned and there were no WHS prosecutions. The remaining notifications covered Events (61); Hazard (73); and Near Miss (13). Events are any unplanned situation resulting in, or having a potential for injury, ill health, damage or other loss.

We continue to focus on addressing the cause of WHS incidents and associated claims by building leadership capability and promoting a safety/reporting culture. Our icare Health and Safety Committee (iHSC) is our primary consultative forum for matters relating to the WHS 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.

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

Workers Compensation claims lodged	FY24	FY23
Number of employees	1,879	1,756
Number of claims	23	22
Number of claims per employee	0.012	0.013
Total cost of the claims made and paid during the financial year	\$1,436,516	\$358,878
Average cost of claims made and paid during the financial year	\$62,457	\$41,443

In FY24, we lodged 23 workers compensation claims, and liability was accepted for 17. There were 13 open claims at the end of the financial year, nine are psychological claims and four are physical claims.

Modern slavery

Modern slavery includes exploitative practices such as forced labour, slavery, servitude, debt bondage, human trafficking, deceptive recruiting for labour, the worst forms of child labour and forced marriage. icare has obligations under the *Modern Slavery Act 2018* (NSW) and the *Public Works and Procurement Act 1912* (NSW) and is committed to managing modern slavery risks throughout our operations and supply chains as required by law.

Our Modern Slavery Policy outlines our commitment to respecting human rights and managing modern slavery risks throughout our operations and supply chains.

We actively participated in the whole-of-government working group, led by the Office of the Anti-slavery Commissioner (Commissioner), to develop a Shared Implementation Framework. As a part of this, the Commissioner released the Guidance on Reasonable Steps (GRS) and the Inherent Risk Identification Tool (IRIT), which took effect on 1 January 2024.

During this financial year, our procurement team formed a modern slavery working group and has been progressively adopting the Commissioner's guidance and resources for due diligence in procurement activities and contracts.

The steps we have taken to ensure that goods and services procured by and for us during FY24 were not the product of modern slavery include:

1. Continuing to include tender and contract clauses in our procurement that ensure suppliers have an accountability for their own supply chains to be free from Modern Slavery
2. Working with our legal team to prepare for the adoption of a new set of tender and contract model clauses as part of the new Shared Implementation Framework
3. Consulting with relevant business areas to develop our Modern Slavery Policy. In FY24, we reported on our obligations under section 31(1)(a) of the *Modern Slavery Act 2018* (NSW) and the Commissioner did not raise any issues about our operations, nor were any significant operational issues identified.

Our total procurement spend for FY24 was \$487m² with \$313m of this total relating to procurement requiring public disclosure.

The following is the outcome of the retrospective risk assessment using the IRIT for procurements requiring public disclosure in FY24³:

² Total procurement spend for FY24, data sourced from Procurement Central.

³ All procurements disclosed per GIPA Contract Disclosure compliance, FY24.

Identified procurement spend

Due diligence	Total approximate spend, \$m
Heightened	\$90.1
Standard	\$0
Light	\$0.16
Minimal	\$222.7

Categories procured per due diligence requirement

Due diligence level	Categories
Heightened	Cleaning Services End User Devices Medical Equipment Medical Supplies and Consumables Specialised Vehicle
Standard	None
Light	Call Centre Helpdesk Service
Minimal	Audit Infrastructure / Platform as a service Commercial Printing Data Provision Services Design and Development Employee Education Providers Fraud and Corruption Investigations Government and Business Strategy ICT Change Management Infrastructure as a Service Internal Building Materials Interpreters Legal Support Services Mobile Network Management Security Network Management Service On Premise - Software Licensing and Maintenance SAAS Licensing and Maintenance Support Services Talent Search Talent Search Internal Communications Quality Assurance and Risk

Climate change

We recognise that climate change brings significant challenges and creates new risks to be considered now and in the future.

To address these challenges, we're working closely with our stakeholders, industry groups, policymakers, and experts. Our goal is to build a sustainable and resilient future for our organisation, those we serve and the communities of NSW.

As the state's insurer, we are focused on understanding how climate change impacts government assets, workers and communities. For our investments, we are working in collaboration with TCorp, our investment manager, to carefully plan and adjust our investment strategies to align with the NSW Government's goal of net zero emissions. This will include the development of a net zero strategy which will also deliver on the NSW Treasury ESG Review's number one recommendation, which was for TCorp to develop a comprehensive approach to decarbonising investment portfolios. icare expects that the net zero strategy will be released during FY25 as part of a broader Investment Stewardship report.

The risks posed by climate change are continuing to evolve. We are committed to deepening our understanding of these impacts and being prepared to respond both today and in the future, so we can continue meeting the long-term needs of those we serve.

Physical risks

The changing climate in NSW brings physical risks that affects both our business and the communities we serve. These risks include more frequent and extreme weather events like flooding and bushfires, rising sea levels and coastal erosion.

Climate change and other forms of environmental deterioration are already having negative impacts on jobs and work productivity, and these effects will likely worsen over time. For example, rising temperatures could cause more heat stress, decreasing overall working hours.

Across the government assets icare insures through the TMF, climate change has already increased the significant variability of claims outcomes and exposures to natural disasters. In the last five years, the government has incurred over \$2 billion in weather-related property damage.

Impacts of climate change will emerge and evolve over time, with the effects on the TMF portfolio of government assets expected to become increasingly significant.

To address these physical risks, we are closely monitoring climate forecasts and contributing data for use in NSW Government climate vulnerability assessments and data modelling. This helps us to integrate climate considerations into our strategic decision making, underwriting practices, and risk management frameworks, ensuring our policies and services provide appropriate coverage, pricing, and solutions.

We have also expanded our IfNSW risk advisory framework, with climate change as a principal area of focus. We are working with the NSW government to support agencies in strengthening current asset resilience, accuracy of asset valuations, and support for environmental infrastructure planning with considerations of climate risks.

We are also striving to reduce our own impact on climate change through our operations. As a participant in the NSW Government Resource Efficiency Policy (GREP), which aims to reduce costs and improve resource, we are adopting more sustainable practices to help create a greener future for NSW.

Transition risks

Transitioning to a low-carbon economy, such as using more renewable energy, brings its own challenges. These include regulatory changes and evolving government policies that could affect insurance regulations and market dynamics. Additionally, technological advances and changing demand for clean and sustainable technologies, will likely impact the value and insurability of certain assets.

To manage these transition risks, we engage with regulatory bodies, industry groups, and policymakers to stay updated on changes and adapt our business strategies accordingly. We also invest in research to understand emerging risks and develop innovative insurance solutions. Additionally, we advise our agencies on the insurance solutions available to support transition activity and minimise their risks.

Liability risks

As understanding of the impacts of climate change increases, there is a growing risk of the potential for liability risks related to climate impacts.

This could involve claims for failing to disclose climate-related risks or for insuring high-emission industries or assets.

We manage these risks through a risk management framework, which includes due diligence, reporting, and collaboration with advisors to ensure we meet regulatory requirements.

Our asset portfolios, which cover potential claims, are also exposed to climate risks. Physical risks may reduce the value of these assets, while transition risks may lower the value of firms due to reduced profitability or shifts in investor preferences. We work with TCorp, who are analysing these risks across portfolios and taking steps to address them through their Investment Stewardship framework.

certified Information Security Management System has been independently audited during the reporting period.

We monitor and evaluate cyber security threats and risks in a manner consistent with the NSW Government Cyber Security Policy which was recently updated in February 2024. This year we have:

- Assessed and managed risks to information and systems.
- Ensured governance forums are in place to manage cyber security maturity and initiatives.
- A cyber incident response plan in place and the plan has been tested during 2023/24 financial year.

As an ongoing focus, icare will continue to work collaboratively with NSW Government agencies, third parties, stakeholders, and those we serve to identify and manage cyber risks.

Cyber security

We are committed to ongoing improvement of our cyber security posture through the development of a cyber-aware culture, continuous improvement programs and monitoring of key risk indicators.

We also recognise 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 continued focus and have a plan to drive targeted improvements that will enhance our cyber security posture.

Throughout FY24, 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.

In addition, risks to our information and systems have been assessed and controls have been implemented which are compliant with ISO/IEC 27001:2022 Information Security Standard, with additional controls identified for uplift as part of our cyber uplift program for FY24/25. icare's ISO27001

Our governance

We are governed by a Board of Directors comprising icare's CEO and up to eight independent non-executive Directors appointed by the Minister. Two of the nine Directors are required to be nominated by employer and employee body representatives. Board Directors are appointed for a three-year term, after which they are eligible for reappointment. The CEO is appointed for a five-year term.

The Non-Executive Directors are highly skilled and have experience across a range of areas, including insurance, business improvement, finance, investment, health care, disability services, technology, digital, and strategy.

Year in review

All decisions relating to the functions of icare are made by or under the authority of the icare Board. The constitution, role and functions of our Board are defined by the *State Insurance and Care Governance Act 2015*, which includes:

- providing any information requested by the Responsible Minister about icare activities
- keeping the Responsible Minister informed of the general conduct and significant developments of icare's activities
- determining general policies for icare and directing the CEO regarding icare's activities
- performing any other functions conferred or imposed on the Board by the *State Insurance and Care Governance Act 2015* or other laws.

The Board governs icare by setting strategic direction and establishing and monitoring performance targets as outlined in the Statement of Business Intent.

The *State Insurance and Care Governance Act 2015* permits the Minister to issue a written direction to icare if the Minister is satisfied it is necessary to do so in the public interest. Before issuing such a direction, the Minister must consult with the icare Board and consider its opinion on whether complying with the direction would promote the objectives of icare. Any written direction must be published in the NSW Government Gazette, including an explanation of why it is in the public interest, and the Board must ensure compliance with the direction.

No ministerial directions were provided for the financial year 2023-24.

icare submits a Statement of Business Intent to the Minister each year. This statement outlines icare's business plan for the next 12 months. The icare FY2023-24 Strategic Plan was a summarised version of the Statement of Business Intent, providing an overview of icare's strategy and execution plan.

Management and accountability

Board committees

During FY24, the Board was supported by several committees: Board Audit Committee (BAC); Board Risk Committee (BRC); Investment and Asset Committee (IAC), and People and Remuneration Committee (PRC). Each committee assists the Board with its oversight and governance responsibilities and is chaired by a Non-Executive Director of the Board.

The Board Audit Committee (BAC) provides independent assistance by overseeing financial and actuarial reporting, the application of accounting policies, icare's internal control systems, and internal and external audit functions.

The Board Risk Committee (BRC) supports the Board by monitoring, reviewing and advising on icare's governance processes, risk management and control frameworks, and external accountability obligations.

The Investment and Asset Committee (IAC) helps set the investment strategy and related investment policies, overseeing the investments of icare's scheme funds.

The People and Remuneration Committee (PRC) endorses and recommends icare's people strategies including, remuneration, culture, talent, leadership and diversity. It also monitors the implementation of Board-approved people strategies and ensures icare maintains robust and relevant people policies and practices.

Our Board of Directors



John Robertson

Chair

Appointment Term: 7 September 2020 – 10 September 2026

Member – People and Remuneration Committee

John Robertson has over 30 years' 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, NSW Heritage Council, Building and Construction Industry Long Service Payments Corporation and Energy Australia.

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



Richard Harding

Chief Executive Officer and Managing Director

A biography for Richard is provided on page 29.

Member – Investment and Asset Committee

Standing Attendee – Board Audit Committee

Standing Attendee – Board Risk Committee

Standing Attendee – People and Remuneration Committee



Kirsten Armstrong

Deputy Chair

Appointment Term: 15 February 2023 – 14 February 2026

Deputy Chair – Appointed 17 June 2024

Member – Investment and Asset Committee

Member – People and Remuneration 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.



Leah Fricke

Non-Executive Director

Appointment Term: 4 December 2023 – 3 December 2026

Chair – Board Audit Committee

Member – Board Risk Committee

Leah Fricke is a Non-Executive Director with experience in the financial services and health sectors.

Leah is the Chair of the Risk Committee, a Non-Executive Director on the Board of ColCap Financial Pty Limited and a Non-Executive Director of Forager Funds. She is a Fellow of the Australian Institute of Company Directors and the Governance Institute of Australia.

She also serves as a Member of the Audit and Risk Committees of the Sydney Local Health District and Legal Aid NSW, and was previously a member of the NSW Justice Audit and Risk Committee and the Chair of the Audit and Risk Committee of Western NSW Local Health District.

In the past, Leah held positions of Chief Operating Officer and General Counsel/Company Secretary in a range of financial services, technology and industrial companies. She has a Bachelor of Laws (with honours) and a Bachelor of Arts from the University of Melbourne, an MBA from AGSM, a joint school of the University of Sydney/University of New South Wales, and an Executive Certificate from MIT Sloan.



Mark Goodsell

Non-Executive Director

Appointment Term: 15 February 2022 – 14 February 2025

Chair – People and Remuneration Committee

Member – Board Audit Committee

Member – Board Risk Committee

Up to August 2023, Mark Goodsell was the national Head of WHS Policy for the Australian Industry Group (Ai Group).

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

Prior to that, Mark had been Head of NSW for Ai Group for over 20 years, with a focus including state and regional development, innovation, government procurement, skills formation, WHS, workers compensation and business regulation.

Mark 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 2024 – 15 August 2027

Chair – Board Risk Committee

Member – Board Audit Committee

Member – Investment and Asset Committee

Virginia Malley is an experienced trustee and Non-Executive Director in the insurance, investment and environmental sectors. She is the Chair of icare's Risk Committee and a member of the Audit Committee, and Investment and Asset Committee.

She has served on the boards of public and private sector organisations, including NSW Biodiversity Conservation Trust, the Clean Energy Regulator and Perpetual Superannuation Ltd. Prior to her non-executive career, Virginia held senior risk management roles in investment, superannuation, custody and insurance businesses including the role of Chief Risk Officer at Macquarie Funds Management Group.

Virginia is a Fellow of the Australian Institute of Company Directors and was the recipient of AICD Faculty Awards in 2016 and 2018 for excellence and ongoing contribution to the gold standard in Governance Education.



Mark Morey

Non- Executive Director

Appointment Term: 18 December 2023 – 17 December 2026

Member – Investment and Asset Committee

Mark is the Secretary of Unions NSW, the peak body for unions in NSW. He was elected Secretary in 2016 and has extensive legal, political, industrial and community campaigning experience. He also worked for the Rail Tram and Bus Union NSW Branch as its executive officer from 2005-2009.

Prior to entering the union movement Mark started his working life as a youth worker in the local government and community sectors.

Mark has previously been a director on Aware Super (May 2019 – October 2022) and Energy Industries Superannuation Scheme (July 2012 – May 2019).

Mark holds a Bachelor of Social Work, a Masters of Social Work and Bachelor of Laws.



John Walsh AO

Non-Executive Director

Appointment Term: 30 November 2020 – 8 June 2024

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. John's major client work was in the areas of social policy and funding of accident compensation, health and disability services. His ability to contribute to social policy was assisted by his own disability, traumatic quadriplegia.

He was 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 conducted major reviews of several of Australia's and New Zealand's accident compensation schemes and insurers.

John advised the Australian and NSW governments on future demand and funding requirements for disability services, homelessness services and Aboriginal disadvantage and 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. In 2022, John was honoured as an Officer of the Order of Australia for distinguished service to public health through leadership and advocacy roles.

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

John passed away on 8 June 2024.



Kylie Willment

Non-Executive Director

Appointment Term: 16 August 2021 – 15 August 2024

Chair – Investment and Asset Committee

Kylie is an skilled 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 has been a member of the Investment and Wealth Institute's Global Certification Commission.

Board members retired in FY24

Michael Cameron Non-Executive Director	Deputy Chair: icare Board Chair: Board Audit Committee Member: Board Risk Committee	Term: 30 November 2020 – 29 November 2023
John Walsh AO (Deceased)	Independent Chair: Dust Diseases Board Member: Board Audit and Board Risk Committee	Term: 30 November 2020 – 8 June 2024

New Board members in FY2023-24

Leah Fricke Non-Executive Director	Chair: Board Audit Committee Member: Board Risk Committee	Term commenced: 4 December 2023
Mark Morey Non-Executive Director	Member: Investment and Asset Committee	Term commenced: 18 December 2023

Board and Committee meeting attendance

Directors	Committee Directors	icare Board	Board Audit Committee	Board Risk Committee	Investment & Asset Committee	People & Remuneration Committee	Dust Diseases Board
FY23-24 meetings		31 July 2023	27 July 2022	26 July 2023			
		28 August 2023	24 August 2023	24 August 2023	21 August 2023	23 August 2023	
		25 September 2023	21 September 2023	20 September 2023			
		30 October 2023			26 October 2023		4 October 2023
		27 November 2023	20 November 2023	23 November 2023	22 November 2023	22 November 2023	
		7 December 2023 (Strategy)	22 February 2024	22 February 2024	21 February 2024	21 February 2024	13 December 2023
		26 February 2024					
		25 March 2024			3 April 2024 (Workshop)		21 March 2024
		27 May 2024	23 May 2024	23 May 2024	22 May 2024	22 May 2024	20 June 2024
John Robertson	Board, PRC <i>Standing attendee at BAC & BRC</i>	9/9 attended <i>Chair</i>	6/6 attended	6/6 attended		4/4 attended	
Kirsten Armstrong	Board, IAC, PRC	9/9 attended			6/6 attended	1/1 attended	
Leah Fricke <i>(appt 4 Dec 2023)</i>	Board, BAC, BRC	4/4 attended	2/2 attended <i>Chair</i>	2/2 attended			

Directors	Committee Directors	icare Board	Board Audit Committee	Board Risk Committee	Investment & Asset Committee	People & Remuneration Committee	Dust Diseases Board
Mark Goodsell	Board, PRC, BAC, BRC	9/9 attended	1/1 attended	1/1 attended		4/4 attended <i>Chair</i>	
Virginia Malley	Board, BAC, BRC, IAC	8/9 attended <i>*absent 25/09/2023</i>	6/6 attended	6/6 attended <i>Chair</i>	6/6 attended		
Mark Morey <i>(appt 18 Dec 2023)</i>	Board, IAC	2/3 attended <i>*absent 25/03/2024</i>			1/1 attended		
John Walsh AO <i>(Deceased)</i>	Board, BAC, BRC, Dust Diseases Board	9/9 attended	6/6 attended	6/6 attended			3/3 attended
Kylie Willment	Board, IAC	8/9 attended <i>*absent 28/08/2023</i>		6/6 attended <i>Chair</i>			
Michael Cameron <i>(retired 29 Nov 2023)</i>	Board, BAC, BRC	5/5 attended	4/4 attended <i>Chair</i>	3/4 attended <i>*absent 23/11/2023</i>			

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

Name	Position	Total annual fixed remuneration
John Robertson	Chair	\$200,000
Kirsten Armstrong ¹	Non-Executive Director (until 16 June 2024)	\$100,000
	Deputy Chair (from 17 June 2024)	\$115,000
Leah Fricke	Non-Executive Director	\$100,000
	Chair – Board Audit Committee	\$15,690 ²
Mark Goodsell	Non-Executive Director	\$100,000
	Member – Board Audit Committee and Board Risk Committee	\$2,092 ² per meeting day ³
John Walsh AO (until 8 June 2024)	Non-Executive Director	\$100,000
	Chair – Dust Diseases Board	\$40,000
	Member – Board Audit Committee and Board Risk Committee	\$2,092 ² per meeting day ³
Virginia Malley	Non-Executive Director	\$100,000
	Chair – Board Risk Committee	\$15,690 ²
Mark Morey	Non-Executive Director	\$100,000
Kylie Willment	Non-Executive Director	\$100,000
Michael Cameron (Until 29 November 2023)	Deputy Chair	\$115,000
	Chair - Board Audit Committee	\$15,690 ²

¹Kirsten Armstrong was appointed Deputy Chair from 17 June 2024. Following this appointment, she is entitled to \$115,000 in remuneration.

²Engaged under the Prequalification Scheme Conditions dated December 2020, issued by the NSW Treasury.

³The 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.

Transparency, openness and accountability

icare is committed to providing transparency and accountability in its operations and performance by regularly publishing a variety of data about the schemes it manages on its website. This includes monthly updates on key metrics of the workers compensation system and quarterly reports from its external assurer, Promontory Australia, on icare's Improvement Program. Additionally, icare makes available its submissions to external reviews and inquiries, as well as updates on issues of significance to its stakeholders. icare is devoted to fostering relationships built on trust and mutual respect by engaging with its stakeholders in an open, constructive, and accountable manner.

Update on SIRA interactions

icare maintains open and constructive relationships with regulators, which is supported by a dedicated team managing icare's regulatory engagement. This team is responsible for proactively informing regulators of significant matters, regularly meeting with regulators, providing information about icare's schemes, and ensuring prompt responses to regulatory requests. The State Insurance Regulatory Authority (SIRA) is icare's primary regulator. Both organisations have developed a positive and collaborative relationship, focused on maintaining the effective and sustainable functioning of the State's insurance schemes.

Update on Nominal Insurer Advisory Committee (NIAC)

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

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

During FY24, meetings were held on 6 February, 3 May, 15 December, 16 March, 9 August and 14 November. A working group was also held on 27 June focusing on the application of Pre-Injury Average Weekly Earnings (PIAWE).

The NIAC continues to deliver on its purpose and objectives, effectively utilising the committee members' experience and perspectives to consult on improvements to the Nominal Insurer scheme. The committee has provided valuable input on a broad range of topics, including the impact of workplace mental health, the performance of Claims Service Providers and the implementation of the Professional Standards Framework.

Update on NSW Treasury interactions

icare has continued to frequently engage with NSW Treasury in FY24 to support the delivery of key projects. Regular points of engagement include 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.

During FY24, interactions with NSW Treasury included, but was not limited to:

- input into the NSW Government's response to the NSW Parliament's Standing Committee on Law and Justice 2023 Review of the NSW Workers Compensation Scheme
- NSW Treasury's expense review
- completion of the Business Case for the TMF Claims Model and Procurement Strategy
- whole of Government return-to-work strategy
- icare's financial position and performance of the schemes
- return-to-work rates
- psychological claims
- implementation of the Improvement Program.



Parliamentary inquiries

The following inquiries held hearings in FY24:

Inquiry	Committee	icare hearing dates	Attendees
Consultant Inquiry NSW Government's use and management of consulting services	Public Accountability and Works Committee	16 August 2023	Richard Harding – CEO and Managing Director, icare

Relevant recommendations

Recommendation 1

That the NSW Government revise the definitions of a 'consultant' and a 'contractor' to ensure that the amount spent on consultants and contractors is separately disclosed and readily available.

Inquiry	Committee	icare hearing dates	Attendees
2023 Review of the Workers Compensation Scheme <i>Inquiry focused on increase in psychological claims.</i>	Legislative Council Standing Committee on Law and Justice	10 October 2023	Richard Harding – CEO and Managing Director, icare Tony Wessling – Group Executive Workers Compensation, icare

Relevant recommendations

Recommendation 1

That the State Insurance Regulatory Authority (SIRA), icare and the NSW Government continue to work with stakeholders to implement the 49 recommendations of the Hon Robert McDougall QC in his report, icare and *State Insurance and Care Governance Act 2015: Independent Review* (30 April 2021).

Recommendation 2 That SIRA and icare continue to enhance and expand on work with stakeholders to implement measures to address declining return-to-work rates in the workers compensation scheme.

Recommendation 3 That SafeWork NSW as the work health and safety regulator collaborates more closely with SIRA and icare to ensure safer workplaces reducing workers compensation claims.

Recommendation 4

That the NSW Government review the SIRA 'significant matter' policy and the application of that policy in practice, to ensure the policy is functioning and ensuring that major mistakes or errors by insurers including icare are notified to SIRA in an efficient manner. In recognition of the oversight functions of this committee, in instances where an issue is found to be a significant matter: • icare must in writing inform this committee of such issues as soon as practicable. Such information should be in the form of a highlight summary of no more than one page • SIRA must notify this committee as soon as practicable of the way in which they have overseen the effective redress of the significant matter. Again, such information should be in the form of a highlight summary of no more than one page.

Recommendation 5

That the NSW Government engage with SIRA and icare to establish a specific timetable to implement a robust and reliable method of data collection that ensures information on secondary psychological injuries is collected by insurers and is maintained on an ongoing basis.

Relevant recommendations

Recommendation 7

That SIRA, icare and SafeWork NSW: • continue to investigate and examine in detail the factors influencing the large number of psychological claims from workers with injuries employed in the Stronger Communities, Education and Health clusters within the public sector and prioritise the implementation of any changes revealed as necessary by the integrated compliance audit and performance review of the TMF.

Recommendation 8

That icare, SIRA, SafeWork NSW and the Department of Education work in partnership to conduct a forensic investigation into the underlying drivers of stress-related psychological claims in the Education sector.

Recommendation 11

That the research functions of SafeWork NSW, SIRA and icare work more closely and collaboratively together and the responsible Ministers consider unifying those functions to ensure the best use of these resources.

Recommendation 12

That SIRA and icare, in consultation with key stakeholders and workers with injuries, identify and implement measures to minimise the impacts caused by case manager turnover, in order to avoid further distress and/or trauma to workers with injuries if they have to re-tell their story.

Inquiry	Committee	icare hearing dates	Attendees	Relevant recommendations
Budget Estimates 2022-23 Industrial Relations, Work Health and Safety	Legislative Council Portfolio Committee No. 1 - Premier and Finance	16 August 2023	Richard Harding – CEO and Managing Director, icare	N/A - Portfolio Committee does not make recommendations
Budget Estimates 2022-23 Industrial Relations, Work Health and Safety	Legislative Council Portfolio Committee No. 1 - Premier and Finance	29 February 2024	Richard Harding – CEO and Managing Director, icare Stuart Farquharson, Chief Financial Officer, icare	N/A – Portfolio Committee does not make recommendations.

Managing our risks

Risk management strategy and framework

We manage risks and opportunities through a comprehensive risk management framework that aligns with our strategic objectives and the NSW Treasury Internal Audit and Risk Management Policy for the General Government Sector. This framework includes structures, systems, and processes to identify, assess, respond to, monitor, and report risks that could impact our operations. The diagram below sets out the key components of the framework.



Risk appetite

The Risk Appetite Statement (RAS) outlines the types and levels of risk our Board is willing to accept or avoid to achieve our business objectives. It includes key risk measures, metrics, tolerances, and limits reflecting the Board’s appetite for risk.

Risk culture

Our risk management approach is sustained by a positive organisational culture that integrates risk management into every-day decision making, and supports acceptance, communication, and management of appropriate risk at all levels. Senior management fosters an environment that encourages positive risk management behaviour.

Risk maturity index

We measure our risk culture and maturity using the Risk Maturity Index (RMI), which combines insights about organisational behaviour with risk management data. The RMI is regularly reported to the Group Executive Team (GET), Board Risk Committee (BRC) and the Board through the Enterprise Scorecard.

Risk operating model

Our employees and organisational culture are crucial to our risk management framework. We use the three lines of defence (3LoD) model to manage risks, which clarifies the roles and responsibilities of business units, risk and compliance functions, and independent assurance functions, like internal audit. This model enhances understanding and control of risk management.

Risk reporting

The Board Risk Committee (BRC) regularly evaluates our Risk Management Framework (RMF) to support the Board’s corporate governance and oversight.

Each quarter, management provides the BRC with reports on key risks and their management within the Board’s Risk Appetite Statement (RAS). If risks exceed the appetite, the reports outline how they are being addressed.

The RAS sets acceptable risk levels and, along with the RMF, guides business planning and decision-making. Regular monitoring ensures compliance with the Board’s risk appetite. Both the RAS and RMF are reviewed and updated annually to reflect changing requirements and experiences.

Business continuity management

We ensure our critical business processes continue during serious disruptions through our Business Continuity Management Policy, which aligns with relevant industry benchmarks, including:

- International Standard ISO 22301 – Security and resilience – Business continuity management systems – Requirements; and
- APRA’s Prudential Standard CPS 232 Business Continuity Management.

Our plans cover responses for people, facilities, equipment, information technology, telecommunications and suppliers. Our focus is on safety, security and service delivery.

In FY24, we maintained flexible hybrid working while continuing to deliver services to those we serve, without disruption.

During the year are business continuity activities included:

- Improving business continuity plans and identifying critical functions
- Assessing and strengthening outsourced arrangements with partners
- Continuing to monitor increasing cyber threats
- Keeping our people and those we serve informed with regular communications
- Conducting ongoing risk assessments and action planning.

Insurance Arrangements

icare’s Treasury Managed Fund contributions for FY24 was \$3,886,890, including GST (FY24: \$2,778,864) across workers compensation, property, liability, motor and miscellaneous categories. The overall insurance contributions are higher than in the previous year predominantly due to an increase in public liability insurance and Workers Compensation Insurance.

Internal Audit and Risk Management Attestation Statement for the 2023-2024 Financial Year for Insurance and Care NSW (icare)

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 that 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

Core Requirement		
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 – 29 November 2023
- Independent Chair, Leah Fricke – 4 December 2023 – 3 December 2026
- Independent Member, John Walsh AO – 1 May 2022 – 8 June 2024
- Independent Member, Virginia Malley – 1 May 2022 – 1 May 2025
- Independent Member, Mark Goodsell – 26 February 2024 – 25 February 2027.

The Independent Chair and Members of the Board Risk Committee are:

- Independent Chair, Virginia Malley – 1 May 2022 – 1 May 2025
- Independent Member, John Walsh AO – 1 May 2022 – 8 June 2024
- Independent Member, Michael Cameron – 1 May 2022 – 29 November 2023
- Independent Member, Leah Fricke – 4 December 2023 – 3 December 2026
- Independent Member, Mark Goodsell – 26 February 2024 – 25 February 2027.

Signed:

Date: 17 September 2024

Signed:

Date: 17 September 2024



John Robertson

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



Stuart Farquharson

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

Contact Officer: Amanda Lea-Smith, Group Executive, People and Communications, Insurance and Care NSW

There was a four-day gap between the conclusion of the previous Independent Chair's tenure and commencement of the new Independent Chair's tenure. The gap was a result of the director appointment process that icare is required to follow. No Board Audit Committee meetings were convened during this gap period.

Senior executive numbers and remuneration

Band*	Gender 30 June 2024		Gender 30 June 2023		Average remuneration 30 June 2024 \$	Average remuneration 30 June 2023 \$
	F	M	F	M		
Band 4	4	4	4	3	663,972	652,379
Band 3	14	13	9	14	406,955	403,068
Band 2	6	7	8	12	334,617	336,043
Band 1	0	0	2	1	0	256,506
Total	24	24	22	31		

*icare does 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 annualized remuneration packages mapped to align with the GSE Act range amounts.

Employee-related expenditure

In FY24, the percentage of total employee-related salary expenditure that related to senior executives was 6.69 per cent, a decrease from 8.06% in the previous year. Senior executives represented 2.67% of full-time equivalent employees at year end, a decrease from 3.16% in the previous year.

icare positions are benchmarked to relevant AON/Radford and Mercer market data salary surveys based on job family and job size, determined using a recognised job evaluation methodology. Decisions relating to remuneration for executives are at the discretion of the Board.

The following table details FY24 remuneration for the Chief Executive Officer and Managing Director and permanent members of the Group Executive Team as at 30 June 2024, 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	\$1,067,273	\$1,063,714
Tony Wessling ²	Group Executive Workers Compensation	\$680,000	\$649,773
Stuart Farquharson	Chief Financial Officer	\$656,000	\$653,228
Tanya Graham (from 31 July 2023)	Group Executive Digital and Transformation	\$640,000	\$574,745
Scott North (26 March 2024)	Group Executive, Risk and Governance	\$620,000	\$149,739
Amanda-Lea Smith	Group Executive People and Culture	\$576,000	\$567,275
Michelle Taylor	Group Executive, Strategy and Customer	\$552,500	\$548,066

¹ Amounts represent full year annualised salary value as at 30 June 2024

² Tony Wessling held the role of Group Executive ifNSW & HBCF until 28 August 2023, then Acting Group Executive Workers Compensation until 25 February 2024. Mr Wessling was permanently appointed Group Executive Workers Compensation effective 26 February 2024

Consultants

Supplier	Description of service	(\$)
IBM Australia	Improvement Program assurance review	3,111,331
Mercer Investments (Australia) Ltd	Investment Management Services	733,574
Deloitte	Operating model design	504,000
Better As Usual Pty Ltd	Advice on adopting a product based operating model	278,000
Deloitte	Developing benefits road map for Guidewire Cloud Program	241,813
OKTA Professional Services	Migration plan for OKTA engine	182,289
AT Kearney	Services relating to Treasury Managed Fund Claims Service Provider model	149,825
Deloitte	Services related to Digital Products operating model and service delivery model	145,668
The Trustee for John Trowbridge	Support implementing SIRA's Recovery Through Work Framework	128,800
Accenture	Business requirements for Workers Compensation based on Enterprise Data Strategy	120,350
Deloitte	Operating model design for General Lines and Lifetime Schemes	117,700
Frazer Walker	Guidance on transition to transition to Guidewire Cloud platform	95,000
Data#3	Migration plan for applications to Amazon Web Services	90,000
Deloitte	Advice on safety management systems	68,615
Frazer Walker	Assistance with enterprise portfolio road map	65,000
ASG Group	Data capabilities uplift project	59,224
Scyne Advisory	Implementation of AASB17 standard including actuarial modeling and reporting	56,865
BlueChip Communication	Crisis management training and recommendations	52,500
Total greater than \$50,000		6,200,554
Plus 8 Consultants under \$50,000		198,275
Total		6,398,829

\$91,365 of the above have been capitalised.

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 FY24 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.

Consultants - Actuarial

Supplier	Description of service	(\$)
Finity Consulting Pty Ltd	Actuarial Services - Nominal Insurer	3,155,787
Finity Consulting Pty Ltd	Actuarial Services - Insurance for NSW	2,049,851
Scyne Advisory	Actuarial Services - Insurance for NSW	1,247,337
Finity Consulting Pty Ltd	Other Actuarial Services	196,743
Taylor Fry	Actuarial Services - Nominal Insurer	134,200
Total greater than \$50,000		6,783,918
Plus 1 Actuarial Fee \$50,000 or under		1,040
Total		6,784,958

Consultants - Reinsurance

Supplier	Description of service	(\$)
Guy Carpenter & Company Pty Ltd	Reinsurance fees - Treasury Managed Fund	1,225,539
Marsh	Reinsurance fees - Construction Risk Insurance Fund	594,245
Total		1,819,784

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 FY24 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.

Appendices

121	Appendix 1.	Important terminology
121	Appendix 2.	Land disposal
122	Appendix 3.	Overseas travel
123	Appendix 4.	Non-Financial benefits (Outcome benefits)
129	Appendix 5.	Consumer response
139	Appendix 6.	Grants
146	Appendix 7.	Legislation
148	Appendix 8.	Government, Privacy and Health Information applications
153	Appendix 9.	Publication notes
154	Appendix 10.	Compliance index

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 commercial insurance industry in Australia where the investment income is less significant. 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)
- 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 FY24.

Appendix 3. Overseas travel

Date of Travel	Name	Destination	Purpose	Cost (\$)¹
6–17 May	Britt Coombe Stuart Farquharson	Singapore, London, UK	To meet with re-insurance markets to provide a briefing on NSW assets and risk, including bushfire and flooding, and emerging cyber exposure.	\$46,425.12²

¹ “Cost” includes all costs associated with the trip
² Travel for employee(s) paid by icare

Appendix 4. Non-Financial benefits (Outcome benefits)

In addition to financial benefits, icare has committed to ensuring we measure and report on key non-financial outcomes from our programs and initiatives. One way we do this is via our enterprise performance scorecard (see p14). Key metrics include customer satisfaction and return-to-work rates, governance and risk management, and culture. Set out below are the contributing initiatives that support these non-financial metrics as well as our FY25 targets for each one.

Non-Financial Metric	Contributing Initiative	How contributing initiative impacts/supports non-financial metrics
Customer Satisfaction (CSAT) Targets Met FY25 target: 10 out of 10 CSAT targets met	The following activities have contributed to meeting the Nominal Insurer Policy, Treasury Managed Fund Agency, Dust Disease Care and Lifetime Care CSAT targets in FY24.	
	<ul style="list-style-type: none"> Enterprise Improvement Program – Customer Uplift 	<ul style="list-style-type: none"> In FY24 initiatives within the Customer Uplift workstream of the Enterprise Improvement Program (EIP) were embedded in icare and our Claims Service Providers (CSPs), ensuring icare is an organisation that listens to those it serves, learns from their feedback and acts to simplify our processes and interactions. A Customer Governance Ecosystem has been embedded at icare to ensure a consistent approach to setting standards, establishing the experience, and delivering this through our service. This is supported by the outcomes of those we serve reporting across experience measurement, complaints and continuous improvement. Measurement of the experience of those we serve is included in scheme reporting and CSP contracts to better understand drivers of experience and to direct actions. A consistent and coordinated approach to complaints management, within icare and its CSPs, adds to the voice of those we serve by capturing, analysing, and monitoring the delivery of timely and quality outcomes. These activities contributed to meeting the Nominal Insurer Policy, Treasury Managed Fund Agency, Dust Disease Care and Lifetime Care CSAT targets in FY24.

Non-Financial Metric	Contributing Initiative	How contributing initiative impacts/supports non-financial metrics
	<ul style="list-style-type: none"> • Uplifting experience across Lifetime Schemes 	<p>In FY24 Lifetime Schemes continued to focus on improving the experience for those we serve by:</p> <ul style="list-style-type: none"> • Increasing the level of clarity in Lifetime Care communication material, ensuring it's in plain language and caters to diverse cognitive and linguistic needs. • Uplifting the quality of interactions through telephony by transitioning to the Genesys platform which enabled the capture and analysis of call data to support coaching. • Improved speed of decision making through the automation of document uploads on inbound customer correspondence, as participant and provider requests are received by the correct decision maker or actioner 68% faster. • Ensuring participants are treated with empathy and fairness in every interaction with ongoing empathy and fair decision-making training for frontline teams. • Improving our ability to prioritise addressing pain points of those we serve by deepening our understanding of their needs and priorities through journey mapping. • These activities contributed to meeting the Lifetime Care and Dust Diseases Care CSAT targets in FY24.
	<ul style="list-style-type: none"> • Increasing automation and self-service for Nominal Insurer employers for policy engagement 	<ul style="list-style-type: none"> • In FY24, the Nominal Insurer (NI) focused on increasing the levels of automation and digital service channels available for employers to self-service and engage in live chats to renew, provide wage adjustments and reinstate payment arrangements where required. • This is benefiting employers by providing visibility of premiums faster and offering easier, more convenient and preferred channels for them to engage in for service queries and obtaining information. • More effective methods of premium payments have enabled employers ease in reinstating instalment arrangements and management of finances through pay by the month arrangements. • Coaching, quality assurance and uplifting service levels has also been a focus which is reflected in declining complaint volumes. • Moving forward the focus will be on enhancing automation and self-service for all employer segments and optimising the experience as it evolves. • These activities contributed to meeting the NI Policy CSAT target in FY24.

Non-Financial Metric	Contributing Initiative	How contributing initiative impacts/supports non-financial metrics
Nominal Insurer: Working Rate 13 week FY25 target: 88.2%	<ul style="list-style-type: none"> Nominal Insurer Improvement Program and new CSP model 	<ul style="list-style-type: none"> In the final year of the Nominal Insurer Improvement Program (NIIP), completed initiatives focused on implementing the new claims model that allowed for specialist CSPs, as well as onboarding new CSPs. icare began moving claims between providers and expanded choice for employers to select their preferred provider. The model creates competition between providers with the aim to drive improved performance. This model has performance measures of quality and compliance that serve as a gateway to additional incentives. Outcome-based remuneration incentivises investment in improved performance. The transition to the new claims model was expected to have an initial period of decline while claims were moved between different providers and new providers established their operational teams. This decline was not as great as anticipated but lasted for a longer period due to a decision by icare to slow the process of transition. Impacts of the changes are expected to be seen in the next financial year.
	<ul style="list-style-type: none"> Tailored solutions for small and medium enterprises 	<ul style="list-style-type: none"> With the implementation of the new claims model, CSPs other than EML NSW Limited (EML) are now managing claims for small employers. Typically, employers from small and medium enterprises have less experience with workers compensation claims and require a greater level of support to respond to these claims. CSPs have implemented a variety of strategies including a review panel between case managers and rehabilitation providers (QBE), mobile case management (EML) and regional CSP presence (DXC and EML) to increase support for small and regional employers. These changes were implemented in the second half of FY24, which means the impact on return-to-work (RTW) rates in FY24 is negligible.

Non-Financial Metric	Contributing Initiative	How contributing initiative impacts/supports non-financial metrics
	<ul style="list-style-type: none"> Nominal Insurer Improvement Program (NIIP) – Professional Standards and Capability 	<ul style="list-style-type: none"> The Professional Standards and Capability workstream of the NIIP designed, implemented and embedded the Professional Standards Framework (PSF) which sets out minimum capability standards for all frontline staff. The Framework uses a tri-segment operating model: <ul style="list-style-type: none"> The Professional Standards Framework – Industry benchmark of capability across the four core functional front line roles for workers compensation claims professionals: Case Manager, Team Leader, Technical, and Injury Management. Assessment – A standardised assessment approach, with over 200 hours of consultation across the NI and TMF schemes, using an established rubric for each competency statement in the PSF and a standardised tool to gather and report on evidence-based data for each functional role. Learning and Career Development – icare has embedded the PSF into the employee experience. This includes alignment to our enterprise people framework, core capabilities and learning methodology. It features career pathing and a fit for purpose learning suite that includes differentiated learning offerings tailored to the competencies of the PSF and LinkedIn Learning. The operating model services the four core frontline claims roles. Recognising the case manager as the central integral role to provide claims services, and the leadership triangle consisting of the Team Leader, Technical and Injury Management supporting roles. Our CSPs began the first scheme-wide standardised assessment practice (an Australian first for the workers compensation industry) in November 2023. It validates the experience of claims professionals in the NSW workers compensation scheme and provides opportunities to enhance skills and role progression. As at June 2024, 936 people had commenced training and assessment. One per cent of the 346 people who had commenced assessment had completed the assessment.

Non-Financial Metric	Contributing Initiative	How contributing initiative impacts/supports non-financial metrics
Treasury Managed Fund (TMF) Workers Compensation: Return to work (RTW) 13 week FY25 target: To align with SIRA's Recovery Through Work Measurement Framework, the FY25 target is based on a 'working rate' with a target of 83.4% for physical and psychological injuries combined.	<ul style="list-style-type: none"> TMF Workers Compensation Transformation program 	<ul style="list-style-type: none"> The TMF transformation program is a multi-year program to improve the sustainability of the TMF workers compensation scheme through improving the health and wellbeing of NSW government workers, improving the financial sustainability of the scheme and improving the experience of those we serve including agencies and workers with injuries. In FY24, the key activities of the TMF WC transformation program were to: <ul style="list-style-type: none"> commence the procurement process for the appointment of future CSPs and alignment of contracts with the NI for performance and remuneration Begin the build of the enhancements to the icare claims platform to meet the needs of the TMF scheme and NSW government agencies. When delivered, the new contracts and centralised system are expected to support greater oversight of performance and targeting of interventions to improve outcomes. The implementation is not sufficiently progressed to show benefits which are not anticipated until FY26.
	<ul style="list-style-type: none"> CSP remuneration model 	<ul style="list-style-type: none"> The CSP remuneration model was revised in 2022 for the contract extension period that applied from 2023-2024. This model included specific targets for physical and psychological injury in response to declining RTW rates that were primarily being driven by a decline in psychological injury RTW rates and increases in the number of psychological injury claims. This allows icare much closer monitoring of the portfolio performance and particular claims cohorts to ensure more targeted activity to lift RTW rates. The remuneration was also adjusted to allow CSPs to reduce caseloads for case managers, providing a greater focus on RTW planning and coordination of early intervention initiatives. Some of the benefits of the increased remuneration has been eroded due to the increasing volume of claims lodged over the period of the contract extension and has not yet delivered the benefits anticipated.
	<ul style="list-style-type: none"> Nominal Insurer Improvement Program Professional Standards & Capability 	<ul style="list-style-type: none"> Please refer to information about the Professional Standards and Capability workstream of the Nominal Insurer Improvement Program noted in the NI Working Rate 13 week section.

Non-Financial Metric	Contributing Initiative	How contributing initiative impacts/supports non-financial metrics
Risk Maturity Index (RMI) FY25 target: RMI rating of 'Evolving Plus'	<ul style="list-style-type: none"> Enterprise Improvement Program (EIP) – Risk Uplift 	<ul style="list-style-type: none"> The Risk Uplift workstream of the EIP was designed to uplift and embed new frameworks, committees, oversight and systems to strengthen icare's risk and compliances practices. Some of the activities delivered by Risk Uplift that contributed to the non-financial benefit of improved risk maturity included the design, implementation and embedding of the Three Lines Model, improved business risk profiles and controls assessment and dedicated risk forums established.
act2engage engagement FY25 target: 61%	<ul style="list-style-type: none"> EIP Program – Culture and Accountability 	<ul style="list-style-type: none"> The culture part of the Culture and Accountability workstream of the EIP was designed to engage our people in and understand our refreshed purpose, vision and values, "cultural expectations: how we do things around here". The implementation of core capabilities, refreshed performance management framework, leadership development, HR policy alignment and internal communication forums supported an increase in engagement. icare's listening strategy was implemented in 2024 to gain more regular feedback from our people and inform future action plans across all business units to achieve the overall aspirational target state. This increases the transparency of results and action and creates a more accountable culture. An ongoing focus is to continue role modelling behaviours, aligning systems, structures and processes, developing people and measuring progress for insights.

Appendix 5. Consumer response

Workers Compensation (Nominal Insurer)

Workers Compensations (Nominal Insurer)

In the Nominal Insurer scheme, complaints relate to policies and claims. Complaints are received from various parties, including employers, brokers, workers, legal representatives and service providers.

The table below highlights complaints managed by Claims Service Providers (CSPs) and those received directly by icare.

Nominal Insurer Workers Compensation policy-related complaints

Complaints	Total complaints	Top complaint categories	Average business days to resolve
Level 1 - 4,487	5,053	<ul style="list-style-type: none"> Process Communication Service Delivery 	Level 1 - 1
Level 2 Complex - 523			Level 2 - 8
Level 3 External - 38			Level 3 - 9
Level 4 Government Relations - 5			Level 4 - 8

Commentary: The volume of policy-related complaints has continued its downward trend with a 27% reduction on the previous year. Various initiatives, including improved self-service options, communications and system enhancements have contributed to an uplift in our service delivery.

Nominal Insurer Workers Compensation claims-related complaints managed by Claims Service Providers

Complaints	Total complaints	Top complaint categories	Average business days to resolve
Managed in icare's customer relationship management (CRM) system	6,548 Non-complex complaints (2,694) Complex complaints (3,854)	<ul style="list-style-type: none"> Non-complex complaints: Communication, Cost/Payment/Benefit and Service Delivery Complex complaints: Cost/Payment/Benefit, Communication and Process 	3.18
Managed in Claims Service Provider (CSP) system	600		14

Nominal Insurer Workers Compensation claims-related complaints managed by icare

Complaints	Total complaints	Top complaint categories	Average business days to resolve
Non-complex complaints	692	<ul style="list-style-type: none"> • Cost/Payment/Benefit • Communication Decision 	2.3
Complex and escalated complaints	549	<ul style="list-style-type: none"> • Service Delivery • Decision • Cost/Payment/Benefit 	14.0

Disputes

Disputes related to operations in the Nominal Insurer scheme cover a workers legislated right to request a review if they disagree with all or part of a decision made by icare or its CSPs on claims. While not legislated, icare also offers this dispute pathway to our employers.

The table below shows disputes managed by CSPs and those managed directly by icare.

Claims-related disputes

Disputes	Total disputes	Top dispute categories	Average calendar days to resolve
Liability (managed by icare)	4,128	<ul style="list-style-type: none"> • Injury, Treatment, Incapacity 	14.3
Work capacity and PIAWE (managed by CSPs)	882	<ul style="list-style-type: none"> • Current work capacity, what constitutes suitable employment, the amount 	14.2

Treasury Managed Fund

Treasury Managed Fund Complaints

Complaints information for our operations in the Treasury Managed Fund Workers Compensation scheme includes complaints relating to policies and claims. Complaints are received from various parties, including agencies, workers, legal representatives and service providers.

Complaints received directly by icare

Complaints	Total complaints	Top complaint categories	Average business days to resolve
Complaints received directly by icare relating to workers compensation claims for NSW Government agencies	82 complaints <ul style="list-style-type: none"> • Level 1- 30 • Level 2- 37 • Level 3- 14 • Level 4- 1 	<ul style="list-style-type: none"> • Service Delivery • Cost/Payment/Benefit • Communication 	14
Combination of complaints regarding claims managed under the NI (EML staff and uninsured liability) and volunteers (TMF)	244 complaints	<ul style="list-style-type: none"> • Decision • Cost/Payment/Benefit • Communication 	Level 1- 3.8 Level 2- 3.2 Level 3- 2.1

The volume of complaints received by icare from NSW Government agencies relating to TMF workers compensation claims remains low, with a gradual decline in volume in the first quarter of FY24 (26 complaints) compared to the last quarter (15 complaints). The top themes of the complaints are consistent across the year, and are regarding payments, communication and service delivery.

Within the Claims Support Services portfolios, most complaints have been in the uninsured liability portfolio, representing 68% of the complaints. The volunteer portfolio represented 27% of the complaint volume.

There were 20.2% of the complaints with the outcome as “confirmed”, meaning there was no additional information or rectification required to resolve the complaint.

Claims Support Services has been gradually increasing compliance with recording every expression of dissatisfaction and is on track to be fully compliant with this in August 2024, following the transition to Guidewire Claims Centre.

TMF Workers Compensation Complaints received directly by Claims Service Providers

Complaints	Total complaints	Top complaint categories	Average business days to resolve
Complaints received by CSPs	1,425 Level 1 complaints	<ul style="list-style-type: none"> • Payment/Benefit Issues • Liability Decision • Customer Service 	1.4

Level 1 complaints received directly by CSPs have shown a steady reduction throughout FY24. In July 2023, the volume of complaints as a percentage of total claims handled by CSPs was 0.67%, which reduced to 0.46% in June 2024.

Insurance for NSW

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.

Complaints	Total complaints	Top complaint categories	Average business days to resolve
Complaints received directly by icare relating to IfNSW schemes; e.g. TMF GL and CRIF	104	<ul style="list-style-type: none"> • Service Delivery • Communication • Decision 	13

Commentary: Complaints received directly to icare regarding the IfNSW business division, relating to service offerings, claim management, risk advisory and system issues.

Treasury Managed Fund General Lines claims complaints

Complaints	Total complaints	Top 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	32	<ul style="list-style-type: none"> • Service Delivery • Communication • Decision 	9

Commentary: Complaints received directly by the scheme agent (typically government agencies) related to claims management, notification of legal service provider referrals and responses to follow-up questions.

Treasury Managed Fund General Lines claims disputes

Disputes	Total disputes	Top complaint categories	Average business days to resolve
General Lines disputes	13	<ul style="list-style-type: none"> • Decision • Coverage • Other 	8

Commentary: Disputes received in relation to disagreement with liability decisions made by icare or the scheme agent.

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 complaint categories	Average business days to resolve
Complaints resolved by frontline staff	389	<ul style="list-style-type: none"> • Decision • Service Delivery • Communication 	6

Disputes	Total disputes	Top complaint categories	Average business days to resolve
Disputes raised with HBCF claims from homeowners	72	<ul style="list-style-type: none"> • Decision • Communication • Other 	14

Disputes	Total disputes	Top complaint categories	Average business days to resolve
Disputes raised to HBCF Underwriting	57	<ul style="list-style-type: none"> • Decision • Premium • Service Delivery 	14

Commentary: The majority of resolved disputes/complaints were about coverage and being lodged out of time. Disputes typically relate to disagreement about liability and underwriting decisions.

Sporting Injuries

There were no complaints received for Sporting Injuries in FY24.

Lifetime Care and Support

Lifetime Care complaints

Complaints	Total complaints	Top complaint categories	Average business days to resolve
Level 1: Complaints received by frontline staff	337	<ul style="list-style-type: none">• Service Delivery• Decision• Communication	1
Level 2: Escalated complaints involve a detailed investigation and response by our Scheme Integration and Resolution Team	37	<ul style="list-style-type: none">• Decision• Service Delivery• Communication	17
Level 3: Escalated to the NSW Ombudsman	1	Cost/Payment/Benefit	4

Commentary: The volume of Level 1 and 2 complaints increased in FY24 compared with the previous two financial years. This can be attributed to an increase in the number of participants in the scheme and a greater recording rate by frontline staff due to an uplift in icare’s complaints training and governance activities. Most Level 2 complaints were about Lifetime Care’s decisions, which include funding decisions and operational decisions, such as changing a person’s icare contact. One individual complainant submitted 16 unique Level 2 complaints and 27 Level 1 complaints.

Lifetime Care Disputes

Disputes	Total disputes	Top complaint categories	Average business days to resolve
Treatment, Rehabilitation and Care (TRAC)	43	<ul style="list-style-type: none"> • Services • Care Needs • Equipment 	53
Eligibility	4	<ul style="list-style-type: none"> • Lifetime Ineligibility • Lifetime Eligibility 	178
TRAC Review	2	<ul style="list-style-type: none"> • Services • Care Needs 	115
Motor Accident	0	n/a	n/a

Commentary: 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 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 increased due to experiences icare had with one specific dispute where there were significant delays in obtaining medical records and an inability to contact the injured person; however, numbers remain low.
- Five participants used the Lifetime Care Support and Advocacy Service for treatment and care needs and eligibility disputes. No one used the Lifetime Care Support and Advocacy Service for reviews of treatment and care needs disputes.
- Disputes about motor accident injury are resolved by the Personal Injury Commission (PIC) and none were resolved in FY24.

Workers Care

Complaints	Total complaints	Top complaint categories	Average business days to resolve
Level 1: Complaints received by frontline staff	76	<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	2	<ul style="list-style-type: none"> Communication Service Delivery 	16
Level 3: Escalated to the NSW Ombudsman	1	<ul style="list-style-type: none"> Service Delivery 	4

Commentary: The volume of Level 1 complaints has slightly increased this financial year; however, Level 2 and 3 complaints have decreased slightly from FY23. Most complaints were submitted by the worker and focused on service delivery.

Dust Diseases Care

Dust Diseases Care complaints

Complaints	Total complaints	Top complaint categories	Average business days to resolve
Level 1: Complaints resolved by frontline staff	38	<ul style="list-style-type: none"> Communication Service Delivery Process 	2
Level 2: There were no Level 2 complaints received	0		0
Level 3: Escalated to the NSW Ombudsman	1	<ul style="list-style-type: none"> Privacy 	7

Commentary: The volume of Level 1 complaints has decreased by 33% compared with FY23. There was one Level 3 complaint that was resolved within seven business days and related to a privacy breach. Most of the Level 1 complaints received were lodged by the client (63%) or a family member/friend (37%).

CTP Care

CTP Care complaints

Complaints	Total complaints	Top 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 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 6. Grants

Innovation and Partnerships Grants

Partner	Initiative	FY23–24 Funding	Nature of work
Agency for Clinical Innovation (ACI)	Specialist Pain Clinics – Be Pain Smart	\$45,680	To develop and pilot a specialised multi-disciplinary pain clinic for people with Traumatic Brain Injury (TBI) or Spinal Cord Injury (SCI). The aim is for the assessment to become a routine part of clinical care and for clinicians to have the tools and knowledge to effectively manage pain.
Cerebral Palsy Alliance	Remarkable Phase 2	\$550,000	Remarkable (Phase 2) will refine the accelerator model, build long-term sustainability and an evidence base for quality-of-life outcomes generated by inclusive technology startups. Many of the technologies have direct relevance to Lifetime Care participants.
Curtin University and ThinkPlace	Design for Care	\$1,905,366	An initiative to improve mental health outcomes in the healthcare and social assistance sector through work redesign. It includes a digital platform, resources and industry benchmarking.
Finity Consulting	Ageing Workforce Analysis	\$100,000	Research focusing on the impact of the ageing population on workers compensation claims, to identify priority areas to prevent injuries and enhance recovery and return-to-work rates.
Ingham Institute	ACT Adjust Pilot	\$41,412.20	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 treatment program through video conferencing.
John Walsh (JW) Centre and State Insurance Regulatory Authority (SIRA)	The John Walsh Centre for Rehabilitation Research	\$966,699.50	The JW Centre is an internationally recognised interdisciplinary research and educational centre that focuses on motor vehicle injury-related disability. Jointly funded by icare and SIRA to support better outcomes for people severely injured in motor vehicle accidents.
Kaloongi	Return to Work Outcomes for First Nations People	\$85,000	Research exploring the cultural factors affecting First Nations peoples' experiences with the workers compensation scheme, focusing on lived experiences to improve injury recovery outcomes.

Partner	Initiative	FY23–24 Funding	Nature of work
Spinal Cord Injuries Australia (SCIA)	EmployAbility	\$750,000	Aims to develop and pilot a pathway for Lifetime Care Scheme participants with TBI to participate in meaningful employment by supporting job preparation, job seeking and tailored support during the first six months of new employment.
Transport Accident Commission and Monash University	Smart Home Technology Trial	\$74,401.20	Investigates current and emerging technologies, including movement-sensing and audio-prompting technology, to support independence for people with a TBI.
University of New South Wales	Carers Way Ahead	\$20,000	Online program aims to improve the wellbeing of carers of adult family members with a TBI, offering self-learning modules on behaviour management techniques, supported by a clinical psychologist.
University of NSW, University of Sydney and Urbis	Front of Mind	\$1,511,879.36	To build, test, and scale a suite of mental health supports to prevent and reduce psychological injury among NSW frontline workers. It includes three programs: early detection and intervention to optimise mental health, developing resilience in high-risk occupations, and a multimodal stepped-care approach to address traumatic stress and substance use.
University of Sydney	Brain Injury Telepsychiatry Service	\$27,697	A pilot of a state-wide service to provide specialist psychiatric help to people who have a TBI via telehealth. It aims to upskill clinicians and local treating teams in brain injury management.
Total		\$6,078,135.26	

Note: The Statutory Accounts include a credit of \$62,000 for unspent funds recovered from grant recipients. The appendix above does not include the credit.

Dust Diseases Board Grants

Partner and Chief Investigator	Investment	FY2023–24 funding	Nature of work
Asbestos and Dust Diseases Research Institute	Mesothelioma Support Services for people and families affected by an occupational dust disease	\$60,000	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.
Asbestos and Dust Diseases Research Institute	Mesothelioma Support Services for people and families affected by an occupational dust disease	\$198,835	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.
Asbestos and Dust Diseases Research Institute	Develop and expand silicosis research and patient support capabilities	\$2,000,000	Study to develop and expand the recipient's capabilities into the prevention, diagnosis, therapeutic procedures and treatment of silica dust-related diseases and to develop a patient support program for individuals and their families navigating the health risks associated with exposure to silica dust.
Asbestos and Dust Diseases Research Institute – A/Prof. Sonja Klebe	Circular RNAs as potential biomarkers for malignant pleural mesothelioma	\$125,000	Research to identify circular RNAs in blood from malignant pleural mesothelioma patients, some of which may be useful as diagnostic biomarkers in malignant pleural mesothelioma.
Asbestos and Dust Diseases Research Institute – A/ Prof. Sonja Klebe	A novel 3D model for drug screening in mesothelioma	\$82,500	Research to develop a novel model of cell culture that more accurately represents a malignant pleural mesothelioma tumour, and to determine the suitability of such models for testing drug responsiveness and detecting biomarkers of disease.
Asbestos and Dust Diseases Research Institute – Dr Steven Kao	Is epigenetic alteration implicated in the treatment response of Pembrolizumab	\$180,000	Study to determine if epigenetic changes in malignant pleural mesothelioma (i.e. changes to how genes are expressed) correlate to treatment responsiveness in malignant pleural mesothelioma, and therefore be a useful prognostic biomarker.

Partner and Chief Investigator	Investment	FY2023–24 funding	Nature of work
Asbestos and Dust Diseases Research Institute – Dr Steven Kao	Phase 1 Leptospermum polygalifolium extract in mesothelioma	\$76,550	A Phase 1 study to determine the potential utility of a specific Leptospermum polygalifolium (QV0) extract as a monotherapy agent for patients with malignant pleural mesothelioma. Further investigation of the safety of combining QV0 with standard of care chemotherapy or checkpoint inhibitors in dose expansion safety cohorts.
Asbestos Diseases Foundation of Australia	Mesothelioma Helpline Coordinator and Support Services	\$25,000	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 of Australia	Mesothelioma Helpline Coordinator and Support Services	\$13,960	The Mesothelioma Helpline Operator provides assistance and advice to victims of asbestos-related diseases and their families while maintaining ongoing administrative functions.
Flinders University – Prof. Ashleigh Hocking	Personalised therapy for mesothelioma	\$159,094	Research to identify 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.
Lung Foundation Australia	Suite of tailored dust disease information and education resources	\$45,460	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.
Lung Foundation Australia	Awareness of occupational lung health hazards for CALD communities	\$50,490	To inform and educate those at-risk CALD community members regarding dust diseases and participants in the Dust Diseases Care Scheme and reduce the likelihood within key CALD communities of an occupational lung disease/dust disease diagnosis.
Monash University – Christina Begka	Towards therapeutic interventions against silicosis	\$88,000	To test the effectiveness of bronchoalveolar lavage in a mouse model of silicosis, and to determine if replacement of dysfunctional immune cells with healthy immune cells in the silicotic lungs slows disease progression.

Partner and Chief Investigator	Investment	FY2023–24 funding	Nature of work
Monash University – A/ Prof. Jane Bourke	Establishing a novel human model for anti-fibrotic drug screening in silicosis	\$224,500	To test two anti-fibrotic drugs (already shown to be effective in other lung disease) and two promising novel in-house drugs to target inflammation and fibrosis in silicosis.
Monash University – Prof. Anne Holland	SilicosisCare – optimising future healthcare	\$143,349	To understand the experiences and care needs of younger people with silicosis and identify key components of a long-term supportive care model.
Monash University – Dr Paris Papagianis	Managing workplace risk of lung disease through non-invasive exhaled breath analyses	\$48,000	To screen for early signs of silicosis, using a non-invasive portable device.
University of Adelaide – Dr Chandnee Ramkissoon	Preventing lung disease: are low-silica engineered stone products really safe	\$81,600	To provide scientific validation to policy changes aimed at reducing workplace exposure to silica in dust-generating industries. The research outcomes will help establish a critical cut-off level of silica in engineered stone and other silica-containing materials.
University of New South Wales – A/Prof. W. Alexander Donald	Early detection of lung disease in silica-exposed workers	\$96,164	To test the utility of novel biochemical analyses as a screening tool for early signs of silicosis and to better understand the pathophysiology of silicosis.
University of New South Wales – Prof. T. David Waite	Identifying causal factors in particle-induced lung disease using novel cell models	\$66,991	To provide a deepened understanding of factors that contribute to the variations in latency periods and rates of disease progression by utilising a novel co-culture technique along with advanced 3D organoid models.
University of Sydney – Dr Moe Sulieman	A high-level education Strategy CHEST	\$30,000	To develop and optimise an educational platform to train physicians in accurately identifying signs of dust diseases on chest X-rays and high-resolution CT scans.
University of Technology Sydney – Dr Yuen Yee Cheng	sEV-derived circRNA in EMT progression and treatment option in mesothelioma	\$49,744	To study a novel approach to suppress exo-circRNA and consequently Epithelial-Mesenchymal Transition progression using miRNA replacement.

Partner and Chief Investigator	Investment	FY2023–24 funding	Nature of work
University of Technology Sydney – Dr Yuen Yee Cheng	A novel approach to identify and treat mesothelioma	\$99,808	Study to demonstrate the efficacy of IR1Gd in treating mesothelioma, leading to early-stage clinical trials.
University of Technology Sydney – Prof. Philip Hansbro	Defining therapies against the pathogenesis of accelerated silicosis	\$152,626	Initiative to improve health and care outcomes for sufferers of accelerated silicosis (AS). One hundred putative therapeutics will be screened for their effect on seven master regulator genes, including FABP4 and FCN1, and the three most effective drugs will be progressed to in vivo investigation using a murine model of AS.
University of Western Australia – Dr Jessica Boulter	A neoantigen approach to improving immunotherapy response in malignant mesothelioma	\$60,000	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 Fraser Brims	Ultra low-dose CT in silicosis screening	\$18,034	This research examines low dose computed tomography as a more sensitive alternative to chest X-ray in screening for early signs of silicosis.
University of Western Australia – Dr Jonathan Chee	Repurposing anti-copper drugs to improve immunotherapy for mesothelioma	\$54,278	This project aims to develop copper-binding drugs as a novel way to increase the number of responders by reducing the amount of copper available to the cancer and to understand how this improves the function of anti-cancer immune cells in mesothelioma.
University of Western Australia – Dr Jonathan Chee	Developing novel strategies to predict and improve mesothelioma responses to chemo-immunotherapy	\$80,000	To identify immune biomarkers of immune checkpoint therapy responsiveness in malignant pleural mesothelioma, and to develop novel strategies to improve responsiveness by modifying the epigenetic expression of relevant genes.

Partner and Chief Investigator	Investment	FY2023–24 funding	Nature of work
University of Western Australia – Dr Jonathan Chee	Identifying biomarkers of response to chemo-immunotherapy in mesothelioma	\$66,163	Research to understand the mechanisms driving patient responsiveness to immuno-chemotherapy for the treatment of malignant pleural mesothelioma, and to identify ways to predict and improve drug responsiveness.
University of Western Australia – Dr Alastair Cook	Harnessing synergy between radiotherapy and immunotherapy to improve outcomes in mesothelioma	\$85,000	This project focuses on using vascular-remodelling radiation to improve immunotherapy outcomes in mesothelioma, with an aim to develop image-derived biomarkers that are predictive of response to treatment.
University of Western Australia – Dr Tracy Hoang	Tracking PD-L1 modulation in mesothelioma using advanced in vivo imaging	\$88,629	Study to develop a Positron Emission Tomography (PET, a type of medical imaging procedure) imaging protocol to detect and measure the amount of PD-L1 in mice with mesothelioma tumours.
University of Western Australia – Dr Carolyn McIntyre	ISC-TEAM- Integrative Supportive Care Trial for MPE	\$125,281	The proposed ISC-TEAM trial will randomise 100 patients to receive standard clinical care or integrative supportive care through a multidisciplinary program of dietetics, exercise physiology and psychology.
Western Sydney University – Dr Maggie Davidson	Beyond Respirable Crystalline Silica: what makes artificial stone different	\$18,744	This project aims to evaluate the biological effects of different kinds of commercial manufactured and natural stone products, and to determine factors that underlie the toxicity of manufactured stone dust.
Woolcock Institute – Dr Anna Yeung	Improving work practices towards reducing acute silicosis	\$8,800	Research project to understand the amount of silica workers are exposed to in factories during the processing of artificial stone and the effectiveness of protection offered by different types of face masks.
Woolcock Institute – Dr Anna Yeung	Improving work practices towards reducing acute silicosis	\$76,000	This project analyses the molecular properties of manufactured stone dust and the work environments in which it is created. Also, to produce a plain, multi language educational resource for workers in the industry.
Total		\$4,778,600	

Appendix 7. Legislation

icare's 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 (ICNSW Governance) Act 2023.

Commenced on 24 October 2023

State Insurance and Care Governance Amendment (ICNSW Board) Act 2023.

Commenced on 1 December 2023.

Insurance for NSW

Principal legislation

NSW Self Insurance Corporation Act 2004

Regulations

NSW Self Insurance Corporation Regulation 2022

Amending legislation

N/A

Workers Compensation (Nominal Insurer)

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 2017

Amending legislation

N/A

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

N/A

Dust Diseases

Principal legislation

Workers' Compensation (Dust Diseases) Act 1942

Regulations

Workers' Compensation (Dust Diseases) Regulation 2018

Amending legislation

Workers' Compensation (Dust Diseases) Regulation 2023. Commenced 25 on August 2023.

Sporting Injuries Insurance

Principal legislation

Sporting Injuries Insurance Act 1978

Regulations

Sporting Injuries Insurance Regulation 2019

Amending legislation

NA

Home Building Compensation Fund

Principal legislation

Home Building Act 1989 (Part 6, 6C)

Regulations

Home Building Regulation 2014

Amending legislation

Building Legislation Amendment Act 2023. Commenced on 11 December 2023.

Building Insurers' Guarantee Corporation (BIG Corp)

Principal legislation

Home Building Act 1989 (Part 6A)

Regulations

Home Building Regulation 2014

Note

BIG Corp was wound up by the *Better Regulation Legislation Amendment (Miscellaneous) Bill 2024*, commencing on 20 Aug 2024, and icare is no longer administering this scheme. Any future "insolvent insurer" events will be covered by the State through the State Insurance Regulatory Authority.

Appendix 8. Government, Privacy and Health Information applications

Privacy management

During FY24, the icare Privacy team advised various business areas on privacy issues. These included privacy by design, best practices for new projects, risk mitigation and information sharing. We also provided training on handling data breaches and the new Mandatory Data Breach Notification scheme.

icare remains focused on privacy by continuously improving systems and guidance materials, such as collection notices and consent forms, to ensure compliance with the *Privacy and Personal Information Protection Act 1998* (PIIP Act). As required by section 33 of the Act, we have published a Privacy Management Plan on our website. The plan incorporates changes from the 28 November 2023 update to the Part 6A Mandatory notification of data breaches. The plan is reviewed annually, along with our new Privacy and Data Breach Policy, which is also on our website.

In FY24, icare received one request for access to personal information under the PIIP Act and 12 requests for access to personal health information under the *Health Records and Information Privacy Act 2002* (HRIP Act). We handled 21 valid internal review applications under both acts, finalising 16 of them, while four external review applications were lodged at the NSW Civil and Administrative Tribunal. 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 FY24, with each business area confirming the information they hold suitable for proactive release has been released appropriately through the year, was being prepared for release, or had already been released. The review confirmed 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 240 formal valid access applications were received during FY24. This includes withdrawn and transferred applications but excludes invalid applications. Additionally, icare processed 49 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 FY24, icare refused 68 access applications for this reason. Of those applications, one was refused in full and 67 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 FY24 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	1	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	1	0	0	0	0	0	0
Not-for-profit organisations or community groups	0	2	0	0	0	0	0	0
Members of the public (by legal representative)	35	180	0	5	2	0	0	6
Members of the public (other)	14	35	1	7	4	3	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	41	149	1	3	3	0	0	3
Access applications (other than personal information applications)	8	67	0	9	2	2	0	4
Access applications that are partly personal information applications and partly other	1	2	0	0	1	1	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)	117
Application is for excluded information of the agency (section 43 of the GIPA Act)	27
Application contravenes restraint order (section 110 of the GIPA Act)	0
Total number of invalid applications received	144
Invalid applications that subsequently became valid	116

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	65
Excluded information	6
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	66
Law enforcement and security	0
Individual rights, judicial processes and natural justice	131
Business interests of agencies and other persons	4
Environment, culture, economy and general matters	0
Secrecy provisions	0
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)	196
Decided after 35 days (by agreement with applicant)	39
Not decided within time (deemed refusal)	0
Total	235

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	1	1	2
Review by Information and Privacy Commissioner*	1	5	6
Internal review following recommendation under section 93 of the GIPA Act	0	0	0
Review by NSW Civil and Administrative Tribunal (NCAT)	0	0	0
Total	2	6	8

*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	8
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	0
Applicant initiated transfers	1

Appendix 9. Publication notes

The 2023–24 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 costs of the FY24 Annual Report are \$9,017.80.

Appendix 10. Compliance index

Requirement	Source of requirement	Heading of report	Page number
1. The annual report must be prepared under six high-level content headings, having regard to the guiding principles.	GSF Regulation, TD23-11 (“Overview”, “Strategy”, “Operations and Performance”, “Management and Accountability”, “Sustainability” and “Financial Performance”)	Not Applicable	Not Applicable
2. Acknowledgement of Country	TPG23-10	Beginning	2
3. Letter of submission	TPG23-10	Beginning	5
4. Aims and objectives	TPG23-10	Overview	34
5. Management and structure	TPG23-10	Overview	30
6. Charter	TPG23-10	Appendix	146
7. Application for extension of Time	TPG23-10, TD23-11	Overview	Not Applicable
8. Strategic objectives and outcomes	TPG23-10	Strategy	35
9. Management and Activities	TPG23-10	Operations and performance	45
10. Summary Review of operations	TPG23-10	Operations and performance	12
11. Land disposal	TPG23-10	Appendix	121
12. Research and development	TPG23-10	Appendix	139
13. Implementation of price determination (if application IPART determination applies)	IPART Act s18(4)	Operations and performance	Not Applicable
14. Senior executives, numbers and remuneration	PSC Circular 2014- 09 SOORT determination TPG23-10	Management and accountability	117

Requirement	Source of requirement	Heading of report	Page number
15. Human resources	TPG23-10	Management and accountability	95
16. Consultants	TPG23-10	Management and accountability	118
17. Promotion (overseas visits)	TPG23-10	Appendix	122
18. Requirements arising from employment arrangements	TC15-07	Management and accountability	Not Applicable
19. Legal change	TPG23-10	Appendix	146
20. Economic or other factors	TPG23-10	Operations and performance	46
21. Events arising after the end of annual reporting period	TPG23-10	Management and accountability	Not Applicable
22. Risk management and insurance activities	TPG23-10	Management and accountability	113
23. Internal audit and risk management policy attestation	TPP20-08	Management and accountability	115
24. Compliance with the <i>Privacy and Personal Information Protection Act 1998</i>	TPG23-10	Appendix	148
25. <i>Government Information (Public Access) Act 2009</i> reporting	GIPA Act s125(4), (6) GIPAR c8, Sch 2; c13, Sch 3	Appendix	148
26. Other information (external production cost of the annual report; website where the report can be accessed)	TPG23-10	Appendix	153
27. Exemptions	TPG23-10	Management and accountability	Not Applicable
28. Disability inclusion action plans	<i>Disability Inclusion Act 2014</i> ss 12, 13 TC15-18	Sustainability	Not required for icare

Requirement	Source of requirement	Heading of report	Page number
29. <i>Modern Slavery Act 2018</i> reporting	<i>Modern Slavery Act 2018</i> , s 31 NSW Anti-slavery Commissioner's Guidance on Reasonable Steps	Sustainability	98
30. Work health and safety	TC15-18, TPG23-10	Sustainability	96
31. Workforce diversity	PSC Circular 2014-09 TC15-18	Sustainability	95
32. Financial statements	GSF Act, TPG23-10	Financial performance	icare Annual Report Volume 2
33. Identification of audited financial statements	TPG23-10	Financial performance	icare Annual Report Volume 2
34. Unaudited financial information	TPG23-10	Financial Performance	In each of scheme sections from page 54 (under each scheme heading)
35. Investment and liability management performance	TC 17-02, TPG23-10	Financial performance	92
36. Machinery of Government changes (associated costs and benefits)	NSW MoG Changes Guide	Financial performance	Not Applicable







Artwork by **Mumbulla Creative**

ANNUAL REPORT

321 Kent Street, Sydney NSW 2000
icare.nsw.gov.au