



icare<sup>TM</sup>

**Insurance and Care NSW**  
Annual Report 2015 – 16

**we protect, insure  
and care for the people,  
businesses and assets  
that make NSW great**

**icare™  
dust diseases  
care**

**icare™  
hbcf**

**icare™  
lifetime  
care**

**icare™  
self  
insurance**

**icare™  
sporting injuries  
insurance**

**icare™  
workers  
insurance**

# letter to our minister

31 October 2016

The Hon. Dominic Perrottet MP  
Minister for Finance, Services and Property  
Parliament House  
Macquarie Street  
Sydney NSW 2000

Dear Minister,

## **Report on performance for the year ended 30 June 2016.**

We are proud to submit the inaugural Annual Report for Insurance and Care NSW (icare) for presentation to Parliament.

This includes the Annual Reports for the period 1 July 2015 to 30 June 2016 for the Workers Compensation (Dust Diseases) Authority (Dust Diseases Care), the Lifetime Care and Support Authority (Lifetime Care), the NSW Self Insurance Corporation (Self Insurance), and the Sporting Injuries Compensation Authority (Sporting Injuries Insurance).

Financial statements for all the above entities, as well as the Workers Compensation Nominal Insurer (Workers Insurance) and the Home Building Compensation Fund (HBCF), are included in this report and also available on our website.

Our Annual Report 2015–16 was prepared according to the *Annual Reports (Statutory Bodies) Act 1984* and reporting requirements issued by NSW Treasury. The financial statements, which form part of the Annual Report, were certified by the Auditor-General.

Yours sincerely,



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**Michael Carapiet**  
Chair



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**Vivek Bhatia**  
Chief Executive Officer & Managing Director







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If you need help accessing any content in this document  
please email [accessibility@icare.nsw.gov.au](mailto:accessibility@icare.nsw.gov.au).



a social  
insurer that  
puts its  
customers  
at the heart  
of everything  
we do



icare overview

dust diseases care

lifetime care

self insurance & hbcf

workers insurance

sporting injuries  
insurance

appendices

# overview of icare<sup>™</sup>



# message from the chair & ceo



## changing the way people think about insurance and care

On behalf of the Board and icare team, we are very proud to be sharing icare's inaugural annual report – a snapshot of the first year in our journey to deliver world-class insurance and care services to the people of NSW.

Our story started on 1 September 2015 when icare was created under the State Insurance and Care Governance Act 2015. The change meant that all the government's existing disparate insurance and care schemes came together for the first time as one organisation. It was an opportunity to leverage capabilities, as well as scale, across the schemes and most importantly, an opportunity to become customer-centric. With this, icare became not only New South Wales' state insurer but one of the largest general insurers in Australia.

As a centre of excellence for insurance and care needs, we feel honoured with the opportunity to develop icare into a truly unique organisation and one that puts customer centricity at the heart of its endeavours. Our goal is to **protect, insure and care for the people, businesses and assets that make New South Wales great.**

In September last year we had a core ambition to **change the way people think about insurance and care by providing world-class services to people, businesses and communities.** That still remains. So much so, it has become icare's vision statement.

The passion to exceed our customers' needs and make a difference has fuelled our growth over the past year and it has been at the absolute centre of all decision making.

However we can't provide exceptional social outcomes for the community if our schemes aren't financially sustainable.

This mindset informed what we call our 'DNA' of **'Commercial Mind, Social Heart'** – a tagline that is now part of our brand and resonates across our employees as well as the wider community. As a social insurer, we'll be there for people, not for profit. After all, we have to do well to be able to do good.

As our journey has evolved, and to ensure that we can deliver world-class services, our first year of operation

has also focused on developing icare into **a great place to work to achieve great things for our customers.**

We continually work with our **values** front of mind, always challenging the status quo and seeking to deliver innovative service, as we test new ways of working.

Our financial performance has been in line with the objectives and targets set out in our Business Plan and we are committed to striving to deliver **financial sustainability** and value for our customers.

### Customer-centricity and world-class ambitions

icare is passionate about changing people's lives, by providing the care they need when they need it most. We are dedicated to delivering a high quality, consistent, transparent and predictable customer experience for everyone we interact with. In our eyes, that's focusing on the person, not the process.

Striving to be world-class means we need to go beyond our immediate scope of services to understand and leverage global best practices across industries.

We need to be innovative and consider how we are going to optimise our service delivery placing our customers at the centre of what we do, not at the end of it. That's why we have started to apply **human-centred design** to systems and made steps in exploring how we can connect with various stakeholders within our ecosystem to achieve better outcomes for all.

As a first step, we initiated an eight week Customer Experience Design project in December 2015. The objective was to redesign the customer experience for workers and employers in Workers Insurance and Self Insurance, from point of injury to end of claim.

Using human-centred design thinking, we let our customers guide us in defining the problem, and the solution.

The project reinforced that we can make a real difference to people's lives by redesigning the journey from the customer's perspective – and we have developed a bold aspiration to articulate the ideal experience we want to offer.



We then used the human-designed approach to take the research through to Phase 2 which has resulted in us defining what the aspirational experience for Seriously Injured Care Participants (across Lifetime Care, Dust Diseases Care, Workers Insurance and Self Insurance) and Policyholders of Workers Insurance (for Workers Insurance and Self Insurance) could look like.

However we haven't just focused on the long term goals. We have looked at what 'quick wins' we can do to improve our customers' experience today. Throughout the year we have created innovation in research and service delivery. Here are a few examples to date:

- In **Dust Diseases Care** we are extremely proud to have halved the average processing times for people who have a workplace-related dust disease. We also met the new two day target for considering and approving claims (once processed) in 100 per cent of cases. We are also pursuing a range of innovative programs to improve flexibility and care options available. These include funding new research into the detection and treatment of dust diseases, supporting new immunology-focused medical treatments for asbestos related diseases, and offering metropolitan based customers the choice to visit their own local specialist physician for medical visits.
- **Lifetime Care** has finalised a direct funding pilot which enabled participants to enhance their quality of life by giving them ownership to adjust their care services as they wish to suit their lifestyle.
- **Self Insurance** has introduced best-practice research and ideas from the areas of health, insurance, technology and beyond to enhance our customers' experience. Our world-first Work Injury Screening and Early (WISE) Intervention protocol trial aimed at getting injured people back to work earlier has shown positive results.
- The **Workers Care** program is an initiative to ensure that severely injured workers receive the same high-quality specialised treatment and care as Lifetime Care participants.

As of 31 October 2015, all newly injured workers who met the severe injury criteria have had their needs managed by Workers Care. The benefits of the Workers Care program are:

- specialist treatment, rehabilitation and care services
- consistent quality of care for all severely injured workers, giving them access to the same standard of care as people injured in motor vehicle accidents
- a focus on injury management and improved quality of life.

Approximately 300 severely injured workers will be transferred from the Scheme Agents by June 2017.

- **Workers Insurance** collaborated with 50 of the largest employers and brokers to design an industry leading large employer product, which has received fantastic feedback as we designed it with them, for them.

All of this is, and will be, underpinned by a core set of new Customer Design Principles which are complemented by the icare values. They will be used by everyone in our organisation as well as our partners. One of our Principles is to 'Set the Bar' and that's exactly what we want the experience to feel like when anyone interacts with us.

But how will we know when we exceed our customers' expectations? We are first and foremost measured by the lives that we make a difference to, but to evaluate ourselves objectively we have developed a Net Promoter Score (NPS) program, surveying 51,000 injured workers, to measure customer advocacy, understand the current experience and to identify further areas for improvement. The program has recently rolled out across our Care service lines and will run continuously so we can receive suggestions for improvement and measure how our customers rate our service.

“  
focusing on the person,  
not the process  
”

## Financial sustainability

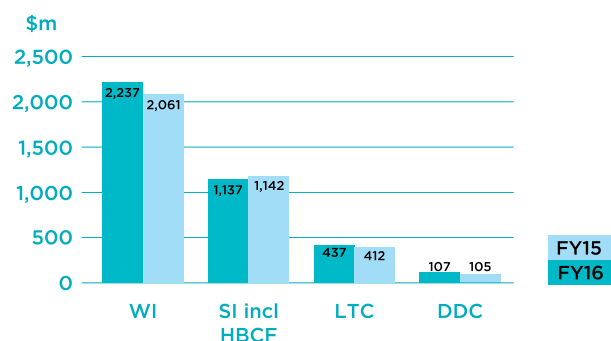
In icare's inaugural year, we focused on better understanding our customers' needs and investing in capabilities that would improve their experience and outcomes. This will continue as part of our commitment to providing optimal service while delivering sustainable schemes that are managed with a commercial mind and a social heart.

Premiums and contributions in the 2015–16 financial year for each of the schemes were broadly in line with expectations, mainly driven by claims volumes and inflation.

Overall investment income across all schemes was about \$1.8 billion lower than the prior year, mainly as a result of volatile investment markets and low-interest landscape. icare has prudent investment governance in place to manage scheme performance.

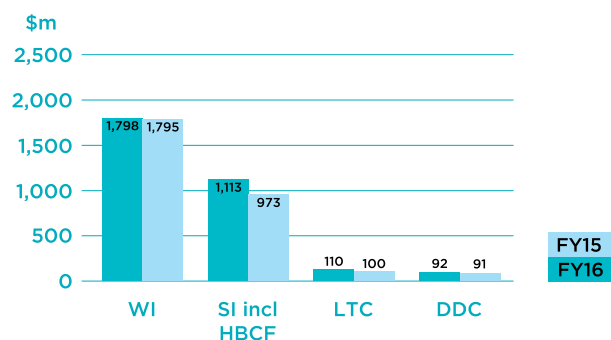
In 2015–16 a one-off claims provision of about \$1 billion was recognised in the Workers Insurance scheme and about \$0.2 billion in the Self Insurance scheme for the impact of the 2015 workers compensation reforms. The Self Insurance scheme also returned about \$0.1 billion to the NSW State budget and provided a safety net to NSW homeowners through HBCF of about \$0.1 billion in 2015–16.

### Earned premium/contributions<sup>1</sup>



1. Earned premium/contributions includes claims recoveries and excludes reinsurance expenses.

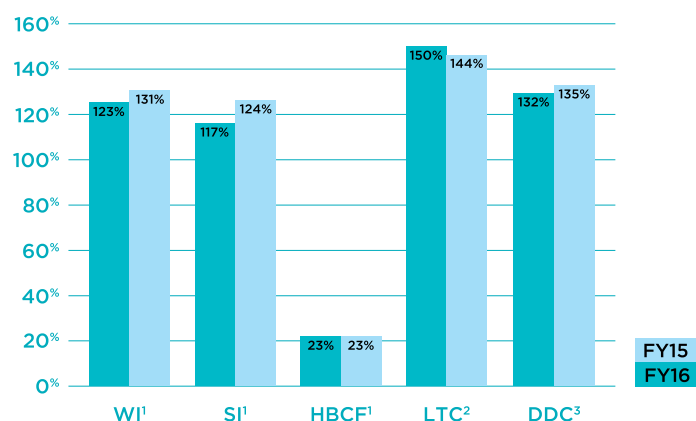
### Claims paid



Workers Insurance  
Self Insurance including  
Home Builders Compensation Fund

Lifetime Care  
Dust Disease Care

## Funding ratio



1. The WI, SI (CRIF only) and HBCF funding ratios include risk margins.
2. The LTC funding ratio excludes a risk margin given it is accounted for under AASB 137 where no such margin is required. Should a risk margin (at the 75% probability of adequacy) be included, the liabilities would increase by \$441m (2015:\$411m) resulting in a funding ratio for FY 16 of 131% (FY15: 127%).
3. DD funding ratio excludes receivables relating to future levies yet to be invoiced and outstanding claims liabilities in respect of future claims.

## The year ahead

The year ahead will be just as exciting and fast-paced as this year.

To ensure that we can respond quickly to evolving customer needs and emerging technologies, there will be a big focus on customer-centred design and data analytics as we evolve into a **data-driven organisation**.

Over the next year, we will continue to develop and improve the ways we collaborate with and support our service lines and partners. We will also start to see the benefits of our investment in a new core technology platform, designed to help icare become more effective and easier to interact with.

Central to delivering world-class experiences for our customers is having an **optimal organisational culture** driven by our people. We will continue to seek out and develop outstanding talent and build an innovative, supportive and 'great place to work' culture to support them in achieving great outcomes for our customers.

We would like to sincerely thank all of our customers, stakeholders and the team at icare for their support during our inaugural year. We are passionate and ready to protect, insure and care for the people, businesses and assets that make New South Wales great for the year ahead and many years to come.

Thank you.

**Michael Carapiet**  
Chair

**Vivek Bhatia**  
Chief Executive Officer  
& Managing Director



# vision

To change the way people think about insurance and care by providing world-class services to people, businesses and communities.

# purpose

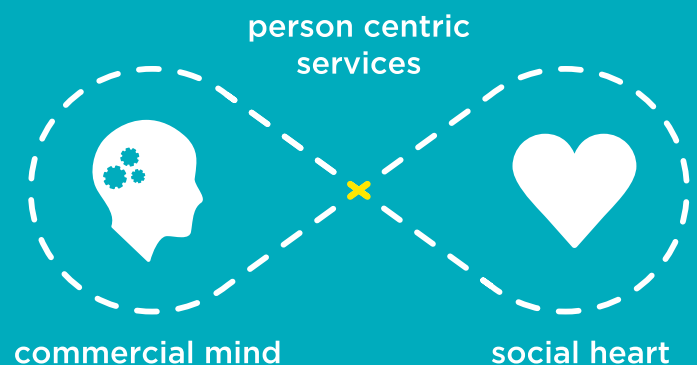
We **protect, insure** and **care** for the people, businesses and assets that make NSW great.

**\*be  
there**

# values

integrity  
courage  
accountability  
respect  
empathy

# dna



# icare at a glance

icare delivers insurance and care services to the people of NSW through the Dust Diseases Care, HBCF, Lifetime Care, Self Insurance, Sporting Injuries Insurance, and Workers Insurance schemes.

Whether a person is severely injured in the workplace or on our roads, icare supports their long-term care needs to improve quality of life outcomes including helping people return to work.

## Fact:

icare has a passionate purpose to protect, insure and care for the people, business and assets that make NSW great. It is also proud to be one of the largest insurers in Australia, managing \$5 billion revenue and \$32 billion of assets across its various schemes.



## dust diseases care

Dust Diseases Care provides compensation for people with work-related dust diseases and their dependants. The team also helps to arrange healthcare, nursing and personal care assistance around the home, mobility aids and oxygen supplies.

## Fact:

In 2015-16 over 4,400 people received \$91.1 million benefits. The team also managed to halve its average processing time and met the two day target for considering and approving claims (once processed) in 100 per cent of cases.



## hbcf

HBCF (Home Building Compensation Fund) provides a safety net for homeowners if building contractors are unable to honour their commitments due to insolvency, death, disappearance or suspension of licence.

Builders are required to obtain insurance under the HBCF for residential construction projects over \$20,000 (with some types of construction e.g. new high-rise buildings exempted). The HBCF also assesses builders' eligibility to obtain cover.

## Fact:

HBCF insured more than \$14.6 billion in residential projects during 2015-16.



## lifetime care

Lifetime Care provides treatment, rehabilitation and care for people severely injured in motor accidents in NSW, regardless of who was at fault.

Injuries can include spinal cord and moderate to severe brain injuries, amputations, severe burns or permanent blindness. The injured person and their family are central to the planning of treatment, rehabilitation and care.

## Fact:

The team supports over 1,100 severely injured participants, over 70 per cent of whom are participants with a traumatic brain injury. In 2015-16, Lifetime Care finalised a direct funding pilot, which enabled participants to manage their own attendant care support, allowing them to adjust their requirements as and when they wish to suit their lifestyle.

## self insurance

Self Insurance administers a number of managed funds for NSW Government agencies and their employees.

It provides workers compensation, general property and liability insurance, and has \$7.7 billion in assets through the Treasury Managed Fund (TMF).

The Government's Self Insurance Scheme, known as the Treasury Managed Fund, is the largest fund administered by Self Insurance. We also administer a number other funds including the Construction Risks Insurance Fund.

### Fact:

Self Insurance is proud to insure close to \$180 billion of this great State's assets, like the Sydney Harbour Bridge and the iconic Opera House.



## workers insurance

Workers Insurance protects 3.1 million workers in more than 284,000 NSW businesses and has the strength of being one of the world's largest Workers' Compensation schemes.

It provides incentive and risk-based insurance policies for NSW employers to cover the cost of supporting an injured worker after a workplace injury or illness.

### Fact:

Workers Insurance cared for over 60,000 injured workers last year and paid \$1.7 billion in claims.



## sporting injuries insurance

Sporting Injuries Insurance provides services on behalf of the NSW Sporting Injuries Insurance Scheme.

The Scheme is unique to NSW and provides affordable insurance to sporting organisations in the State.

The Supplementary Sporting Injuries Benefits Scheme provides free sporting injuries insurance to NSW school children and participants of certain programs sanctioned by NSW Sport and Recreation.

### Fact:

128 sporting organisations across 65 sports are covered by the Sporting Injuries Insurance Scheme.



Read more about icare's services at [icare.nsw.gov.au](https://icare.nsw.gov.au)





#### there for homeowners

Builder insolvency can leave the homeowner with incomplete or defective works. **icare hbcf** was there for \$14.6 billion worth of projects built last year.

#### there for workers

**icare workers insurance** protects over 3.1 million workers across more than 284,000 employers in NSW. We care for our customers by providing empathetic, person-centric services to injured workers to help them recover and return to work in a sustainable way.

#### there for state employees

As Australia's largest public sector insurer, **icare self insurance** is there to protect government agencies and their employees including NSW Police, NSW Ambulance and NSW Fire and Rescue.

#### there for dust diseases

**icare dust diseases care** is there to look after those affected by work related dust diseases, and their dependents. We currently support over 4,100 people.





### there for nsw

Through the TMF, **icare self insurance** protects close to \$180 billion of our most precious assets including the iconic Opera House and Harbour Bridge.



### there in the workplace

**icare** engages with employers to support, help and encourage them to focus on safety, injury prevention and return to work.



### there for pedestrians & cyclists

**icare lifetime care** helps pedestrians and cyclists severely injured in motor vehicle accidents on NSW roads by providing treatment, rehabilitation and care.



### there for the community

**icare** is there to change lives, teaming up with Australian Paralympic Committee, the John Walsh Centre for Rehabilitation Research, Carers NSW and many other organisations. Our world first Back on Track mentoring program inspires and supports people in their journey back from serious injury.



### there for road users

**icare lifetime care** provides treatment, rehabilitation and care for those severely injured in motor vehicle accidents in NSW. We currently support over 1,100 people.



### there for sport

**icare sporting injuries insurance** is there on the sidelines supporting 128 sporting organisations across 65 different sports, providing affordable insurance to keep them in the game.

# icare in the community

We believe in empowering people to recover from injury with dignity.

We are committed to investing in programs and partnerships which help build a stronger, more supportive society.

## Back on Track – a world-first mentoring program

We are proud to have partnered with the Australian Paralympic Committee to create the world-first 'Back on Track' program. This partnership will give young injured people hope and encouragement by forging an invaluable connection with sporting heroes who have overcome similar experiences and achieved at the highest level. Their well-placed support and guidance could make a lasting difference to a person's life, especially for those at their most vulnerable.

We believe that there is a clear need for recovery programs such as Back on Track, with 7,000<sup>1</sup> young people injured on our roads and at workplaces every year. That's why we have invested \$1 million over a four year program. This program has huge potential, particularly for injured people in regional and rural areas who often have limited opportunities and support networks. That's one of the reasons the pilot involves mentees from Wyong, Newcastle, Glen Alpine, Hinchinbrook and as far as Wee Waa.

1. Transport for NSW, Centre for Road Safety, 'Injury Trends by Injury Severity, Reporting Years 2005 to 2013.'

**icare**<sup>™</sup>

back  
on  
track



Minister Dominic Perrottet, Paralympian Grant Mizens, and icare CEO Vivek Bhatia.

## International ambition, Nathan Smith (Back on Track mentee)

Nathan Smith was a keen footballer and loved water sports before a car accident left him a paraplegic with a damaged shoulder.

While football was ruled out by his accident, Nathan took up wakeboarding and now aims to compete at an international level. Initially, his ambition was tempered by uncertainty about travelling while using a wheelchair – until he met his Back on Track mentor, wheelchair basketball player Nick Taylor. Nick helped Nathan deal with the complications of air travel and told him what to expect when competing at an international level.

'He pushed me to go for it – not to hold back but to experience the whole thing and just do it,' Nathan says. 'He assured me I would not regret it, and he was right. I had never travelled before, and to sum up the whole experience – it was awesome!'



## A world-first – the WISE trial

Preventing unnecessary delays by quickly identifying and responding to the specific needs of injured workers is at the core of icare's person-centric model.

As part of this, Self Insurance, in partnership with NSW Health, EML and the University of Sydney, started the Work Injury Screening and Early Intervention (WISE) Study in 2014.

The two-and-a-half-year clinical trial focuses on identifying people with soft tissue injuries who are at risk of delayed return to work because of psychosocial factors. The longer an injured worker is away from work, the less chance they have of returning to their pre-injury employment. After 70 days off work due to a work-related injury, the likelihood of a person returning to work has fallen to 35 per cent.



The trial is being led by Professor Michael Nicholas from Sydney University's Pain Management Research Institute, and overseen by an international panel of injury management experts. It includes 580 NSW Health workers, from 17 hospitals, with soft tissue injuries.

Preliminary results, announced in November 2015, showed participants' return-to-work rates had improved significantly, averaging 29 days off work with the WISE early intervention protocol compared with 53 days off work without it.

“  
**participants' return-to-work rates improved significantly**  
”

### Sargood on Collaroy

We are a proud stakeholder of Sargood on Collaroy (Sargood) which will provide 17 fully equipped apartments for individuals and their families to adjust to community life following a spinal cord injury.

Sargood will also provide temporary accessible accommodation for people waiting for their home modifications to be completed.

The non-profit partnership brings together government and private funding. We are very passionate about Sargood and two of icare's Executives sit on the Sargood Centre Board – Don Ferguson as Co-Chairman, and Megan Hancock, as a Non-Executive Director.

Royal Rehab was selected, by competitive tender, to operate Sargood and we are excited to see Sargood open at the end of 2016.



Artists impression of Sargood on Collaroy.

### John Walsh Centre for Rehabilitation Research

The John Walsh Centre for Rehabilitation Research is a joint Lifetime Care and State Insurance Regulatory Authority initiative to facilitate the transition of high quality research into practical policy advice and better outcomes for seriously injured people.

The Centre evolved from the Rehabilitation Studies Unit and was established in 2014 in partnership with NSW Health and the University of Sydney. It is an interdisciplinary research and educational centre that focuses on improving skills, knowledge and experience in injury related disability.

The Centre is located at the University of Sydney affiliated Kolling Institute at the Royal North Shore Hospital, St Leonards.



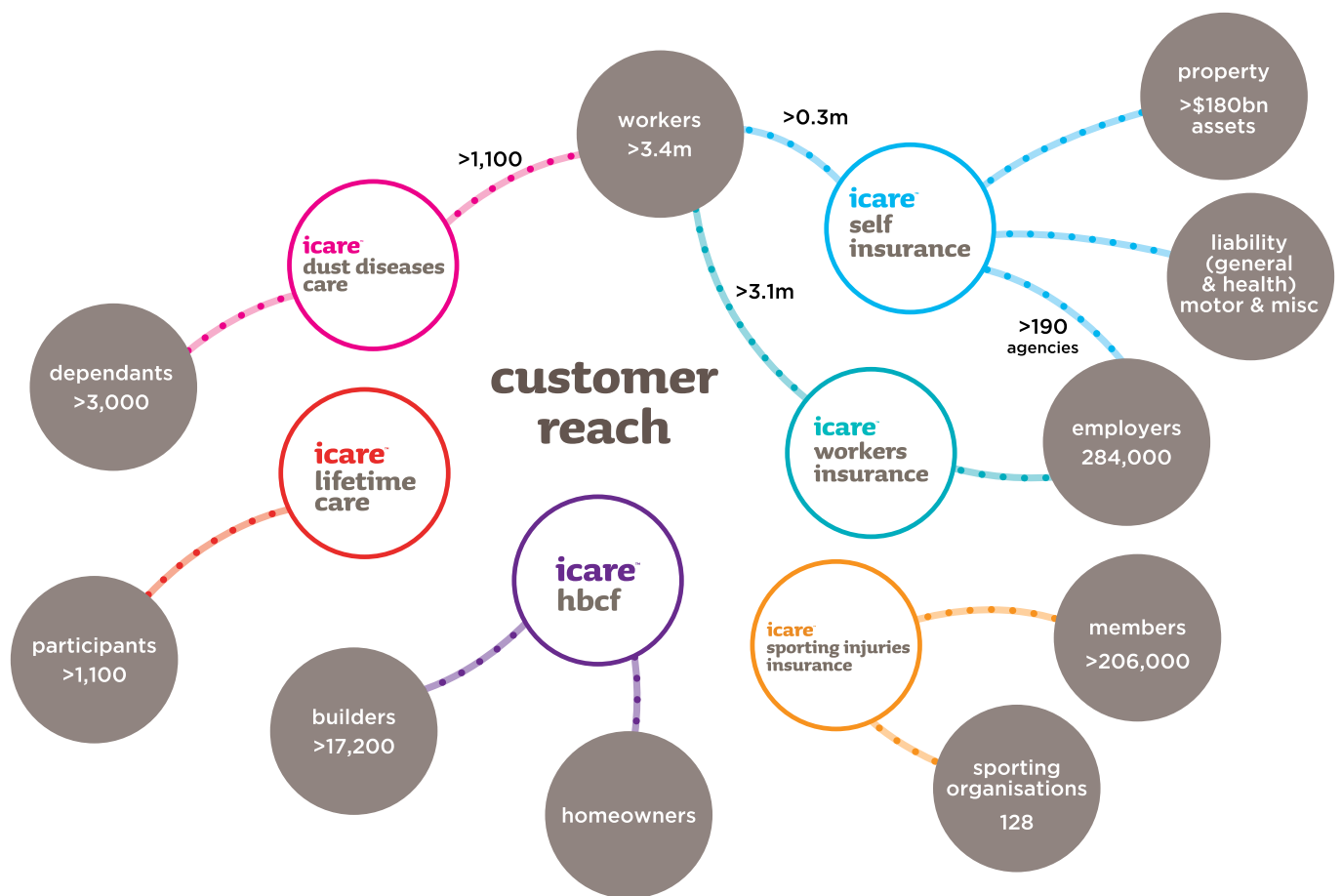
# our customers

We are passionate about changing people's lives by providing the care they need when they need it most.

We are dedicated to delivering a high quality, consistent, transparent and predictable customer experience for everyone we interact with. In our eyes, that's focusing on the person, not the process.

Striving to be world-class means we need to go beyond our immediate scope of services to understand and leverage global best practices across industries.

We need to constantly innovate and consider how we are going to optimise our service delivery, always placing our customers at the centre of what we do. That's why we have started to apply human-centred design to systems and made steps in exploring how we can connect with various stakeholders within our ecosystem to achieve better outcomes for all.



## customer aspirations

“You always do what you say”

“You make me feel understood and respected”

“You help me find the right people and information”

“You help me understand how things work and why”

“You are there for me”



## our customer design principles

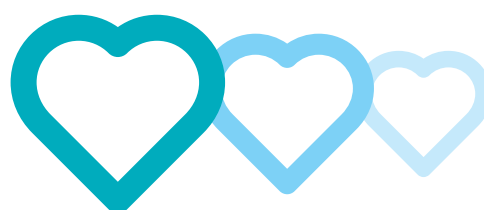
As we continue on our journey to be a truly customer-centric organisation, a set of Customer Design Principles have been developed as a key tool in enabling icare to deliver a world-class and consistent customer experience.

The Customer Design Principles have been designed to heavily align with and build on our purpose, our vision, our DNA and values.

They also serve as a framework that will be used in designing solutions impacting customers as well as a guide for decision making.

### We demonstrate **empathy** in action

- Human needs are the basis for our solutions
- 'No' is not the end of an experience
- We are empowered to make fast & individual decisions
- We treat customers as people, not as claims
- We balance the needs of the individual & the community



### We make things **transparent**

- We provide opportunities for customers to make a difference
- We make transparent what to expect, when & why
- We show customers how their efforts improve their circumstances

### We **collaborate** for better outcomes

- We coordinate the ecosystem to find the best outcome
- The customer experience doesn't end within icare
- We are more than the sum of our parts
- We strive for outcomes that are sustainable

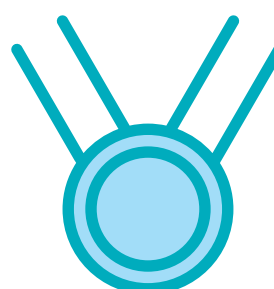


### We make it **simple**

- We shield the customer from complexity
- We create simple solutions to complex problems
- We make it easy to get in touch
- We empower customers to take charge of their situation

### We set the **bar**

- We challenge ourselves to constantly innovate
- We inspire others to be better
- We generate ideas, test & prototype with customers
- We look for smarter ways to do things
- We look to the future to create a better present





# our customer stories

Our customers are at the heart of everything we do here at icare and we always strive to go above and beyond to make a difference.

Here is a selection of customer stories that highlight how we strive to provide world-class services to the community of New South Wales.

## “lifetime care said they were going to look after me”

### Road to recovery, Di

Parking in your driveway is as everyday as it gets – but not for Di. A witness saw a car whizz by and locals heard the collision.

Di's pathway to recovery after the accident involved a team of health professionals and care workers that helped her return home and get back to active participation in her community. The support has helped Di with driving, volunteering with Legacy, looking after her garden, attending Rotary, her passion for public speaking, and improving her physical fitness.

She continues to receive support from **Lifetime Care** to maintain her wellbeing, increase her independence and continue all the activities she enjoyed before her accident.

Di's rehabilitation story highlights the positive impact appropriate services can have if they are provided at the right time and delivered collaboratively.

Lifetime Care works with participants to set goals and engage services to meet their needs, partnering with providers of high-quality treatment and care. We recognise that participants' needs change over time and help to ensure the right services are provided at the appropriate time.

*“All I really wanted to do was come home here to this house, which I eventually did when Lifetime Care said they're going to look after me. The carers were all good, they were all great. My housework was done, I had a garden, I had a physio, I had a dietician – you name it I had it [...] my idea of turning off is to go spend a couple of hours in the veggie garden but after I had my accident, because my backyard was so steep, Lifetime Care also built me a vegetable garden which I have in my front garden.”*



Minister Dominic Perrottet visiting Di's home.

[Watch this video – icare.nsw.gov.au](https://www.icare.nsw.gov.au)



### Providing vital support, Karen Banton

Bernie Banton AM became the public face of a campaign at the turn of this century for justice for workers with asbestos-related diseases. He suffered from asbestosis and mesothelioma, and courageously fought to shed light on the prevalence of asbestos and dust diseases.

Bernie's victory in the battle for recognition and compensation for sufferers is well documented and he was awarded an Order of Australia in 2005 for his work as an advocate and was honoured with a state funeral in 2007.

The Bernie Banton Foundation charity started in 2009 and is run by Bernie's widow, Karen Banton, with her husband Rod, who also lost a spouse to the deadly dust. The foundation supports people with asbestos-related diseases and their families.

Karen and her son received much-needed financial support through **Dust Diseases Care**.

*"The practical support from Dust Disease Care is vital," she says. "I really don't know what we would have done without it to be honest. Especially those final months of Bernie's life they helped out financially with a fortnightly payment. Every single oxygen bottle, that was all supplied free of charge. And let me tell you that would have been a very costly investment so that was an absolute godsend. Then when he was diagnosed with mesothelioma they provided a lightweight wheelchair, they provided electronic bed and they made alterations to the bathroom. We had assistance around the house as well and nursing care. Bernie's wish was to be able to die at home and that certainly made that possible."*

“

**practical support from dust diseases care is vital. I really don't know what we would have done without it to be honest**

”

**Watch this video – [icare.nsw.gov.au](https://www.icare.nsw.gov.au)**

### Prevention before cure, Teys Australia

Workers at Teys Australia put their bodies on the line every day lifting, pushing and pulling heavy slabs of beef.

Data from the Tamworth beef-processing facility shows that the average working life of those in the most physical jobs is about 10 to 15 years, before the cumulative effects of injuries require serious surgery, long periods of rehabilitation and even forced retirement from the production line. If you're still a slaughterer or boner past the age of 40, you're considered old.

Recognising the human toll and financial cost of these injuries, Teys Australia was keen to pursue a management strategy that put prevention before cure or compensation. As a result, it established an onsite Fitness and Conditioning Centre with assistance from icare and risk-management funds from Allianz.

*'We look at our workforce as really being industrial athletes,' says General Manager Lachlan Teys. 'They have to be very fit to do what they do [...] otherwise there are injuries.'*

In the long run, Teys will benefit from lower insurance premiums as well as the productivity benefits of a healthier and happier workforce.

We have rewarded the company with an icare Aware Award for its role in going above and beyond traditional industry strategies to ensure the safety and wellbeing of employees.



**Watch this video – [icare.nsw.gov.au](https://www.icare.nsw.gov.au)**

# our customer stories

## Custom Bus – turning the bus around

The future for Custom Coaches looked grim when it was placed into voluntary administration by its British-based owner in mid-2014. Among the business's problems were spiralling costs due to workplace accidents. Injuries were not only sapping hundreds of thousands of dollars directly from the bottom line – with workers compensation premiums having blown out to 12 per cent of the total wages bill – but also the morale and productivity of the workforce.

With a change of ownership and a new name – Custom Bus Australia – the company's new management team identified safety as the top priority for turning the business around. A spirit of collaboration with employees has transformed the work culture and dramatically reduced the incidence and severity of injuries.

In the space of two years the number of Custom Bus workers injured on the job has been cut by 80 per cent and the average time off work from those injuries has gone from 3-5 weeks to only a couple of days. As a result, the outlay on benefits paid due to injuries has been cut by a staggering 98 per cent; the company is on track to reduce its compensation premium to four per cent of wages. Management and workers are proud that a safer workplace has also led to better outcomes in work quality and efficiency.

The management team's first step was to engage employees and other stakeholders in the improvement process. "We asked them what was important and what they wanted Custom Bus to be, or what they needed from the business," Greg Shanley, CEO, recalls. Four points came back loud and clear: safety, quality, teamwork and pride.

icare was among the stakeholders approached by Custom Bus. Greg came to see us directly. He knew to engage with his employees with a culture of safety, and join with icare, so they could get back to a sustainable, efficient business.

For putting safety and its workers first in its drive for business efficiency and product quality, Custom Bus Australia has been acknowledged as one of NSW's outstanding employers and a deserving recipient of an icare Aware Award.

**Watch this video – [icare.nsw.gov.au](http://icare.nsw.gov.au)**



## HBCF saves a family's home

Every homeowner's worst nightmare, the contracted builders of Mr & Mrs A<sup>1</sup> went into insolvency before the job was complete.

The homeowners lodged a claim with icare's HBCF team for incomplete and defective works. icare accepted the claim in full, with the entire process taking just two months.

Mr & Mrs A were then able to quickly proceed with having the works completed and rectified and move into their home.

The homeowners were overjoyed with the level of service provided by icare during the process. So much so, they shared some great feedback with their Claims Manager:

*"My family and I are extremely very thankful for your reply, this summary report means so much to us. Thank you very much; you have put a smile back in our hearts."*

1. Names have been removed for privacy.



“

**you have put a smile  
back in our hearts**

”



## acknowledging excellence

Recognising and encouraging outstanding performance and innovation is very important to us at icare.

That's why in 2015 we held two award programs – the Care & Service Excellence (CASE) Awards and the Treasury Managed Fund (TMF) Awards for Excellence.

### CASE Awards

Taking our services from good to great, icare recognised outstanding performance and innovation by individuals and teams in September 2015 in our inaugural Care and Service Excellence (CASE) Awards.

Acknowledging outstanding service in injury management, loss prevention and underwriting in the icare-operated workers compensation scheme, the CASE Awards set a standard of excellence in delivering services to injured workers and employers, to which all case managers and scheme agents can aspire.

We are passionate about improving the workers compensation experience, striving for excellence and achieving better outcomes.

Congratulations to all the finalists and winners.



John Nagle, Finalist Kerry Christy from Allianz and Vivek Bhatia.

### TMF Conference & Awards for Excellence

Our Treasury Managed Fund (TMF) Conference and Awards for Excellence provides agencies with a chance to share knowledge about risk management and to celebrate the achievements of risk practitioners across the public sector.

The 2015 event theme was Culture & Leadership: building a risk aware workforce. The conference explored factors that enable and nurture an effective risk culture such as leadership, accountability, decision making, incentives, collaboration and open communication.

A keynote address was delivered by Lieutenant General David Morrison AO (Retd), who discussed at length the challenges of changing the Army's culture to be more inclusive of women and people from diverse backgrounds.

The conference concluded with the TMF Awards for Excellence. Twenty five organisations were nominated in 2015 across six categories: frameworks and systems, process innovation, design innovation, individual achievement in return to work, risk leadership individual, and people's choice.

The high quality and diversity of nominations demonstrated the commitment and talent of practitioners in managing workplace risks. The high standard these awards represent helps us improve the TMF scheme to effectively manage the NSW Government's risk exposures. We are committed to creating a strong and effective risk-aware culture across the NSW public sector.

We believe innovative delivery of risk management practices is vital to sustaining world-class safety standards for the State's workforce.



Lieutenant General David Morrison AO, keynote presenter.

# our stakeholders

icare aims to provide world-class services to the communities in which we operate. To do this, an important part of our corporate strategy is to engage with our stakeholders.

icare has a diverse range of stakeholders that inform, shape, and support our strategic direction and goals. These range from customers, service providers, the community and industry to the media, government and regulators.

Our approach is to ensure they are listened to with respect and without prejudice in a continuous dialogue that strives for partnership in solving issues and co-designing solutions.



Our underlying goals with our stakeholders include building:

- understanding through continuous dialogue and sharing information
- trust through transparency and delivering on promises
- resilience by identifying, mitigating and resolving issues together
- collaboration by consulting on projects, policies and processes
- partnerships through connecting and cooperating on projects and
- empowerment by providing the forums for innovation and co-designing on programs and projects.

icare achieves these goals through an approach based on four avenues of engagement.

## icare's engagement approach

### Inform and increase awareness

Ensuring information is readily available and that communication is clear, concise and relevant.

### Consult and involve

Facilitating a dialogue and ensuring icare is an approachable organisation by providing stakeholders the avenues to provide feedback and analysis and being respectful and responsive to these insights.

### Collaborate and partner

Creating a forum for industry teamwork by working with stakeholders to extend icare's reach and solve problems together.

### Empower and co-design

Enabling innovation by empowering the creation of ideas and problem solving across the community and industry. Then working together to take these solutions from concept to reality.

# our journey

## our history

icare was created as a result of the 2015 Insurance & Regulation Reform Package. It was created to consolidate the State's insurance and care schemes and is the organisation that acts for the Workers Compensation Nominal Insurer, (Workers Insurance) and provides services to the Lifetime Care and Support Authority (Lifetime Care), the Workers Compensation (Dust Diseases) Authority (Dust Diseases Care), the NSW Self Insurance Corporation (Self Insurance) and the Sporting Injuries Compensation Authority (Sporting Injuries Insurance).

In August 2015, the NSW Government announced a \$1 billion reform package to deliver a fairer, more sustainable and customer-centric workers compensation system.

The reform package had three elements:

### Enhanced benefits for injured workers

Injured workers are now supported with a fairer, more sustainable and customer-focused compensation scheme.

### Premium reductions for employers with good safety and return to work records

Insurance premiums are now clearly linked to good claims performance. Employers within the NSW workers compensation scheme (icare workers insurance) who perform well – by improving workplace safety or helping injured workers return to work – pay lower premiums than those who perform poorly.

### Structural reform for better service and regulation

Three new agencies were created with a clear focus on their responsibilities. The separation of insurance and regulatory functions results in a far more transparent and accountable system with better outcomes for employers and injured workers.

With these reforms, the NSW Government met its 2015 commitment that every dollar above the minimum surplus needed to keep the scheme sustainable would be returned to support injured workers and businesses in a two-third, one-third split.

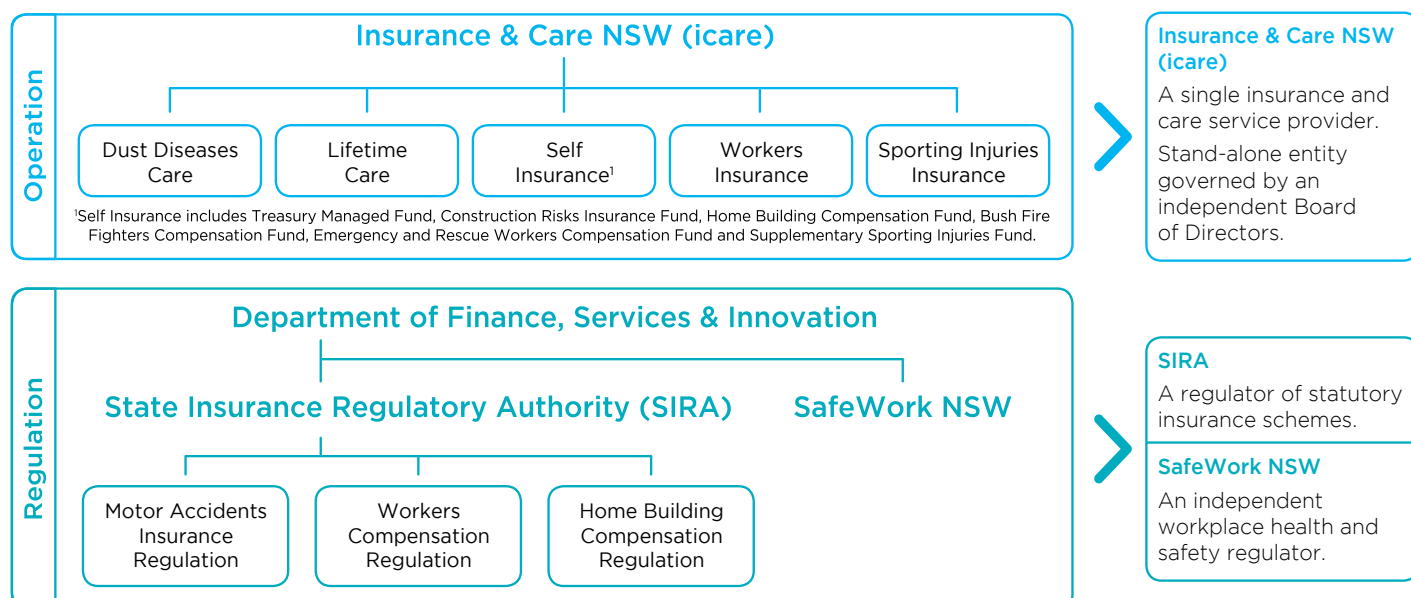
The *State Insurance and Care Governance Act 2015* (the SICG Act) commenced on 1 September 2015, creating:

- Insurance and Care NSW (icare) – a single customer-focused insurance and care service provider
- State Insurance Regulatory Authority (SIRA) – an independent insurance regulator
- SafeWork NSW – an independent workplace safety regulator.

The structural and operational challenges faced by the insurance schemes we administer have been addressed with the formation of icare, which is now actively developing capabilities and enhancing customer service. icare aims to realise the full potential of the schemes by:

- delivering enhanced customer experiences
- providing a coherent operating model
- achieving financial sustainability and stability through more proactive scheme management
- increasing business and State competitiveness by reducing compliance and insurance costs in NSW
- responding to societal and demographic trends and
- capitalising on the momentum, renewed sense of urgency and conviction of the organisation.

icare is governed by a Board of Directors and is one of the largest insurers in Australia based on assets and liabilities.





## our future

We aim to be a world-class provider of insurance and care services in order to protect, insure and care for the people, businesses and assets that make NSW great.

The organisation has inherited tremendous strength in its schemes and we want to take these services from good to great. Our strategy is guided by seven target outcomes that together outline how we provide services to the NSW community.

We want to deliver a range of initiatives to:

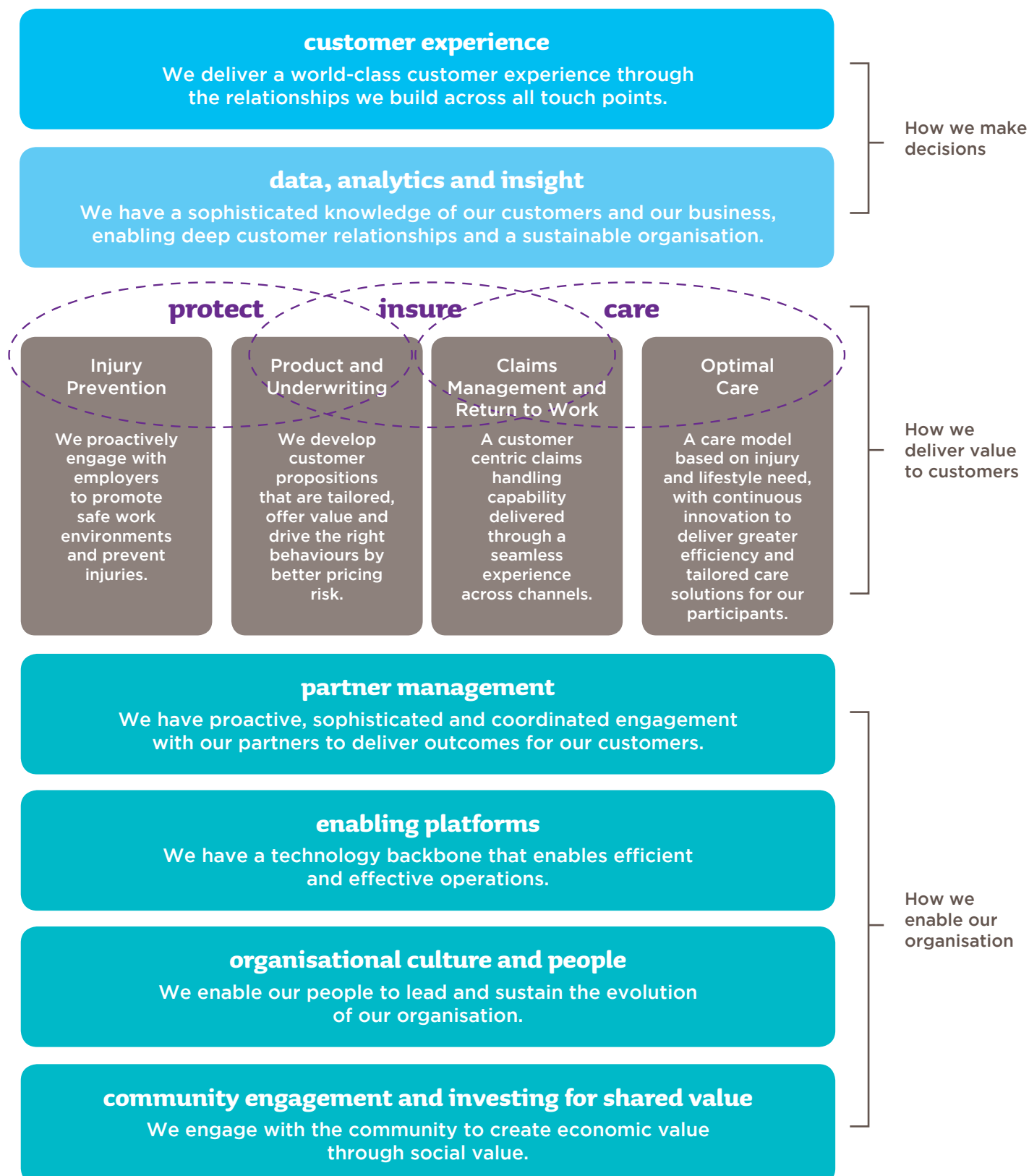
- offer a world-class customer experience that is empathetic, transparent and consistent
- provide the optimal life experience after injury, tailored to the needs of the person
- have safer workplaces that prevent injury
- create societal value through community engagement
- create an engaged, empowered and capable workforce that advocates for icare
- ensure the schemes are financially sustainable with predictable performance and
- have an efficient and effective organisation that is easier to do business with.



**we aim to deliver  
a world-class  
customer experience**



These desired outcomes have led us to create icare's strategic pillars:



## Customer Experience

### Offer a world-class customer experience

icare plays a major role in NSW through the delivery of insurance and care services. We insure more than 284,000 employers and a combined 3.4 million employees, more than 17,200 builders, and \$180 billion of State assets. We also provide care and support for more than 5,000 participants and dependants in Lifetime Care and Dust Diseases Care. We exist to protect, insure and care for our customers.

We aim to deliver a world-class customer experience by better understanding the needs and goals of our customers, and delivering our services seamlessly through integrated channels.

To do this, we are focusing on three key priorities:

- we are placing our customers at the centre of everything we do, by being passionate about using a human-centric approach that create experiences which are both empowering and empathetic
- we are using customer insights to tailor our propositions to meet the needs and preferences of specific customer segments and
- we are developing open communication channels across icare and our partners to enable customers to interact with us easily, conveniently and transparently.

## Data Analytics

### Use data, analytics and insights to improve our services

An advanced data, analytics and insights capability is critical to enhancing our ability to make better, more customer-centric decisions. We will develop capability to integrate data from multiple sources to help us better understand our customers, our impact and the markets in which we operate. This will improve our ability to report, monitor and explore new opportunities.

## Protect

### Proactively prevent injuries in the workplace

It is our duty to help protect the people of NSW against injury, not just to insure and care for them when accidents occur. We are helping employers to identify the root causes of injuries and working to prevent them. We also help by actively promoting safer working environments.

We are working closely with our partners to better equip them to give guidance on how to best promote workplace safety and reduce injuries.

## Insure

### Provide innovative products and sophisticated underwriting

We aspire to be at the forefront of product and service innovation, creating a suite of feature-rich, modular products tailored to the needs of specific customer segments. These products will be priced for risk, leveraging our data-driven underwriting capabilities and improving the financial sustainability of all schemes.

Greater claims automation and simpler processes will allow us to achieve better operational efficiencies and effectiveness and make it easier for our customers and partners to do business with us.

### Improve claims management and return-to-work outcomes

An injured person can be vulnerable, so we will make the claims process as quick, easy and transparent as possible. We can maximise our injured customers' chances of returning to employment and society as fully as possible by helping them get the optimal treatment and care.

We are speeding up claims processing through simplification and automation. We are also offering the right treatment at the right time in the right way by segmenting our customers based on their care, support and lifestyle requirements. icare aims to be at the forefront of innovations such as evidence-based medicine and standardised care plans for common injuries.

## Care

### Create an optimal care model based on injury and need

icare provides care and support for people severely injured at work or on the roads, or who contract a dust disease as a consequence of their work.

We partner with a large network of providers across NSW to offer injured customers the care they need to achieve the best possible life experience after their serious injury. We aim to provide tailored care solutions, driven by customer needs and goals. There are no 'one-size-fits-all' solutions.

## Partner Management

### Proactive, sophisticated and coordinated engagement

icare will engage with our network to seek ways to enhance the overall experience for our customers.

We are leveraging technology to form closer connections to give our partners and customers the information and support they need to obtain the best possible outcomes.



## Enabling Platforms

### Enable efficient and effective operations

A centralised technology platform is being developed that will give icare greater control and consistency across the business. This will increase our efficiency and allow us to gain a better view of our customers and their experiences so we can match and deliver our services more effectively.

## Organisational Culture & People

### Build an engaged, empowered and capable workforce

Our people are the heart of icare and they deliver great experiences and outcomes for our customers. We are embedding a strong organisational culture based on the attitudes and behaviours we need to achieve icare's bold vision.

We encourage our people to think and act differently, to challenge the status quo and make icare a global leader in the provision of insurance and care. We are developing the capabilities our people will need in the future to enable them to execute our strategy and achieve our vision. We are creating structured programs to identify future leaders and encourage our workforce to align behaviour and performance to icare's goals.

## Community Engagement & Investing for Shared Value

### Create value in the community

We believe that investing in the community is paramount.

Maintaining a sound financial position for icare enables us to continue to drive and shape investments for greater societal outcomes.



**create value  
in the  
community**



# risk management

icare maintained the risk management frameworks of its predecessor entities during 2015–16 while it was building its new risk management frameworks. The frameworks icare used in the year were consistent with the Risk Management Standard AU/NZS ISO31000 and the NSW Treasury Internal Audit and Risk Management Policy for the NSW Public Sector (TPP15-03).

Our risk governance structure is based on the 'three lines of defence' model. Primary responsibility for risk management – the first line of defence – lies with the business units undertaking day-to-day operations. The second line of defence is provided by specialist enterprise risk and corporate compliance functions that provide advice and oversight to the first line. The third line of defence is provided by an internal audit function, supplemented by external audit processes.

The Board's Risk, Compliance and Audit Committee objectively assesses the effectiveness of the organisation's risk management framework and the robustness of its control environment on an ongoing basis to help the Board fulfil its corporate governance and oversight responsibilities.

## Public interest disclosures

icare maintained its internal reporting policy in 2015–16, which is available to all employees on the intranet. The CEO has acted to make employees aware of their rights and responsibilities under the *Public Interest Disclosure Act 1994*. Awareness activities within the current Public interest disclosures reporting period (1 July 2015 to 30 June 2016) include induction training and intranet communications.

For full statistical disclosure see page 120 of the appendices.

## Risk appetite statement

The Board approved the Risk Appetite Statement (RAS) for 2015–16, which outlines acceptable amounts of risk that employees can take in pursuit of icare's corporate objectives.

The key risk components covered by the RAS are 'Reputational, Strategic Risk, Operational, Transformational, and Financial'.

The RAS is supported by appropriate governance infrastructure and is intended as a living governance document, responsive to changing market challenges and opportunities. It's also to be used to guide management when making material business decisions, and monitor risks.

Together with the strategy, the RAS, which has been shared with colleagues, informs icare's business planning cycle. As an integral part of the regular business plan performance process, the Board requires periodic assurance from the CEO, or nominated representative, that its risk appetite requirements are being met.

The RAS itself will be subject to annual review and approval by the Board of Directors and updated in line with both emerging requirements and emerging experience.

The Board recognises that the NSW Self Insurance Corporation (SICorp) administers funds on behalf of the NSW Government and that the investment risk, insurance risk and solvency risk resides with Government as described in the Net Asset Holding Level Policy. As such, no appetite is set by icare in respect of the capital position and investments of the funds administered by SICorp.

During 2016–17 the Board will formulate a Capital Management Policy for all other funds.



## Board of Directors

- Establishes a governance structure (board sub-committees, executive responsibilities and risk management and assurance functions).
- Is ultimately responsible for the risk management framework and oversees its operation by management.
- Sets the risk appetite within which it expects management to operate and approves the risk appetite statement.
- Approves the institution's risk management strategy.
- Forms a view of the risk culture in the institution, and the extent to which that culture supports the ability of the institution to operate consistently within its risk appetite, identifies any desirable changes to the risk culture and ensures the institution takes steps to address those changes.

### Risk, Compliance & Audit Committee

#### 1st line-of-defence Risk owners

##### Business management

Implementation, ongoing maintenance and enhancement of the risk management framework, including:

- identification and effective management/mitigation of risks
- issues identification, recording, escalation and management.

Likely to include executive and management committees, forums and delegated authority.

#### 2nd line-of-defence Review and challenge

##### Risk management and compliance function(s)

Independent oversight of the risk profile and risk management framework, including:

- effective challenge to activities and decisions that materially effect the institution's risk profile
- assistance in developing, maintaining and enhancing the risk management framework and
- independent reporting lines to appropriately escalate issues.

#### 3rd line-of-defence Independent assurance

##### Internal audit function/ 3rd party

At least annually, independent assurance that the risk management framework has been complied with and is operating effectively.

At least every three years, a comprehensive review of the appropriateness, effectiveness and adequacy of the risk management framework.

**Adapted from:** APRA, Prudential Practice Guide, CPG 220 – Risk Management, October 2014





# governance structure

We are governed by a Board of Directors consisting of the CEO and eight independent Non-Executive Directors appointed by the Minister for Finance, Services and Property.

All decisions relating to the functions of icare are made by or under the authority of the icare Board, which has the following functions:

- gives the Minister any information about the activities of icare they require
- keeps the Minister informed of the general conduct of icare's activities and of any significant developments in icare's activities
- determines general policies for icare and direct the CEO of icare in relation to icare's activities and
- undertake any other functions conferred or imposed on the Board by the SICG Act or any other law.

The Minister may give a written direction in relation to icare if they are satisfied it is necessary to do so in the public interest. This must follow consultation with the Board.

If the Minister makes a written direction, it must be published in the NSW Government Gazette, with reason why the direction is in the public interest, and the Board must ensure the direction is complied with.

The icare CEO is also the CEO of Workers Compensation (Dust Diseases) Authority (Dust Diseases Care), the Lifetime Care and Support Authority (Lifetime Care), the NSW Self Insurance Corporation (Self Insurance), and the Sporting Injuries Compensation Authority (Sporting Injuries Insurance), and all the entities are governed by the Board.

## Functions

Under the SICG Act we have the following functions:

- to act for, and provide services to the Workers Compensation Nominal Insurer (**Workers Insurance**);
- to provide services to any scheme administered by the following entities (the Relevant Authorities):
  - the Workers Compensation (Dust Diseases) Authority (**Dust Diseases Care**)
  - the Lifetime Care and Support Authority (**Lifetime Care**)
  - the NSW Self Insurance Corporation (**Self Insurance**) and
  - the Sporting Injuries Compensation Authority (**Sporting Injuries Insurance**)
- to enter into agreements or arrangements on behalf of Workers Insurance or the Relevant Authorities
- to monitor the performance of the insurance and compensation schemes to which it provides services
- to determine the investment strategies for the investment of any scheme fund belonging to Workers Insurance or the Relevant Authorities, and to report

to the Minister every six months on the investment performance of each scheme fund and

- any other function conferred or imposed on it under any relevant Act.

We are required to prepare and submit an annual Statement of Business Intent to the Minister and the Treasurer no later than three months after the start of each financial year. This statement must set out icare's business plan.

## Law and Justice Committee review

The Standing Committee on Law and Justice is designated as the committee to oversee the operation of insurance schemes established under section 27 of the SICG Act.

As part of this oversight, we briefed the Committee on the role and functions of its respective business lines on 24 February 2016 and we will continue to report back to the Committee on recommendations from previous reviews in the context of the new governance structure.

## Board of Directors

As above, our Board consists of the CEO of icare and eight independent Non-Executive Directors appointed by the Minister for Finance, Services and Property, in line with the *State Insurance and Care Governance Act 2015*. The Board appoints the CEO, who is the only Executive Director on the Board.

The Directors are highly skilled and have extensive experience in insurance, customer experience, transformation, finance, investment, healthcare, disability services, technology and digital, and strategy.

## Roles and responsibilities of the Board

All decisions relating to the functioning of icare, including the appointment of the CEO, are made by or under the authority of the Board. The CEO is a Director as well as Chief Executive of each authority. The Board has ultimate authority over icare's management and has delegated responsibility for the day-to-day operations to the CEO. The Board has delegated certain functions and responsibilities to its Committees, as well as the CEO, to assist in the oversight of the organisation and discharge of its responsibilities.

The Board's role is to govern icare rather than manage it. This includes setting the strategic direction, establishing performance targets as set out in the Statement of Business Intent and monitoring the achievement of those targets. The Directors must act in the best interests of icare at all times, as set out in the legislation.

The Board operates according to its charter, which complements the legislation, relevant government guidelines and icare's code of conduct. The charter details the procedure for obtaining independent advice and that an annual review is undertaken to evaluate the performance of the Board and its Committees.

## Board committees

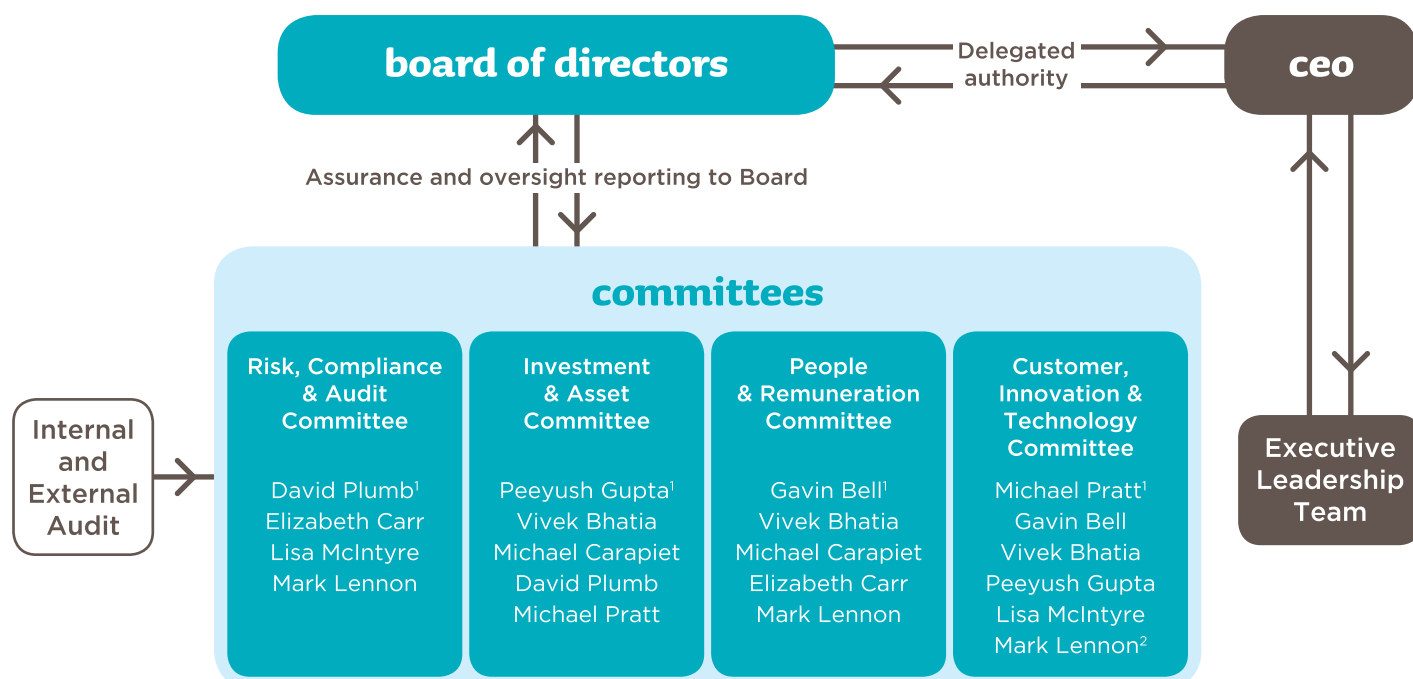
The Board has established four Committees, each chaired by a Non-Executive Director, to assist in the discharge of its duties and to better govern icare. These are the:

- Risk, Compliance and Audit Committee
- Investment and Asset Committee
- People and Remuneration Committee and
- Customer, Innovation and Technology Committee.

## Managing conflicts of interest

All Directors are subject to statutory duties and responsibilities regarding disclosure of interests. The Directors identify and disclose any matters that may give rise to a conflict of interest. A Register of Disclosures is maintained and reviewed regularly to ensure it remains up to date and that any interests that may result in conflicts (perceived or actual) are discussed at Board meetings.

## board and committees



1. Chair of the relevant committee.

2. Appointed to Customer, Innovation and Technology Committee August 2016.

## our board



# our board of directors

“  
we measure our  
success by the  
lives we make a  
difference to ”



## Michael Carapiet

**Chair**

**Member – Investment & Asset Committee**

**Member – People & Remuneration Committee**

**Appointed 1 September 2015 for a three year term**

Michael has vast experience in banking and the financial services industry, gained over three decades and across the world's major financial markets. He has extensive governance and Board experience with private and government entities.

He was the Chair of NSW's Safety, Return to Work & Support Board at a time when the workers compensation scheme returned to surplus and delivered cuts to premiums.

Michael is Chair of Link Group, Smartgroup Corporation, and Adexum Capital Ltd, and is a Board member of Infrastructure Australia. His previous government roles included Chair of the SAS Trustee Corporation, the trustee entity for NSW State Super that managed more than \$40 billion in investment funds. He also chaired the review of Crown land management in NSW and was a Board member of the Clean Energy Finance Corporation, and Deputy Chairman of the Export Finance and Insurance Corporation.

He held a number of senior executive roles with Macquarie Group, which he joined in 1985. He was a member of Macquarie's executive committee from 2005 and Executive Chair of Macquarie Capital and Macquarie Securities before he retired in July 2011.

Michael has a Master of Business Administration from Macquarie University.

- Chair, Adexum Capital Limited
- Chair, Link Group
- Chair, Smartgroup Corporation Limited
- Member, Infrastructure Australia Board
- Director, Australian Financial Publications Pty Limited
- Former Chair, Safety, Return to Work & Support
- Former Chair, SAS Trustee Corporation





## Michael Pratt AM

### Deputy Chair

**Chair – Customer, Innovation & Technology Committee**

**Member – Investment & Asset Committee**

**Appointed 1 September 2015 for a three year term**

Michael is the Customer Service Commissioner NSW leading major service reform across the NSW Government and chairs the NSW Customer Advisory Board, which is the responsible governance entity for the delivery of State Government Service to the citizens of NSW.

Michael is also Deputy Chancellor of the Western University, Chairman of Bennelong Funds Management and a Non-Executive Director of TAL Dai-ichi Life Australia and Credit Union Australia where he chairs their respective risk committees.

Michael has an extensive career in banking and wealth management throughout Australia, New Zealand and Asia. Most recently, he was CEO of Consumer and SME Banking, North East Asia, with Standard Chartered Bank. He is a former President of the Australian Institute of Banking & Finance and was the Inaugural Joint President of Finsia.

Michael's other previous roles include senior executive positions as Group Executive of Westpac Consumer & Business Banking, CEO of National Australia Bank in Australia and CEO of Bank of New Zealand. He was also CEO of Bank of Melbourne.

Previous directorships include Non-Executive Director of MasterCard International New York, Non-Executive Director of MasterCard, Asia Pacific, Non-Executive Director of BT Financial Services, Chairman of Shenzhen Credit and Executive Director of Standard Chartered Bank China and Hong Kong.

Michael was awarded a Member of the Order of Australia (AM) in the Queen's Birthday Honours 2016 for significant service to public administration through reforms in customer service and communications, and to the finance and banking industry.

- Customer Service Commissioner NSW
- Chair, NSW Customer Advisory Board
- Director, TAL Dai-ichi Life Australia
- Director, Credit Union Australia
- Chair, Bennelong Funds Management



## Vivek Bhatia

### CEO & Managing Director

**Member – Investment & Asset Committee**

**Member – People & Remuneration Committee**

**Member – Customer, Innovation & Technology Committee**

**Appointed 1 September 2015 for a five year term as Chief Executive**

Vivek is an experienced Chief Executive with two decades of leading organisations through large and complex transformations in the areas of Customer Service, Operations and Technology. Prior to icare, he was CEO Safety, Return to Work & Support, Member of Safety, Return to Work & Support Board, Chair of the former Dust Diseases Board and Heads of Asbestos Coordination Authorities and was the NSW Member on SafeWork Australia Board.

Vivek has also been the CEO of Wesfarmers Insurance, where he led the multi-brand, multi-channel insurer through a significant transformation. He co-led McKinsey & Company's Asia Pacific Recovery & Transformation practice and held several other prominent leadership roles in strategy, operations and technology at Wesfarmers Insurance and QBE, both locally and overseas.

Vivek has an undergraduate degree in engineering and a Master of Business Administration in strategy. He is a qualified Chartered Financial Analyst.

- Former CEO & Board Member, Safety, Return to Work & Support
- Former CEO, Wesfarmers Insurance
- Former Chair, Dust Diseases Board
- Former NSW Member, SafeWork Australia Board

# our board of directors



## Gavin Bell

**Non-Executive Director**

**Chair – People & Remuneration Committee**

**Member – Customer, Innovation & Technology Committee**

**Chair – Dust Diseases Board**

**Chair – Independent Advisory Panel into Allegations of Bullying & Workplace Culture**

**Appointed 5 October 2015 for a three year term**

Gavin is a member of the Advisory Council of the Australian School of Business, Director of Smartgroup Corporation and Director of IVE Group. He was also a member of the Safety, Return to Work & Support Board and Workers' Compensation Insurance Fund Investment Board.

Previously he was global CEO of Herbert Smith Freehills, having joined the firm in 1982. He became a partner in 1988. Gavin has a law degree from the University of Sydney and a Master of Business Administration (Executive) from the Australian Graduate School of Management.

- Director, Smartgroup Corporation Limited
- Director, IVE Group Limited
- Former Member, Safety, Return to Work & Support Board
- Former CEO, Herbert Smith Freehills



## Elizabeth Carr

**Non-Executive Director**

**Member – People & Remuneration Committee**

**Member – Risk, Compliance & Audit Committee**

**Appointed 5 October 2015 for a three year term**

Elizabeth is the Chair of the NSW Department of Family and Community Services Audit and Risk Committee and a member of the Environmental Protection Authority (WA). She also holds a number of private, non-profit and education Board positions. These include Chair of the Southern Metropolitan TAFE (WA), the Macular Disease Foundation Australia, Seton Villa (NSW) and St Catherine's Aged Care Services (NSW). In addition, she is a Director of St Mary's Anglican Girls' School (WA) and the Kokoda Track Foundation.

She was a Board member of the Safety, Return to Work & Support Board and Workers' Compensation Insurance Fund Investment Board.

Elizabeth's career has included senior executive management positions in technology (IBM), finance (Macquarie Group) and government (Department of State Development WA). She has a Bachelor of Arts (Hons) from the University of Western Australia, a master's degree from Harvard University and is a Fellow of the Australian Institute of Company Directors.

- Chair, NSW Family and Community Services Audit & Risk Committee
- Chair, Macular Disease Degeneration Foundation
- Chair, St Catherine's Aged Care Services (NSW)
- Chair, Seton Villa Disabilities (NSW)
- Director, Kokoda Track Foundation (National)
- Former Member, Safety, Return to Work & Support Board



## Peeyush Gupta

**Non-Executive Director**

**Chair – Investment & Asset Committee**

**Member – Customer, Innovation & Technology Committee**

**Appointed 5 October 2015 for a three year term**

Peeyush is the Chair of MLC Responsible Entity and Charter Hall Direct and Wale. He is a Non-Executive Director of National Australia Bank, Special Broadcasting Service, BNZ Life, QuintessenceLabs, a Board Trustee of Western Sydney University and is on the Dean's Advisory Committee at the Australian School of Business at UNSW. Peeyush was a member of the Safety, Return to Work & Support Board and Workers' Compensation Insurance Fund Investment Board.

He was co-founder and inaugural CEO of Ipac Securities, a pre-eminent wealth management firm spanning financial advice and institutional portfolio management. Peeyush has a Master of Business Administration (Finance) from the Australian Graduate School of Management. He completed the Advanced Management Program at Harvard Business School in 2006. He is a Fellow of the Australian Institute of Company Directors.

- Chair, MLC Responsible Entity
- Director, National Australia Bank
- Director, Special Broadcasting Services
- Director, BNZ Life (New Zealand)
- Chair, Charter Hall Wale Limited
- Former Chair, State Super Financial Services
- Former Member, Safety, Return to Work & Support Board



## Mark Lennon

**Non-Executive Director**

**Member – People & Remuneration Committee**

**Member – Risk, Compliance & Audit Committee**

**Member – Customer, Innovation & Technology Committee<sup>1</sup>**

**Appointed 5 October 2015 for a three year term**

Mark has an extensive background in work health and safety and workers' compensation systems, having been a member of the Safety, Return to Work & Support Board and the WorkCover NSW Board. Mark is also a director of First State Super, First State Super Financial Services Pty Ltd, Sydney Financial Forum and McKell Institute. He was the secretary of Unions NSW from October 2008 to January 2016, having served as assistant secretary since June 2001. Mark joined Unions NSW in 1988 and has held a number of positions in the organisation, including training officer, industrial officer and executive officer.

He is also President of the Australian Labor Party's NSW Branch.

- Director, APHEDA – Union Aid Abroad
- Director, First State Super
- Director, First State Super Financial Services
- Director, Sydney Financial Forum
- Director, State Super Financial Services Australia Limited
- Former Member, Safety, Return to Work & Support Board

1. Appointed to Customer, Innovation and Technology Committee August 2016.



# our board of directors



## Lisa McIntyre

**Non-Executive Director**

**Member – Risk, Compliance & Audit Committee**

**Member – Customer, Innovation & Technology Committee**

**Appointed 5 October 2015 for a three year term**

Lisa is an experienced company Director with a broad range of roles that span the healthcare, insurance, technology and e-learning sectors in Australia and overseas. She has been a full-time company Director and Chair for the past five years.

Lisa spent 20 years providing strategic, commercial and operational advice to local and multinational companies in North America, Asia and Australia. Since 2013, Lisa has been a Director of Cover-More Group Ltd, a leading travel insurance and medical assistance company. She is also a Director of HCF Group, Australia's largest member-based private health insurance company, and Chair of the HCF Foundation.

- Director, Cover-More Limited
- Director, Genesis Care Pty Limited
- Director, HCF Group Limited
- Chair, HCF Research Foundation
- Chair, Silex Systems Limited
- Member, LEK Advisory Board



## David Plumb

**Non-Executive Director**

**Chair – Risk, Compliance & Audit Committee**

**Member – Investment & Asset Committee**

**Appointed 5 October 2015 for a three year term**

David has had 30 years experience in the financial services industry as a director, executive and adviser primarily in the wealth management, asset management and insurance sectors.

Previously he was Chairman of the NSW Self Insurance Corporation Advisory Board. Since 2011, he has been a non-executive director with BT Financial Group, one of Australia's largest wealth management businesses, and in 2015 he was appointed Chair of the superannuation entities. He also Chairs BlackRock's Compliance Committee.

David has a Bachelor of Commerce from the University of NSW, a Master of Economics from Macquarie University and is a chartered accountant.

- Chair, BT Funds Management Limited
- Chair, BT Funds Management No. 2 Limited
- Chair, Westpac Securities Administration Limited
- Former Chair, Self Insurance Corporation Board

## Board meetings

The Board meets monthly, except in January and holds an annual Strategy Day. Meetings are held in line with the Board's charter.

Director	Board of Directors meeting <sup>1</sup>		Risk, Compliance & Audit Committee <sup>2</sup>		Investment & Asset Committee		People & Remuneration Committee		Customer, Innovation & Technology Committee <sup>3</sup>	
	Held	Attended	Held	Attended	Held	Attended	Held	Attended	Held	Attended
Michael Carapiet (Chair)	11	11	-	-	7	7	3	3	-	-
Michael Pratt (Deputy Chair) <sup>4,5</sup>	11	8	-	-	7	3	-	-	6	4
Vivek Bhatia (CEO)	10	10	-	-	7	7	3	3	6	6
Gavin Bell <sup>6</sup>	7	7	-	-	-	-	3	3	6	6
Elizabeth Carr	7	6	3	3	-	-	3	3	-	-
Peeyush Gupta <sup>7</sup>	7	5	-	-	7	7	-	-	6	5
Mark Lennon	7	6	3	3	-	-	3	3	-	-
Lisa McIntyre	7	7	3	2	-	-	-	-	6	6
David Plumb <sup>8</sup>	7	7	3	3	7	7	-	-	-	-

## Board skills

Director	Customer / Community	Insurance	Financial Services	Investment / Asset Management	People WHS	Healthcare/ Disability	Government	Technology / Digital	Strategy / Business Transformation	Law / Regulation
Michael Carapiet (Chair)		✓	✓	✓			✓	✓	✓	
Michael Pratt (Deputy Chair)	✓	✓	✓	✓			✓	✓	✓	
Vivek Bhatia (CEO)	✓	✓	✓		✓			✓	✓	
Gavin Bell					✓		✓		✓	✓
Elizabeth Carr	✓		✓			✓	✓		✓	
Peeyush Gupta		✓	✓	✓					✓	
Mark Lennon	✓	✓			✓	✓	✓			✓
Lisa McIntyre	✓	✓				✓		✓	✓	
David Plumb		✓	✓	✓			✓			

1. The Board also held a strategy workshop in December 2015 in addition to the meetings held for the financial year.

2. Vivek Bhatia, CEO attended all meetings as an invitee but is not a member of the Committee.

3. The Board changed the name of the Committee in August 2016 to reflect its role and focus on icare's customers.

4. Chair of Customer, Innovation & Technology Committee.

5. Michael Pratt was absent for two consecutive meetings for personal reasons.

6. Chair of People and Remuneration Committee.

7. Chair of Investment and Asset Committee.

8. Chair of Risk, Compliance and Audit Committee.

# our executive leadership team



**Back row:** Steve Hunt, Samantha Lawrence, John Nagle, Anita Anderson, Gavin Pearce, Sara Kahlau, Megan Hancock, Greg Barnier and Rob Craig.  
**Front row:** Don Ferguson, Vivek Bhatia, Catherine Morgan, Stuart Bremner and Dr Nick Allsop.

The Executive Leadership Team consists of skilled and experienced leaders who collectively have extensive expertise across the insurance and care industries.

The team has wide-ranging strategic, financial, people engagement, risk and governance, and information technology experience and is extremely passionate about working innovatively and delivering world-class insurance and care services to the NSW community.

The CEO has allocated operational, financial and people functions and responsibilities to the Executive Leadership Team through icare's delegation framework.

## Dr Nick Allsop Chief Actuary

Nick is a qualified actuary and management professional with more than 13 years corporate and consulting experience. He has built and developed teams of actuaries and financial analysts with a focus on delivering quality results and innovation. Nick has a proven ability to transform analytics teams and integrate them into business operations. Before joining icare, he was general manager actuarial and analytics at Allianz Australia and also held a number of actuarial consulting roles at EY, PwC and Aon Australia. He holds a PhD in Mathematics and is a fellow of actuarial institutes in Australia and the UK.



## Anita Anderson PSM

### Executive General Manager Dust Diseases Care

Anita is responsible for the strategy and operational direction of Dust Diseases Care. She looks after the Dust Diseases Workers Compensation Scheme and develops and delivers customer services, policy, finance, people and asset management, and board support. Anita was awarded the Public Service Medal in the 2015 Australia Day Honours List in recognition of her outstanding service to social justice, workers' compensation and improved access to government services in regional NSW. She holds a Diploma of Government Policy.

## Greg Barnier

### Chief People Officer

Greg has more than 30 years experience as a human resources professional and executive coach in the financial services, government, career coaching and non-profit sectors. Greg is passionate about delivering great customer and employment experiences at icare, and supporting and empowering colleagues to achieve great things in their career. Greg holds a Master's of Business Coaching, Diploma of Human Resources Management, Advanced Diploma of Government, Diploma of Financial Services, Diploma of Management and Associate Diploma of Business, and is a Senior Fellow of the Financial Services Institute of Australasia.

## Vivek Bhatia

### Chief Executive Officer & Managing Director

Vivek is an experienced Chief Executive with two decades of leading organisations through large and complex transformations in the areas of Customer Service, Operations and Technology. Prior to icare, he was CEO Safety, Return to Work & Support, Member of Safety, Return to Work & Support Board, Chair of the former Dust Diseases Board and Heads of Asbestos Coordination Authorities and was the NSW Member on SafeWork Australia Board.

Vivek has also been the CEO of Wesfarmers Insurance, where he led the multi-brand, multi-channel insurer through a significant transformation. He co-led McKinsey & Company's Asia Pacific Recovery & Transformation practice and held several other prominent leadership roles in strategy, operations and technology at Wesfarmers Insurance and QBE, both locally and overseas.

Vivek has an undergraduate degree in engineering and a Master of Business Administration in strategy. He is a qualified Chartered Financial Analyst.

## Stuart Bremner

### Chief Information Officer

Stuart was CIO of Safety, Return to Work & Support before joining icare. He was also General Manager, Wealth & Insurance at Kiwibank. During his tenure at Kiwibank, Stuart built, licensed and became the inaugural CEO of New Zealand life insurer Kiwi Insurance. He also led New Zealand Post's acquisition of Gareth Morgan Investments and was Managing Director. Stuart's more than 20-year career has included senior leadership roles in financial services, private education and ICT. He has a Master of Business Administration from Oxford University, a Bachelor of Science in Applied Software Engineering and is a CPA and Chartered Company Secretary (ACIS).

## Rob Craig

### Chief Strategy & Transformation Officer

Rob joined icare in November 2015 to lead the Corporate Affairs, Customer and Digital, Transformation, Government and Stakeholder Relations, and Strategy teams. He has a wealth of knowledge gained from 25 years in senior positions in the financial services industry, including experience in general insurance and consumer, business and institutional banking, as well as wealth management. He has worked in the UK and New Zealand. His expertise lies in strategic development, transformational programs, technology integration, business product and process enhancement, and financial services. He has demonstrated his ability to implement corporate transformations in complex organisational environments.

## Don Ferguson

### Executive General Manager Lifetime Care

Don has 20 years management experience across the health, community support and disability services sectors in NSW. Don's key strengths include leadership, strategy and change management. Before joining icare, he was an Executive Director of NSW Ageing, Disability and Home Care, where he led a number of cross-sector reforms to improve services and outcomes for people with disability. He is currently a Co-Chairman of the Sargood Centre and a Non-Executive Director of MS Australia. He has completed a Master of Business Administration, a Master of Counselling and is a member of the Australian Institute of Company Directors.

## Megan Hancock

### Chief Financial Officer

Megan has more than 25 years experience as a senior finance professional across government and private industry. She is a chartered accountant, a graduate of the Australian Institute of Company Directors, and a Non-Executive Director of the Sargood Centre.

## Steve Hunt

### Executive General Manager Self Insurance

Steve has a wealth of practical experience in general insurance, holding a number of senior positions with GIO and being accountable for NSW's Self Insurance programs for the past 11 years. He also has oversight of the Home Building Compensation Fund. He specialises in reinsurance, risk management, claims management, governance, stakeholder engagement and public administration. Previously, Steve served as a Director of the Self Insurance Corporation Advisory Board and played a pivotal role in the development of tort law reform. He has in-depth industry knowledge, good commercial acumen and strong relationship management skills.

## Sara Kahlau

### Head of the Office of the CEO

Previously Sara was a strategy consultant with PwC's Strategy& working with Safety, Return to Work & Support and icare, and contributing to a structural reform and transition program. Sara brings extensive experience in advising senior stakeholders in Government agencies and commercial firms across General and Life Insurance, Asset Management and Manufacturing on growth strategies, large scale transformations, reform stand-up, customer-centric strategies and organisational redesigns.

## Samantha Lawrence

### Company Secretary

Samantha is responsible for managing services to icare's Board, its committees and the Executive Leadership Team. Previously, she held positions including director of the Office of the CEO and board secretary at Safety, Return to Work & Support. Samantha brings extensive expertise and experience in the areas of governance, stakeholder engagement and change management. She has a Master of Business Administration and a degree in Archaeology.

## Catherine Morgan

### General Counsel

Catherine has more than 25 years experience as a senior lawyer, with strengths in administrative and commercial law and legal strategy. In addition, she has taken part in stakeholder consultation on regulatory and legislative reform of NSW government agencies, including icare, Safety, Return to Work & Support, WorkCover, the Motor Accidents Authority of NSW and the NSW Attorney General's Department. Most recently Catherine was director of legal services at Safety, Return to Work & Support. She holds a Master of Laws Degree.

## John Nagle

### Executive General Manager Workers Insurance

John is a senior insurance executive with a wealth of private and public sector management experience in business strategy, innovation, change, client relationship management, underwriting, reinsurance and corporate governance across the general and commercial insurance sectors. His 37 year career has included a number of significant executive posts at major insurance providers, including executive director of insurance operations at WorkCover Insurance, CEO of Lumley Insurance, executive general manager for Corporate & Specialty Insurance at Suncorp and chief operating officer, Retail, at Vero.

## Gavin Pearce

### Chief Risk Officer

Gavin is a senior insurance executive and qualified actuary who joined icare in November 2015 from Zurich Australia, where he was chief risk officer. Gavin previously was the chief actuary at the Accident Compensation Corporation in New Zealand. Gavin specialises in designing, building and implementing robust risk management frameworks across insurance and broader commercial communities. He has proven experience in managing senior stakeholder relationships and enabling businesses to pursue opportunities while prudently managing risk.

“the team is extremely passionate about working innovatively and delivering world-class insurance and care services”

# investments

## Market commentary

The financial markets were volatile in 2015-16 with investors fixated on concerns about China's economic growth, the negative interest rate policy in Japan, eurozone debt and Britain's vote to leave the European Union.

The US increased interest rates for the first time in ten years as its economic recovery continued, with expectations of a further rate rise before the end of 2016.

However, the major international share markets generally had poor returns over the year. The US was one of the better performing equity markets and posted an increase of 4 per cent, in contrast with the Japanese equity market which fell 23 per cent.

The Australian share market posted a marginally positive return over the same period, with the S&P/ASX 300 Accumulation Index returning 0.8 per cent. Bond markets had strong returns as yields ended the year much lower.

The slowdown in mining investment continued, which resulted in the Australian economy recording below-trend growth. The Reserve Bank of Australia responded with a cut in official interest rates in May. Commodity prices generally strengthened over the year, though the Australian dollar continued to decline and finished the year at US\$0.75.

The result of the Brexit referendum in the UK shocked investors in the final month of the financial year. However, most financial markets recovered quickly, with the exception of the British pound, which slumped 10 per cent against the US dollar.

A prudent approach is being used to manage our investment portfolios given the heightened investment risk environment and expectations of lower future returns.

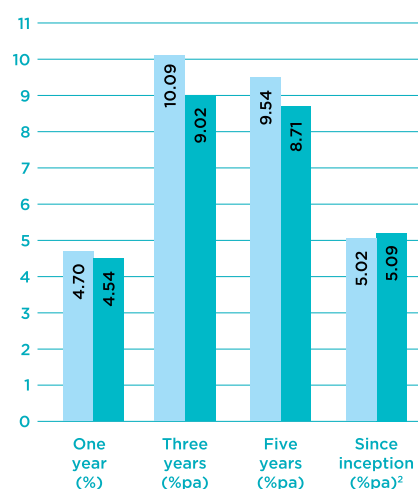
## Investment performance

Our investment portfolios are actively managed to achieve return and risk outcomes appropriate to the schemes they support. The performance of all icare's investment portfolios was solid over the 2015-16 financial year, though not as strong as prior years because of lacklustre investment markets. Most funds performed close to their asset-weighted market benchmarks.

A range of structural changes were implemented during the year to focus on less volatile investment returns and improve the stability of scheme funding ratios.

## investment fund returns<sup>1</sup>

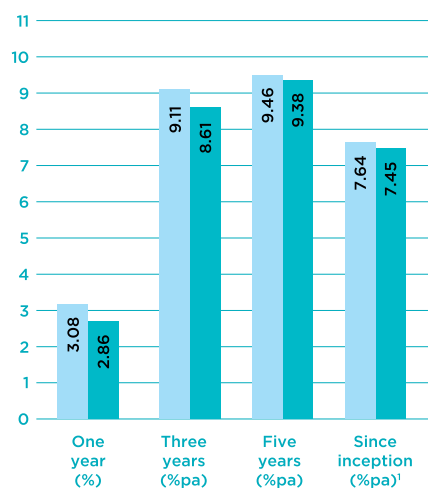
### Dust Diseases Authority Fund



### Fund Benchmark<sup>3</sup>

1. For full details on the earnings of all investment funds, please see the relevant financial statements.
2. Inception date is 1 July 2007.
3. Composite based on the fund's strategic asset allocation.

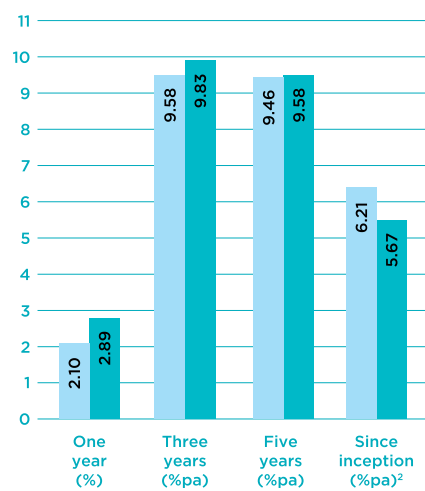
## Lifetime Care and Support Authority Fund



### Fund Benchmark

1. Inception date is 1 July 2007.

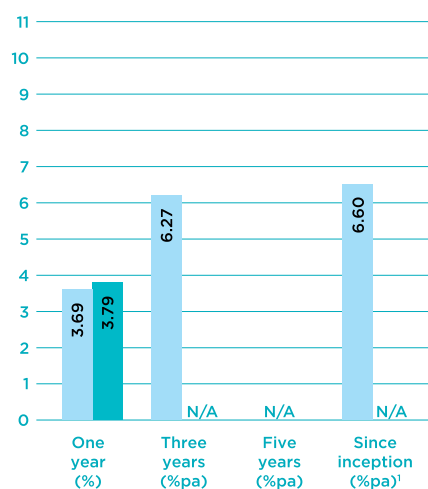
## Treasury Managed Fund<sup>1</sup>



### Fund Benchmark<sup>3</sup>

1. Includes Home Building Compensation Fund.
2. Inception date is 31 March 1999.
3. Composite based on fund's strategic asset allocation.

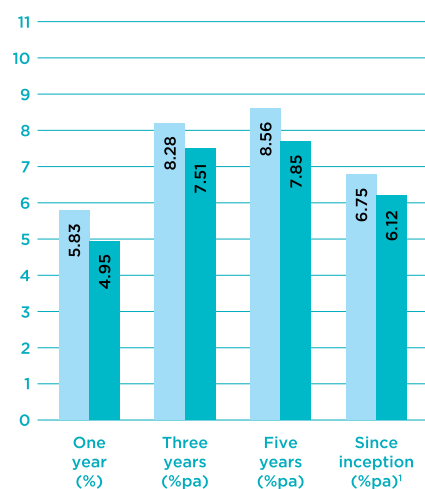
## Sporting Injuries Fund



### Fund Benchmark<sup>2</sup>

1. Inception date is 30 June 2011.
2. The Composite Benchmark and Liability Bond Index commenced on 31 December 2013.

## Workers Compensation Insurance Fund



### Fund Benchmark<sup>2</sup>

1. Inception date is 30 November 2005.
2. Composite based on the fund's strategic asset allocation.



## investment administration

### Common Custodian Project

Following the completion of the Amalgamation of Funds Management Project (the **Project**) in June 2015 that brought the State's largest financial assets under NSW Treasury Corporation (TCorp) administration and management, the next phase is the selection and transition to a Common Custodian.

A common custodian is expected to deliver better value administration services, meet the need for consolidated reporting and allow wider data analysis. This may include, but is not limited to, consolidated reporting across portfolios on assets and liabilities, asset class holdings, financial instruments and other exposures.

icare is represented on the project's steering committee and working group to ensure its requirements are met. A preferred provider is due to be selected by late 2016/early 2017, with any potential transition of assets in the 2017 calendar year.

### NSW Treasury Corporation (TCorp)

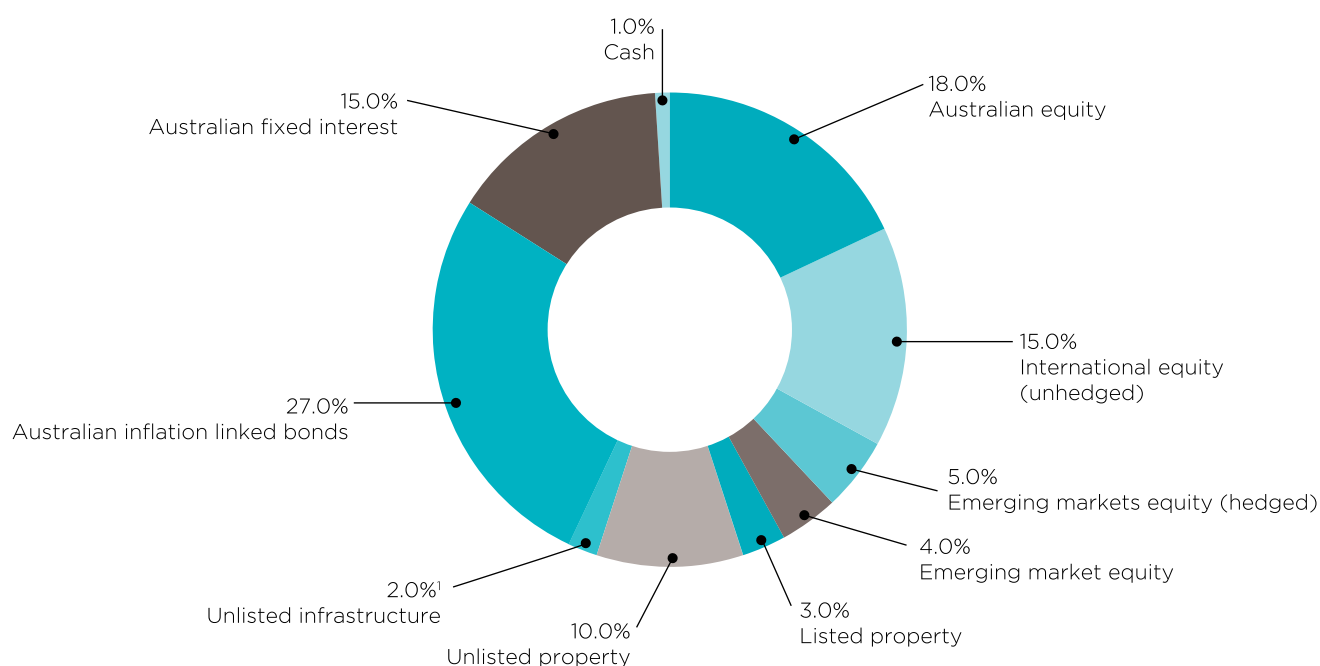
In May 2015 TCorp was appointed to provide investment management and administration services to icare. The icare Board has responsibility for the setting of investment strategy and investment objectives that includes the investment policy formation and the setting of the strategic asset allocations. TCorp provides investment management advice and implements the investment strategies as determined by icare.

TCorp supply these services under a Master Financial Services Agreement (MFSA). The MFSA outlines the services provided by TCorp as well as reporting requirements and the parameters that provide the framework for the delivery of services. Regular meetings are held between the two entities to monitor service levels and discuss ongoing investment management and administrative items.

The Board's Investment & Asset Committee oversee the relationship with, and the service provided, by TCorp.

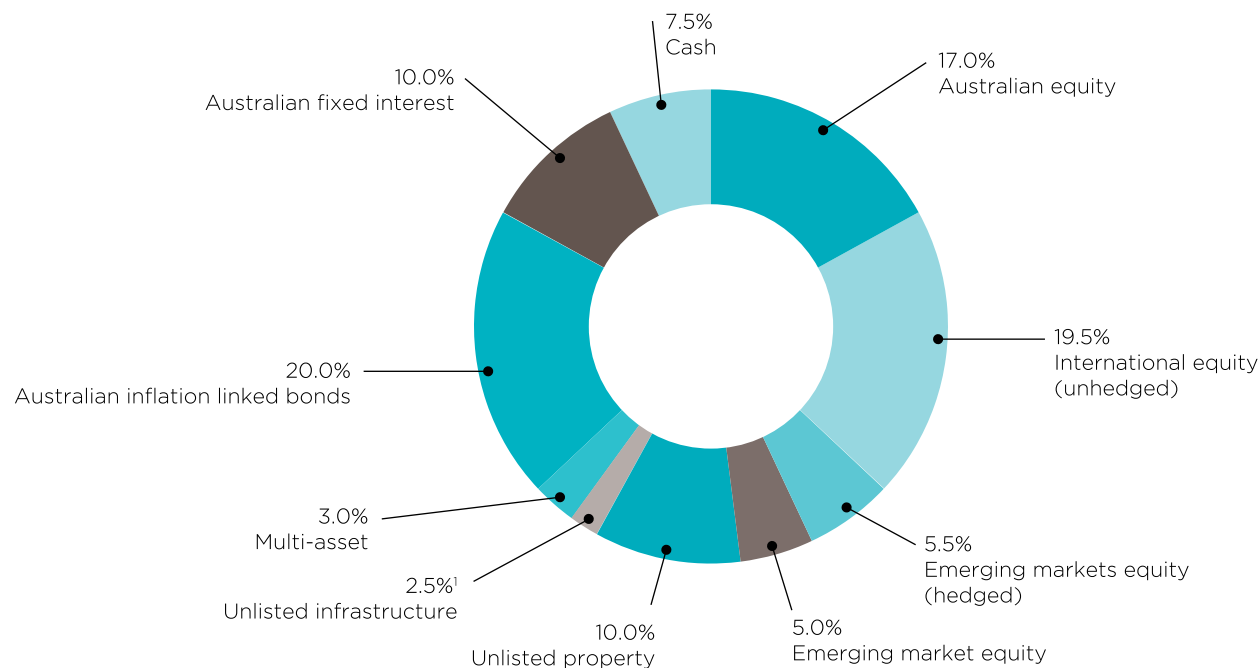
## strategic asset allocation

### Dust Diseases Authority Fund



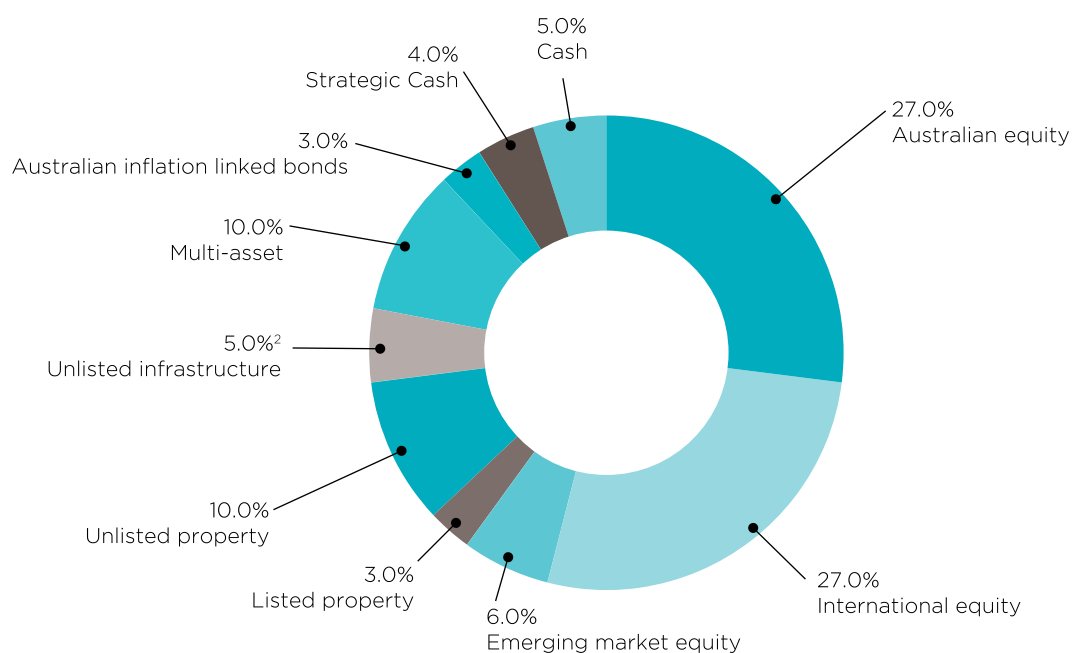
1. Long term SAA includes a 5 per cent allocation to unlisted infrastructure.

## Lifetime Care and Support Authority Fund



1. Long-term SAA includes a 7 per cent allocation to unlisted infrastructure.

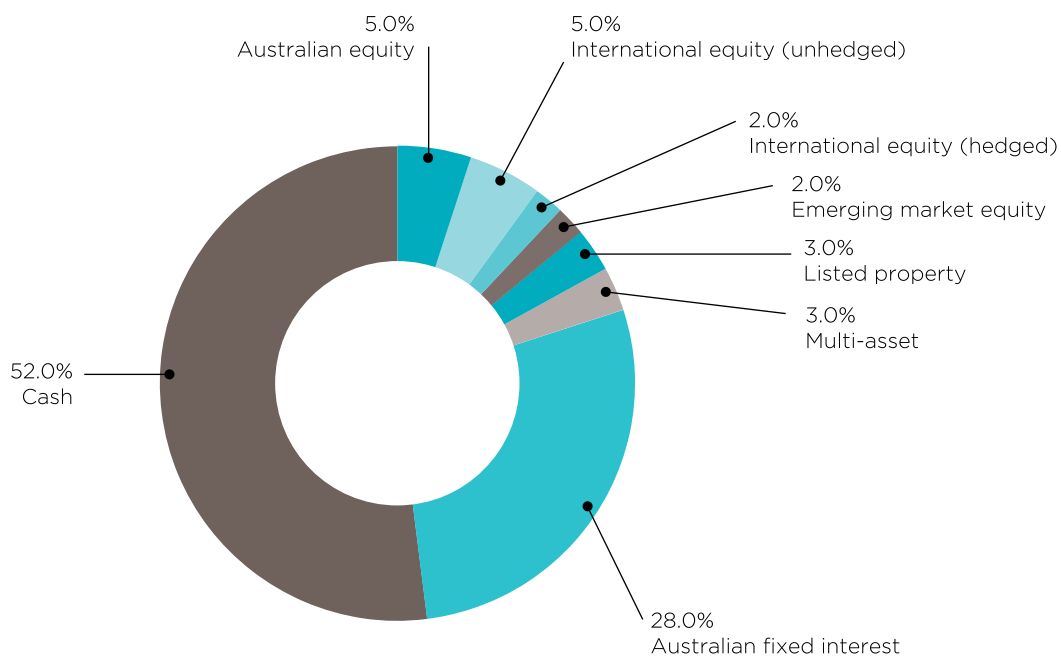
## Treasury Managed Fund<sup>1</sup>



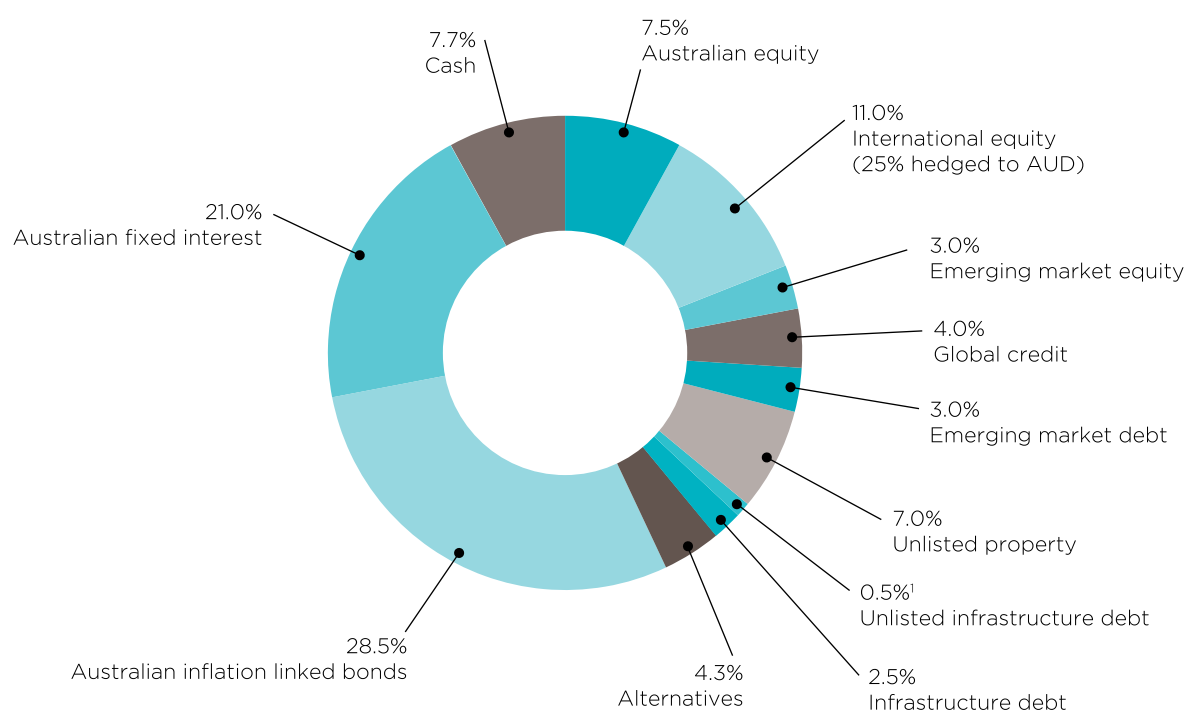
1. Includes Home Builders Compensation Fund.

2. Long-term SAA includes a 4 per cent allocation to unlisted infrastructure.

## Sporting Injuries Fund



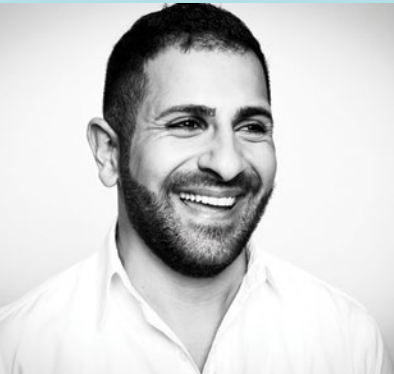
## Workers Compensation Insurance Fund



1. Long-term SAA includes a 4 per cent allocation to unlisted infrastructure.



a great place  
to work to  
achieve great  
things for our  
customers





# our people

## A great place to work

icare is built around people. We have a social heart, a commercial mind and an intrapreneurial spirit. Our 'all in this together' mindset means we care about what we do, we work hard, we have fun working together and we deliver great results.

Most importantly, we have great ambitions to make tomorrow's insurance and care services exceptional in NSW. But we can only do that if we have the right people in our team, who are passionate about making a difference to the people and assets of our community.

That's why we are committed to making icare a great place to work to achieve great things for our customers. Our people strategy focuses on creating a culture of high achievement that will allow the best talent to develop innovative and new ways of working to deliver world-class services to our customers.

Our diverse team is drawn from a range of different disciplines and back-grounds, but a common thread runs through us all: we are compassionate, dedicated, adaptive and creative professionals, and we love to innovate.

As part of our transformational journey, we have put the prevailing beliefs and behaviours under the microscope and as a result, our frameworks, policies and tools have started to be simplified, performance is being redefined to reinforce success, and strategies are being developed to lift our organisational capability.

Our People Engagement team – a name we prefer over Human Resources – is defining the people capabilities our organisation requires now and in the future and is acquiring and nurturing the talent to meet those needs.

Targeted recruitment strategies are being used to find the right talent to fill critical roles in addition to developing our people to meet future demand. Merit selection remains a priority and our recruitment assessments include a focus on customer service, emotional intelligence and organisational fit (strong alignment with our values). Targeted development programs and graduate programs will complement the recruitment strategy.

We believe that dynamic leadership is critical in driving transformation, so we are developing key performance indicators and success factors to ensure leaders have meaningful metrics for their roles.

Our desired culture is being reinforced by setting performance expectations, career development and by creating new ways of working to empower people to provide customer-focused solutions. Reward and recognition schemes are also being developed to reinforce the desired workforce behaviour and performance, and to acknowledge achievements.

## our organisational culture

We are on a journey of creating a new cultural DNA for icare that will be embedded in everything we do.

The program to shift icare's culture includes being clear about our vision and purpose and remoulding the organisational values, beliefs and behaviour which is embedded via a distributed leadership model.

Our values are at the core of how we operate. Over the last year, workshops have been held across the organisation for colleagues to have input into creating our values and what they mean to them. This resulted in the following values and supporting statements:



**integrity**  
is doing the right thing



**courage**  
is stepping up and taking action



**accountability**  
is taking personal ownership



**respect**  
is valuing each other



**empathy**  
is listening, understanding and being there

**We have already started the creation of a high achievement culture at icare which fall under four key areas:**

### Our people are empowered to make decisions

#### No Dress Code

icare's dress code was relaxed over the hotter summer months and when it came time to reinstate the dress code, the Executive Leadership Team made the decision that it wasn't needed. Colleagues are encouraged to decide for themselves what is appropriate to wear depending on what work activities and meetings they have on any given day.

#### Principle based policies

Our internal policies are being redesigned to be principles-based and simple (1 - 2 pages). Each policy provides clear guidance for decision making but encourages leaders and their people to have conversations about individual circumstances and make decisions appropriately.

#### Code of Conduct and Ethics

Our Code of Conduct and Ethics follows the principle based policy model. It meets the requirements of the NSW Government model Code of Conduct and places emphasis on empowering our people and leaders to have conversations and make decisions.

#### Delegations

Overall decision making about what happens at icare sits with our Board, and they delegate the day to day running of the organisation to the CEO. He, in turn, has delegated decisions further down into our organisation's structure. Delegated authority for decision making sits as close to the front line as possible.

### We ask for, value and act on feedback from our people

#### Employee Net Promoter Score and the People Matter Employee Survey

These surveys measure employee sentiment at icare. You can read more about this in Measuring Employee Engagement on page 50.

#### Q&A sessions

The Executive Leadership Team hold regular Q&A sessions where all our people are invited to come and ask any questions that they might have. The format of these sessions is by way of an informal chat with members of the ELT - they give a brief update on key things that are happening across the organisation and then open the floor up for feedback and questions. There is also a quarterly opportunity to ask questions at our all employee get-togethers.

## Senior Leadership Forums

Senior Leadership Forums bring together icare's senior leaders monthly to collaborate and share information and updates from across the organisation. The forums are aimed to build capability and networking across the group because we recognise they are a key driver of transformation. External speakers have also attended the sessions to provide thought leadership.

## We get together often to share information – getting to know each other and icare

### 'icare camps'

Between November 2015 and February 2016, five 'icare camps' (day events) were held which brought all of our employees together to talk about icare and how we bring our story and beliefs to life through our behaviours at work.

### "Chapter" town halls

As part of an ongoing commitment to ensure our people are informed, they are all invited to come together at our Chapter events to listen to the CEO and Senior Leadership Team about our key strategic themes and priorities. The first event, Chapter 1, was held in March 2016 and focused on engaging the team with the proposed high level strategy. This is also another face-to-face opportunity for colleagues to ask the Executive Leadership Team any questions.

### Our induction

Once a month our new starters get together for a day to be immersed in our culture. The key activities for the day include:

- an opening from our CEO about our story, the vision for icare and why he's passionate about being here
- a panel discussion involving all of our Executive Leadership Team about key components of our culture
- Executive Leadership Team 'speed dating' – where each ELT member spends ten minutes with a table of new starters giving a high-level view about what their part of the business does and
- an activity about our values and how they relate to our customers.

### Communications

Internally we use a multi-channel approach to communicating with our people. Every Friday our CEO blogs giving employees an insight into his week. It also is his opportunity to regularly share news, celebrate successes and showcase people and projects across the organisation. There is also a weekly internal newsletter 'icare news' and our intranet, HUGO (Have U Gone Online), is the first point of call for any internal information.

## We celebrate our people

### The Festival of People

We held our inaugural cultural diversity celebration 'The Festival of People' in May 2016. The event was held over two locations and brought together colleagues to celebrate the cultural diversity of icare's people through food, music, dance and a guest speaker.



### Thank you cards

As part of a broader recognition strategy that is currently being developed, we have an informal recognition program centred around the organisational values. Postcard size thank you cards featuring each of icare's values can be given by colleagues to their peers to recognise and say thank you for a job well done. This facilitates 'in-the-moment' peer to peer informal recognition.

Our desired culture is introduced to prospective employees during the recruitment process and induction, and it is reinforced in the workplace through set performance expectations.

We are finding new ways of working to provide customer focused solutions. Our team is committed to becoming outcome and solution focused, and highly responsive to the changing needs of our customers.



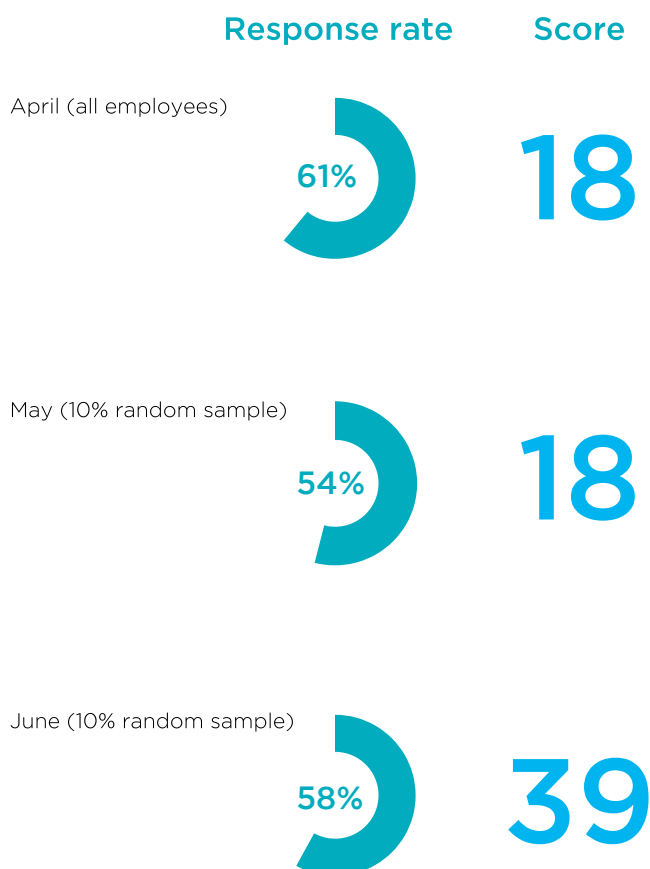
## measuring employee engagement

Employee engagement is a key component of our business strategy and we measure this primarily in two ways – via our Employee Net Promotor Survey and the People Matters Employee Survey.

We have implemented a monthly Employee Net Promoter Score (eNPS®) survey to test employee sentiment. The results are helping to shape strategies and show employees that their opinions and feedback are valued.

The key question in the survey is 'On a scale of zero to ten, how likely is it you would recommend icare as a place to work?' This tests employee loyalty to the organisation which is a key indicator of employee engagement. Scores are from 0-10 and are grouped into the following categories: Promoter (score 9-10), Neutral/Passive (score 7-8), Detractor (score 0-6). The overall score is calculated by subtracting the detractors from the promoters.

In the April survey we achieved a score of positive 18. This was a pleasing result for our first survey and it continues to improve with our ten per cent random selection surveys each month. The following tables show our monthly results and the four industries we use as a benchmark.



### Benchmarks for like industries

Financial Services	-8	Insurance	32
Health Care & Social Services	-15	Public Administration & Safety	-22

The People Matter Employee Survey (PMES), a NSW Government-wide survey to measure people's experiences with their own work, their teams, managers and the organisation. This provides an in-depth look at employee engagement on an annual basis. The survey was conducted in May 2016 and icare's participation rate was 68 per cent with an engagement index of 73 per cent.



### talent acquisition

Our talent acquisition (recruitment) framework includes an updated policy and support tools, and focuses on attracting people with the right skills who are aligned with the organisation's values and want to make a difference to the community of NSW.

Our leaders work with a recruitment services provider to ensure we find the right talent and that the selection decisions are merit-based, free of discrimination and support the principles of equal opportunity.

New members of our senior executive are interviewed by the CEO and a Director of the Board during the recruitment process. It's important to our culture that we take the time to ensure the best organisational fit and we are seeing the results. The employee Net Promoter Scores show that our new starters are highly engaged and ready to deliver on our strategy.



## talent and leadership

We are developing an employment value proposition to clearly articulate to prospective employees why they would choose to join and stay at icare as well as strategies to acquire and nurture talent.

Performance reviews, progression options, and identifying potential successors for critical roles is an essential part of the plan and will allow us to address talent risks and develop future leaders. Our Board oversees the development of our talent strategies as well as senior executive recruitment.

A comprehensive targeted learning and development framework has been created to provide relevant and flexible training. It also provides the tools, best-practice insights and practical experience to develop core skills.

The 'icare academy' has been developed to offer employees just-in-time learning resources, online resources, and face-to-face training to learn the skills required for current and future roles.

Key areas include building customer focus and empathy, fostering innovation, leading change and transformation, collaborating across functions and service lines, creating business acumen, improving relationship and stakeholder management skills, and developing engaging communication. This will be supported by thorough training of our leaders to set and coach developmental goals.

Initiatives beyond formal training include learning cafes, guest speakers, lunchtime book clubs and employee discussion groups. Leading training providers are helping to build these capabilities, enabling us to implement learning systems and content more quickly.

Leadership profiles have been created that articulate the behaviour and capabilities required of our people in a changing environment. A 360 degree survey, called the icare Leadership Index, has been developed to allow leaders to obtain regular feedback on their performance against these profiles and to plan for their ongoing development.

Our leadership programs are also being developed, with the first, called Agility, commencing in August 2016. All of our leadership programs are designed to support change and transformation, develop strong interpersonal skills, collaboration, a customer focus, and business acumen to equip leaders with evidence-based strategies.

Improving the customer experience remains a central theme of our capability and development strategies in each of the service lines, along with innovation, design thinking, partnership and influencing skills, and strategic planning and execution.

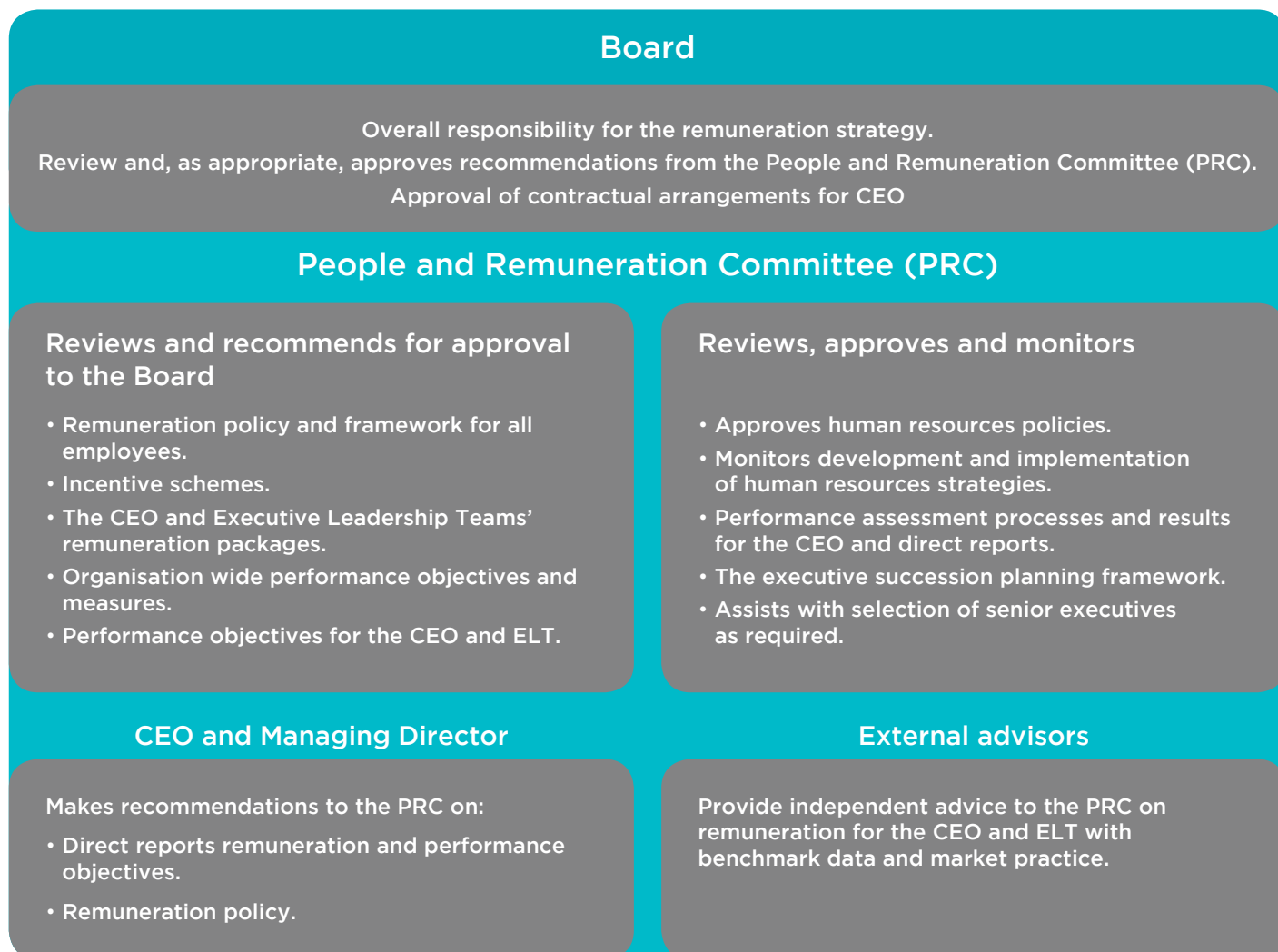
Our workforce will continue to adapt to meet future challenges and scholarship and undergraduate talent programs will complement the recruitment strategy. The icare graduate program will welcome its first cohort in February 2017.



## contemporary approaches to learning and capability building

## performance and reward

### Remuneration Governance



### Remuneration policy

Our remuneration policy has been designed to attract and retain the best people to deliver our strategic and operational objectives.

The principles guiding our remuneration framework are to:

- support our strategic direction
- ensure that there is a strong link between individual, team and organisational performance
- provide market competitive remuneration and internal equity and
- reward superior performance based on the achievement of objectives and assessment of the adherence to our values.

### Remuneration components

icare's remuneration framework comprises fixed remuneration, which includes superannuation, and performance payment plans in which selected employees participate.

## Fixed remuneration

Fixed remuneration takes into account market relativities and performance. Our desired positioning is up to the market median for comparable roles. We primarily benchmark to the general insurance industry and the general industry where appropriate using the relevant Aon Hewitt remuneration surveys including the Insurance Industry Survey, the General Insurance Survey and, where required specialist surveys such as the IT survey.

Fixed remuneration may be further influenced by the criticality of the role and required experience. It is reviewed annually with our focus on assessing fixed remuneration for roles where the market indicates the need for an adjustment and the capability and performance of our people warrant an increase. The overall total annual increase does not exceed the increase approved by the Wages Policy Taskforce which for 2016 was a 2.5 per cent increase to salary and salary related expenses.

## Annual performance payments

Recommended annual performance payments are based on a rigorous assessment of an employee's performance against their pre-agreed annual performance objectives. We take a balanced scorecard approach which includes customer satisfaction, employee engagement, financial performance and delivery of transformation initiatives. Performance outcomes are moderated by an assessment of their demonstration of icare's values and demonstrated risk awareness and compliance.

The final performance rating for all executives is based on a combination of icare, function and individual performance, with the percentage weighting on each of these components dependant on the executive's level as detailed below.



Category	icare	Function	Individual
CEO	100%	-	-
Executive Leadership Team	50%	25%	25%
General Manager and Heads Of	30%	30%	40%
Other Executives <sup>1</sup>	20%	20%	60%

All annual performance payments are discretionary and subject to the approval of the Board.

1. This includes some designated Senior Executives and other icare employees on an individual employment contract.

## Long term performance payments

A long term performance payment scheme has been developed for a small number of key senior executives to ensure continuity and delivery of our transformation initiatives. These payments are discretionary and are subject to the approval of the Board. No employees were eligible to participate in the long term performance payment scheme in the 2015-16 performance year.

## Number of employees

Category	Number
Chief Executive	1
Executive Leadership Team	13
Executives <sup>1</sup>	41
Non-Executives	425
<b>Total</b>	<b>480</b>

1. This includes other executives designated as a senior executive by the icare Board.



## Numbers and remuneration of Senior Executives<sup>1</sup>

Band	Gender		Range \$	Average remuneration (2015-16)
	Female (2015-16)	Male (2015-16)		
Band 4 <sup>2</sup>	-	3	\$441,201 +	\$706,333
Band 3	3	11	\$313,051 - \$441,200	\$364,706
Band 2	8	8	\$248,851 - \$313,050	\$295,123
Band 1	7	15	\$174,500 - \$248,850	\$216,401
<b>Total / average</b>	<b>18</b>	<b>37</b>		

1. Senior executives consist of the Chief Executive, the Executive Leadership Team and designated senior executives

2. Band 4 has been expanded to accommodate the remuneration of the incumbents of band 4.

icare does not use the public service Senior Executive bands as our Board of Directors sets its remuneration policy being outside the Government Sector Employment Act (GSE). However if we were to align to these bands the outcomes are reflected above.

As icare is a new entity there is no previous year comparison.

## Employee related expenditure

The percentage of total employee-related expenditure in the reporting year that relates to Senior Executives is 17.7 per cent.

“ **67% of our employees are women** ”



## diversity and inclusion

We are developing a diversity and inclusion strategy and plan. Key focus areas will include gender, flexibility, family, generational differences, ethnicity, Aboriginal and Torres Strait Islanders, lesbian, gay, bisexual, transexual, and/or intersex (LGBTI) and disabilities. Our strategy is to build a workforce that reflects the community we serve.

Key events to celebrate and support cultural diversity at icare during the year included the inaugural Festival of People in Sydney and Gosford in May 2016. This encouraged icare employees to get together and learn about different cultures through food, language and dance. It also celebrated cultural origins and allowed for feedback on the issues of diversity and inclusion.

International Women's Day was marked by 20 employees who attended the United Nations event in March. We are proud to say that 67 per cent of our employees and 33 per cent of our senior executives are women.

We are a member of the Diversity Council of Australia and representatives have attended a number of events, including #wordsatwork.

### Disability inclusion action plan

We are committed to delivering inclusive and accessible services. It has promoted inclusion in line with the Department of Finance, Services and Innovation's 2015-18 disability action plan, including:

- designing new offices to the highest accessibility standards

- gaining AA compliance with the World Wide Web Consortium's Web Content Accessibility Guidelines 2.0 for the new icare microsite
- enhancing mental health awareness by promoting resources, events and programs such as R U OK day and
- launching the Back on Track pilot program, a world-first mentoring program that pairs Australian Paralympic Committee athletes with seriously injured young people to mentor them as they recover.

We will develop our own disability inclusion action plan during the 2016-17 financial year.

### Multicultural policies and plan

Our organisation supports the principles of multiculturalism, which it has promoted in line with the Safety, Return to Work and Support July 2015 - December 2017 Multicultural Plan by:

- including principles of multiculturalism in scheme agent contracts
- supporting and participating in cultural events, including Harmony Day
- launching the icare employer assist tool in eight languages and
- encouraging people from culturally and linguistically diverse communities to apply for positions with icare.

We will develop our own multicultural plan during the 2016-17 financial year.

### Trends in the representation of workforce diversity groups<sup>1</sup>

Workforce diversity group	Benchmark/Target (%)	2016 (%)
Women	50	66.7
Aboriginal People & Torres Strait Islanders	2.6	0.6
People whose first language spoken as a child was not English	19	7.2
People with a disability	N/A	2.2
People with a disability requiring work-related adjustments	1.5	1.2

### Trends in the distribution of workforce diversity groups<sup>1,2</sup>

Workforce diversity group	Benchmark/Target (%)	2016 (%)
Women	100	88
Aboriginal People & Torres Strait Islanders	100	N/A
People whose first language spoken as a child was not English	100	95
People with a disability	100	N/A
People with a disability requiring work-related adjustments	100	N/A

1. A Distribution Index of 100 indicates that the centre of the distribution of the Workforce Diversity group across salary levels is equivalent to that of other staff. Values less than 100 mean that the Workforce Diversity group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than

100, indicating that the Workforce Diversity group is less concentrated at lower salary levels. The Distribution Index is not calculated where Workforce Diversity group or non-Workforce Diversity group numbers are less than 20.

2. As icare is a new entity there is no previous year comparison.

## empowering decision-making

All policies across the organisation are being made simple, short and principles-based to help support the business and guide our leaders and employees. Each policy provides clear guidance for decision-making but encourages our people to consider individual circumstances and make decisions appropriately.

icare's Code of Conduct and Ethics follows the principle-based policy model. It meets the requirements of the NSW Government Model Code of Conduct but places much more emphasis on empowering our people.

In order to empower our people and improve decision making, the icare Delegations Manual outlines who can make decisions about what at icare. Decision making happens as close to operational service delivery as possible.

## employee relations

We have established a consultation framework on matters such as enterprise negotiations, organisational policies and proposed workplace changes.

Our objective is to have a healthy, engaged and agile workforce, with a high-performance, customer-centric culture that aligns with our strategy and values.

We engage and consult with our people through question and answer sessions with our executives, monthly senior leadership forums, meetings of all employees, our intranet, team meetings and everyday conversations.

There are regular meetings with union representatives through the Joint Consultative Committee in addition to all employees on the introduction of new people-related policies and the creation of a single icare Industrial award, which will be finalised in 2016-17.

## preventing workplace bullying

We acknowledge the progress made on the recommendations from the inquiry into allegations of bullying in WorkCover NSW initiated by the NSW Legislative Council General Purpose Standing Committee No.1.

We aim to use a contemporary approach to people management and create strategies with employees to prevent workplace bullying. We have put in place a risk management approach to the prevention and management of workplace bullying with the aim of creating a safe and healthy workplace.

This approach includes:

- prevention through risk management and reporting, policy and procedure development, training and awareness

- management through reporting workplace bullying, employee and people leaders' support, early informal resolution, formal resolution processes, investigation and implementation of decisions and
- recovery and learning through coaching and behavioural change, recovery of the individual, and workplace review and planning.

An independent advisory panel has been established to provide recommendations to our Board and management, on our culture and bullying prevention frameworks.

icare publishes six monthly progress reports on the bullying inquiry action plan. The reports outline actions and progress against each of the recommendations that were supported by the Government arising from the General Purpose Standing Committee No.1 inquiry into allegations of bullying in WorkCover.

The inquiry's recommendations that were supported by the Government will continue to be implemented across WorkCover's three successor entities: the State Insurance Regulatory Authority, SafeWork NSW and icare.

## work health and safety

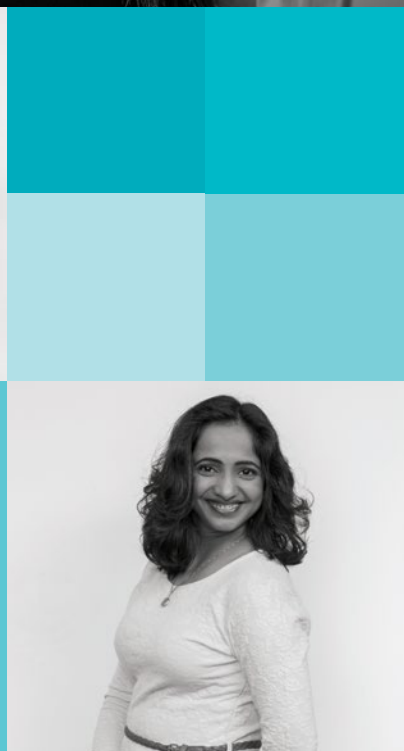
We are committed to a safe and healthy workplace where our people feel supported. We promote a workplace where wellbeing is the norm. Sustainable health and wellbeing at work is demonstrated by leaders through a systemic approach to health, work, values, social responsibility and personal growth.

At icare we encourage our people to 'work on wellbeing' as a preventative strategy to injury and illness. We focus on early intervention and support the reporting of illness and injury, whether work or non-work related to help our people remain at work or return to work. Five workplace injury claims were made in 2015-16, none of which were related to psychological illness or injury. All claimants returned to work within four weeks.

We have been working to ensure work environments are safe by prioritising safety management systems, reviewing policies and processes, assessing work environments, and embarking on individual case management.

Formal consultation arrangements have been established through our icare Health and Safety Committee and Health and Safety Representatives. Informally, through everyday conversations, surveys, workgroups and workshops we seek to understand the health and safety concerns of our people to continuously improve our health and safety performance.

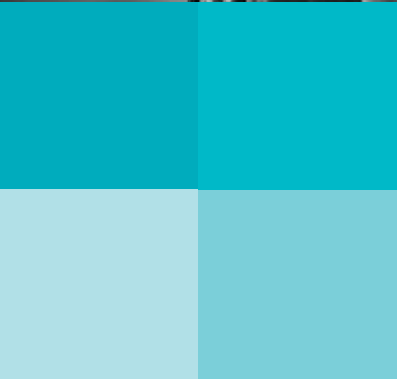
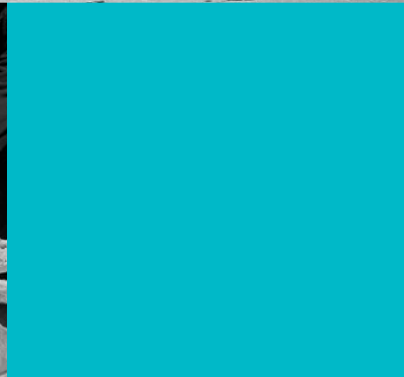
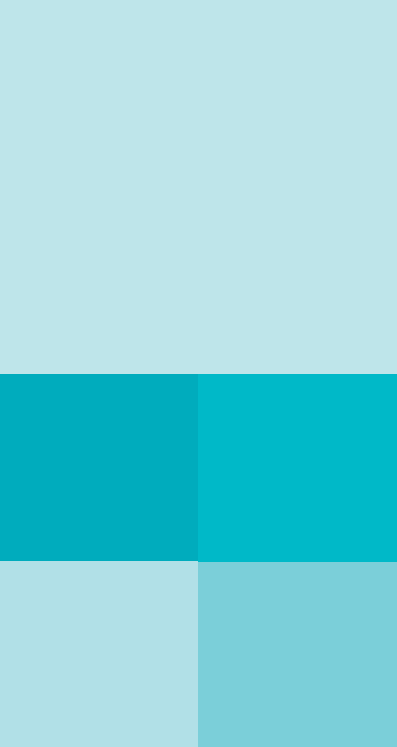
In May we participated in the Mindful in May celebrations as part of our wellbeing strategy. The purpose of mindfulness is to explore and experience a number of practical mindfulness techniques designed specifically to reduce stress, build resilience and practice self-care. Mindfulness enables a physiological and psychological response that reduces the risk of mental ill-health in the workplace and other environments.



“  
icare’s vision and brand  
align with my personal  
values, which makes  
it a motivating and  
rewarding place to work  
”

Ian, an icare employee







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# dust diseases care

## who we are

Dust Diseases Care provides a no-fault workers compensation scheme for people who have developed a compensable dust disease from occupational exposure to dust as a worker in NSW and their dependants.

We aim to be a trusted partner in work-related dust diseases. We seek to be there for past and present workers and their families by providing information, personalised care and comprehensive support when they need it. We aim to take the effort out of managing a worker's wellbeing and quality of life.

Dust Diseases Care was established as the Workers Compensation (Dust Diseases) Authority by the *Workers Compensation (Dust Diseases) Act 1942*.

Following legislative amendments made in 2015, the Workers Compensation Dust Diseases Authority replaced, and is a continuation of, the former Workers Compensation (Dust Diseases) Board.

A new Dust Diseases Board was established in 2015 to authorise grants for research into the prevention, diagnosis and treatment of dust diseases. It also assists groups and organisations that provide support for victims of dust diseases and their families.

## what we do

We provide financial and healthcare support to workers with dust diseases throughout their life. We also provide financial support to the dependants of deceased workers.

We provide workers with a fortnightly compensation payment and healthcare support by arranging and paying for medical treatment and expenses related to their dust disease. We also pay the funeral expenses when the person passes away and provide financial support to their dependants.

Dust Diseases Care also arranges and pays for medical examinations for workers who have been exposed to hazardous dusts. Examinations include lung function tests, chest x-rays and examination and interview by a respiratory physician. These are conducted at our Sydney office, in our mobile respiratory screening unit, The Lung Bus, and through a network of health practitioners.

We also provide advice and information to applicants and assistance to customers and their families on a range of matters, including their benefit entitlements.

## who we support

The annual cost of operating the scheme is paid for through a levy on employers. The levy pays for compensation benefits, and hospital, medical, ambulance and other related expenses for workers with dust diseases and the costs of operating the scheme.

We assess applications for compensation made by past and present workers. To do this we need to assess the worker's medical records and document their work history and exposure to dusts in the workplace. We assist workers by obtaining medical records on their behalf and helping them document their work history.

We also support the Medical Assessment Panel. The Panel determines if an applicant for compensation has a dust disease covered by the scheme, the extent of any disability and the level of occupational exposure as a worker in NSW.

If the Medical Assessment Panel determines a worker has a compensable dust disease, Dust Diseases Care calculates the person's compensation entitlement and pays a fortnightly compensation payment and medical treatment costs.

The dependants of a worker may also receive compensation payments following a worker's death. We assess the application and provide dependant spouses and partners of deceased workers with an initial lump sum payment and fortnightly compensation payments for life. We also support a small number of dependant children of deceased workers.



**committed to  
enhancing participant  
choice and control**

## care

### Medical screening service

Dust Diseases Care can help a past or present worker who thinks they may have a dust disease by arranging a free medical examination.

Medical examinations were provided to 1,392 people in 2015–16. They were conducted at our Sydney medical centre, by the person's doctor of choice in their local area, or at our mobile respiratory Lung Bus.

### Number of medical examinations by location

Date range	Elizabeth Street	Lung Bus	External
2011–12	933	207	600
2012–13	791	99	620
2013–14	867	114	548
2014–15	622	82	551
2015–16	624	99	669

### Medical assessment panel and support team

We collect and collate the medical information the Panel requires to assess an application for compensation. The three-person Panel is made up of a chairperson and a member each nominated by employer and employee groups. Panel members are highly qualified respiratory physicians who specialise in occupational dust diseases. The Panel (known as the Medical Authority until 30 August 2015) met 31 times in 2015–16 and considered 2,279 cases.

### Certificates issued for medical assessment panel by outcome

Date range	Existing dust disease	New dust disease	No dust disease / not attributable	Death due to dust disease	Death not due to dust disease
2011–12	546	303	1,270	185	63
2012–13	604	325	930	175	73
2013–14	524	273	1,000	182	84
2014–15	565	342	754	167	56
2015–16	792	289	667	180	52

## Dust diseases covered

The *Workers Compensation (Dust Diseases) Act 1942* covers the following diseases:

- Aluminosis
- Asbestosis
- Asbestos induced carcinoma (lung cancer)
- Asbestos related pleural disease
- Bagassosis
- Berylliosis
- Byssinosis
- Coal workers pneumoconiosis
- Farmer's lung
- Hard metal pneumoconiosis
- Mesothelioma
- Silicosis
- Silicotuberculosis
- Talcosis.

## Cases certified by the medical assessment panel by disease type

Date range	Mesothelioma	Asbestosis	ARPD	Asbestosis ARPD	Lung cancer asbestos	Silicosis	Other
2011-12	151	42	77	11	26	9	1
2012-13	157	34	85	9	34	10	5
2013-14	140	21	71	14	18	9	3
2014-15	153	34	105	14	20	9	7
2015-16	139	30	66	15	20	9	10

## Compensation and healthcare services

We administer the compensation payments awarded to workers and their dependants. Compensation includes a fortnightly benefit payment, payment of all reasonable and necessary medical and related treatment expenses, and payment of funeral expenses. Medical and related treatments can include home nursing, hospital fees, the hire of equipment and aids, pharmaceuticals and domestic assistance.

Awards made to dependants of deceased workers generally consist of a lump sum payment and fortnightly compensation benefits. As at 30 June 2016, we provide compensation to 4,127 customers; 1,128 workers and 2,999 dependants. We paid \$81.63 million in compensation benefits during 2015-16 and \$9.47 million in healthcare and funeral benefits. All awards were approved within two days of the Panel issuing a certificate of disability.

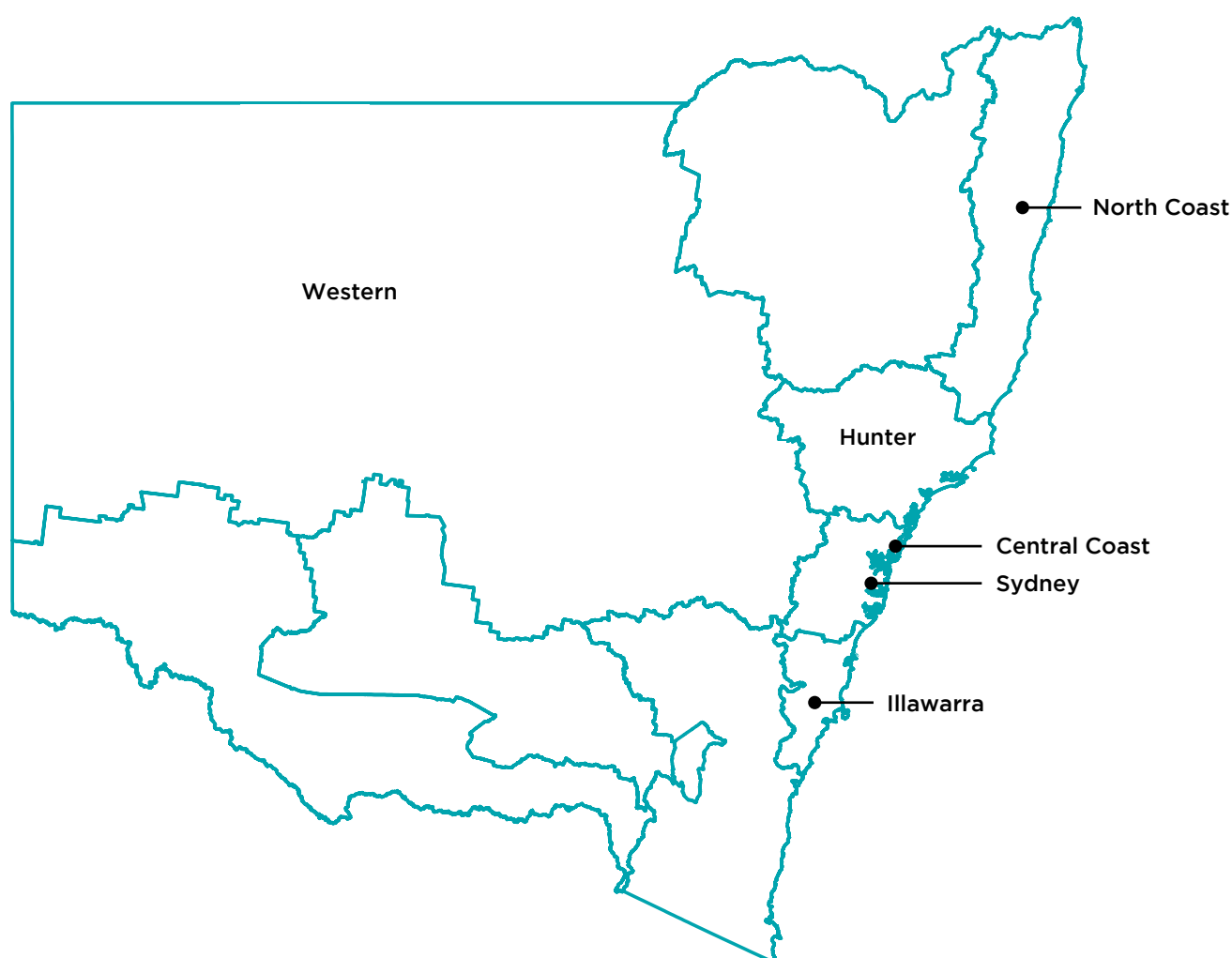
## Compensation awards granted

Date range	New worker awards	New medical expenses awards	New dependant awards	Total awards granted
2011-12	274	23	181	478
2012-13	295	22	183	500
2013-14	220	26	176	422
2014-15	276	12	199	487
2015-16	276	30	184	490



## Clients place of residence: NSW, interstate and overseas<sup>1</sup>

Place of residence			
Central Coast	336	Sydney - Inner West	263
Hunter	467	Sydney - Southern	50
Illawarra	425	Sydney - Western	595
Western	248	Sydney - Nepean	556
North Coast	292	<b>NSW</b>	<b>3,689</b>
Sydney - Northern	280	Interstate	725
Sydney - Eastern & Inner	177	Overseas	57
<b>Total</b>			<b>4,471</b>



1. Figures represent all individuals who received compensation payments or services throughout the 2015-16 financial year, including those who passed away.

## Industrial history services

We conduct interviews covering an applicant's employment and dust exposure to support a claim for benefits. Most are conducted by telephone, though very ill applicants can be interviewed at home or in hospital. We are able to respond quickly if an applicant is seriously ill and a report needs to be prepared urgently.

Industrial history reports contain vital information such as the location, nature and conditions of each period of employment, any areas or processes where dust was encountered and the frequency or duration of those exposures. We have access to extensive historical data about industrial practices and exposures that we refer to when preparing industrial history reports. The industrial history report is used to help Dust Diseases Care determine the extent of an applicant's exposure to dust in the workplace and if exposures occurred when the applicant was employed as a NSW worker.

The industrial history team completed 386 reports during 2015–16, with 81.3 per cent completed in less than 45 days.

## Health monitoring

We operate a mobile respiratory health monitoring service to help NSW employers meet their statutory obligations to screen workers exposed to toxic dust in the workplace. The Lung Bus is equipped with a chest x-ray, lung function laboratory, consulting room and waiting room. An examination takes about 15 minutes and the unit can screen up to 40 workers a day. The service is provided at a subsidised cost to premium paying employers of \$110 (including GST) per worker.

A report is provided to each worker who has been screened and each employer in accordance with the provisions of the *Work Health and Safety Regulation 2011*. Health monitoring reports must include the name and date of birth of the worker, details of any exposure to toxic dust or if the worker contracted a disease as a result of their employment.

“  
**4,471 clients were supported during 2015–16**  
”

## Achievements

- We improved our internal processes and halved processing times for claims from 136 days to 66 days resulting in 100 per cent of awards being made within two days of the Medical Assessment Panel issuing a certificate.
- We realigned our organisational structure to support a customer-centric service delivery model.
- We amended our medical screening procedures to offer clients their choice of medical provider.
- We paid for newly developed treatments for the workers with mesothelioma.
- We supported research into new treatments for dust diseases.

## keytruda

A number of clinical research programs in Australia, the United States, and the United Kingdom are trialling the use of both existing and new drugs for treatment of mesothelioma.

**Mesothelioma is an asbestos-related cancer of the lining of the lungs and many people die within 18 to 24 months of diagnosis.**

**Early stage clinical trials in the treatment of mesothelioma in the United States have shown some promising results with these new drugs, particularly Keytruda. The general consensus of researchers and oncologists in the field is that the drugs represent the next generation of treatment for the disease.**

**A number of leading Australian oncologists are using these drugs in the treatment of mesothelioma when all of the standard treatments have failed.**

**Dust Diseases Care decided to pay for treatment with these new drugs for workers for whom standard treatments, including chemotherapy, have failed and their oncologist considers the worker may benefit.**

**The decision to fund Keytruda was made after consultations with researchers and a number of Sydney oncologists treating mesothelioma patients.**

## protect

### Research and education

Dust Diseases Care undertakes and funds research to help identify dust diseases, assist workers with dust diseases and prevent occupational lung disease. These include:

- administers the Dust Diseases Care Research and Community Grants Scheme
- maintain the research database
- responds to requests for scientific information and
- perform asbestos fibre counts on samples of lung tissue.

We responded to 11 requests for scientific information in 2015–16. Requests are received from research institutes, industry groups, actuaries, the icare executive and the Medical Assessment Panel. The requests range in complexity from providing literature or simple statistics to detailed analysis.

### Research and community grants scheme

We are committed to improving services and access for workers with dust diseases. Our Research and Community Grants Scheme delivers a range of positive outcomes for affected workers. Dust Diseases Care funds research programs in five key areas which are:

- innovative approaches to preventing occupational lung diseases
- developing/evaluating new treatments and services to improve the quality of life for workers with a dust disease
- improving the screening and diagnosis of dust diseases when assessing disability
- evaluating existing treatments and services for dust diseases and
- investigating the epidemiology of dust diseases, including data mining of scheme datasets.

The research provides significant support for developing early detection methods, improving treatments and, ultimately, creating better outcomes for all with a dust disease.

The Research and Community Grants Scheme is monitored by the Dust Diseases Board. The Board includes representatives nominated by employer and employee groups; dust disease advocacy; support and awareness groups; dust diseases researchers or academics; health professionals; and an independent chairperson.

No new research projects were approved in the 2015–16 financial year. The table below outlines research projects funded as at 30 June 2016.

### Complaints and appeals

Dust Diseases Care is committed to enhancing customer choice and control by adopting a more customer-centric approach. Dust Diseases Care welcomes feedback from participants to identify areas for improvement. All members of the public have the right to make a complaint or offer feedback on how we can improve our services.

This year, no formal complaints were received. However, a person affected by our decision in relation to their claim for compensation may appeal against the decision to the District Court of NSW. Five District Court appeals were lodged in 2015–16.

### Stakeholder involvement

We sponsored the National Asbestos Awareness Week event hosted by the Asbestos Diseases Foundation of Australia in November 2015.

We also provided \$40,000 funding over 12 months to the Asbestos Diseases Foundation for a helpline operator to provide advice to the community on asbestos related issues.

### Research projects funded<sup>1</sup>

Applicant	Institution	Project	Duration	Total budget
Professor Richard Lake	National Centre for Asbestos Related Diseases, University of Western Australia	Exploiting immune checkpoint blockade to generate effective therapy for malignant mesothelioma	2 years Due for completion on 30 July 2017	\$239,076.50
Professor Jenette Creaney	The Institute for Respiratory Health, University of Western Australia	Establishing the biological activity of malignant effusions in malignant pleural mesothelioma	2 years Due for completion on 30 January 2018	\$249,432.00
Dr Nicholas de Klerk	School of Population Health, University of Western Australia	Lung cancer risk and screening guidelines after asbestos exposure	2 years Due for completion on 30 June 2017	\$190,962.00
Professor YC Gary Lee	The Institute for Respiratory Health, University of Western Australia	Phase II trial of a Novel FGF-Receptor Antagonist in Mesothelioma	2 years Due for completion on 30 September 2018	\$249,877.40

1. A total of \$300,00 was committed for research during the 2015–16 period.

**\$91.1 million  
in benefits  
paid in 2015–16**

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**625**  
applications  
received

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**100%**

of awards made  
within two days of the  
medical assessment  
panel certificate  
of disability

**\$300,000**  
in funding grants  
for new research



**2,999**  
dependants of  
a deceased worker  
received support

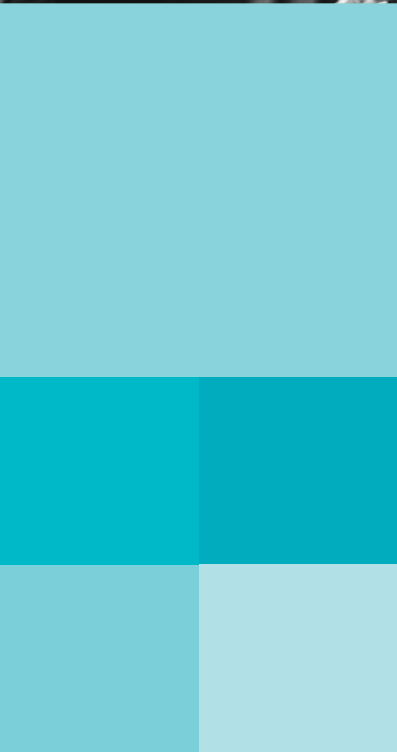
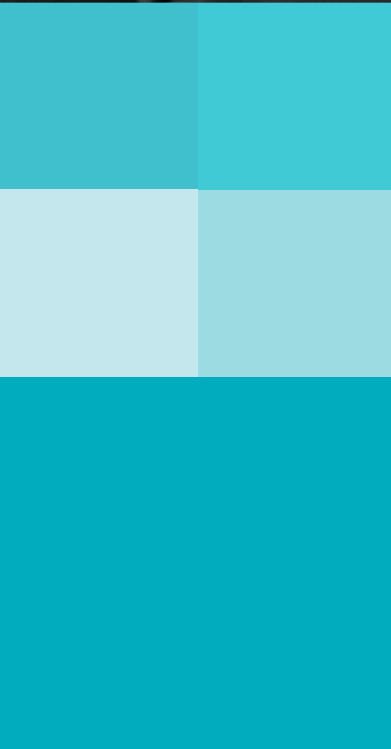
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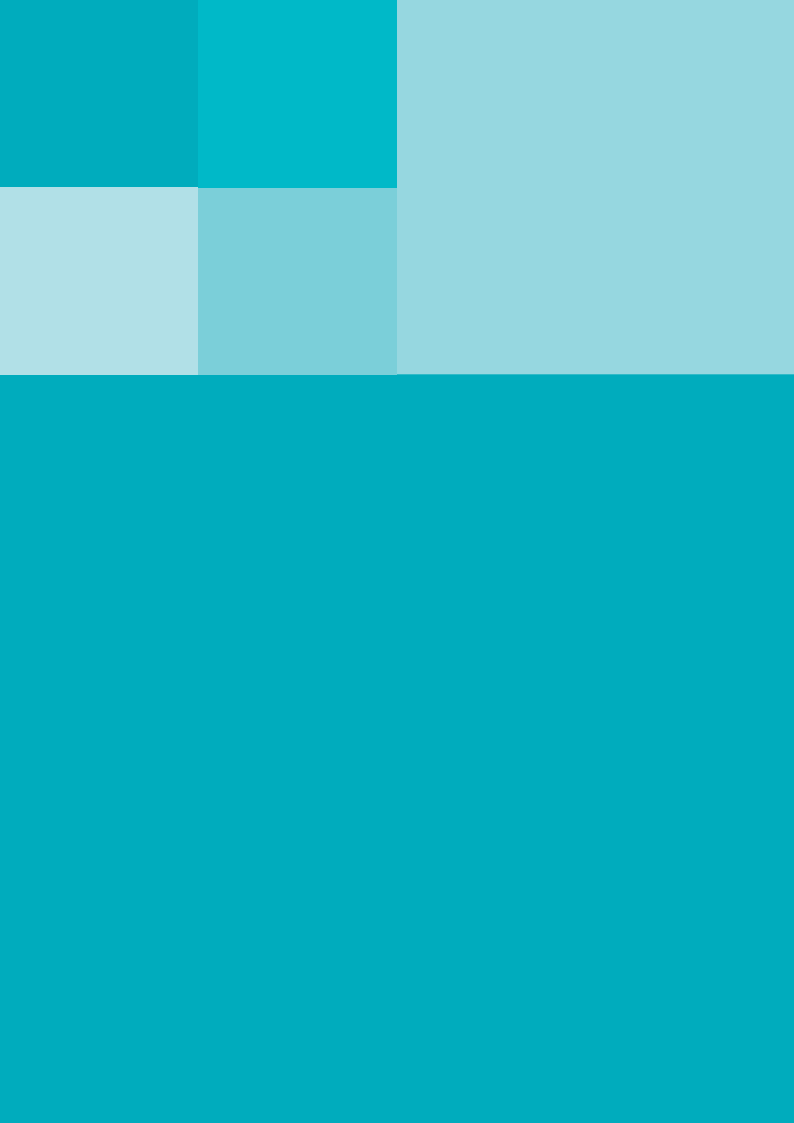
**3,934**

respiratory health  
monitoring  
examinations  
conducted









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# lifetime care



## who we are

Lifetime Care provides lifelong treatment, rehabilitation and care services to people severely injured in a motor vehicle accident in NSW, regardless of who was at fault.

Injuries can include spinal cord injury, moderate to severe brain injury, amputations, severe burns or permanent blindness. Types of services include medical and hospital care, home modifications, vehicle modifications, educational support, equipment and personal care in the home.

Lifetime Care works with participants to set goals and engage services to meet their needs, partnering with skilled service providers to offer high-quality treatment and care. Lifetime Care recognises that participants' needs will change over time and ensures that appropriate services are provided at the right time.

Lifetime Care also funds programs and research to help injured people and their families deal with the impact of traumatic injury. It also explores the effectiveness of different rehabilitation methods and provides health professionals with best-practice information.

Lifetime Care and Support Authority was established as a statutory authority by the *Motor Accidents (Lifetime Care and Support) Act 2006*. The Lifetime Care and Support Authority manages the scheme under the *Motor Accidents (Lifetime Care and Support) Act 2006*.

## what we do

The scheme is funded through the Medical Care and Injury Services (MCIS) levy paid by NSW motorists when they purchase a Compulsory Third Party (CTP) insurance policy. The levy is reviewed and adjusted over time to maintain the financial viability of the scheme.

Lifetime Care collects sufficient funds each year to pay for the lifetime of services required by people severely injured in that year. Lifetime Care has accumulated a substantial fund to meet the future needs of participants.

Lifetime Care recognises that participants and their families are central to planning treatment, rehabilitation and care services, and continues to adopt a person-centric approach to service planning and generating ideas for improvement.

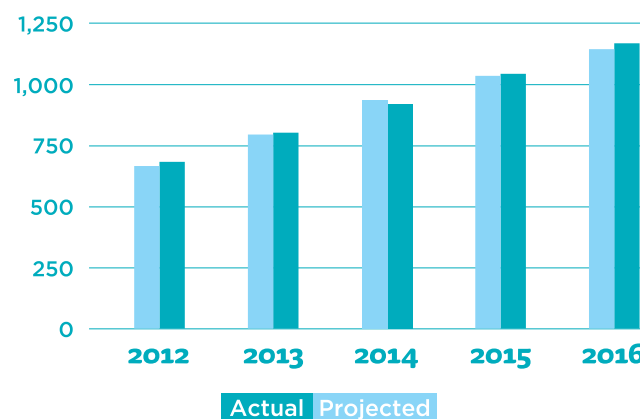
## who we support

Lifetime Care applies to children under 16 years of age severely injured in a motor vehicle accident from 1 October 2006, and to adults severely injured in a motor vehicle accident from 1 October 2007.

An injured person is eligible to participate in the scheme if their motor accident injury satisfies the eligibility criteria.

Everyone accepted into the scheme commences under a two-year interim eligibility period (with the exception of children who are not assessed for lifetime participation before age five). This allows those who make a good recovery to leave the scheme. About 180 people enter the scheme each year as interim participants and after two years approximately 120 continue as lifetime participants.

### Participant numbers



Participant numbers continue to increase in line with projections. There are currently 1,143 participants the breakdown being; 315 interim participants and 828 lifetime participants.

### Participant roles in accidents

Role in accident	Total	%
Driver	370	32
Pedestrian	261	23
Motorcycle rider	227	20
Passenger	227	20
Cyclist	41	4
Pillion passenger	6	<1
Other	11	1
<b>Total</b>	<b>1,143</b>	<b>100</b>

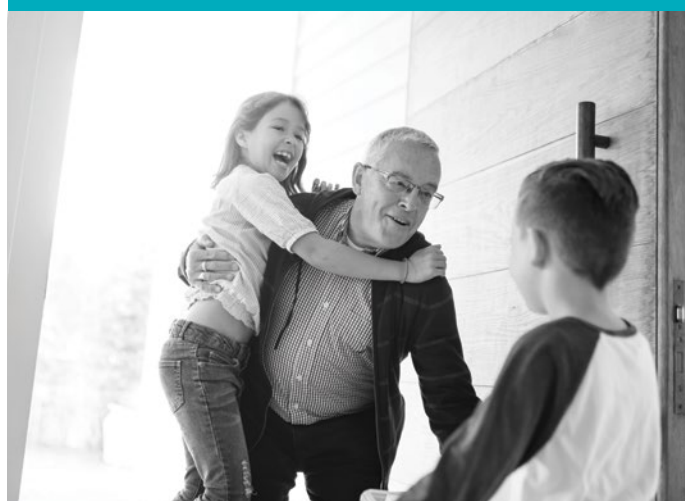


## Injury type

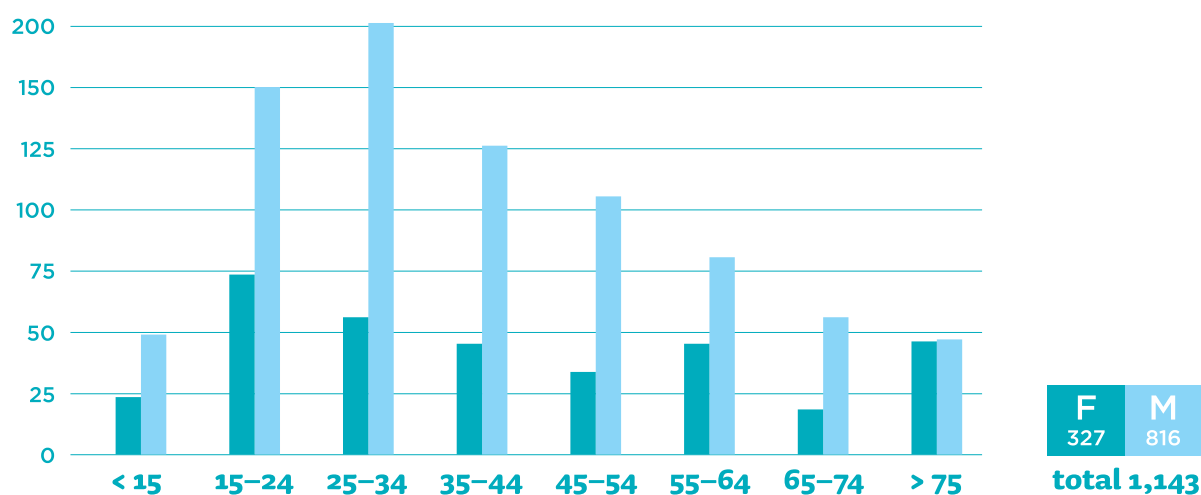
Injury type	Total	%
Traumatic brain injury	852	74
Spinal cord injury	263	23
Amputations	24	2
Burns	3	<1
Vision loss	1	<1
<b>Total</b>	<b>1,143</b>	<b>100</b>

Traumatic brain injury remains the most common accident injury of both adult and child participants.

**traumatic brain injury  
remains the most  
common accident injury**



## Participants current age<sup>1</sup>



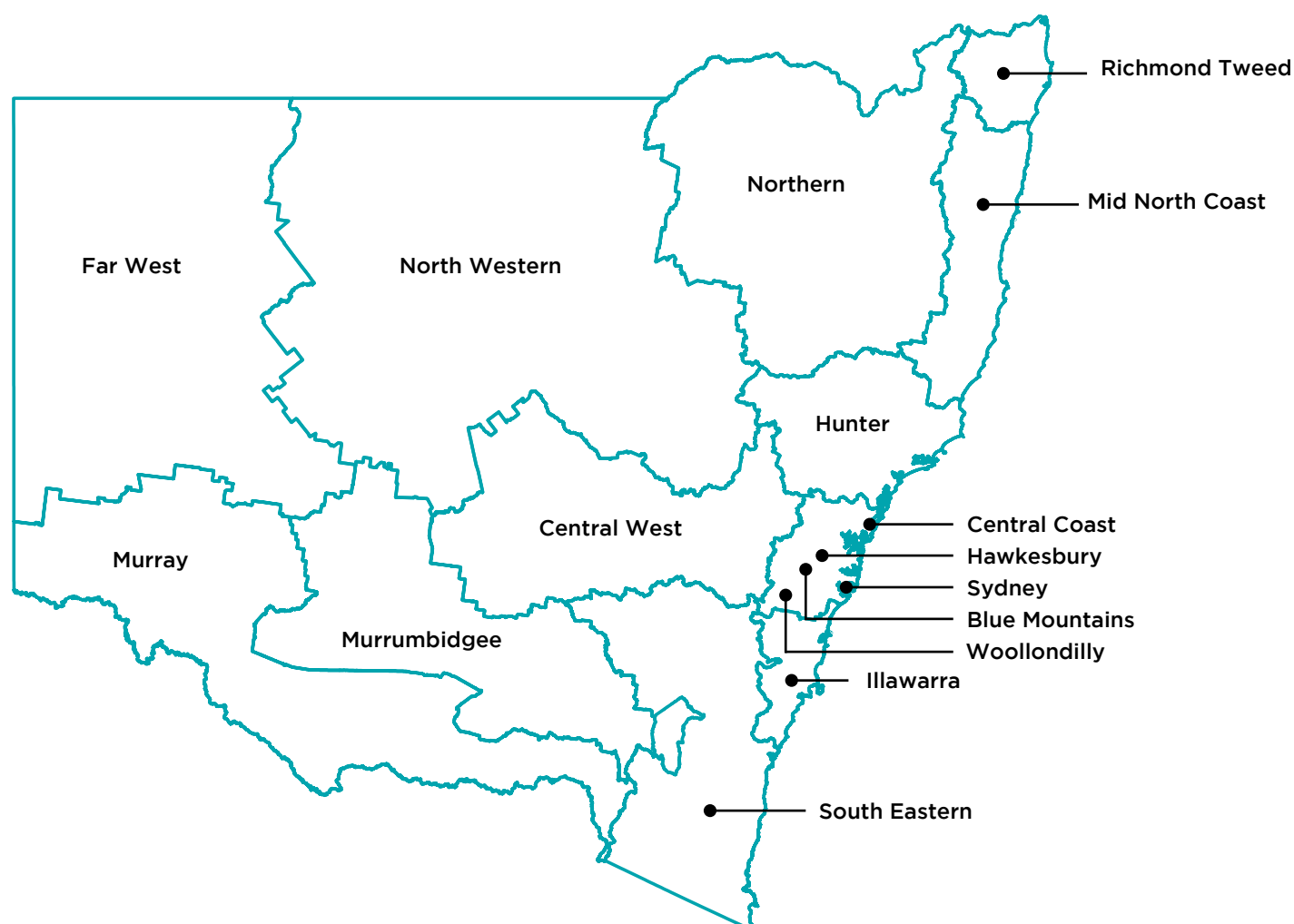
Of the current 1,143 participants, 132 were under the age of 16 at the time of their accident. Most participants are young, with 42 per cent aged between 15 and 34 requiring support to return to work or for training, educational assistance or community participation.

1. At 30 June 2016.

## Participants place of residence NSW, interstate and overseas

Participants reside throughout NSW, with 40 per cent living in Sydney, 52 per cent living regionally and the remainder living either interstate or overseas. Regional service delivery remains an area of focus as most participants live outside the metropolitan area.

Place of residence					
Blue Mountains	8	Murrumbidgee	30	Sydney - West	103
Central West	77	North Western	19	Sydney - Liverpool/Campelltown	154
Far West	7	Northern	45	Sydney - Sutherland	25
Hawkesbury	2	Richmond Tweed	30	Central Coast	54
Hunter	146	South Eastern	15	Woollondilly	8
Illawarra	78	Sydney - Inner	135	Interstate	54
Mid North Coast	63	Sydney - North	49	Overseas	28
Murray	13	<b>Total</b>			<b>1,143</b>



## achievements

- icare Workers Care an initiative to ensure that severely injured workers received the same high-quality, specialised treatment and care as Lifetime Care participants.
- A new participant-centred planning process, My Plan, was rolled out to all Lifetime Care staff and service providers using workshops and e-learning modules, with all participants (where appropriate) using the My Plan process by the end of June 2016.
- Lifetime Care partnered with Carers NSW to develop new programs that seek to build the resilience, knowledge, connections and emotional wellbeing of families of people with severe injuries.
- A web provider portal was introduced for attendant care providers to streamline administrative and reporting processes.

## challenges

- We must ensure the scheme remains solvent and sustainable.
- We must further embed the ability for participants to choose services and control service delivery.
- We must continue collaborating within icare and with other agencies to implement the National Injury Insurance Scheme (NIIS).



**lifetime care funds programs and research to help injured people and their families deal with the impact of traumatic injury**

## accountability

Key performance indicators are tracking in line with targets. There is currently an adequate surplus of funds to maintain the viability of the fund. Expenditure on participants and the number of participants entering the scheme have been below predicted figures for the past two years. The new liability incurred (based on the number of participants and their severity) remains within the predicted model. Operating expenses remain on target with a high level of expenditure on participants maintained.

### Key performance indicators

KPI	Purpose	Target	2014-15	2015-16
Annual levy income aligns with actuarial estimates	To ensure sufficient revenue to meet levy income projections	100%	101%	101%
Scheme funding ratio to expenses <sup>1</sup>	To ensure the scheme has sufficient funds to meet the projected needs of participants and remains viable	>120%	146%	150%
Payments ≤ actuarial estimates	To track payments to ensure scheme viability	<100%	87%	88%
New client costs within actuarial estimates (number of quarters exceeding estimates)	To ensure the scheme collects sufficient funds for the lifetime care of new participants, taking into account the number of participants and severity of injuries	<3 quarters	0 quarters	1 quarter
New client intake within actuarial estimates	To monitor the intake of participants	<100%	90%	91%
Scheme efficiency ratio	To monitor the cost of administering the scheme	91.5%	91.5%	91.6%

## guidelines review

Lifetime Care is revising all of its statutory guidelines, to improve services by incorporating changes to the participant planning process; make the guidelines easier to read; and include what has been learnt since the scheme commenced. This is the first comprehensive review undertaken of the guidelines. It has been completed in stages and has required extensive consultation with external stakeholders.

Stage 1 begun in December 2015 with consultation with stakeholders on the guidelines for eligibility, how we assess treatment and care needs and the 'reasonable and necessary' criteria used to make funding decisions. Stage 2 commenced in June 2016 on guidelines for attendant care services, transport/vehicle modifications, education support services, vocational education and training, and respite care services. These draft parts of the guidelines were released for consultation with stakeholders in August 2016. The remaining parts of the revised guidelines will be released for consultation and finalised during 2016-17.

1. The LTC funding ratio excludes a risk margin given it is accounted for under AASB 137 where no such margin is required. Should a risk margin (at the 75% probability of adequacy) be included, the liabilities would increase by \$441m (2015:\$411m) resulting in a funding ratio for FY 16 of 131% (FY15: 127%).



## complaints and disputes

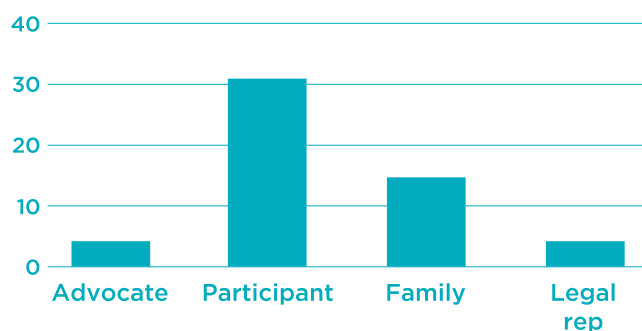
### Complaints

We received 54 complaints in the 2015–16 financial year. Most were from participants and related to funded services, service providers and communication with Lifetime Care.

Average days open for a complaint was 19 days. A full breakdown is provided below.

Nature of complaint	Number of complaints	Average time to resolve (days)
Funding decision	8	14
Guidelines/legislation	3	19
Level of service	32	8
Policy/procedures	9	9
Privacy	1	3
Ministerial	1	43
<b>Total</b>	<b>54</b>	<b>19</b>

### Complainant type



**lifetime care is  
revising all of its  
statutory guidelines  
to improve services**



## Disputes

A dispute arises when a participant disagrees with a decision Lifetime Care has made. There are three categories of disputes: for treatment and care needs; eligibility; and motor accident injury.

### Treatment and care needs

Disputes about treatment and care needs arise when a participant disagrees with a service funding decision. It took 55 days on average (approximately eight weeks) to resolve these disputes, which was an increase to the 2014–15 average of 48 days.

In 2015–16, Lifetime Care made more than 13,000 funding decisions and received 21 disputes (<0.2 per cent) about treatment and care needs. There were three less disputes received in 2015–16 compared to 2014–15.

Number of treatment and care needs disputes received	
Decision upheld	10
Decision overturned	2
Decision varied	3
Withdrawn	2
In progress	4
<b>Total</b>	<b>21</b>

### Eligibility

Disputes about eligibility arise when a participant or insurer disagrees with Lifetime Care's decision on whether a person meets the injury criteria to participate in the scheme. It is expected disputes about eligibility will take longer to resolve given clinical assessments are often required and usually take place at the participant's home. It took 117 days on average (approximately 16 weeks) to resolve these disputes.

In 2015–16, Lifetime Care made more than 365 eligibility decisions and received 13 disputes (<3.5 per cent) about eligibility. This is the same number received in 2014–15.

Number of eligibility disputes received	
Decision upheld	3
Decision overturned	3
Decision varied	0
Withdrawn	2
In progress	5
<b>Total</b>	<b>13</b>

### Motor accident injury

Disputes about motor accident injury are legal disputes and are resolved by a panel of three legal professionals. One dispute application was received in 2015–16, made by an injured person seeking to be eligible for participation in the scheme. The dispute was in progress at the end of 2015–16. In the history of the scheme to date, only one other dispute about motor accident injury has been lodged, and was withdrawn after referral to a panel.

Lifetime Care provides administrative support for each dispute. Lifetime Care professionals also keep the parties informed of progress and the steps needed to resolve a dispute.

### Reviews

There is a review mechanism if a participant is unhappy with a decision made by a dispute assessor or an assessment panel. An application for review is referred to the State Insurance Regulatory Authority's Proper Officer Medical Reviews for determination of whether it meets the relevant statutory criteria for a review. If accepted, it is referred to a panel of three dispute assessors. In 2015–16, Lifetime Care received eight review applications, four relating to treatment and care needs and four relating to eligibility.

## accident advice support grant

Lifetime Care provides a one-off accident advice support grant of up to \$6,000 for legal and accident investigation advice to help participants and their families obtain information about a motor accident or motor vehicle to support an application. The grant is offered only when expert advice is required in relation to the circumstances of the accident or motor vehicle.

The grant was offered to participants and their families in several instances in the year. One injured person used the grant in the 2015–16 financial year.

## participant feedback survey

The seventh annual participant satisfaction survey was conducted during the year to obtain feedback on the scheme's performance for quality improvement purposes. The survey is conducted by a psychologist with experience in social and market research and knowledge of brain injury. It is conducted on a sample of participants selected from across metropolitan and regional areas, ages, and years since entering the scheme. All data is de-identified.

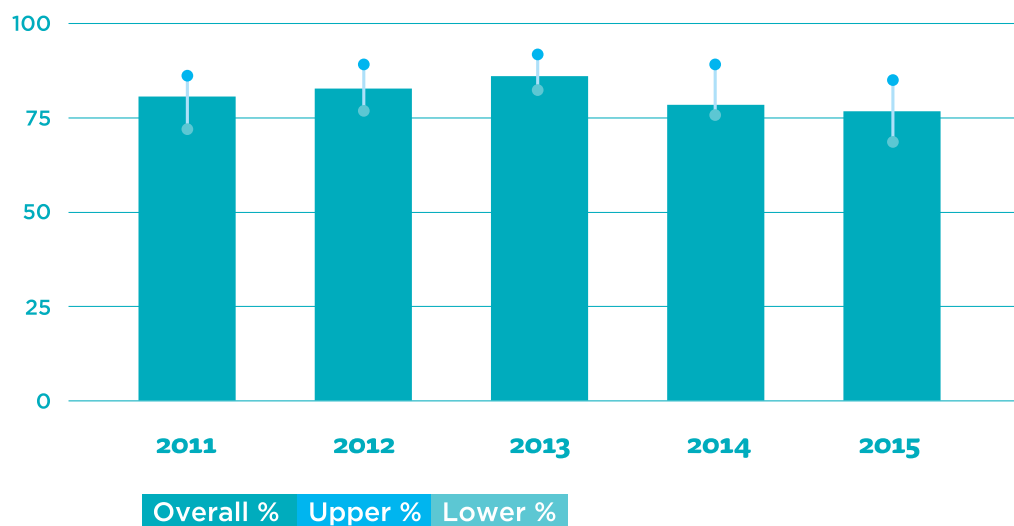
The survey included a qualitative component (in-depth interviews with a smaller subset of the sample) and a quantitative component (telephone interviews with the rest of the sample). The 2015 survey achieved a strong response rate of 59 per cent.

The level of overall satisfaction remained stable over the past five years, with the variation within the measurement error.

Survey participants have suggested improvements around two main themes over the seven years: better communication and fewer delays. The 2015 survey showed that while communication with Lifetime Care improved, it could be better.



### Participant satisfaction



Lifetime Care runs two reference groups: the Participant Reference Group, which includes participants and their families, and the Lifetime Care Reference Group, which includes representatives from disability groups, medical and health services for brain and spinal cord injury, and community providers.

Both groups meet on a quarterly basis to provide feedback and discuss major issues, policy, system changes and ideas to improve the delivery of services and quality of life for participants.

The *Shine* newsletter, which is about participants, their families and service providers, is issued twice a year.

## treatment, rehabilitation and care

We spent \$114.8 million on services for participants in 2015–16. The annual participant satisfaction survey showed an overall satisfaction rating with the scheme of 77 per cent.

### Expenditure by service

Service	Expenditure \$m	Expenditure %
Hospital	19.2	17
Medical	10.1	9
Rehabilitation	15.9	14
Case management	6.1	5
Attendant care	47.8	42
Equipment	8.3	7
Home modifications	7.4	6
<b>Total</b>	<b>114.8</b>	<b>100</b>

### Case management

We spent \$6.1 million on case management services for participants. Satisfaction with case management remained high, at 87 per cent. This remains a key area of service provision, with about 80 per cent of participants now receiving case management services.

Case management satisfaction				
2011	2012	2013	2014	2015
83%	91%	94%	92%	87%

The focus in 2015–16 was on developing and rolling out My Plan, a new participant-centred planning process. We provided training for approved case managers through online learning, face-to-face sessions, and ongoing support from Lifetime Care staff members and the My Plan toolkit.

The priorities for 2016–17 include identifying approved case managers with specialist skills to better meet participants' needs, and to develop a model for disengagement to ensure case management services enhance the long-term independence of participants.

### Attendant care

We spent \$47.8 million on attendant care services, which makes up more than 40 per cent of total expenditure. This proportion is growing and is expected to reach 70 per cent of total expenditure each year. Participants report high levels of satisfaction with attendant care services, with an 88 per cent satisfaction rating.

Attendant care satisfaction				
2011	2012	2013	2014	2015
86%	92%	89%	88%	88%

Service improvements have included initiatives to meet high-level care needs through Shared Support at Home, building attendant care panel capacity, and improving invoice processing and access to information for attendant care providers through an online provider portal.

Lifetime Care has purchased and built properties to provide Shared Support at Home services to meet the high-level care needs of some participants. Shared Support at Home is provided in properties across Blacktown, Liverpool, Revesby, Rosemeadow and Ermington for participants with high-level support needs who share a residence. Care and household management is delivered by attendant care providers from the approved panel. A new purpose-built property will be completed in Coffs Harbour shortly and will offer fully accessible accommodation on the Mid North Coast.



The provider web portal was introduced to improve efficiency and support the approved panel of attendant care providers. The portal is a secure, web-based self-service platform integrated with Lifetime Care's case management system. It provides access to key participant information the ability to lodge and track invoices and payments. Four panel providers participated in user testing, with favourable results. The finalised portal went live in June 2016.

Lifetime Care's attendant care provider panel has been expanded to 34 providers (from 22) following a rigorous tender process. The increase was necessary to meet growth in the number of participants requiring attendant care services. All successful providers had to achieve Attendant Care Industry Association (ACIA) certification to the Attendant Care Industry Standard before being added to the panel. They are able to deliver services under one or more of the three categories of physical assistance, high clinical needs services, and cognitive and behavioural support.

The priority for 2016-17 is to build capacity across the expanded panel. This will include a series of activities and approaches to inform, promote and support icare professionals, external service providers and the panel provider organisations.

## Home modifications

We spent \$7.4 million on home modifications, making up six per cent of total expenditure.

Participant satisfaction with home modifications remains high, at 82 per cent.

Home or vehicle modification satisfaction				
2011	2012	2013	2014	2015
77%	100%	91%	97%	82%

We managed more than 80 major home modification projects during the year. The main focus of our quality and service improvements was a comprehensive review that included interviews with participants, and internal and external stakeholders. As a result, we have streamlined and formalised the consultation process.

The priority for 2016-17 will be establishing a panel of approved building modification project managers and builders, and occupational therapists.

## Assistive technology (equipment)

We spent \$8.3 million on equipment, making up seven per cent of total expenditure. Assistive technology is central to minimising long-term costs and improving the lives of people with disabilities by minimising barriers and enabling greater independence. Seventy-four per cent of all participants, and up to 94 per cent of participants with spinal cord injury, use some form of assistive technology. Participant satisfaction with assistive technology was 85 per cent.

Assistive technology satisfaction				
2011	2012	2013	2014	2015
76%	93%	89%	88%	85%

We implemented a number of service improvements during the year to help achieve the timely, appropriate, cost-effective and safe operation of assistive technology. This included securing insurance cover for all equipment provided through the scheme; streamlining the management of the loan pool; and expanding Easy Order, expediting the provision of low-cost equipment.

The priority for 2016-17 will be managing equipment repairs and maintenance to make assistive technology safer and increase service delivery efficiencies.

## Educational and vocational assistance

Participants continue to report high levels of satisfaction with these services.

Educational/vocational assistance satisfaction				
2011	2012	2013	2014	2015
90%	92%	85%	91%	88%

The In-Voc Program, a specialist early intervention vocational service offered to inpatients in NSW hospital spinal injury units, has been well integrated in the three Sydney units by Royal Rehab's NSW Spinal Outreach Service.

We have rolled out two pilot models for our Vocational Intervention Program: the Fast Track Intervention, to assist people with brain injury to return to their pre-injury place of employment, and the New Track Intervention, to help establish work training placements for participants with brain injury to gain new skills and work fitness. Sixty-two per cent of the places in these pilot models have been taken. We have also developed an employer resource tool, which is now in use.

Both pilots will be evaluated independently by the John Walsh Centre for Rehabilitation Research and finalised by the end of the 2017-18 financial year.

## other major research and service developments

### Direct funding

The direct funding pilot under which a small number of participants, mainly with spinal cord injury, were invited to manage their attendant care supports was finalised in 2015-16.

The pilot was evaluated by the UNSW Social Policy and Research Unit. The evaluation found that direct funding had positively improved participants' lives, enabling them greater flexibility to adjust their attendant care support to better suit their needs and enhance their quality of life. Trial participants used their funding to directly employ their attendant care workers or to purchase from a range of agencies that met their needs. These participants continue to manage their own supports.

In 2015-16, Lifetime Care completed preparation work to expand opportunities for scheme participants, including those with a traumatic brain injury, to have more autonomy over the management of their attendant care and other supports.

A range of self-management options are being developed and will be made available to participants in 2016-17.

### Sargood on Collaroy

We are a proud stakeholder in the Sargood on Collaroy (Sargood), a non-profit partnership bringing together government and private funding. Sargood will provide 17 fully equipped apartments, where individuals and their families can adjust to community life following a spinal cord injury. Sargood will also provide temporary accessible accommodation for people waiting for their home modifications to be completed.

Royal Rehab was selected, by competitive tender, to operate Sargood. Construction started in August 2014 and services are expected to begin by the end of 2016.

### Building sector capacity

We are currently funding a project to build sector capacity for managing challenging behaviours in the community. This involves external and internal stakeholders developing a risk assessment guideline and minimum behaviour support practice standard, as well as core standard training and support to increase the skills of psychologists in this specialised area.

### Families and carers

The emotional, physical and social support family members provide to people with a severe injury is central to them achieving their goals and positive outcomes. Support for families following severe injury is not routinely available or tailored to their specific needs.

We have partnered with Carers NSW to develop two new carer support programs, the icare Families and icare Kids & Young People programs. These will seek to build the resilience, knowledge and emotional wellbeing of families, kids and young people.

The icare Families program will provide a mentoring program with a Carers NSW Mentor with qualifications in counselling who will provide emotional support, information and help individuals strengthen coping strategies to address the challenges being experienced.

The icare Kids & Young People program will provide access to a dedicated Carers NSW youth worker for young people aged up to 25 offering information, referral and advocacy to ensure young carers needs are better understood, addressed and strategies implemented to increase the amount and types of support received.

Service delivery for both programs will begin in the second half of 2016-17 and will be evaluated by Carers NSW.

### Streamlined services

More than 13,000 service requests were received in 2015-16, or between 240 and 260 requests each week. This number is expected to grow as more participants enter the scheme.

We developed a streamlined process for reviewing and approving predictable services for interim participants in 2015-16. We expect this will result in faster approvals and earlier access to services through internal business efficiencies. It will be phased in from August.



## ACT Lifetime Care

The *Motor Accidents (Lifetime Care and Support) Act 2006* was amended in 2014 to enable Lifetime Care to administer similar schemes on behalf of other State or territory governments.

Lifetime Care began administering the ACT Lifetime Care and Support Scheme from 1 September 2015. This covers people who sustained catastrophic injuries on ACT roads on a full cost recovery basis. The operational arrangements are set out in a Care and Support Agreement between Lifetime Care and the ACT Lifetime Care and Support Commissioner.

Five ACT participants – four with brain injuries and one with spinal injuries – have been accepted into the ACT scheme and are being managed by Lifetime Care since September 2015.

The ACT Government passed the *Lifetime Care and Support (Catastrophic Injuries) Amendment Bill 2016* in May 2016, which expands eligibility for its Lifetime Care and Support Scheme to people who sustain severe injuries at work. The ACT scheme for workers started on 1 July 2016. Lifetime Care will administer the expanded ACT Lifetime Care and Support Scheme to workers under the current arrangements.

## Workers Care

The Workers Care program is an initiative to ensure that severely injured workers receive the same high-quality specialised treatment and care as Lifetime Care participants. As of 31 October 2015, all newly injured workers who met the severe injury criteria have had their needs managed by Workers Care. The benefits of the Workers Care program are:

- specialist treatment, rehabilitation and care services
- consistent quality of care for all severely injured workers, giving them access to the same standard of care as people injured in motor vehicle accidents
- a focus on injury management and improved quality of life.

Approximately 300 severely injured workers will be transferred from the Scheme Agents by June 2017.



# 1,143

participants

# 315 828

interim

lifetime

# \$114.8

million in  
treatment,  
rehabilitation &  
care services for  
participants



# 74%

of all participants in  
the scheme have a  
traumatic brain injury

# 42%

of participants are  
aged between  
15 and 34



# 23%

of participants in  
the scheme have  
a spinal cord injury

# 52%

of participants  
live in regional NSW

# 32%

of participants  
were drivers





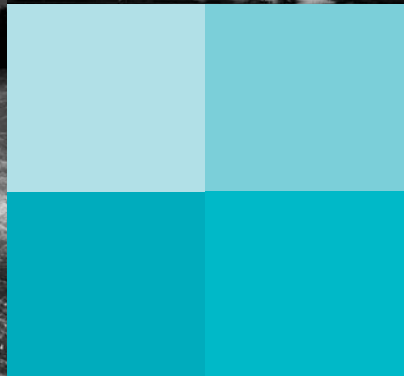
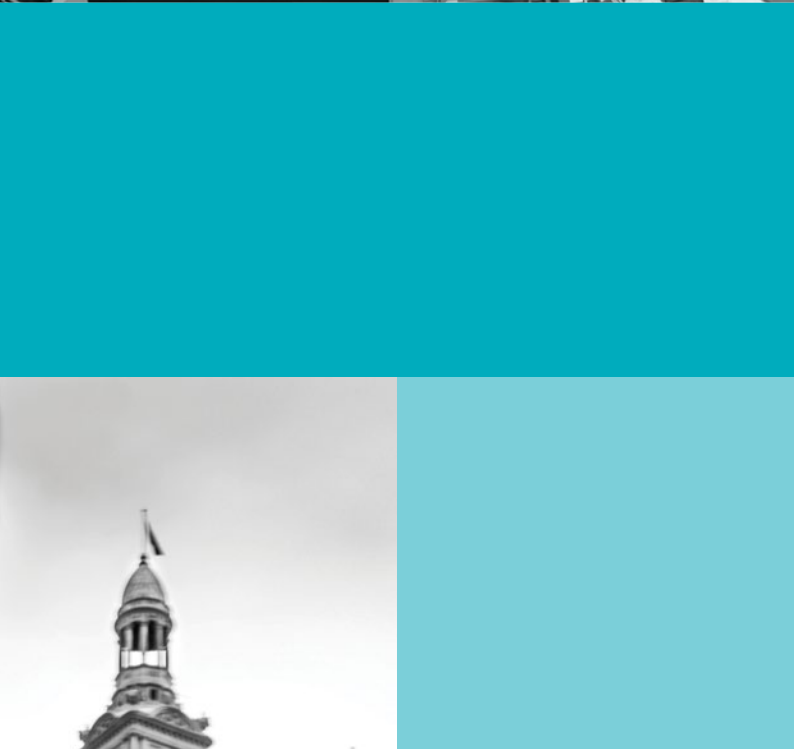
“

how short and  
valuable is life – i’m  
grateful. without  
them [lifetime care]  
i wouldn’t be where  
i am today. it’s been  
the best thing for me.

”







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[lifetime care](#)

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[sporting injuries  
insurance](#)

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# self insurance & hbcf

NSW Self Insurance Corporation and the  
Home Building Compensation Fund

## who we are

Self Insurance is the largest public sector self-insurer in Australia, with \$7.7 billion in investment assets, \$6.8 billion in total claims liability and 193 contributing members. Self Insurance provides cover to \$180 billion of the State's assets, including the Sydney Harbour Bridge and the iconic Opera House and protects ten per cent of the NSW workforce. Its main role is to administer managed fund schemes serving NSW Government agencies and their employees.

Self Insurance administers the:

- Treasury Managed Fund (TMF)
- Construction Risks Insurance Fund (CRIF)
- Home Building Compensation Fund (HBCF)
- Bush Fire Fighters Compensation Fund
- Emergency and Rescue Workers Compensation Fund
- Supplementary Sporting Injuries Fund
- Pre-Managed Fund Reserve (pre-1989 liabilities) and
- Closed managed fund schemes.

The NSW Self Insurance Corporation was established as a statutory corporation by the *NSW Self Insurance Corporation Act 2004*.

## the largest public sector self-insurer in Australia



## what we do

Self Insurance aims to support a stronger NSW economy and better public services through the effective and efficient administration of the managed fund schemes. We also aim to:

- provide the NSW Government with leading-edge assets and liabilities insurance products not available commercially
- operate efficiently and cost-effectively through a best-in-class outsourcing model
- provide a safety net for homeowners in the event of builder default and
- set the direction and monitor the performance of stakeholders to ensure policies and practices are upheld.

We use a multi-provider model to achieve best-practice performance in:

- claims management (GIO, Allianz, QBE and EML)
- actuarial and peer review (PwC, EY and KPMG)
- reinsurance (Jardine Lloyd Thompson)
- risk management (Suncorp Risk Services) and
- investment management.

The multi-provider model reduces business risk, fosters innovation and achieves greater value for money through contestability, transparency and competition. Self Insurance advises government agencies on insurance-related matters and represents NSW at the interjurisdiction meetings of other states and territories. Our operations unit ensures all corporate and governance obligations are met and that we fulfil our core objectives.





## who we support

Self Insurance protects:

- NSW Government agencies and their employees
- homeowners
- builders and the building industry
- users of NSW Government assets
- NSW residents who rely on front-line Government services and assets
- NSW school children participating in sports and
- volunteer workers.

Self Insurance supports ten government departments and 193 agencies within:

- the Department of Justice
- the Department of Education
- the Department of Family and Community Services
- the Department of Finance, Services and Innovation
- the Department of Industry, Skills and Regional Development
- the Department of Planning and Environment
- the Department of Premier and Cabinet
- Transport for NSW
- the Ministry of Health and
- the Treasury.

For a full list of member agencies visit [icare.nsw.gov.au](https://icare.nsw.gov.au).



**protecting NSW  
government agencies  
& their employees**



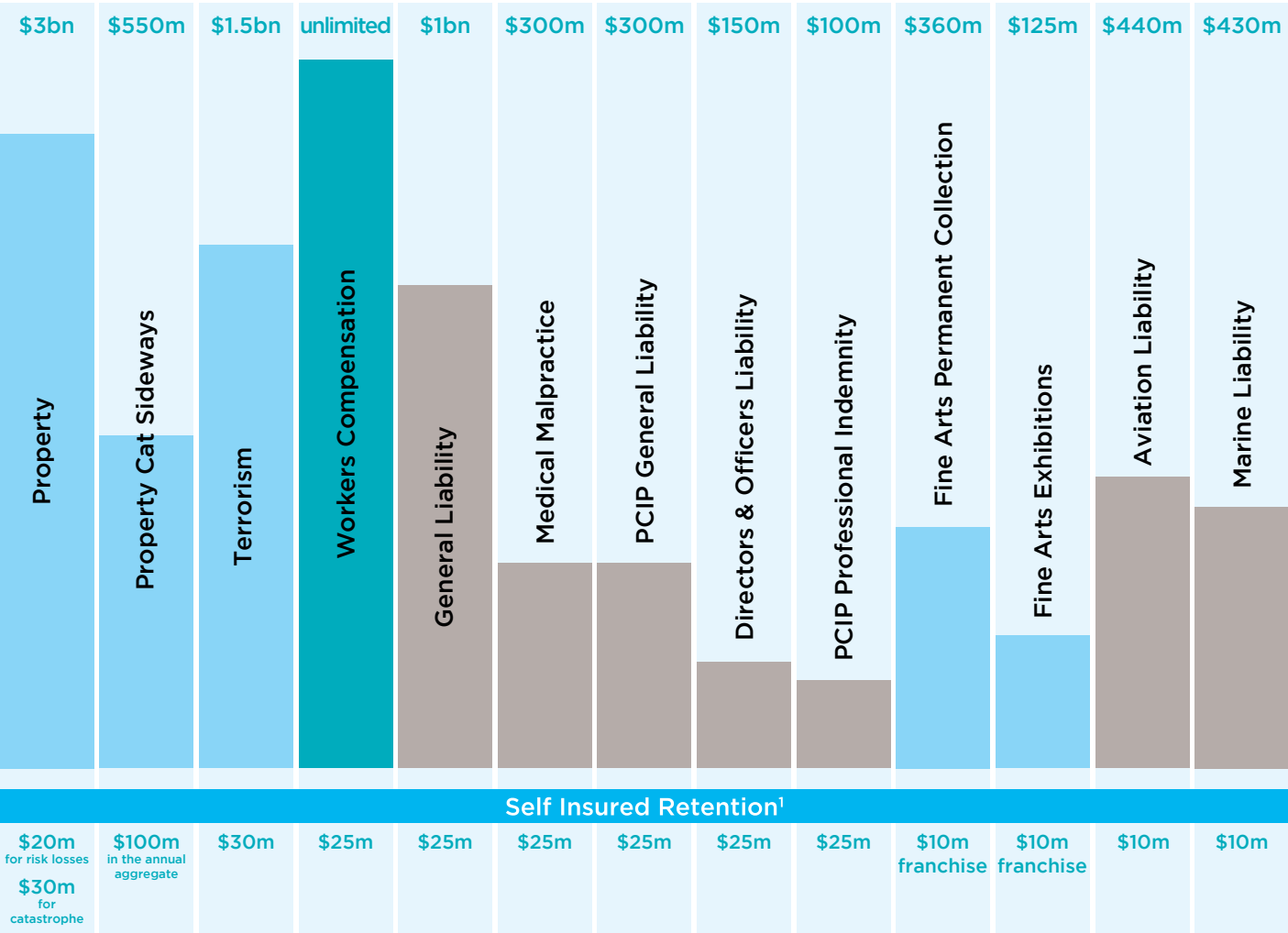
Treasury Managed Fund

The TMF is the largest fund administered by Self Insurance and offers government agencies (including budget sector agencies and non-budget agencies) the broadest possible asset and liability protection (except compulsory third party insurance) available worldwide.

The NSW Government is protected by the reinsurance it has purchased each year since the establishment of the TMF on 1 July 1989. Reinsurance means unforeseen losses can be managed with minimal impact on the State Budget.

Reinsurance program structure

The chart below represents the type of reinsurance cover purchased, indicating the upper limit (\$) and the lower level (\$) at which each cover starts in excess of the TMF Self Insured Retention.<sup>1</sup>



Key:

Workers Compensation	Property	Liability
----------------------	----------	-----------

1. TMF Self Insured Retention is the amount a claim needs to exceed before reinsurance is activated.



### Target contributions by lines of business

Cover is managed as a Self Insurance fund, with contributions collected from agencies towards the cost of administering the TMF. Agencies' contributions reflect their risks and experience and are calculated by independent actuaries – PwC for workers compensation and EY for general lines.

Line of Business	Contribution 2015-16 (\$m)
Workers	576.5
Liability	360.3
Motor	36.6
Property	92.3
Miscellaneous	13.6

### TMF statement of cover

The TMF statement of cover represents the government's policy response to loss or damage suffered by TMF agencies and individuals in most unforeseen circumstances.

The TMF covers agencies worldwide for loss or damage incurred after 1 July 1989, or the date the agency joined the TMF. Cover is provided for:

- workers compensation
- liability, including, public liability, product liability, professional indemnity, directors/officers liability, medical negligence and property
- cyber risks
- property
- motor vehicles and
- other miscellaneous losses, including, employee dishonesty, personal accident and protection during overseas travel.

### TMF services

Self Insurance provides the following support and services to TMF agency members:

- Risk management – we encourage agencies and service providers to use effective risk management to minimise losses, damage and costs. We aim to prevent and minimise adverse impacts on the TMF by providing agencies with the skills, information, tools, programs and confidence to better understand and manage organisational risks and provide financial incentives for best practice.
- Contract performance – we administer, monitor and review the contract deliverables of service providers to ensure performance. We also manage ministerial correspondence, Government Information Public Access (GIPA) requests, privacy matters and claims settlement approvals to ensure our customers' needs are met.
- Legal management and services panel – we provide value for money legal representation in connection with claims made against the NSW Government and taxpayers and also guidance on applicable legislation and processes.

### Construction Risks Insurance Fund

The CRIF provides construction insurance for infrastructure projects on behalf of the Government and its partners. The CRIF offers Principal Arranged Insurance (PAI) that leverages the Government's significant construction investment to achieve superior security and quality of insurance, collaboration with stakeholders and cost savings. PAI extends over the entire project, rather than leaving gaps and duplications between policies.

The CRIF policies directly insure construction contractors and consultants, sub-contractors and specialist contractors of all sizes and tiers, government-owned corporations, local councils and the public.



## Home Building Compensation Fund

The HBCF became the sole provider of home warranty insurance in NSW for all new residential construction in July 2010 under the *Home Building Act 1989*. The HBCF protects consumers during construction and renovation and is involved in the insurance process from end to end including:

- assessing whether a builder is eligible (and at what level)
- issuing cover for the project
- dealing with claims and
- managing fresh insurance cover for rectification work undertaken under previous HBCF insurance.

Through this process, the HBCF helps builders with eligibility and project-specific insurance and helps homeowners get the finished homes they paid for. The HBCF also undertakes risk management for building businesses to assess financial stability, promote the quality of construction work across the State and reduce claims. When claims are approved, suitable builders that are experienced and local to the homeowner's area can tender for the completion and rectification work.

## Pre-Managed Fund Reserve

This fund provides protection to government agencies for liabilities arising against the State of NSW before 1989, when the TMF was created.

## Emergency and Rescue Workers Compensation Fund

This fund provides insurance cover to volunteer workers for surf life-saving clubs, state emergency services, volunteer rescue associations and other deemed rescue volunteer workers.

## Bush Fire Fighters Compensation Fund

This fund provides insurance cover to volunteer fire fighters with the Rural Fire Service who are injured as a result of operations related to bush fires. It protects 75,000 volunteers who attend 23,000 incidents annually.

## Supplementary Sporting Injuries Fund

This fund covers all school students for permanent injuries or death while participating in authorised school sporting and athletic activities.

## Closed managed fund schemes

Self Insurance administers a number of closed, government-managed fund schemes, including the Governmental Workers Compensation Account, the Transport Accidents Compensation Fund and the Rail Scheme.



**hbcf protects  
homeowners during  
construction and  
renovation**



## achievements

Self Insurance returned \$80 million to the State Budget in 2015–16 by managing liabilities effectively.

### Treasury Managed Fund

In 2015–16, we:

- partnered with NSW Treasury to launch an updated internal audit and risk management policy, TPP 15-03
- provided input via the Independent Agencies' Working Group into the NSW Treasury Financial Management Transformation project's performance and risk-based engagement policy
- facilitated and contributed to collaboration forums on scheme trends and hot spots, including the emergency services sharing forums and an Aging Well Roundtable
- negotiated claims management and remuneration contract renewals. We also worked with our stakeholders to support a single approach to privacy matters and GIPA. This ensures the confidentiality of customer and partner data as well as public accessibility to information where permitted and
- organised an annual training day for more than 100 lawyers specialising in abuse claims to ensure all claims are managed consistently and in line with guiding principles/model litigant policy.

### Construction Risks Insurance Fund

In 2015–16, we:

- insured an estimated \$1.1 billion, a 77 per cent increase from the \$639 million covered in 2014–15. The infrastructure projects supported by the CRIF included train stations, police stations, schools, dams, hospitals and offices
- supported more than 100 construction projects, with the largest at \$250 million and the smallest at \$75,000
- successfully introduced professional indemnity cover for appropriate projects. Cover for material damage, and public and product liability, cover was added for all projects, insuring construction projects against injury, flood, storm, earthquake and other key exposures
- insured works by NSW Health, Sydney Water and NSW Public Works and
- expanded cover to insure projects under \$10 million in value, enabling agencies to have consistent cover across all projects.

### Home Building Compensation Fund

In 2015–16, we introduced the comprehensive policy issuance and claims management system CIMS, which uses the best-in-class Guidewire InsuranceSuite, and provided agents and intermediaries with training. We also replaced annual builder eligibility limits with rolling open job limits.

Both achievements were critical to the HBCF's operations and benefited both the scheme and builders.

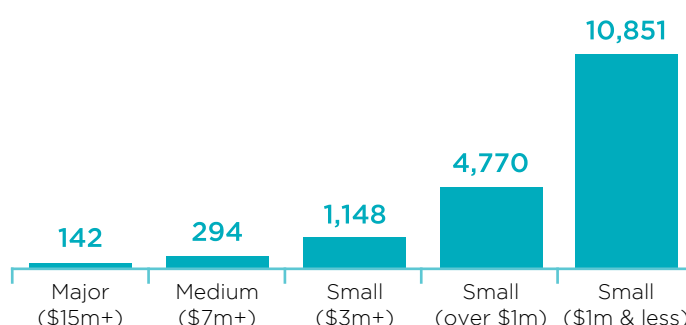
This year, 17,205 builders had HBCF eligibility and 68,129 policies were issued for a total value of building contracts across the State of \$14.6 billion. This was a significant increase on 2014–15 and indicates a buoyant housing market. There were 322 claims and 332 loss notifications, which was similar to 2014–15.

### Builder profiles

#### Number of builders

Total: 17,205

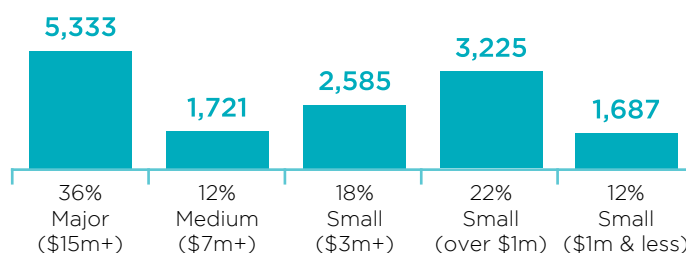
by approved job value limit.



Majority (63 per cent) of HBCF builder base are small operators with \$1 million or less approved job limit.

#### Total value insured \$m

Total: \$14.6bn



Major builders account for 36 per cent of the total insured value of the pool and small builders account for 12 per cent.

## challenges

### Treasury Managed Fund

Steps have been taken to purchase a reinsurance solution for 2016-17 to protect the TMF against two emerging threats.

#### Cyber risks

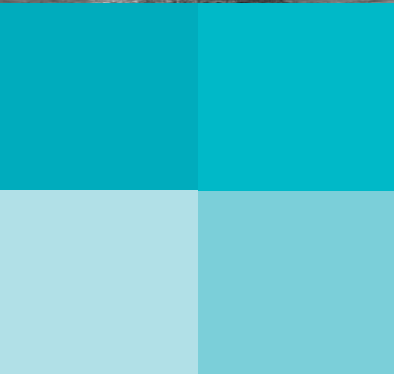
We will continue to investigate the structure and security of the NSW Government's computing infrastructure to understand its resilience to cyber attacks and potential liabilities. Information will be shared with our reinsurance supporters to help form risk transfer solutions.

#### Environmental

We are looking to expand the TMF cover to long-term and pre-existing environmental issues. Discussions will continue with specialised environmental liability insurance companies to understand the risk transfer potential.

### Home Building Compensation Fund

HBCF has been working on strategies to address fund sustainability and accrued liabilities. We expect the cost of claims to exceed the premium earnings in the medium term, though there are no immediate cash flow deficiencies. The Minister for Innovation and Better Regulation, Victor Dominello, consulted stakeholders during the year on the best ways to reform the scheme to achieve sustainability.





## service improvements

### Provider management

The TMF Legal Services Panel was implemented in 2013 to deliver the best value for money and services for our agency partners. The NSW Legal Panel Gateway legal management system was implemented at the same time to manage allocation of legal matters and it is used by the panel firms, claim managers and agencies. It allocates matters on a rotational system to panel law firms that were appointed through a tender process. Compliance is monitored by the panel manager.

There are 22 law firms across five sub-panels:

- general claims
- complex claims
- employment
- protective actions and
- workers compensation.

This has continued to result in better outcomes for major litigation against NSW, more support for TMF member agencies, improved service delivery and lower legal costs as we work closely with key TMF agencies to obtain accountability and value for money.

### Get Healthy at Work

Get Healthy at Work is a joint initiative between NSW Health, SafeWork NSW and Self Insurance. The program was developed in 2015–16 for the private sector by icare Workers Insurance.

The Get Healthy at Work program encourages employers to implement health and wellbeing programs. The aim is to prevent lifestyle-related chronic diseases by educating workers about the benefits of healthy eating and physical activity.

Self Insurance developed a funding model in 2015–16 to support risk management projects. After seeing icare Workers Insurance Get Healthy program had reached more than 379,000 private sector employees, Self Insurance wanted to extend the same services to the public sector. We will provide more than \$3 million over three years to allow public sector workers to access the program in the same form.

The online component of the program is now available to public sector employees, with in-person services, including health checks, due to be rolled out in late 2016.

### TMF dashboard reporting

Self Insurance has developed a powerful analytical visualisation tool, TMF Dashboard Reporting, to give service partners and scheme members enhanced risk management through data insights. The tool will enable agencies and claims managers to analyse and act on operational, risk and claims management. The rollout will be completed in 2016–17.

### Improved CRIF coverage

The CRIF aligned insurance policies with agency requirements and helped agencies move from legacy arrangements to CRIF coverage. This involved developing strategies and improving service standards.

We now offer agencies a wider range of construction insurance products, including professional risk and environmental policies, based on project requirements. An automated insurance portal for smaller projects in retail terms is also being rolled out.

### CIMS system

The CIMS system has improved services for builders and stakeholders in the HBCF. Brokers are now able to buy, amend and cancel policies for builders directly through the CIMS system, which has streamlined the insurance process. CIMS also allows better HBCF oversight, data consistency, more detail and a robust platform for innovation.

The transition to open job limits on builders' eligibilities – now governed by open job numbers (the total number of jobs a builder can undertake at any one time) and open job values (the total value of work) – has resulted in builders being able to take on work within their capacity. This was a key issue with the previous system for builders.



## customer reviews

### Treasury Managed Fund

Self Insurance undertakes an annual agency satisfaction survey for each portfolio under claims management agreements. It assesses client services, claims management processes, reporting and overall experience. The results were positive this year as claims managers met their targets across all service groups. We were commended for our responsiveness and proactive communication.

We also reviewed the TMF non-workers claims management structure, which included interviews with agencies for feedback on the structure and suggested improvements.

Biannual performance reviews and random audits of matters for each firm on the legal services panel were also completed. Feedback is provided to each panel firm about its performance and specific issues are addressed as they arise.

### Construction Risks Insurance Fund

The CRIF team adjusted its policies and pricing from flat costs to per-agency after it asked agencies for feedback on its updated service proposition, pricing, cover and service times.

### Home Building Compensation Fund

As a result of the new access policy, the new CIMS system has been restricted to the brokers that have a sufficient number of builders to use the system regularly.

In order to explain the new system and access policy, a series of town hall-style meetings and larger broker briefings were held. User training sessions were held in July and August, with ongoing monthly webinars.

Industry associations and individual builders were briefed early in the process of deploying new builder eligibility controls.



**commended for  
our responsiveness  
and proactive  
communication**



# 17,205

builders are  
insured under  
the hbcf

---

# 193

contributing  
members



# \$7.7



billion in  
investment  
assets

# \$6.8



billion in  
total claims  
liability

---

# \$80 million

to the state  
budget in



2015–16

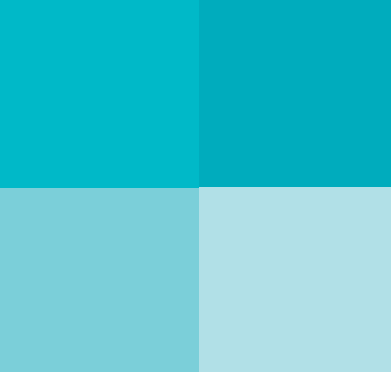
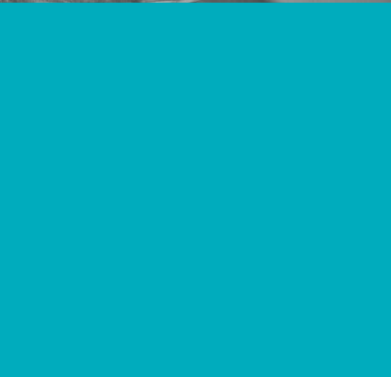
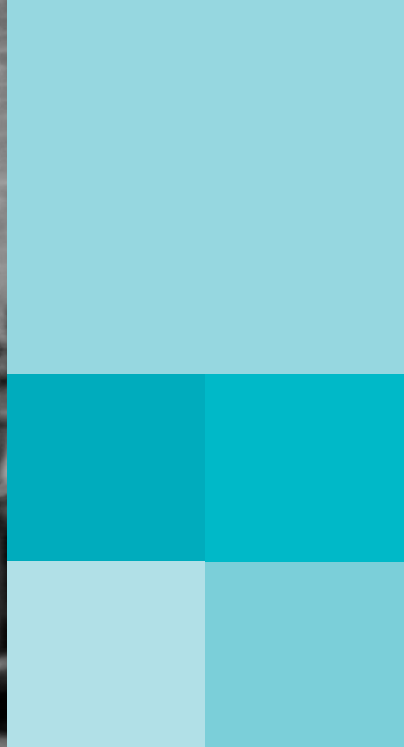


supported  
more than

# 100

construction  
projects







icare overview

dust diseases care

lifetime care

self insurance & hbcf

**workers insurance**

sporting injuries  
insurance

appendices

# workers insurance

Workers Compensation Nominal Insurer

## who we are

Workers Insurance protects, insures and cares for the people and businesses of NSW, by promoting injury prevention with safe work environments, safe workplaces and working collaboratively with our employers and workers.

We work with our employers to ensure that every worker is given the support they need to return to work should they sustain an injury, or the care required to continue their lives with certainty and confidence.

The Workers Compensation Nominal Insurer is a legal entity established in 2005 under the *Workers Compensation Act 1987* to issue insurance policies to NSW employers and manage workers' compensation claims. All funds received are paid into the Workers Compensation Insurance Fund, which meets the claims and administration costs of the scheme.

## who we support

The NSW workers compensation scheme is complex and involves a diverse range of partners, participants and stakeholders. We support employers and workers and engage with brokers, scheme agents, third-party service providers, research institutions, government agencies and regulators, and more broadly, yet most importantly, the NSW community.

We support over 284,000 employers and more than 3.1 million NSW workers. When internationally benchmarked, we are one of the largest workers insurance schemes in the world, covering over \$160 billion in wages.

Our service providers are integral to delivering our customer value proposition and we work closely with them and the community to support injured workers and to assist employers.

## what we do

We provide incentive and risk-based insurance policies for NSW employers to cover the cost of supporting an injured worker after a workplace injury or illness.

Workers Insurance is focused on delivering high-quality, consistent, transparent and predictable customer experiences by building a scheme that rewards employers and focuses on injury prevention and the return to work of injured employees.

We have engaged five scheme agents – Allianz, CGU, Employers Mutual, GIO and QBE to administer workers compensation insurance policies and manage claims on our behalf. These scheme agents are accountable to us and provide policy and claims management services, which we monitor.

Workers Insurance provides financial sustainability to ensure the predictable performance of the schemes we administer and sound financial management of our \$18 billion in total assets. This means the community benefits from a fair and robust NSW workers compensation scheme that rewards safe workplaces and means employers invest in best-practice injury prevention and management systems.

“  
**as industry leaders in workers compensation insurance, we protect and support the people of NSW by offering simple and affordable insurance and return-to-work solutions**  
”

## achievements

Our customers are at the heart of what we do and Workers Insurance has delivered improved outcomes for them in a period of significant change and development.

The 2015–16 financial year has been a turning point for Workers Insurance, marked by change and a renewed focus on the customer experience.

We realigned our structure to be best positioned to deliver customer-centric outcomes in response to the 2015 legislative changes that separated the workers compensation insurance and regulatory functions with the creation of icare and SIRA.

Underpinning our new structure is our customer value proposition: As industry leaders in workers compensation insurance, we protect and support the people of NSW by offering simple and affordable insurance and return-to-work solutions.

This means we are changing the way we do things to deliver a fairer and more sustainable Workers Insurance system that starts with understanding customer needs.

Our proactive approach and prioritisation of the customer are reflected in our key achievements.

We have:

- developed a new engagement approach with more than 50 employer and broker participants attending a series of workshops to redesign our products
- designed a new training model in collaboration with our scheme agents and delivered this training to more than 1,400 case managers, and reviewed approximately 42,000 claims affected by the legislative changes
- delivered a \$188 million reduction in premiums for safe employers
- released two multi-language online service tools for employers and workers that together received 14,600 visits in the year
- developed an NPS program to understand and measure customer satisfaction, dispatching 51,000 surveys to injured workers, employers and service providers
- developed fairer processes for workers required to attend medical examinations
- piloted simpler process options for medical-only claims
- initiated a health and community structure to enable us to reconnect with providers and community groups and
- icare's Workers Care is an initiative developed in conjunction with Lifetime Care to ensure that severely injured workers receive the same high-quality, specialised treatment and care as Lifetime Care participants.

## challenges

This has been a year of discovery. We are addressing the challenges in the NSW workers compensation scheme as identified by our customers, starting with:

- developing clear and easy premium calculations and purchase processes
- providing proactive assistance on injury prevention and return-to-work tools
- simplifying processes and
- providing transparent offerings and benefit calculations.

Technology plays an important role in our evolution and represents both an opportunity and a challenge. As the largest workers insurer in Australia, it is essential we continue to improve our service offering.

We are committed to delivering a high-quality, consistent, transparent and predictable customer experience that is focused on best customer outcomes, not the process.



## simple and affordable

Our customers have told us they want value from the schemes we operate and they want to be empowered. We are working to meet our customers' needs and this year has been an important step forward in this journey.

### Premium reforms

This year, the method of calculating insurance premiums for medium-sized to large businesses was changed. Businesses in this category that perform above the NSW workers compensation scheme average will receive a performance discount. This will reward employers with low claims through good safety systems and those that proactively support injured workers to return to suitable work safely. Employers can now reduce their premiums through workplace safety programs, injury prevention strategies and safe recovery at work.

The policy renewal process has been simplified, with reduced documentation that minimises the amount of administration required and calculates premiums in three easy steps.

Employers that maintain safe workplaces for more than four consecutive years will receive an employer safety reward, which is an additional discount.

This year, these reforms returned \$188 million in premium discounts to employers with good performance.

Risk rating assessments have shifted to an annual basis. An employer's risk performance is benchmarked against all other businesses in the scheme, encouraging employers to improve their workplace safety so the overall scheme performance improves and premiums are reduced.

### Large employer product co-design

Workers Insurance received feedback that the large employer product could be improved, so, in a first for our business, we asked more than 50 customers to help us design an innovative, customer-centric and sustainable product.

The response was overwhelming, with more than 50 employer and broker participants attending three interactive workshops. The customers became part of the design team, providing insights and feedback as we built the product together, incorporating a diverse range of perspectives to deliver the best possible solution.

We have developed an industry-leading, fit-for-purpose product in a transparent setting and increased customer confidence by putting them at the centre of our decision-making.

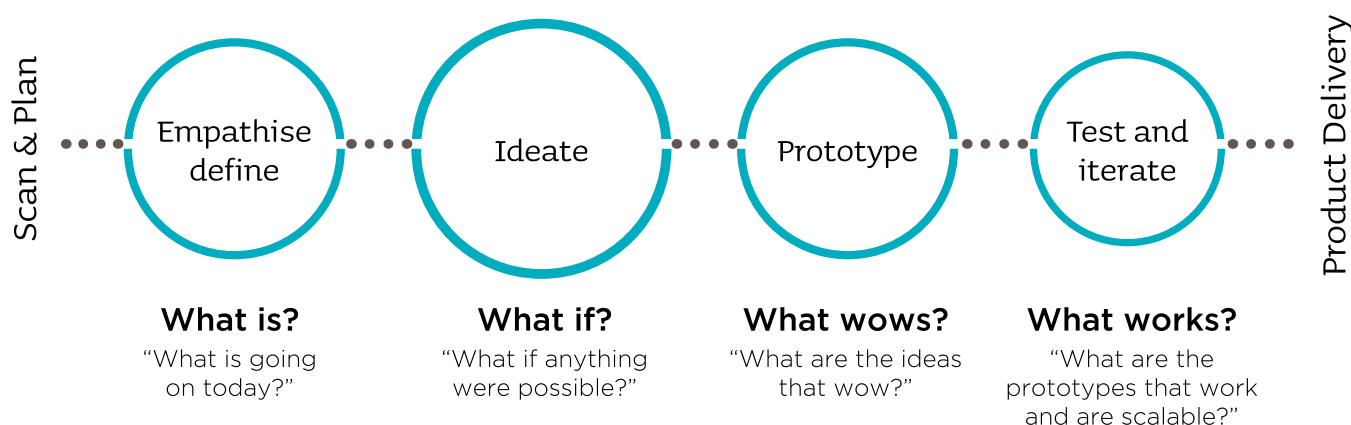
The graphic below outlines the process followed in redesigning our large employer product in conjunction with our customers.

## design thinking underpins our approach

### What was?

"What has been done/said?"

Define the problem statement | Refine co-design approach and plan





## Online tools

Two online tools have been created to help our customers navigate the NSW workers compensation scheme – Employer Assist and Worker Assist.

These tools answer the most frequently asked questions. Employer Assist helps employers understand their insurance and how to manage their risk, while Worker Assist provides information about what workers should do and what to expect if they are injured at work.

The tools are easy to use, can be translated into eight different languages, provide industry announcements and are accessible from all devices.

There were more than 9,700 visits to Employer Assist in 2015–16 and 4,900 visits to Worker Assist.

## Provider management

A priority in our program of service improvement is enhancing and streamlining our provider management processes by collaborating with our scheme agents and service providers. A common framework of clearly defined service standards and an engagement process will provide consistency, certainty and financial stability.

Importantly, improving provider management will generate more sustainable, long-term efficiencies, in line with icare's commitment to provide the protection, support and care injured workers need.

## Uninsured employers

Workers who are injured at work and their employer does not hold a valid workers compensation insurance policy are still protected and can make a claim for workers compensation benefits. The NSW workers compensation scheme covers the cost of care and support for these injured workers and Workers Insurance then seeks reimbursement from the uninsured employer. There are heavy penalties for employers without a current workers compensation policy and directors of uninsured businesses may be personally liable for any recoveries or the amount of avoided premium.

Uninsured employers paid more than \$1.8 million this year. We hope this figure will fall as employers understand the value of icare Workers Insurance and benefit from our new engagement approach and focus on the customer.



**helps employers  
understand their  
insurance and how  
to manage their risk**



## injury prevention

We believe in delivering our services with a commercial mind and social heart, which means preventing injuries wherever possible and delivering low-cost insurance.

### Raising awareness

We have liaised with advisers and brokers to understand which loss prevention programs are delivering results. The goal is to encourage employers to invest in strategies to minimise injuries, improve recovery at work and increase productivity.

We have designed a program to help employers provide and maintain safer workplaces and are helping employers with above-average injury rates to understand that they are paying more for their insurance because of their performance.

This year, we have identified and consulted with the most at-risk employers, together with their brokers and scheme agents and initiated awareness of injury prevention options.

### Broker engagement

Our priorities are to build a greater understanding of the broker network, provide greater value and support to brokers, and to build icare's capabilities and offerings.

Brokers, as agents for some of our customers have an important role to play in connecting employers to icare and the NSW workers compensation scheme. Direct engagement has previously not been a focus, with brokers traditionally accessing the scheme through our scheme agents. This is something we want to change.

We aim to gain insights from brokers to ensure the experience of employers is consistent, transparent, empathetic and positive, whether they access the scheme through a broker, scheme agent or icare.

So far, we have:

- met with five broking groups to guide them through the scheme reforms
- distributed communication materials to brokers about important scheme changes and
- created a single point of contact for brokers.

### Get Healthy at Work

Get Healthy at Work is a joint initiative between NSW Health, SafeWork NSW and icare Workers Insurance that encourages employers to implement health and wellbeing programs. The aim is to prevent lifestyle-related chronic diseases by educating workers about the benefits of healthy eating and physical activity. In 2015-16:

- more than 19,400 health checks were completed
- over 600 work health programs were carried out and
- 11 service providers were delivering the Get Healthy at Work service across NSW with increased promotion of face-to-face services.

Together with NSW Health and SafeWork NSW, we've reached more than 1,500 registered businesses, over 15,300 worksites and over 379,700 employees through the initiative.





## return-to-work solutions and care

We understand that when someone is injured at work there are three things that matter: their health, their long-term wellbeing and returning to work. Workers Insurance is committed to working with employers to ensure that every injured worker is given the support they need to return to work, or the care to live with certainty and confidence.

### Proportion of injured workers returned to work

Number of weeks	Claims with weekly benefits (%)	All claims (%)
13	76.54	87.64
26	86.85	93.01
52	92.26	95.84
104	96.19	97.95

Workers Insurance programs and initiatives are being developed to deliver a high-quality, consistent customer experience for injured workers through:

- increased accessibility and support
- a simplified claims process and transparent benefits calculations
- better care for injured workers with the highest needs
- correct entitlements and
- achieving the best possible health outcomes and quality of care.

### Benefit reforms

Workers Insurance has partnered with our scheme agents as part of the \$1 billion benefits reform package to deliver a sophisticated training program to ensure every customer receives the right information, a high-quality experience, and access to the correct benefits.

The innovative training program for case managers helps them explain the legislative changes and their effects to eligible workers.

Twenty-five technical subject matter experts from our five scheme agents formed working groups to help create a culture focused on delivering the best possible outcomes for injured workers.

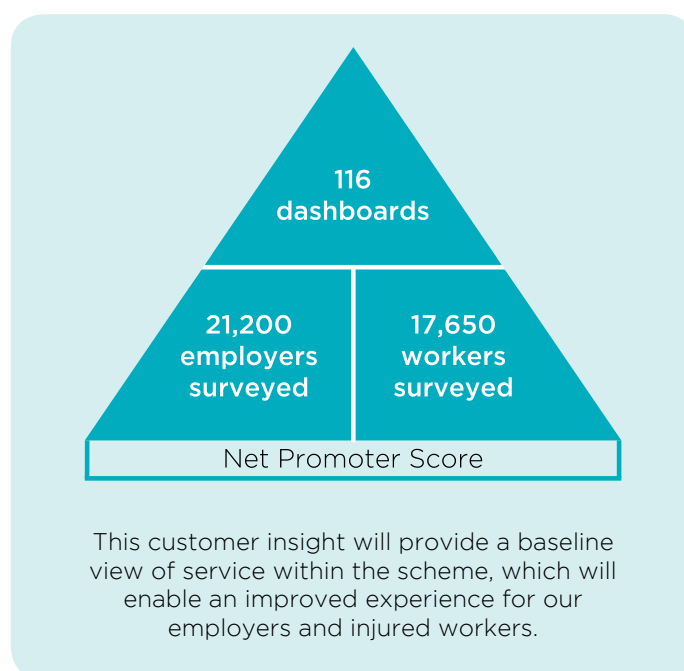
We have held 12 icare roadshows with 760 attendees; hosted 1,000 webinars with participants; developed five online modules with over 4,100 completions; trained 122 people face to face over ten training sessions; and developed six sets of implementation instructions, 16 checklists, nine process maps and 26 letter templates.

### Customer response

Workers Insurance focuses on understanding the needs of our customers so we can deliver an enhanced customer experience. Our flagship initiative is the NPS program.

We have sent 51,000 online surveys to injured workers, employers and third-party service providers since its launch in March 2016, seeking feedback on experiences including claims handling, policy renewal and pricing, medical treatments and customer communication. The surveys examine 116 customer touch points from all aspects of the NSW workers compensation scheme.

Soon, we will have a clear view of baseline service within the scheme and a clear path for improving that experience for our employers and injured workers.



**simplified claims process and transparent benefits calculations**



## train the trainer

The icare project team used the approach known as ‘train the trainer’ to demonstrate the benefit reforms to case managers. The team delivered classroom training to 44 scheme agent trainers in Sydney and Newcastle. We provided customer scenarios, workbooks and other interactive training tools to enable the representatives to train their colleagues. The training was supplemented with online assessment modules to allow people to test their knowledge at regular intervals that suited them.

More than 600 case managers have been trained by the original 44 representatives who received our training.

## training feedback

We surveyed the effectiveness of the training and 860 responses were received. Of the responses:

<b>87%</b> agreed the training was a good way to learn	<b>80%</b> found the training engaging
<b>83%</b> believed icare really cared about customer service	<b>81%</b> said the training would help them provide better service



Here’s what some of the respondents had to say:

*The training was clear and concise. It went through all the possible scenarios we as agents are likely to come across. I thought it was a very good experience and others should attend these training sessions.*

*Training effectively outlined the new legislative changes to assist the case managers within our team to complete their role effectively.*

*Very informative and easy to access, being able to do the training at my desk.*



## Workers Care

The Workers Care program is an initiative to ensure that severely injured workers receive the same high-quality specialised treatment and care as Lifetime Care participants. As of 31 October 2015, all newly injured workers who met the severe injury criteria have had their needs managed by Workers Care. The benefits of the Workers Care program are:

- specialist treatment, rehabilitation and care services
- consistent quality of care for all severely injured workers, giving them access to the same standard of care as people injured in motor vehicle accidents and
- a focus on injury management and improved quality of life.

Approximately 300 severely injured workers will be transferred from the Scheme Agents by June 2017.

## Independent medical examinations

After listening to various stakeholders including workers, medico-legal providers, and scheme agents, Workers Insurance undertook research and analysis into independent medical examinations (IMEs) a service, traditionally perceived as having protracted time frames, variable quality and inconsistent outcomes. This work was intended to better understand the existing IME process and deliver a service that improves the IME customer experience for injured workers.

Workers Insurance, in partnership with scheme agents, completed a comprehensive review of over 300 claims to better understand the end-to-end process, and identify opportunities for streamlining the service. Key stakeholders, including injured workers, scheme agents and medico-legal providers were also consulted to gain further insight into the customer experience for the injured worker, and to identify key areas for improvement.

Following the reviews, Workers Insurance established an initial working group of scheme agents to review the IME process further. Over the next year we intend to expand this group to include medico-legal providers and workers, who will work together to co-design and deliver a new IME service that is timely, simplified and consistent.

We identified that injured workers should be given a choice when attending independent medical examinations. Working with our scheme agents, injured workers who require an IME are now provided with three options.

The provider management program includes the development of clearly defined service standards for IME service providers. These services standards will underpin the work of creating a new IME process that delivers a high-quality, consistent customer experience for injured workers.

## Ufirst

One of our goals is for NSW workers to be happy and healthy at work, so an agile engagement hub called Ufirst has been created to improve the connection between icare, health service providers and the community.

Ufirst is an icare initiative and it is working in partnership with the University of Technology Sydney (UTS), and The Harwood Institute.

Ufirst will bring together participants from the health system and the community to co-design better solutions for workers that will reduce the cost of the scheme to employers.

Specifically, Ufirst will seek to improve workers' wellbeing at work, enhance timely and evidence-based treatment for injured workers, and support better health, social and economic outcomes for injured workers disconnected from work.

## Customer contact centre

Monitoring customer enquiries is critical during large-scale operational and organisational change. The structural separation of the NSW workers compensation functions also requires the separation of customer interactions for each entity.

The customer service centre has remained centralised while we have worked on building a fit-for-purpose icare customer contact centre. The separation of the contact centre will occur progressively over the next year, after which time the State Insurance Regulatory Authority will only manage regulatory enquiries, and icare will manage insurance and care enquiries and complaints.

This year, there was a first call resolution rate of 78 per cent.

**60,174**

**new claims  
in 2015–16**

---

**\$2 billion**  
in premiums

---

**\$89.2 million**  
employer safety  
incentive paid  
to small employers

---

**3.1 million**  
workers protected  
by the workers  
compensation scheme



**22.92%**

of injured workers  
are aged between  
25 and 34

---

**\$658.3  
million**

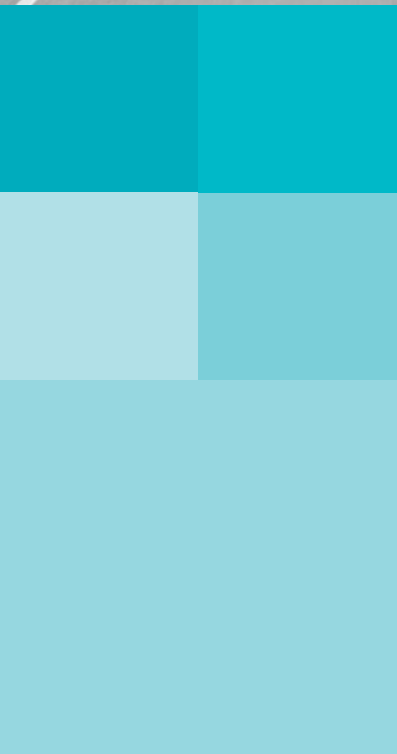
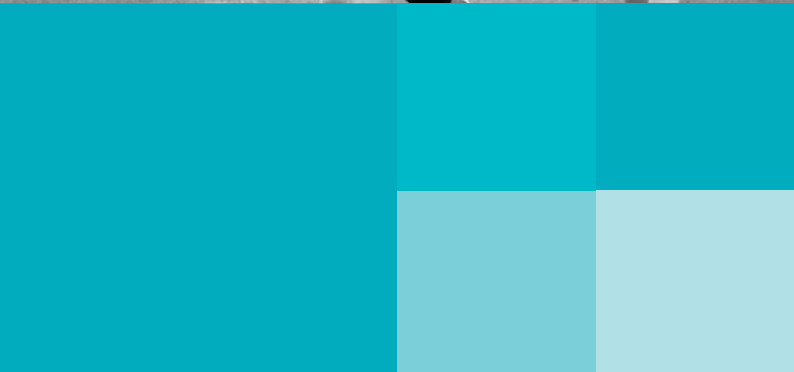
paid to injured  
workers in  
weekly benefits

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**\$432.2 million**  
paid in medical  
expenses



**30% 70%**  
female male  
injured workers





[icare overview](#)

[dust diseases care](#)

[lifetime care](#)

[self insurance & hbcf](#)

[workers insurance](#)

[sporting injuries  
insurance](#)

[appendices](#)

# sporting injuries insurance

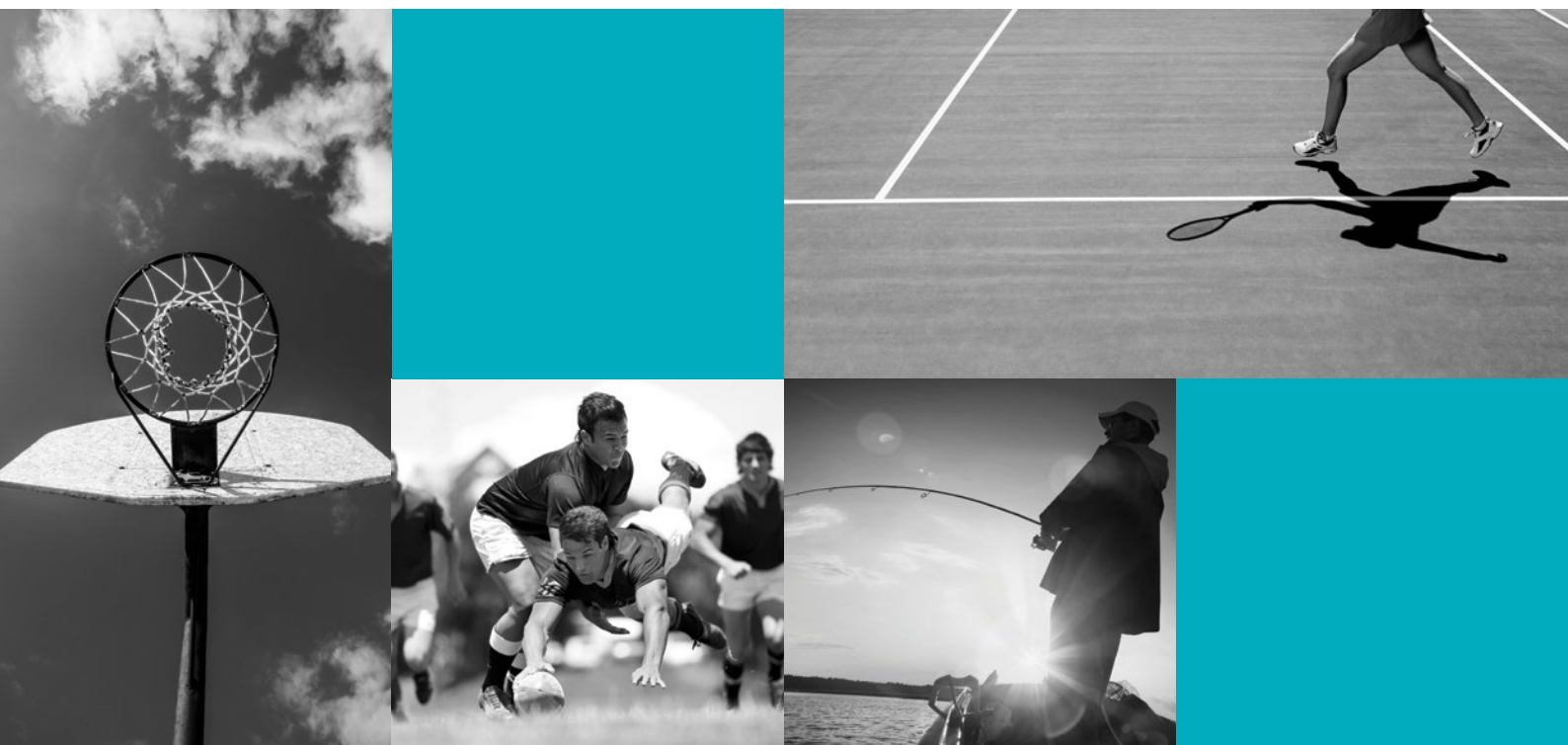
## who we are

Sporting Injuries Insurance delivers insurance and care services under the NSW Sporting Injuries Insurance Scheme pursuant to the *Sporting Injuries Insurance Act 1978*.

The Sporting Injuries Compensation Authority (Sporting Insurance) was established in 2015 under the *Sporting Injuries Insurance Act 1978*. Sporting Insurance is a continuation of the former NSW Sporting Injuries Committee.

## what we do

We offer affordable insurance for NSW sporting organisations under the Sporting Injuries Insurance Scheme. Sporting Injuries Insurance also provides claims management services on behalf of Self Insurance under the Supplementary Sporting Injuries Benefits Scheme.



## who we support

The Sporting Injuries Insurance Scheme, is unique to NSW and provides affordable insurance to 128 organisations across 65 sports. Approximately 206,300 participants are protected for serious injury during sporting events, trials, exhibition matches and supervised practice and training.

The scheme is not for profit and funded solely from the premiums paid by member organisations. Membership is open to any sporting organisation in NSW and benefits are payable regardless of entitlements from other sources.

This year two new claims were received under the scheme with a total of \$342,000 paid on these claims. In total, eight claims were settled in the 2015-2016 financial year at a cost of \$562,290. This is inclusive of claims made within previous financial years but settled in 2015-16.

The scheme educates member organisations about the importance of a risk management framework that includes injury prevention, and advocates best-practice frameworks.

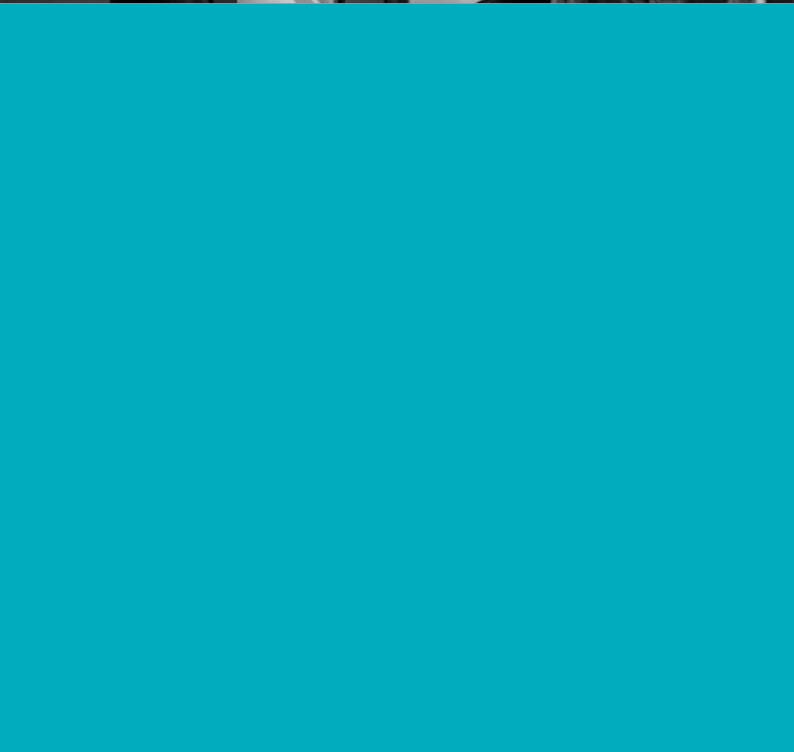
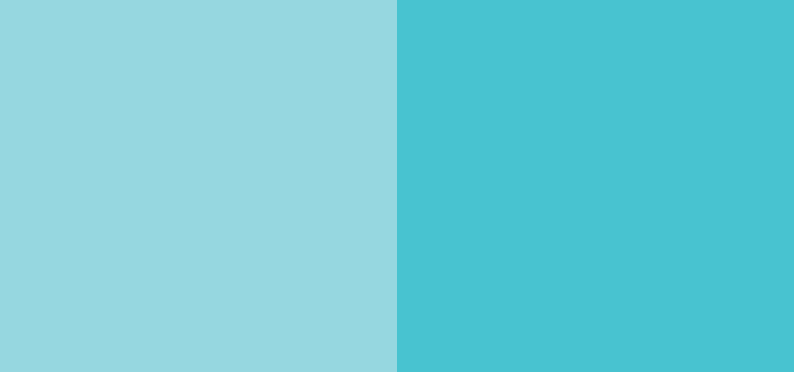
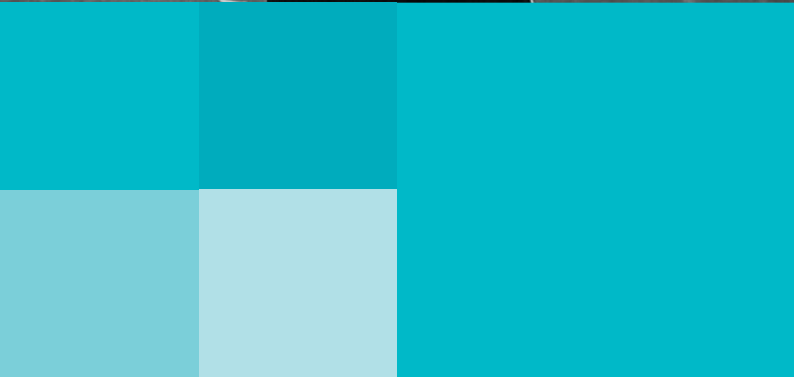
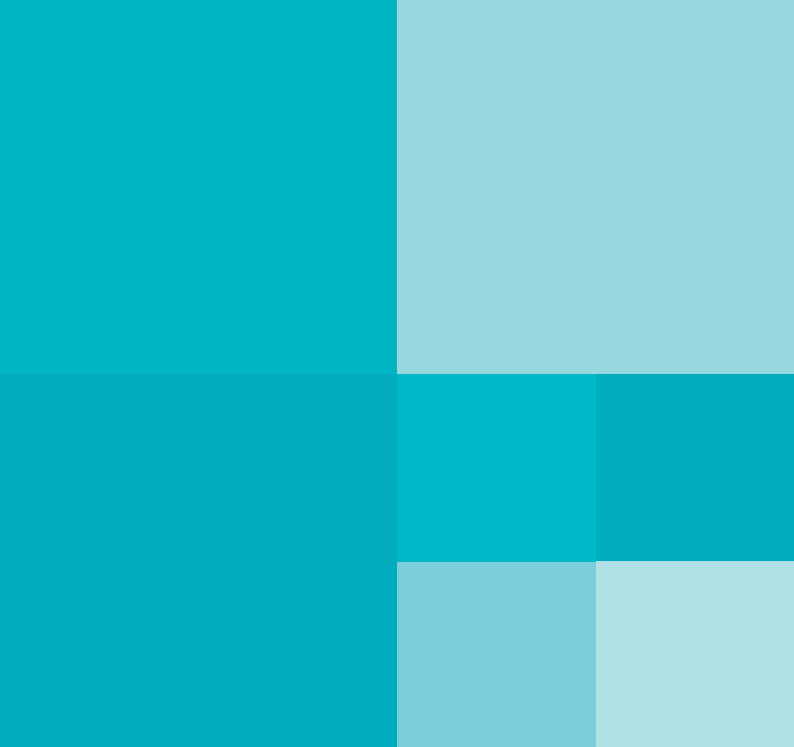
Sporting Injuries Insurance also provides claims management services for the Supplementary Sporting Injuries Scheme on behalf of Self Insurance.

The Supplementary Scheme protects children who are seriously injured while participating in organised school sport or athletic activities and those injured while participating in certain programs of activity conducted or sanctioned by NSW Sport and Recreation.

This year the supplementary scheme paid out one claim totaling \$17,272 with no new claims received.



**affordable insurance  
for NSW sporting  
organisations**





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## appendix 1 legislation

The *State Insurance and Care Governance Act 2015* (the SICG Act) commenced on 1 September 2015, creating:

- Insurance and Care NSW (icare) a single customer-focused insurance and care service provider;
- State Insurance Regulatory Authority (SIRA) an independent insurance regulator; and
- SafeWork NSW an independent workplace safety regulator.

### Consequential amendments

The SICG Act also made consequential amendments and other amendments relating to governance with respect to a number of Acts. The following relate to the entities to whom icare provides services:

- *Workers Compensation Act 1987*;
- *Workplace Injury Management and Workers Compensation Act 1998*;
- *Workers Compensation (Dust Diseases) Act 1942*;
- *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*;
- *Motor Accidents (Lifetime Care and Support) Act 2006*;
- *NSW Self Insurance Corporation Act 2004*;
- *Sporting Injuries Insurance Act 1978*; and
- *Home Building Act 1989*.

### Workers Insurance

Upon commencement of the SICG Act on 1 September 2016, icare acts for the Workers Compensation Nominal Insurer (Workers Insurance), replacing the former WorkCover Authority of NSW.

### Legislation and statutory amendments

#### Principal Legislation

*Workers Compensation Act 1987*

*Workplace Injury Management and Workers Compensation Act 1998*

#### Regulations

*Workers Compensation Regulation 2010*

#### Changes to Acts

*Workers Compensation Amendment Act 2015*

Date of commencement of Schs 1, 2 [15] [18], 3 [5] and 5, 16.10.2015, sec 2 (1) and 2015 (610) LW 9.10.2015; date of commencement of Schs 2 [1], 3 [1]–[3] and 6, 21.8.15; date of commencement of Schs 2 [2]–[13] [14] (except to the extent that it inserts sec 44BF) [16] [19] [20] and 3 [4], 4.12.2015, sec 2 (1) and 2015 (734) LW 4.12.2015; date of commencement of Sch 2 [14] (to the extent that it inserts sec 44BF) and [17]: not in force; date of commencement of Sch 4, 29.4.2016, sec 2 (1) and 2016 (203) LW 29.4.2016.

### Changes to Regulations

*Workers Compensation Amendment (Weekly Payments) Regulation 2015*  
Date of commencement, 28.8.2015.

*Workers Compensation Amendment (Latest Index Number) Regulation (No 2) 2015*  
Date of commencement, 1.10.2015

*Workers Compensation Amendment (Existing Claims) Regulation 2015*  
Date of commencement, 16.10.2015

*Workers Compensation Amendment (Consequential Amendments) Regulation 2015*  
Date of commencement, 23.10.2015

*Workers Compensation Amendment (Lump Sum Compensation Claims) Regulation 2015*  
Date of commencement, 13.11.2015

*Workers Compensation Amendment (Transitional Provisions) Regulation 2015*  
Date of commencement, 4.12.2015

*Workers Compensation Amendment (Death Benefits) Regulation 2015*  
Date of commencement, 21.8.2015

*Workers Compensation Amendment (Latest Index Number) Regulation 2016*  
Date of commencement, 1.4.2016,

*Workers Compensation Amendment (Return to Work Assistance) Regulation 2016*  
Date of commencement, 29.4.2016

### Significant decisions

*Cram Fluid Power v Green* [2015] NSWCA 250

This decision of the NSW Court of Appeal found that a worker who has made a claim for permanent impairment compensation prior to 19 June 2012 may not bring a further claim for lump sum compensation after that date.

Subsequent to this decision, the *Workers Compensation Amendment (Lump Sum Compensation Claims) Regulation 2015* was made to allow workers who made a lump sum compensation claim before 19 June 2012 one further lump sum compensation claim in respect of an existing impairment.

*Sabanayagam v St George Bank Ltd* [2016] NSWCA 145

The Sabanayagam decision clarified the differences between an insurer's decision regarding a Work Capacity Decision and the decision to deny liability for a claim under s. 74. The two types of decision are governed by different provisions in the legislation and are subject to different forms of review.

### Lifetime Care

Upon commencement of the SICG Act on 1 September 2016, icare provides services to the Lifetime Care and Support Authority (Lifetime Care), replacing the former Safety, Return to Work and Support Division within the Department of Finance, Services and Innovation.

## Principal Legislation

*Motor Accidents (Lifetime Care and Support) Act 2006*  
*Motor Accidents Compensation Act 1999*

## Regulations

*Motor Accidents (Lifetime Care and Support) Regulation 2015*

## Changes to Acts

*Motor Accidents (Lifetime Care and Support) Act 2006* amended by *State Insurance and Care Governance Act 2015*.  
 Date of commencement, 1.9.2015

## Changes to Regulations

*Motor Accidents (Lifetime Care and Support) Amendment (Delegation) Regulation 2015*.  
 Date of commencement, 6.11.2015

## Dust Diseases Care

Upon commencement of the SICG Act on 1 September 2016, the Workers Compensation Dust Diseases Authority (Dust Diseases Care) was created, replacing and as a continuation of the former Dust Diseases Board. icare provides services to Dust Diseases Care, replacing the former Safety, Return to Work and Support Division within the Department of Finance, Services and Innovation which serviced the former Dust Diseases Board.

## Principal Legislation

*Workers' Compensation (Dust Diseases) Act 1942*  
*Workers Compensation Act 1987*  
*Workplace Injury Management and Workers Compensation Act 1998*

## Regulations

*Workers Compensation (Dust Diseases) Regulation 2013*

## Changes to Acts

*Workers' Compensation (Dust Diseases) Act 1942* amended by *State Insurance and Care Governance Act 2015*. Date of commencement, 1.9.2015  
*Workers' Compensation (Dust Diseases) Act 1942* amended by *Work Health and Safety (Mines and Petroleum) Legislation Amendment (Harmonisation) Act 2015*. Date of commencement, 1.2.2016

## Changes to Regulations

*Workers' Compensation (Dust Diseases) Amendment (Delegation) Regulation 2015*  
 Date of commencement, 6.11.2015

## Self Insurance

Upon commencement of the SICG Act on 1 September 2016, icare provides services to the NSW Self Insurance Corporation (Self Insurance), which was formerly located within the Department of Finance, Services and Innovation.

## Principal Legislation

*NSW Self Insurance Corporation Act 2004*  
*Home Building Act 1989*  
*Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*

## Regulations

*NSW Self Insurance Corporation Regulation 2015*  
*Home Building Regulation 2014*  
*Workers Compensation (Bush Fire, Emergency and Rescue Services) Regulation 2012*

## Changes to Acts

*NSW Self Insurance Corporation Act 2004* amended by the *State Insurance and Care Governance Act 2015*  
 Date of commencement, 1.9.2015  
*Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987* amended by the *State Insurance and Care Governance Act 2015*  
 Date of commencement, 1.9.2015

## Changes to Regulations

*NSW Self Insurance Corporation Regulation 2015*  
 Date of commencement, 6.11.2015  
*Home Building Amendment (Fees) Regulation 2015*  
 Date of commencement, 1.7.2015  
*Home Building Amendment (Insurance Exemption) Regulation 2015*  
 Date of commencement, 25.9.2015

## Sporting Injuries Insurance

Upon commencement of the SICG Act on 1 September 2016, the Sporting Injuries Compensation Authority (Sporting Injuries Insurance) was created, replacing and as a continuation of the former Sporting Injuries Committee. icare provides services to Sporting Injuries Insurance, replacing the former Safety, Return to Work and Support Division within the Department of Finance, Services and Innovation which serviced the former Sporting Injuries Committee.

## Principal Legislation

*Sporting Injuries Insurance Act 1978*

## Regulations

*Sporting Injuries Insurance Regulation 2014*  
*Sporting Injuries Insurance Rule 1997*

## Changes to Acts

*Sporting Injuries Insurance Act 1978* amended by the *State Insurance and Care Governance Act 2015*  
 Date of commencement, 1.9.2015

## Changes to Regulations

*Sporting Injuries Insurance Amendment (Delegation) Regulation 2015*. Date of commencement, 6.11.2015

## appendix 2

# government information (public access) applications<sup>1</sup>

### Review of proactive release program

icare is committed to ensuring the public's right to information meets the requirements of the *Government Information (Public Access) Act 2009* and that responses to other request for information are handled effectively. icare reviews its information and routinely uploads information to the website that may be of interest to the general public. This includes reviewing and updating a wide range of publications and resources for the public including reports, fact sheets, brochures and pamphlets. The public can access this information via the icare website.

Moving forward, icare is focused on streamlining all its service lines and updating its disclosure log, contracts register and open access information.

### Number of access applications received

From its inception on 1 September 2015 to 30 June 2016, icare received a total of 140 formal access applications.

### Number of refused applications for Schedule 1 information

During the reporting period, icare refused a total of 37 access applications either wholly or in part because the information requested was information referred to in Schedule 1 to the GIPA Act. Of those applications, four were refused in full, and 33 were refused in part.

### Privacy and personal information

*Privacy and Personal Information Protection Act 1998* (PPIP Act) and *Health Records and Information Privacy Act 2002* (HRIP Act)

In the course of carrying out its functions, icare collects, retains, stores, uses and discloses personal and health information about individuals on a daily basis. The PPIP HRIP Act, deal with how all NSW public sector agencies, including icare, must manage personal and health information.

All personal information held by icare is managed in accordance with NSW privacy legislation. This includes all types of records in any format such as documents (paper and electronic), data in business information systems and verbal decisions and objects (e.g. photographs, maps, evidence and samples).

Examples of the personal details of individuals with whom icare has contact includes names, dates of birth, residential addresses, drivers licence details, financial details, bank account details, wage records, work history, medical certificates and health details. icare staff are guided in the management of personal and health information by the Privacy Management Plan. The Plan can be accessed on icare's web site.

Since its inception on 1 September 2015, icare has developed a considered approach to privacy issues in the development of systems, policies, procedures and guidelines, with particular emphasis on the collection and use of personal information and the development of best practice systems.

icare continues to provide voluntarily notification to the NSW Privacy Commissioner of privacy-related matters that do not result in or involve an application for review of conduct, and of icare's responses to those matters.

icare did not receive any requests to amend records or requests for access to personal information under the section 14 of the Act. No privacy matters were decided by the NSW Civil and Administrative Tribunal or investigated by the NSW Privacy Commissioner.

Four internal review applications were received and determined by icare under the PIPP Act.

1. Information provided for Lifetime Care, Dust Diseases Care and Self Insurance from 1 July 2015 to 30 June 2016. Information provided from 1 September 2015 to 30 June 2016 for icare, Workers Insurance and Sporting Injuries. For information regarding applications for Workers Insurance and Sporting Injuries between 1 July 2015 and 31 August 2015, refer to the State Insurance Regulatory Authority.



## Statistical information about access applications

**Table A: Number of applications by type of applicant and outcome<sup>1</sup>**

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Media	0	2	0	0	0	0	0	0
Members of Parliament	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	1	0	0	0	0	0	0	0
Members of the public (application by legal representative)	11	37	2	12	0	0	0	2
Members of the public (other)	40	40	2	0	0	0	0	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<sup>1</sup>**

	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 <sup>2</sup>	48	74	4	5	0	0	0	2
Access applications (other than personal information applications)	4	5	0	6	0	0	0	0
Access applications that are partly personal information applications and partly other	0	1	0	1	0	0	0	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.

2. A personal information application is an access application for personal information (as defined in clause 4 of Schedule 4 to the Act) about the applicant (the applicant being an individual).

**Table C: Invalid applications**

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the Act)	14
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	14
Invalid applications that subsequently became valid applications	11

**Table D: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act.**

	Number of times considered used <sup>1</sup>
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	33
Excluded information	4
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

1. 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). This also applies in relation to Table E.

**Table E: Other public interest considerations against disclosure: matters listed in table to section 14 of the Act**

	Number of occasions when application not successful
Responsible and effective government	2
Law enforcement and security	0
Individual rights, judicial processes and natural justice	46
Business interests of agencies and other persons	1
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

**Table F: Timeliness**

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	134
Decided after 35 days (by agreement with applicant)	1
Individual rights, judicial processes and natural justice	0
<b>Total</b>	<b>135</b>

**Table G: Number of applications reviewed under Part 5 of the Act (by type of review and outcome)**

	Decision varied	Decision upheld	Total
Internal review	0	1	1
Review by Information Commissioner <sup>1</sup>	0	0	0
Internal review following recommendation under section 93 of the Act	0	0	0
Review by NCAT	0	0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>

1. The Information Commissioner does not have the authority to vary decisions, but can make recommendation 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 Act (by type of applicant)**

	Number of applications for review
Applications by access applicants	0
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0

**Table I: Applications transferred to other agencies under Division 2 of Part 4 of the Act (by type of transfer)**

	Number of applications transferred
Agency initiated transfers	5
Applicant initiated transfers	0

## appendix 3

### public interest disclosures

icare maintained its internal reporting policy in 2015–16, which is available to all staff on the intranet. The CEO has acted to make staff members aware of their rights and responsibilities under the Public Interest Disclosure Act 1994. Awareness activities within the current Public interest disclosures reporting period (1 July 2015 to 30 June 2016) include induction training, intranet communications, and circulating fact sheets to staff.

#### Statistical information on PIDs

	Made by public officials performing their day – day functions	Under a statutory or other legal obligation	All other PIDs
Number of public officials who made a PID directly	0	0	0
Number of PIDs received	0	0	0
Of PIDs received, number primarily about:			
Corrupt conduct	0	0	0
Maladministration	0	0	0
Serious and substantial waste	0	0	0
Government information contravention	0	0	0
Local government pecuniary interest contravention	0	0	0
<b>Number of PIDs finalised</b>	<b>0</b>		

## appendix 4

### response to significant matters raised in the outgoing audit report

There were no significant matters raised in the outgoing audit report.

## appendix 5 credit card certification

31 October 2016

The Hon. Dominic Perrottet MP  
Minister for Finance, Services and Property  
Level 16  
52 Martin Place  
SYDNEY NSW 2000

Dear Minister

On behalf of Insurance and Care NSW (icare) I certify that all cardholders for the period of 1 July 2015 to 30 June 2016 have used their cards in accordance with Premier's Memoranda and Treasurer Directions.

Yours sincerely,



**Vivek Bhatia**  
Chief Executive Officer & Managing Director  
Insurance and Care NSW



## appendix 6

### accounts payable performance

#### icare

#### All suppliers

Amounts outstanding to suppliers at the end of each quarter of the year were:

2015-16	June Quarter	March Quarter	December Quarter	September Quarter
<b>Current</b>	\$856,448	\$555,933	\$422,964	\$83,340
<30 days overdue	-	-	-	-
>30 and 60 days overdue	-	-	-	-
>60 days and <90 days	-	-	-	-
90 days and over	-	-	-	-

Amounts paid to suppliers at the end of each quarter were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	<b>3,216</b>	<b>1,562</b>	<b>864</b>	<b>764</b>	<b>26</b>
Number accounts paid on time	2,982	1,534	864	558	26
% accounts paid on time (based on number of accounts)	<b>93%</b>	<b>98%</b>	<b>100%</b>	<b>73%</b>	<b>100%</b>
Dollar amount of accounts due for payments	<b>\$138,296,189</b>	<b>\$120,384,675</b>	<b>\$8,134,789</b>	<b>\$9,482,317</b>	<b>\$294,408</b>
Dollar amount of accounts paid on time	\$132,771,260	\$119,707,233	\$8,134,789	\$4,634,829	\$294,408
% of accounts paid on time (based on \$)	<b>96%</b>	<b>99%</b>	<b>100%</b>	<b>49%</b>	<b>100%</b>
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-

## Small business suppliers

Amounts paid to identified small business suppliers at the end of each quarter of the year were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	-	-	-	-	-
Number accounts paid on time	-	-	-	-	-
% accounts paid on time (based on number of accounts)	-	-	-	-	-
Dollar amount of accounts due for payments	-	-	-	-	-
Dollar amount of accounts paid on time	-	-	-	-	-
% of accounts paid on time (based on \$)	-	-	-	-	-
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-

icare has a target of 95 per cent accounts paid on time. In 2015-16 this target was not achieved for the December 2015 quarter due to transition issues arising from the formation of icare. These issues have now been resolved and payment performance has exceeded the target for the following two quarters. The average performance for the year did not meet the target for the same reason.

icare did not pay any interest on late payments.

## accounts payable performance

### Dust Diseases Care All suppliers

Amounts outstanding to suppliers at the end of each quarter of the year were:

2015-16	June Quarter	March Quarter	December Quarter	September Quarter
<b>Current</b>	\$1,048	-	-	-
<30 days overdue	-	\$837	-	-
>30 and 60 days overdue	-	-	-	-
>60 days and <90 days	\$1,892	-	-	-
90 days and over	-	\$1,153	\$2,616	\$4,129

Amounts paid to suppliers at the end of each quarter were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	13,117	3,242	3,024	3,599	3,252
Number accounts paid on time	11,802	2,601	2,851	3,420	2,930
% accounts paid on time (based on number of accounts)	90%	80%	94%	95%	90%
Dollar amount of accounts due for payments	\$12,780,558	\$5,024,478	\$2,609,580	\$2,264,607	\$2,881,894
Dollar amount of accounts paid on time	\$11,622,243	\$4,732,742	\$2,292,830	\$2,100,184	\$2,496,486
% of accounts paid on time (based on \$)	91%	94%	88%	93%	87%
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-

## Small business suppliers

Amounts paid to identified small business suppliers at the end of each quarter of the year were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	259	59	58	88	54
Number accounts paid on time	242	50	56	86	50
% accounts paid on time (based on number of accounts)	93%	85%	97%	98%	93%
Dollar amount of accounts due for payments	\$60,253	\$11,914	\$11,890	\$22,013	\$14,436
Dollar amount of accounts paid on time	\$51,700	\$10,358	\$10,070	\$20,023	\$11,248
% of accounts paid on time (based on \$)	86%	87%	85%	91%	78%
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-

Dust Diseases Care has a target of 95 per cent accounts paid on time. In 2015-16 this target was not achieved due to the high volume of health invoices which had to be investigated prior to payment. A number of new initiatives were introduced with the creation of icare that is expected to improve payment performance in 2016-17.

Dust Diseases Care did not pay any interest on late payments.

## accounts payable performance

### Lifetime Care All suppliers

Amounts outstanding to suppliers at the end of each quarter of the year were:

2015-16	June Quarter	March Quarter	December Quarter	September Quarter
<b>Current</b>	\$17,733	\$80	-	\$78
<30 days overdue	\$347,316	\$558,771	\$467,022	\$10,263
>30 and 60 days overdue	\$55,167	\$53,783	\$61,835	\$404
>60 days and <90 days	\$8,072	\$42,013	\$19,140	-
90 days and over	\$3,904	\$28,985	\$16,335	\$1,922

Amounts paid to suppliers at the end of each quarter were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	<b>60,598</b>	<b>16,420</b>	<b>14,232</b>	<b>17,169</b>	<b>12,777</b>
Number accounts paid on time	59,837	16,185	14,078	16,938	12,636
% accounts paid on time (based on number of accounts)	<b>99%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>
Dollar amount of accounts due for payments	<b>\$108,393,673</b>	<b>\$32,136,634</b>	<b>\$24,591,859</b>	<b>\$28,524,718</b>	<b>\$23,140,461</b>
Dollar amount of accounts paid on time	\$106,251,689	\$3,438,509	\$24,030,311	\$28,077,570	\$22,705,299
% of accounts paid on time (based on \$)	<b>98%</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-



## Small business suppliers

Amounts paid to identified small business suppliers at the end of each quarter of the year were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	532	154	134	145	99
Number accounts paid on time	531	154	133	145	99
% accounts paid on time (based on number of accounts)	100%	100%	99%	100%	100%
Dollar amount of accounts due for payments	\$707,762	\$218,418	\$162,789	\$204,388	\$122,167
Dollar amount of accounts paid on time	\$707,551	\$218,418	\$162,578	\$204,388	\$122,167
% of accounts paid on time (based on \$)	100%	100%	100%	100%	100%
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-

Lifetime Care has a target of 95 per cent accounts paid on time. In 2015-16 this target has been exceeded in all four quarters with an average of 99 per cent achieved across the year.

Lifetime Care did not incur any interest on late payments.

## accounts payable performance

### Self Insurance

#### All suppliers

Amounts outstanding to suppliers at the end of each quarter of the year were:

2015-16	June Quarter	March Quarter	December Quarter	September Quarter
<b>Current</b>	\$1,434	\$4,751	\$1,036,625	\$1,149,223
<30 days overdue	\$4,911	\$52	\$59,252	\$733,117
>30 and 60 days overdue	\$2,808	\$8,026	\$17,821	\$11,178
>60 days and <90 days	\$2,750	-	\$13,046	-
90 days and over	\$16,905	\$30,183	\$362,687	-\$9,350

Amounts paid to suppliers at the end of each quarter were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	<b>1,346</b>	<b>266</b>	<b>303</b>	<b>366</b>	<b>411</b>
Number accounts paid on time	828	184	183	184	277
% accounts paid on time (based on number of accounts)	<b>62%</b>	<b>69%</b>	<b>60%</b>	<b>50%</b>	<b>67%</b>
Dollar amount of accounts due for payments	<b>\$269,367,789</b>	<b>\$46,722,773</b>	<b>\$64,925,860</b>	<b>\$60,786,276</b>	<b>\$96,932,880</b>
Dollar amount of accounts paid on time	\$157,844,763	\$33,519,555	\$48,773,029	\$25,050,261	\$50,501,918
% of accounts paid on time (based on \$)	<b>59%</b>	<b>72%</b>	<b>75%</b>	<b>41%</b>	<b>52%</b>
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-

## Small business suppliers

Amounts paid to identified small business suppliers at the end of each quarter of the year were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	-	-	-	-	-
Number accounts paid on time	-	-	-	-	-
% accounts paid on time (based on number of accounts)	-	-	-	-	-
Dollar amount of accounts due for payments	-	-	-	-	-
Dollar amount of accounts paid on time	-	-	-	-	-
% of accounts paid on time (based on \$)	-	-	-	-	-
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-

Self Insurance has a target of 95 per cent accounts paid on time. In 2015-16 this target was not achieved in any of the quarters due to transitioning issues to a new service provider GovConnect. The payment performance for the June 2016 quarter has improved from previous quarters. The average performance for the year did not meet the target for the same reason. Arrangements are being made to transition Self Insurance to icare 's financial system.

Self Insurance did not pay any interest on late payments.

## accounts payable performance

### Workers Insurance

#### All suppliers

Amounts outstanding to suppliers at the end of each quarter of the year were:

2015-16	June Quarter	March Quarter	December Quarter	September Quarter
<b>Current</b>	-	-	-	-
<30 days overdue	-	-	-	-
>30 and 60 days overdue	-	-	-	-
>60 days and <90 days	-	-	-	-
90 days and over	-	-	-	-

Amounts paid to suppliers at the end of each quarter were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	496	100	26	331	39
Number accounts paid on time	426	99	20	268	39
% accounts paid on time (based on number of accounts)	86%	99%	77%	81%	100%
Dollar amount of accounts due for payments	\$21,332,349	\$13,906,492	\$4,988,930	\$2,140,478	\$296,448
Dollar amount of accounts paid on time	\$16,762,634	\$13,903,921	\$876,224	\$1,686,041	\$296,448
% of accounts paid on time (based on \$)	79%	100%	18%	79%	100%
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-

## Small business suppliers

Amounts paid to identified small business suppliers at the end of each quarter of the year were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	-	-	-	-	-
Number accounts paid on time	-	-	-	-	-
% accounts paid on time (based on number of accounts)	-	-	-	-	-
Dollar amount of accounts due for payments	-	-	-	-	-
Dollar amount of accounts paid on time	-	-	-	-	-
% of accounts paid on time (based on \$)	-	-	-	-	-
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-

Workers Insurance has a target of 95 per cent accounts paid on time. In 2015-16 this target was not achieved for the December 2015 and March 2016 quarters due to transition issues experienced by the formation of icare. These issues are one off and have been resolved. The average performance for the year did not meet the target for the same reason

Workers Insurance did not pay any interest on late payments.



## accounts payable performance

### Sporting Injuries

#### All suppliers

Amounts outstanding to suppliers at the end of each quarter of the year were:

2015-16	June Quarter	March Quarter	December Quarter	September Quarter
<b>Current</b>	-	-	\$18,351	-
<30 days overdue	-	-	-	-
>30 and 60 days overdue	-	-	-	-
>60 days and <90 days	-	-	-	-
90 days and over	-	-	-	-

Amounts paid to suppliers at the end of each quarter were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	13	6	6	1	-
Number accounts paid on time	12	6	5	1	-
% accounts paid on time (based on number of accounts)	92%	100%	83%	100%	-
Dollar amount of accounts due for payments	\$454,619	\$209,974	\$240,245	\$4,400	-
Dollar amount of accounts paid on time	\$450,646	\$209,974	\$236,272	\$4,400	-
% of accounts paid on time (based on \$)	99%	100%	98%	100%	-
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-

## Small business suppliers

Amounts paid to identified small business suppliers at the end of each quarter of the year were:

2015-16	2015-16 Total	June Quarter	March Quarter	December Quarter	September Quarter
Number of accounts paid	-	-	-	-	-
Number accounts paid on time	-	-	-	-	-
% accounts paid on time (based on number of accounts)	-	-	-	-	-
Dollar amount of accounts due for payments	-	-	-	-	-
Dollar amount of accounts paid on time	-	-	-	-	-
% of accounts paid on time (based on \$)	-	-	-	-	-
Number of payments for interest on overdue accounts	-	-	-	-	-
Interest paid on overdue accounts	-	-	-	-	-

Sporting Injuries has a target of 95 per cent accounts paid on time. In 2015-16 this target was not achieved in the March 2016 quarter due to issues with one invoice. The average performance for the year did not meet the target for the same reason.

Sporting Injuries did not pay any interest on late payments.

## appendix 7

### insurance activities

#### icare

Workers Compensation	
No. of employees	423
No. of claims	5
No. of claims per employee	0.01
Total cost of claims	\$32,608.46
Average claim cost	\$6,521.69

Motor vehicles (total claims) <sup>1</sup>	
Vehicles	-
No. of claims	1
No. of claims per vehicles	-
Total cost of claims	\$1,978.74
Average cost per claim	\$1,978.74
Average cost per vehicle	-
Property	
No. of claims	1
No. of claims per employee	0.002
Total cost of claims	\$7,900.00
Average cost per claim	\$7,900.00
Average cost per employee	\$18.68
Liability	
No. of claims	-
Total cost of claims	-
Average claim	-
Miscellaneous	
No. of claims	-
Total cost of claims	-
Average claim	-

1. All historical claims from previous compensation schemes and related agencies have been transitioned under icare. Motor vehicles and property exposure declarations are not available as at 30 June 2016.

## appendix 8

### overseas travel<sup>1</sup>

The details of all overseas travel, including the purpose of the trip.

Person travelling	Date	Location	Purpose	Cost \$
Michael Saad	Nov 15	Wellington	Executive Master of Public Administration – a public service commission sponsored course	1,132
Tony Pescott	Mar 16	Auckland	Commencement of systems integration with supplier for the Net Promoter Score project	644
Peter Gibbs	Mar 16	Auckland	Commencement of systems integration with supplier for the Net Promoter Score project	1,339
Chris Koutoulas	Mar 16	Auckland	Commencement of systems integration with supplier for the Net Promoter Score project	1,339
Steve Hunt	May 16	London Singapore	Renewal of TMF reinsurance program	5,109
Vivek Bhatia	May 16	London Singapore	Renewal of TMF reinsurance program	4,268
<b>Total</b>				<b>13,830</b>

1. Information provided for the period, 1 September 2015 – 30 June 2016.

## appendix 9 consultants<sup>1</sup>

### icare<sup>1</sup>

Vendor	Description	Vendor total (\$)
PwC	Actuarial services for the valuation of the Workers Insurance Scheme	4,625,335
PwC	Actuarial services for the valuation of TMF Workers Compensation portfolios	3,265,280
Ernst & Young	Actuarial services for the valuation of TMF general lines portfolios	954,203
PwC	Actuarial services for the valuation of the Lifetime Care and Support Authority	653,436
PwC	Consultancy services for Self Insurance operations	587,040
Taylor Fry Consulting Actuaries	Peer review of agent valuations of the Workers Insurance Scheme	532,730
PwC	Actuarial services for the valuation of Self Insurance	378,803
Finity Consulting Pty Ltd	Actuarial services for the valuation of the Workers Insurance Scheme	339,900
PwC	Actuarial services for the valuation of Home Building Compensation Fund	265,415
KPMG	Actuarial peer review of outstanding claims valuation results for Self Insurance	238,000
PwC	Development of IT infrastructure and support services plan	225,082
PwC	Development of methodology for systems change review	162,898
The Trustee for Changeworks Consulting Business Trust	Consultancy services for change management strategy	119,900
Mercer Investments	Investment retainer services	110,986
EY	Tender preparation	110,000
Henry Davis York Lawyers	Development of legal services deed	83,493
Deloitte Touche Tohmatsu	TMF motor vehicle claims management assessment	83,000
PwC	Consultancy services for operating model design	60,437
Healthconsult Pty Ltd	Health & medical fees benchmarking analysis	60,000
Secure Logic	Data security assessment	58,460
Certus Solutions	Data governance handover	53,100
<b>Total greater than \$50,000</b>		<b>12,967,499</b>
<b>Plus 22 consultants \$50,000 and under</b>		<b>453,931</b>
	Organisational review	189,422
	Finance & accounting/tax	100,937
	Information technology	90,116
	Legal	73,456
<b>Total consultants</b>		<b>13,421,430</b>

1. Includes all entities for the period 1 September 2015 – 30 June 2016.



## Self Insurance<sup>1, 2</sup>

Vendor	Description	Vendor total (\$)
PwC	Actuarial services for the valuation of Workers Compensation portfolios	750,333
PwC	Actuarial services for the valuation of Home Builders Compensation Fund	125,302
EY	Actuarial services for the valuation of general lines portfolios	91,667
<b>Total greater than \$50,000</b>		<b>967,302</b>
<b>Plus 4 consultants \$50,000 and under</b>		<b>132,191</b>
	Finance & accounting/tax	61,974
	Information technology	59,982
	Legal	10,235
<b>Total consultants</b>		<b>1,099,493</b>

1. For the period of 1 July 2015 – 31 August 2015.

2. No consultants were engaged during the period for the following entities; Dust Diseases, Lifetime Care and Sporting Injuries.

## appendix 10 land disposal

icare and its service lines have not disposed of any land in the reporting period.

## appendix 11 grants

Grants awarded to government and non-government organisations.

Recipient organisation	Amount of funding awarded in 2015–16	Nature and purpose
<b>Dust Diseases Care</b>		
Asbestos Diseases Foundation of Australia	\$40,000	Funding of the position of a Helpline Operator/Admin Assistance for 12 months.
Asbestos Diseases Foundation of Australia	\$17,030	Funding of activities in support of National Asbestos Awareness Day, Friday 27 November 2015.
<b>Lifetime Care</b>		
Kaleidoscope Paediatric Brain Injury Rehabilitation Team	\$2,846	Support to convene a forum of paediatric brain injury clinicians working in Brain Injury Rehabilitation Programs across NSW to enhance outcomes for current and future young Scheme participants with a brain injury.
NSW Ministry of Health, Agency for Clinical Innovation	\$104,000	Improve outcomes for participants with a brain injury through documenting and implementing best practice solutions within Brain Injury Rehabilitation Programs.
Attendant Care Industry Association of NSW	\$3,500	Sponsorship for the 2016 Attendant Care Industry Awards.
Carers NSW	\$646,798	To increase the resilience, knowledge, connections and wellbeing of the adult families and carers of Scheme participants through a structured but flexible in home mentoring/coaching service across three years.
Carers NSW	\$207,527	To build the resilience, knowledge, connections and wellbeing of the children and siblings of Scheme participants through a service tailored to their specific across three years.
Spinal Cord Injuries Australia (SCIA)	\$21,830	To increase access to the outcomes of the SCIA Independence Expo for people with limited mobility and others unable to attend, through the recording and live streaming of workshops, with subsequent editing and posting on the SCIA website.
Wheelchair Sports NSW	\$292,795	Improve rehabilitation outcomes for current and future participants by improving access to wheelchair sporting opportunities at Kevin Betts Stadium.
Brain Injury Australia	\$8,500	To conduct consultation and develop a position statement on supporting people with a brain injury at risk of contact with the criminal justice system to assist Lifetime Care to manage the risk to affected participants.
<b>Self Insurance</b>		
NSW Police Force	\$572,500	The RECON Program is a targeted reconditioning program for officers experiencing musculo-skeletal injuries. The pilot is intended to investigate whether a workplace reconditioning program improves the return to duty prospects, while also optimising the return to work processes for injured police officers. icare Self Insurance has co funded the pilot of this program along with NSW Police and EML.

## appendix 12

### board and committee meetings

For the period 1 September 2015 – 30 June 2016, the Dust Diseases Board meetings held and attendance by members were:

Member	Dust Diseases Board	
	Held	Attended
Gavin Bell (Chair)	2	2
Shay Deguara	2	2
Brain Eichhorn	2	2
Ryan Hoy	2	2
Sylvia Kidziak	2	2
Kate Minter	2	2
Ray Petty	2	2
Steve Robinson	2	1
Barry Robson	2	2
Rod Smith	2	2
Nico Van Zandwijk	2	1

For the period 1 July – 31 August 2015, the Dust Diseases Board meetings held and attendance by members were:

Member	Workers Compensation (Dust Diseases) Board <sup>1</sup>	
	Held	Attended
Vivek Bhatia (Chair)	2	2
Sylvia Kidziak	2	1
Brian Eichhorn	2	1
Ray Petty	2	2
Rita Mallia	2	1
Dave Henry	2	2
Paul Noack	2	2

For the period 1 July – 31 August 2015, the Safety, Return to Work Board meetings held and attendance by members were:

Member	SRWS Board <sup>1</sup>	
	Held	Attended
Michael Carapiet (Chair)	2	2
Raymond Whitten (Deputy Chair)	2	2
Gavin Bell	2	2
Vivek Bhatia	2	2
Peeyush Gupta	2	2
Mark Lennon	2	2
Elizabeth Carr	2	2

1. This Board was abolished on the commencement of the SICG Act on 1 September

## appendix 13

# internal audit & risk management statement

### Internal Audit and Risk Management Attestation Statement for the 2015–16 Financial Year for Insurance and Care NSW

We, Michael Carapiet, Chair Insurance and Care NSW and Vivek Bhatia, Chief Executive Officer, Insurance and Care NSW are of the opinion that Insurance and Care NSW has internal audit and risk management processes in operation that are compliant with the eight (8) core requirements set out in the Internal Audit and Risk Management Policy for the NSW Public Sector, specifically:

#### Core Requirements

##### Risk Management Framework

- |  |           |
|--|-----------|
| 1.1 The agency head is ultimately responsible and accountable for risk management in the agency  | Compliant |
| 1.2 A risk management framework that is appropriate to the agency has been established and maintained and the framework is consistent with AS/NZS ISO 31000:2009 | Compliant |

##### Internal Audit

- |  |           |
|--|-----------|
| 2.1 An internal audit function has been established and maintained   | Compliant |
| 2.2 The operation of the internal audit function is consistent with the International Standards for the Professional Practice of Internal Auditing | Compliant |
| 2.3 The agency has an Internal Audit Charter that is consistent with the content of the 'model charter'  | Compliant |

##### Audit and Risk Committee


- |   |           |
|---|-----------|
| 3.1 An independent Audit and Risk Committee with appropriate expertise has been established   | Compliant |
| 3.2 The Audit and Risk Committee is an advisory committee providing assistance to the agency head on the agency's governance processes, risk management and control frameworks, and its external accountability obligations | Compliant |
| 3.3 The Audit and Risk Committee has a Charter that is consistent with the content of the 'model charter'   | Compliant |


#### Membership

The chair and members of the Risk, Compliance and Audit Committee are:

- Independent Chair, David Plumb. Term: 12 October 2015 – 11 October 2018.
- Independent Member, Elizabeth Carr. Term: 12 October 2015 – 11 October 2018.
- Independent Member, Mark Lennon. Term: 12 October 2015 – 11 October 2018.
- Independent Member, Lisa McIntyre. Term: 12 October 2015 – 11 October 2018.

In accordance with a resolution of the Governing Board of the Statutory Body:

  
 Chair  
 Insurance and Care NSW

  
 Chief Executive Officer  
 Insurance and Care NSW

Date: 29 August 2016

Contact Officer: Gavin Pearce, Chief Risk Officer, Insurance and Care NSW, 321 Kent St, NSW, 2000.

## appendix 14

# digital information security attestation statement

As a NSW Government Public Financial Enterprise, Insurance and Care NSW (icare) has chosen to make an attestation consistent with the NSW Government's Digital Information Security Policy.

Across the financial year 2015-16 icare relied on information technology systems provided by the Department of Finance, Services and Innovation. icare is investing in new information technology systems that will allow icare to implement and sustain the cyber security capabilities that are expected of an Australian general insurer, a NSW government agency and by our customers.

### Attestation

I, Vivek Bhatia, Chief Executive Officer, am of the opinion that icare had an Information Security Management System in place during the 2015-16 financial year that is consistent with the relevant core requirements of the NSW Government's Digital Information Security Policy.

Across the 2015-16 financial year, icare used information technology systems supplied by:

- Safety, Return to Work and Support (now Department of Finance, Service and Innovation), who are compliant via their independent ISMS attestation in accordance with the NSW Government's Digital Information Security Policy;
- GovConnect, who are compliant via Department of Finance, Service and Innovation's independent ISMS attestation in accordance with the NSW Government's Digital Information Security Policy.

The controls in place to mitigate identified risks to the digital information and information technology systems of icare have been adequate and, due to significant structural change and the technology capabilities being introduced, will be updated during the 2016-17 financial year.

New information technology systems supporting icare's core business are in the process of being built and will obtain compliance with ISO 27001 Information technology - Security techniques - Information security management systems - Requirements. Delivery of these information technology systems will happen progressively across 2017 and 2018, with the first systems anticipated to be certified by June 2017.

Yours sincerely



**Vivek Bhatia**

Chief Executive Officer & Managing Director



## appendix 15

### publication notes

A copy of the icare Annual Report 2015-16 can be downloaded from the icare website, at [icare.nsw.gov.au](http://icare.nsw.gov.au). This report has been produced in-house by icare. The estimated external cost of the 2015-16 Annual Report is \$6,977.30.

The estimated external cost of typesetting the 2015-16 Financial Statements is \$11,110.00.

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**Insurance and Care NSW (icare)**

**October 2016**

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The icare 2015–16 Annual Report has been prepared in accordance with the *Annual Reports (Statutory Bodies) Act 1984*.

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