



Insurance and Care NSW

Annual Report 2019-20



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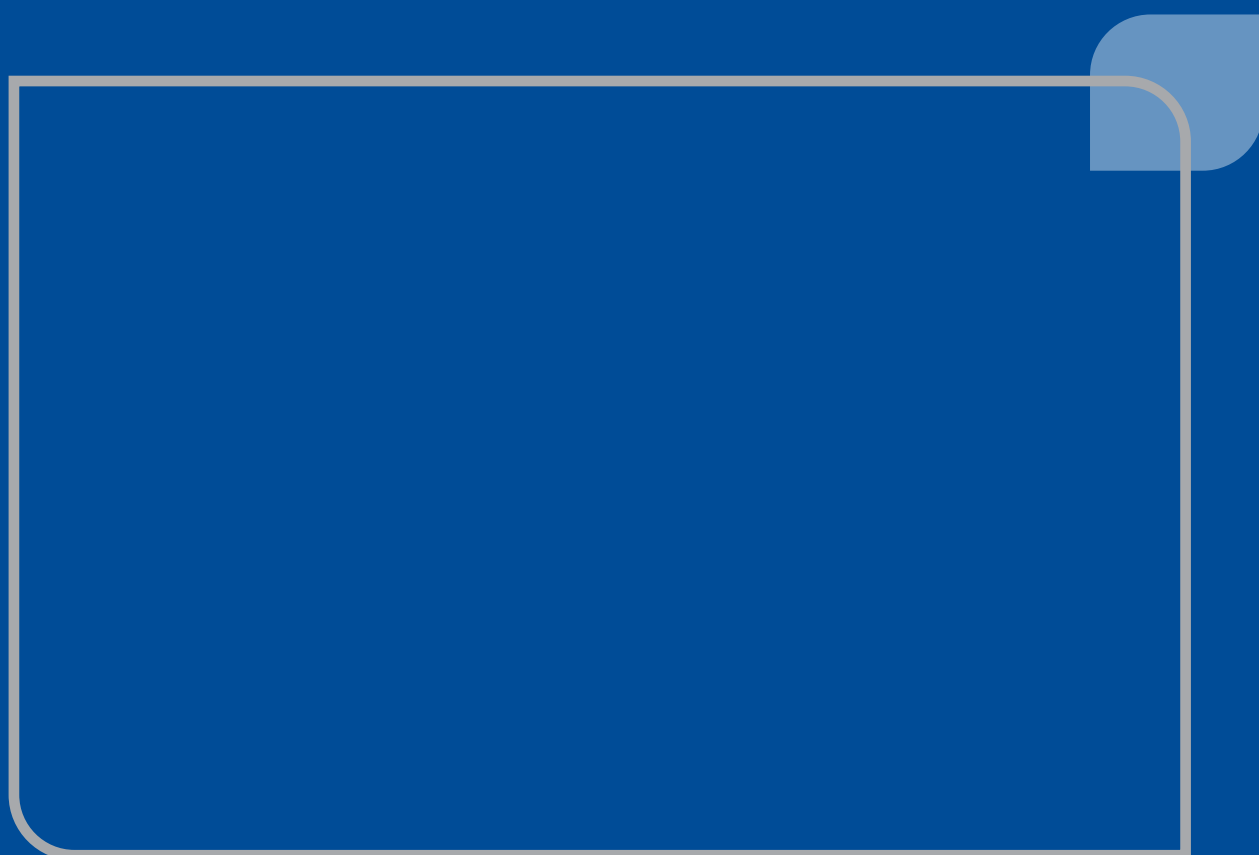
Cover image: John Marshall, Lifetime Care participant and icare Paralympian Speaker

The icare Paralympian Speaker Program is run in partnership with Paralympics Australia and provides icare customers free-of-charge speaking engagements with Paralympians who have been affected by a workplace injury.

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Letter to the Treasurer

27 November 2020

The Hon. Dominic Perrottet MP

Treasurer
Parliament House
Macquarie Street
SYDNEY NSW 2000

Report on icare's performance for the year ended 30 June 2020

Dear Treasurer,

Following an unprecedented year which has presented numerous challenges on a global and local scale, we submit the FY2019-20 Insurance and Care NSW (icare) Annual Report to be tabled in Parliament. This volume reports on the operations and performance of icare and its related entities. An additional volume with the full financial statements for the period 1 July 2019 to 30 June 2020 is also attached.

Our Annual Report FY2019-20 was prepared according to the *Annual Reports (Statutory Bodies) Act 1984* and reporting requirements issued by the NSW Treasury. The financial statements contained in the Annual Report were certified by the Auditor-General.

The icare Chair changed over during the signing off process of the report. As such a current member of the Board, who has been consistently involved in the development of Annual Report, is co-signatory of this letter of submission.

Yours sincerely,



David Plumb
Non-Executive Director



Don Ferguson
Interim Chief Executive Officer
and Managing Director

Message from the Chair

Despite the impacts of significant and unforeseen events during FY2019–20, we remain focussed on why icare was created—to support injured workers, severely injured road users, homeowners, government agencies and businesses in all their moments that matter.

And while these events have tested all of us, our strategic intent and resolve remains intact.

An extraordinary year

While it has been a year like no other for the people and businesses of New South Wales (NSW), we acknowledge the additional challenges we've encountered, and we have stayed true to our goal of transforming insurance and care for NSW. We accept that icare has not always got things right. In December 2019, we received the independent report of the Compliance and Performance Review of the Nominal Insurer (the "Dore Report") from the State Insurance Regulatory Authority (SIRA). This report highlighted areas that we need to improve. We've taken these recommendations on board, some of which we were already working on. Transparency, process and service delivery remain areas of priority.

Subsequent to FY2019-20 icare has been subject to ongoing NSW Parliamentary and media scrutiny. Integrity has been at the heart of their criticism and whilst it is disappointing to see what has been presented, we welcome the NSW Treasurer's announcement that a five-year review of icare and the workers compensation schemes will be brought forward and expanded. This review will be led by retired Supreme Court Judge Robert McDougall. The icare Board has established a new Committee on Corporate Governance and its first task is to respond to the issues raised around the adequacy and operation of icare's governance policies and structures. We continue to take necessary action to improve our performance and outcomes for customers.

Post the end of financial year, our Chief Executive Officer and Managing Director John Nagle resigned. I thank John and wish him well. Don Ferguson stepped in as Interim CEO and Managing Director. Mr Ferguson brings over 25 years of experience across personal injury and disability in government and non-government sectors, including as a Director of MS Limited and leading the Lifetime Care and Support Authority of NSW. He comes from the Care side of icare and introduced the Workers Care program that provides seriously injured workers the same levels of support given to those injured in motor vehicle accidents.

I also thank Mr Mark Lennon and Mr Gavin Bell (Deputy Chair of icare) who have both left the icare Board. I wish them all the best in their future endeavours.



Michael Carapiet, Chair

Maintaining financial health

The unique challenges faced during this extraordinary year have been immense, testing the resilience of all the NSW communities we serve. The devastating bushfires and floods that swept across the state left many homeless and vulnerable. Then, the COVID-19 pandemic emerged with significant ongoing health and economic impacts. We expect that each will leave a distinct mark on our state, our nation and the globe. The emotional, environmental and financial effects of these events may be felt for years to come.

A key role of the Board is to ensure long-term financial sustainability. icare is not immune to external financial pressures and while some of our schemes are backed by the NSW Government, we are not a fully funded agency and our 'commercial mind, social heart' ethos underpins how we operate. We are in a position to ride out the economic downturn and remain in line with risk and return parameters.

The bushfires and the COVID-19 pandemic along with historic child abuse claims have led to NSW Government agencies experiencing significantly larger claims costs than usual. As such, \$2 billion was transferred from NSW Treasury to the Treasury Managed Fund (TMF). The TMF operates in such a way that it returns surplus funds to Treasury in years where agency claims are lower than expected, and receives funds from Treasury when claims are higher than expected, as was the case this year.

Parliament passed new legislation improving benefits for injured workers impacted by the pandemic, which will have an added cost to some of our schemes.

We have worked hard to keep our financials in balance. However, this year significant one-off events have impacted our different schemes. The cost of the COVID-19 pandemic across all our schemes is \$2.7 billion. The long-term effects of COVID-19 on our future business results (and on the results for the State of NSW), can only be estimated at this stage. We are working closely with other NSW Government agencies to ensure alignment and a collective response to the pandemic.



Operating results across our major schemes for FY2019-20 are as follows:

	NI	TMF	LTCS	DDC	HBCF
Net Result (\$m) Profit / (Loss)	(1,894)	(775)	(877)	--	(109)

Aware of our responsibility to help stimulate the NSW economy, planned premium increases were postponed, maintaining the workers compensation premiums at 1.4 per cent of base-average wages for the seventh consecutive financial year, and at the lowest levels in 33 years. We also paused premium payments for customers facing financial hardship from COVID-19 impacts. Supporting the state of NSW in its recovery from the recent disasters comes at a cost to the schemes that icare administers, but it's the right thing to do.

Strengthening bonds

A strong and productive working relationship with SIRA is paramount.

Our appointment of an independent Customer Advocate coincided with SIRA's December 2019 report and gives our customers another channel to provide feedback. Along with our customer experience measurement surveys, these mechanisms are invaluable, and we have made improvements in direct response to what our customers have told us. We take guidance on how our improvements are received through our most recent Net Promoter Score (NPS) for June 2020, with injured worker feedback at positive 23, up from negative three at the same time last year, and for employers it was positive eight, up from negative 29 at the same time last year.

Towards the future

The year ahead will test us again, but we will approach it with courage and determination. We remain cognisant of the challenges our communities face through the continuing pandemic, and stand poised to support them if more unexpected situations arise. By working cooperatively with our customers, stakeholders, and our partners, we are confident that we will emerge from these difficult times successfully. Through it all, our purpose and our vision remain clear—guiding us as we continue to transform insurance and care for NSW.

As this is my final report given my retirement on 25 September 2020, I wish to extend my gratitude for being provided the opportunity to contribute and serve alongside my fellow directors and thank them for their guidance, commitment, and care in advancing this essential organisation. I also welcome incoming Chair, John Robertson, who will oversee icare's next phase and I wish him well in this endeavour. I extend particular thanks to the Honourable Dominic Perrottet, NSW Treasurer, for his continuing support of icare.

Lastly, I wish to thank icare employees for their ongoing dedication and contribution. Our people shape our culture and bring to life our organisational values of integrity, courage, accountability, respect and empathy. I know their focus is firmly on our goals and they will continue to serve injured workers and employers with a commercial mind and social heart amidst these extraordinary times.



Michael Carapiet
Chair

Message from the Interim CEO

FY2019-20 has been an unprecedented year for icare. We, like other organisations across Australia, navigated our way through the uncertainties of the COVID-19 pandemic and the devastating bushfires, whilst remaining firmly focussed on our core purpose—to deliver insurance and care to the workers, businesses and government agencies of NSW.

We also acknowledge feedback about the performance of the workers compensation scheme and see this as an opportunity to address concerns and improve. Our dedicated team continues to work hard every day as we make operational and financial improvements that strengthen our position as the state's social insurer and help people get back to work and life after injury.

Listening to our stakeholders, partners and customers

While our intentions have been in the right place, icare hasn't always got things right from a process, delivery and transparency perspective. We've listened and will continue to listen to feedback and make improvements in areas where we aren't doing well enough. And we'll engage our stakeholders as we develop a clear plan to deliver on this.

Meeting the compliance requirements of our regulatory stakeholders is a clear mandate. We continue to work through the action plan from the Dore Report as well as implement the recommendations from the Customer Advocate's first report. These are aimed at improving our premium and claims management, customer engagement and governance.



Don Ferguson, Interim Chief Executive Officer and Managing Director

We saw some improvement in return to work (RTW) rates during the year but more needs to be done and this will be a focus in the year ahead. From FY2020-21 icare is aligning with the State Insurance Regulatory Authority's (SIRA) RTW calculation methodology. More information can be found on page 51. We have also been working with John Trowbridge, an actuarial expert, to investigate how return to work measurements can be improved to more accurately reflect actual return to work.

We also took another step towards giving employers greater choice with the launch of the Authorised Provider (AP) model. Intended to meet the needs of our large employers by giving them a choice of claims service provider, we introduced Allianz, GIO and QBE to the panel, whilst ensuring our new claims model and enabling technologies are used by our partners.

This year also marked 30 years of the Treasury Managed Fund (TMF). For three decades the TMF has been working in the background to ensure NSW has the resources to get back to business. We're proud of our role as stewards of the fund, and during the year introduced a new pricing framework for the TMF that reduces price volatility and administration while increasing transparency and understanding of the process.

Our care services continue to evolve, with our Lung Bus visiting workplaces across NSW raising awareness about safe work practices and helping employers meet their health monitoring obligations. Our dedicated lung screening clinic in the Sydney CBD screened 901 workers, including our Dust Diseases Care (DDC) customers. Both ceased temporarily during the pandemic but resumed operation from 1 July 2020 with COVID-19 safety measures in place.

We are leading the coordinated response to the Parliament of NSW Legislative Council's Standing Committee on Law and Justice review of the Dust Diseases Scheme with a focus on silicosis. Our partnership with other NSW Government agencies such as SIRA and SafeWork NSW continues as we address the recommendations that include raising public awareness, identifying high-risk workplaces and offering subsidised lung screening services.



Our support continues

Despite the uncertain economic conditions, icare's careful planning, financial health and long-term focus enabled us to keep all our essential services running effectively during the shutdown from March through June so we could continue to assist injured workers and businesses then, and into the future. Since inception, we have delivered \$1 billion in claims and operating efficiencies which, in part, has resulted in \$1.6 billion in premium reductions to our customers. This year we put premium rate changes on hold, leading to stable premiums for a seventh consecutive year. For our NSW Government agencies not funded by NSW Treasury, we offered the option to pay their contributions in instalments and our Insurance for NSW team has continued to guide and support our government agency customers.

As the fires ravaged the state, we mobilised our Bushfire Response—Mobile Service Delivery Team. They travelled over 5,500 kilometres and visited 21 locations in a few short weeks where they assisted customers with claims, provided emotional support, heard harrowing bushfire tales and saw first-hand what had been lost. We helped over 120 bushfire-affected customers manage their premium payments and we collaborated with the Rural Fire Service (RFS) to identify our Lifetime Care and Workers Care participants at risk from the fires, offering urgent assistance to safeguard their wellbeing. We provided a generator for a customer on life support to overcome the risks posed by power outages and closed roads. Our Lung Bus was onsite testing community members for the impacts of the smoke on their health.

As the COVID-19 pandemic unfolded our goal was to ensure support for customers continued uninterrupted. We assisted more than 24,475 impacted customers, where changes in their workforce required changes in their premiums, 20,076 of which had their premiums adjusted lower. These premium changes were also applied to their FY2020-21 policy renewals, with no adjustment for inflation. We put premium payments on hold for our customers experiencing financial hardship, as well as delaying premium changes. These measures collectively helped struggling businesses save more than \$420 million.

Our Research Team developed evidence-based fact sheets to help affected customers access services and guide them through this difficult time. To prepare businesses for a safe return to the workplace, we developed COVID-19 Recovery Employer Toolkits. These toolkits assist employers to identify operational needs and provide protective strategies for the short-and long-term. We also revised our Social Connections Toolkit and provided tips and online resources to support the mental health of employees working from home.

In response to rising customer aggression towards retail and frontline personnel, we expanded our Respect & Resilience initiative by commencing a community awareness campaign encouraging community members to show essential workers respect. Risk Education eXpress (REX), our learning program for NSW Government agencies, transitioned its full curriculum online with an emphasis on mental health and resilience training, to counter social distancing impediments and ensure our support continued for frontline workers who protect the people and assets of our state.



Looking ahead

The effects of the COVID-19 pandemic will continue to impact the people and businesses we serve for many years to come. We remain committed to ensuring our customers receive the right support, at the right time.

We aim to better demonstrate our commitment to delivery, accountability, transparency and working effectively with our stakeholders. We'll keep listening to feedback and take steps to correct our course and actions as needed.

Our stewardship of all our schemes has kept us in reasonable financial health so we can meet the challenges ahead, and our dedication and deep commitment to supporting our customers is unwavering.

Our values continue to guide how we work to provide fair and more sustainable outcomes to our customers. We are also driven to improve and refine our ways of working, to better support our people and provide an inclusive workplace that encourages collaboration, diversity, teamwork and accountability. This is a key focus for leaders and their teams across icare, as is working effectively with our stakeholders, partners and customers to deliver support for the people of NSW, both now and into the future.


Don Ferguson

Interim Chief Executive Officer
and Managing Director



icare at a glance

By providing services to customers of the NSW Government's insurance and care schemes, icare protects, insures and cares for the people, assets and businesses who make this state great.



While we function as an insurance company, we're a bit different.

Icare was formed to deliver improved and sustainable return to work (RTW) outcomes for injured workers and employers, deliver ongoing financial savings to our customers and the NSW Government, while ensuring financial sustainability of all our schemes. Our focus isn't on profit, instead we strive to go above and beyond to deliver better outcomes for customers, and social value for the broader NSW community.

The two key elements of our DNA—commercial mind, social heart—are at the core of everything we do, guiding our purpose and vision. This core drives us to continue to enhance customer experiences and outcomes while safeguarding the state's insurance schemes so we are financially sustainable for the long haul. We are committed to being there for our customers when they need us most now, and into the future.

Our customers include over three million NSW workers and more than 328,000 employers, including 202 NSW Government agencies. We care for 1,585 Lifetime Care and 346 Workers Care participants, as well as 5,790 people with a dust disease and their dependants. We also support homeowners who have been left with incomplete or defective works and protect more than \$228 billion of NSW Government-owned assets, from the Sydney Opera House and Harbour Bridge, to public schools and hospitals.

Our purpose

The reason we're here. We protect, insure and care for the people, businesses and assets that make NSW great.

Our vision for the future

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

Our values

Integrity
Courage
Accountability
Respect
Empathy

Our DNA



**COMMERCIAL MIND
SOCIAL HEART**

Our story began in 2015 and ever since we have been committed to delivering empathetic experiences and fair outcomes for the people and businesses we serve, and the communities we protect. We've shifted from a process-driven, adversarial model to one that gives our customers the support they need when they need it, and ensures their voice is heard throughout the process.

We have also committed to continual improvement and are working to uplift operational efficiency, drive financial performance and ensure effective governance and risk management. This commitment complements our need to deliver for our customers and support them through these unprecedented times.

Delivering value and affordability

We've made progress in delivering value and affordability by focussing on customer value, risk advisory and scheme sustainability. As our operation has matured and we've sharpened our performance management, we have strengthened the foundations upon which we deliver customer outcomes.

Our employer and government agency customers are operating on simplified platforms and processes that are now easier to use. Collaborating with our customers has led to improvements in claims management, product and pricing processes, and expense management. We have actively engaged industries and agencies to better align our service delivery to suit our customers' business or industry.

We've defined our loss and injury prevention strategy and employers are actively participating in our injury prevention programs. We have also been engaging with them on topics such as customer abuse and violence, social connectivity in the workplace, mental health and climate change.

Improving injury outcomes

We've equipped large employers with a choice of claims service providers. Our injured workers receive better and more consistent support because we have been investing in improving our services. These include uplifts in case management services, operational and competency improvements to our core system, and our new contracts with providers. Our customers continue to provide us with valuable feedback through our engagement channels that inform improvements to our services.

The changing needs of our employers and injured workers are being responded to by our newly established case management expectations, which we have shared with our customers. We continue to build on our culture of proactive support and intervention that is focussed on improving outcomes for injured workers rather than focussing on measures of impairment.

We have also delivered changes that arose from the 2018 legislation reforms, including implementing the new way to determine pre-injury average weekly earnings (PIAWE). These changes required training for our staff across both workers insurance schemes. In 2019, icare initiated a review of a sample of claim files to understand whether PIAWE had been determined correctly based on the information available by insurers since its implementation in the 2012 legislation. We wanted to ensure injured workers were paid in accordance with their entitlements under the legislation and regulations. This review found incorrect payments had been made for some workers and we have commenced a remediation program to correct the payments. Our data indicates less than five per cent of workers may have been impacted. See page 53 for more details.



Enhance quality of life outcomes

We've continued to move towards a more aligned Care service model that provides valued support based on customer needs and injury requirements. We know when a person is injured, moments matter and personal empowerment through quality engagement is key. As our customer cohort has grown and evolved, so have we, to ensure our model provides consistent quality and delivery of participant services by leveraging a spectrum of providers and covering multiple geographies across all Care schemes. Providing our Care participants support that meets their varied needs is a key focus.

Continuous improvement is embedded in our day-to-day operations, which means we'll continue to strive to deliver improved services for our customers and the people of NSW while ensuring operational excellence and long-term financial sustainability.

Mental Health Strategy

Since 2016, the number of primary mental health claims have been increasing by 13 per cent per annum on average across the Nominal Insurer (NI) and Treasury Managed Fund (TMF) schemes. Changing workplace environments have contributed to these increases.

To address this increase and the different approaches needed to ensure good outcomes for these claims, we developed a three-year strategy that intends to provide a unified direction and set of principles for both our workers compensation schemes.

The strategy identified five key priority areas and associated initiatives:

- Improve the claims management process, with a focus on proactive management segmented by claim complexity.
- Deliver leading practice care early enough to positively influence recovery.
- Lift internal capability to deliver.
- Engage to support, educate and influence.
- Build a data foundation that enables information sharing, performance reporting and ongoing process improvement.

We began putting some of the strategic initiatives into action during FY2019-20 including:

- Running a pilot program with the Medical Support Panel (MSP) to assist case managers working with injured workers in the TMF by providing recommendations or alternative treatment pathways to guide better outcomes in mental health claims.
- A pilot of the use of restorative mediation that is investigating both traditional rehabilitation services and non-traditional mediation for mental health claims. The pilot is being conducted in collaboration with researchers from Griffith University.
- Implementing a multi-disciplined assessment model to support timely decision making on clinically or legally complicated claims (including interpretation of S11A).
- Launching claim pathway information for customers to help with better understanding of the process.

Some initiatives were delayed due to the impact of the COVID-19 pandemic however, these initiatives will commence in FY2020-21, or when conditions allow.



Supporting our customers in an extraordinary year

icare was built to endure the year we've had—floods, bushfires and a one-in-one-hundred year pandemic, COVID-19.

In a year like no other, we dedicated ourselves to listening to our customers' needs. We heard their calls for support as the devastating fires, floods and the COVID-19 pandemic unfolded. These challenges were not unique to icare customers and they deeply impacted our state, country and international communities.

We maintained acute awareness of these events and their implications for our customers and we put proactive strategies in place across all our schemes to alleviate the impacts where we could.

With the Australian summer came vicious and deadly bushfires. Our icare team mobilised to provide support and care for our customers and communities left homeless and vulnerable.

Bushfires



How we helped:

- Assisted 120 bushfire-affected customers manage their premium.
- Bushfire Response—Mobile Service Delivery Team travelled over 5,500 kilometres and visited 21 fire-affected locations in seven weeks.
- Lung Bus travelled to bushfire affected areas conducting onsite testing for the impacts of smoke on health.
- Collaborated with Rural Fire Service (RFS) to identify Lifetime Care participants in close proximity to the spreading fires.
- Developed factsheets for icare staff, employers, and individuals, to help people access services and look after themselves.
- 25 Lifetime Care and Workers Care customers were directly impacted by the fires and we offered urgent assistance to safeguard their wellbeing, including help with evacuating their homes and finding temporary accommodation.
- As at 30 June 2020, accumulated bushfire losses of NSW Government agency property is estimated to be \$508 million.
- Supported injured workers including 96 NSW Government workers and 338 volunteers.



COVID-19



How we helped:

- Reduced the premium burden on the businesses of NSW by putting premium rate changes on hold, leading to stable premiums for a seventh consecutive year.
- Helped 24,475 customers declare adjusted wages resulting in reduced premiums for 20,076 customers.
- \$47 million in premium payments were put on hold for customers experiencing financial hardship.
- Handled 8,800 phone calls from customers enquiring about premium support from March to the end of June.
- Supported and monitored the continuation of claims activity, such as referral to workplace rehabilitation providers and claims strategy reviews.
- Formed a team of specialist case managers and legal experts to help manage workers compensation claims for COVID-19 related illness.
- Developed COVID-19 Recovery Employer Toolkits and undertook a literature review of previous pandemics and epidemics, to support employers and employees through the crisis.
- Invested in the first stage of Monash University's COVID-19 Work and Health Study, which tracks the outcomes of Australians who have lost work during the COVID-19 pandemic. Insights from the study will outline changes in the way people work, what these mean for work health and safety, and factors that support return to work.
- The Mobile Engagement Team (MET) and Risk Education eXpress (REX) both pivoted to 100 per cent virtual engagements, adapted to customer needs including building resilience and maintaining mental health, managing remote teams and customer aggression.
- Offered NSW Government agencies not funded by Treasury payment plans for their contributions.
- Developed checklists, facts sheets and webinars to help our customers keep their people safe and manage risk as ways of working across Australia and the world changed.

- We supported workers recovery by addressing immediate regulatory issues such as access to telehealth and certificates of capacity.
- The scheme workforce moved to remote working arrangements with minimal disruption in service delivery.
- As at June 30 2020, we have paid over \$343 million of COVID-19 related claims to NSW Government agencies.
- Organised alternative accommodation for Lifetime Care (LTC) participants who were discharged early from spinal injury units due to COVID-19.
- Developed guidelines and advice for service providers supporting telehealth services, and;
- We have worked closely with our service providers to ensure our LTC participants continued to receive essential care.

The COVID-19 pandemic has, and will continue to impact the people and businesses we serve and the wider community for many years to come. While our operational reality has changed, we remain focussed on our customers to ensure they receive support aimed at delivering the right outcomes.

To guide our decision-making we've developed a set of principles. These stipulate that we will:

- Continue to deliver positive outcomes to our customers.
- Make equitable and fair decisions in difficult situations.
- Ensure our immediate and short-term decisions are aligned with our longer-term strategic direction, as we continue to understand the implications of the COVID-19 pandemic.

Case studies

Specialist team continues support of workers through the COVID-19 pandemic

As the pandemic hit Australian shores, icare formed a team of specialist case managers and legal experts to assist workers who have contracted COVID-19 at work. This team manages COVID-19 claims on behalf of the Nominal Insurer.



“In the first couple of days we had one claim each but then there was a spike to around eight each per day. This was when the government started the lockdown and the mandatory 14-day quarantine rules for overseas travellers came in to play.” said Terri

Terri, Case Management Specialist at icare



Tracing clients' movements was critical to ensure all the required medical evidence to support a claim was available and could be used to work with employers and health authorities to confirm the source of the infection. icare's Legal Team also ensured technical legislation¹ was understood and relayed to clients in plain English. The team will continue working into the foreseeable future or until there are no new claims.

The team's learnings have also helped us provide more information to injured workers and employers on both prevention and the recovery process.

1. On 24 July 2020, the *Workers Compensation Amendment (Consequential COVID-19 Matters) Regulation 2020* commenced to support recent legislation that introduced a presumption for some COVID-19 affected workers. The presumption means that workers in prescribed employment who have a positive COVID-19 diagnosis are automatically presumed to have contracted the disease in the course of their employment. The presumption may be rebutted if it can be established that the contraction of COVID-19 is not related to work or employment.

Going above and beyond is all in a day's work for Roxy

Case Manager, Roxy, handles 25 customers who are seriously injured volunteers from the RFS, the State Emergency Service (SES) and where no insured employer can be found, all of whom have high-end needs.

Early on, Roxy realised that face-to-face meetings with her clients would make a big difference and once she started doing it, she saw dramatic changes in the nature of her relationships with the people she helps. But the COVID-19 pandemic lockdown stopped this.

Fortunately, Roxy had also built strong relationships with occupational therapists, doctors and other allied health care workers who provide advice and assistance with managing the support for injured people. These relationships have been crucial for Roxy and her customers during the pandemic when travel is no longer possible.

“

“Some of my clients face enormous challenges and in the current climate, it's just so good to have people on the ground that I know I can rely on,” Roxy said.

Roxy, Case Manager at icare

”

Fires no barrier for care

As the fires burned across the state, a number of our most vulnerable customers were forced from their homes. Roads had been closed and there were power outages across the region. One customer, whom we placed in temporary accommodation while the fires raged near his property, required a generator to power his necessary medical equipment before he could return home.

We were able to locate a generator and deliver it by truck as roads began to reopen. Meanwhile, our Care staff member from the Home Modifications Team made ready the customer's property laying pavers and building a shed to house the generator. This ensured our customer had power until repairs to the power lines were completed, and is now also ready for any future emergencies.



Visiting affected communities

Over seven weeks of the summer period, the icare Bushfire Response—Mobile Service Delivery Team met with our customers and communities in the NSW South Coast to listen, engage, and assist with claims and policies. The team provided information on premiums, claims, caring, and managing trauma in the workplace and community, and on how employers can take care of themselves. Customers were also able to conduct free lung screenings on the spot, a service which we also extended to members of the RFS and the SES.

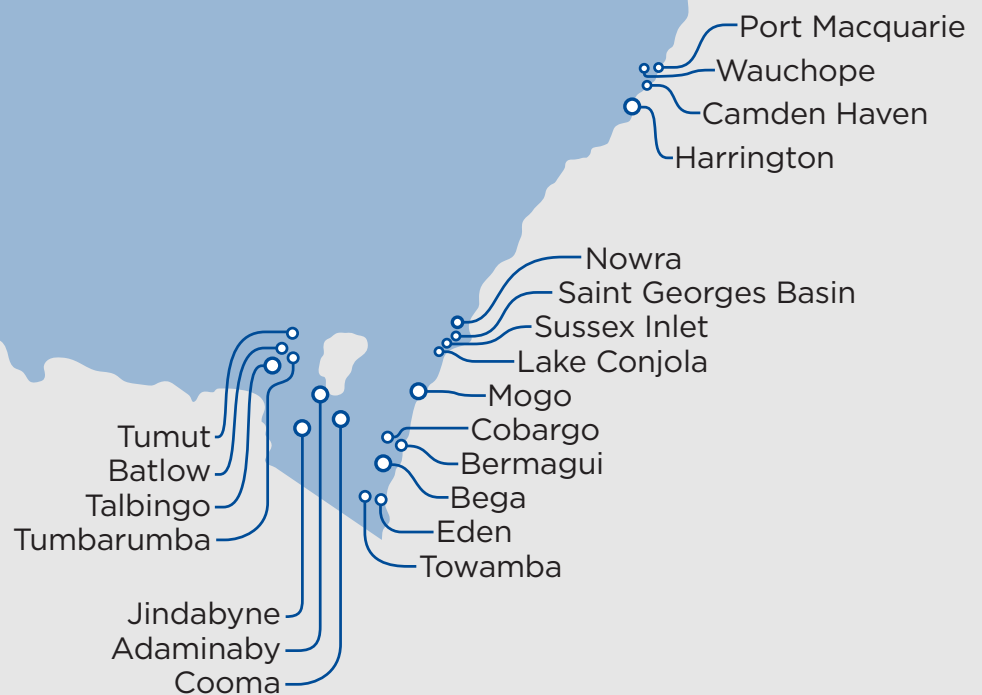
We collaborated with other emergency and community response services at recovery centres, shopping malls and community meetings, and visited local businesses to drop off information.

Key facts



5,500km

covered in seven weeks, visiting 21 locations:





Enterprise Performance

In an extraordinary year, our focus on long-term sustainable financial health means we can continue our support for our customers in the moments that matter.

Like most organisations in Australia and worldwide, icare has been impacted by the significant, unforeseen and tragic events of the bushfires and floods in 2019 and 2020, as well as the COVID-19 pandemic of 2020. While the impacts of the pandemic are far reaching for individuals and businesses, our schemes are long-term in nature, meaning that their ongoing financial health is reasonable and can be further strengthened over time. This is a critical focus area for us.

We are well-positioned to emerge from the pandemic successfully and our support for the people and businesses of NSW continues. To ensure our schemes remain viable we concentrate on four primary levers for financial performance—investments, premiums, claims management and operating expenses. We have developed strategies across all four levers to maintain long-term financial sustainability.

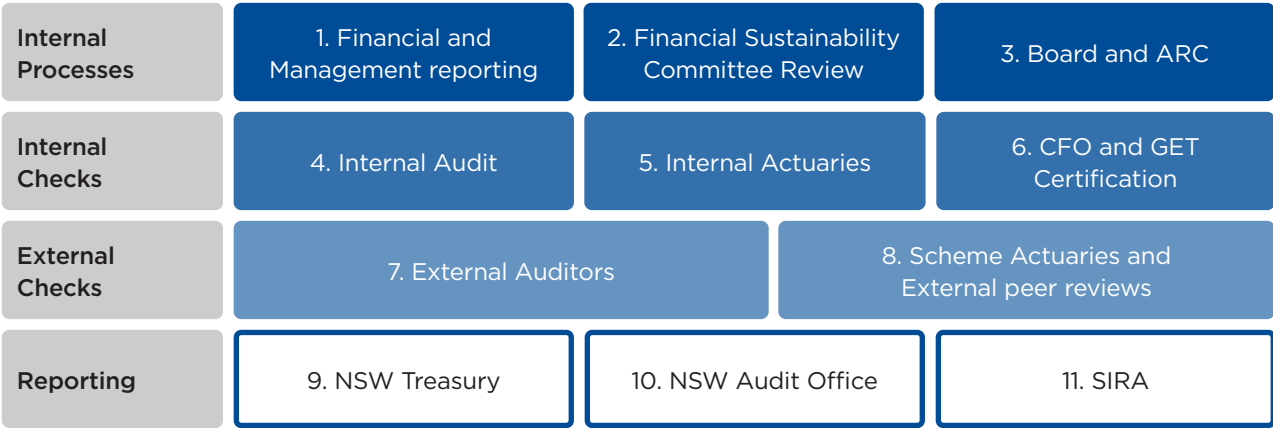
Even through these difficult times that have brought about significant market volatility, all icare investment portfolios produced modest positive returns over FY2019-20. Our investment management and governance remain strong and we are confident of our sustainability with a view to the long-term. Our financial strength means we do not need to crystallise the losses arising through recent investment market volatility and we are well positioned to take advantage of future recovery in these markets.

Other major contributors to our FY2019-20 financial results are claims from the bushfires, claims relating to the COVID-19 pandemic, rising medical and attendant care costs (specifically for our severely injured and most vulnerable customers with catastrophic injuries), and increased incidence of psychological claims.

icare was established to improve our customers’ experiences and outcomes, and to deliver financial benefits. Since inception, we have delivered \$1 billion in claims and operating efficiencies, which in part, has enabled us to deliver \$1.6 billion in premium reductions to our customers.

Integrity in our financial reporting

There are multiple layers of financial control and governance for our insurance schemes, as outlined in the diagram below:



icare works closely with external experts, including scheme actuaries and our external auditor, to review and assess our financial performance. Our external scheme actuaries, Finity and PricewaterhouseCoopers (PwC), value the claims liabilities for icare’s schemes to relevant accounting standards. The valuations include a full review of all assumptions underlying the estimates.

The valuations for NI and TMF, done by Finity, are peer reviewed by PwC Actuaries. In addition, the NSW Audit Office audits the icare accounts and as part of this reviews the scheme valuations each year. The Audit Office is supported by actuaries from Ernst & Young (EY).

The actuaries at icare, Finity, PwC and EY are bound by the Actuaries Institute’s code of conduct and professional standards.

icare employs an experienced Chief Actuary who internally reviews the actuarial models and key assumptions.

The Chief Actuary provides an APRA-compliant Financial Condition Report (FCR) to the icare Board and SIRA every year.

Representatives of the NSW Audit Office also attend all of the meetings of the Audit and Risk Committee of the icare Board. This committee met nine times in FY2019-20.

These audits and valuations ensure rigour in our reporting, and as such our financial results are both assessed and verified by these external parties. This is a key element of our due diligence and ensures integrity of our financial position and maintains our focus on long-term financial health. We are pleased to report that the Audit Office has provided an unqualified opinion of our annual accounts for the fifth year in a row.

COVID-19 and the scheme financial results

icare's FY2019-20 financial results have been significantly impacted by the COVID-19 pandemic. We estimate the negative impact on the net result of icare's schemes to be around \$2.7 billion.

It is important to note that the underlying performance of icare schemes this past year has been in line with expectations and so, without the pandemic, this report would be very different. We have taken a structured approach when assessing the impact of the COVID-19 pandemic on the performance of the major schemes, focussing on the material movements the pandemic has created, and we have carefully documented the assumptions underlying our COVID-19 analysis.

The biggest impacts of the pandemic across the icare schemes' financials are:

- The significant drop in investment markets over February and March, with some recovery from April through June. This ultimately reduced the market value of investment funds under management by approximately \$2.2 billion.
- Reduced premium income as a result of premium deferrals, cancellations, lower value of wages being insured, and increased premium debt write-off.
- Significant claims arising from business disruption and event cancellations for NSW Government, including Vivid, the Easter Show, and numerous sporting events at stadiums.
- Delayed medical treatment due to lockdown and impacts of the economic slowdown on return to work and claim outcomes for customers.

The COVID-19 pandemic impacts across each scheme are:

Scheme	Overall COVID-19 impacts on Net Result
Nominal Insurer	\$1.045 billion
Insurance for NSW Schemes	\$0.942 billion
Lifetime Care and Support Scheme	\$0.542 billion
Dust Diseases Care	\$0.086 billion
Home Builders Compensation Fund	\$0.126 billion
Total	\$2.741 billion

Note: icare has engaged Ernst & Young to perform agreed-upon procedures over the above numbers which include testing the clerical accuracy of calculations supporting the above numbers.

The COVID-19 pandemic significantly impacted the financial results of the NI in FY2019-20. Key drivers of the net loss of \$1.0 billion were:

- Investment fund performance was at a peak of 6.08 per cent on 19 February 2020 and fell to a low of -3.71 per cent on 23 March 2020 before recovering to finish FY2019-20 at 2.41 per cent. The defensive nature of the Workers Compensation Insurance Fund strategy set by the icare Board resulted in a fall of -6.78 per cent, whereas Australian and international equity markets suffered falls of over -30 per cent.
- Lower premiums due to lower wages (this was largely offset by lower claims).
- Higher unemployment outlook expected to impact Return to Work results.
- The need to include an additional risk margin due to uncertainty and investment market volatility.
- Increased bad and doubtful debts as a result of COVID-19 provisioning.

The financial performance of the schemes is driven by the four major levers of investments, premiums, claims, and operating expenses. We continue to execute strategies across all four levers to proactively manage our financial performance. The section below outlines the full impacts of COVID-19 across each of these levers.

Investments

The impact of the pandemic was significant on net investment income for icare schemes this past year.

February and March were particularly volatile months in the investment markets. Before the recovery between April and June, icare investments experienced a peak-to-trough plummet of \$5 billion.

Although all schemes ended in positive investment return territory over the full year, their returns were below what had been initially forecast at the beginning of the year. The pandemic contributed to a deterioration of total investment funds under management of \$2.2 billion from the peak of the market on 19 February 2020, to 30 June 2020.

Claims

A \$0.7 billion negative impact on claims incurred across icare schemes from the pandemic has resulted in an equivalent drop in the net result. This was largely driven by:

- Support to NSW Government for significant claims arising from business disruption, event cancellation and defence costs for public inquiries. Events cancelled included Vivid, the Easter Show and numerous sporting events at NSW Government stadiums.
- There has been an increase in liabilities due to the delay of medical treatment over the COVID-19 pandemic lockdown and impacts of the economic slowdown on return to work and claim outcomes for customers. We have further allowed for the uncertainty that the COVID-19 pandemic brings to future claims liabilities, following advice provided by independent scheme actuaries.
- A positive impact on icare's financial results is a 10 per cent reduction in the expected number of catastrophically injured participants entering the Lifetime Care and Support Scheme (LTCS) in the final quarter of FY2019-20. This has arisen through lower road usage leading to an expectation that there will be fewer accidents.

Operating expenses

The pandemic led to both increases and reductions in some of icare's operating expense categories. Overall, operating expenses increased by \$30 million across icare's schemes.

- The largest driver of increased operating expenses is the expectation that icare will face lower debt recovery, i.e. an increase in the doubtful debt provision for the NI. This is consistent with Federal Government changes to bankruptcy laws relating to collections and the pursuit of debts.
- Additional expense was incurred from the impairment of leasing assets as a result of decreased demand for commercial property in NSW.
- Additional funds were spent on unplanned technology. As people across NSW moved to remote working and social distancing, icare spent less on training, which provided a modest offset to the increased technology costs.

Premiums

Our customers - the people, businesses, injured workers and employers of NSW have suffered financially during COVID-19. We have been proud to have continued our support for the people of NSW and the economy - 2,827 policies worth \$46 million received a three-month payment deferral, and 46 policies worth \$1.27 million received a six-month payment deferral.

As businesses slowed or closed, policies were cancelled or reduced. The pandemic's net premium impact on the NI is a \$110 million reduction.

Long-term scheme financial strength and governance has always been one of our primary objectives

Our focus is on long-term strong financial health so we can confidently continue our support for our customers into the future. By employing a range of strategies across our four levers our financial performance is proactively managed within acceptable risk parameters, and we are continually fine tuning and evolving our operations to ensure long-term financial sustainability.

We measure and track the financial sustainability of our schemes in several ways, through strong governance and oversight, commitment to assurance and quality, asset and liability management, and through the funding ratio, and other metrics.

The funding ratio measures the ratio of scheme assets to scheme liabilities and we closely monitor this ratio as one measure of financial strength. For the NI and LTCS schemes, risk tolerance levels are set out in each scheme's capital management policy. Through prudent financial management and planning we ensure funding ratio trajectories remain consistent with the long-term target ranges and the risk appetite of each scheme. The Board is responsible for approving the capital management policy for each scheme, and this includes reviewing management's forward trajectory indications to ensure ratios remain within their long-term target ranges.

The NI funding ratio of 101 per cent at the 75 per cent Probability of Adequacy (PoA) is just above the minimum capital requirements of 100 per cent under the NI Capital Management Policy. The Board and management of icare have taken action under the Capital Management Policy to bring capital ratios back to within risk appetite. There are a range of possible levers to improve capital ratios including increasing premium/contribution rates, reducing costs, and regulatory changes. Some of these levers are outside of icare's control. The Board and management have reviewed actions to bring the entities back to the target operating zone of capital in line with the Capital Management Policy over the next seven years. The plan includes a review of investment strategies, claims and expense management, and a review of premium rates.

The LTCS Scheme funding ratio (excluding Motor Accidents Treatment and Care Benefits Fund) of 97 per cent is below the minimum capital requirements of 100 per cent under the LTCS capital management policy.

The liability underlying the funding ratio is discounted at the risk-free rate. A liability estimated at a six per cent discount rate based on our expected long-term investment return, and four per cent inflation rate reflecting long term care cost inflation expectations results in a funding ratio of 132 per cent, which is within the target operating zone of 125 per cent to 155 per cent set out in LTCS Capital Management Policy.

Financial Governance Committees

icare operates a range of management committees and forums aimed at ensuring the ongoing financial health of our schemes. One example is the Financial Sustainability Committee (FSC) which was established in FY2018-19 to apply a holistic business lens to icare's financial risks. This encourages financial sustainability among the schemes by enabling informed decision making.

Broader NSW Government Asset Liability Management

We have a broader role in supporting financial risk management across NSW Government. Given the sizable portion of state assets and liabilities we manage and administer, we play a role in supporting balance sheet management for the NSW Government.

Our CEO and Managing Director is a member of the NSW Treasury Asset and Liability Committee (ALCO). The overarching purpose of ALCO is to provide advice to the NSW Treasury Secretary on:

- Those aspects of the NSW Government's Fiscal Responsibility Act which establish the framework for fiscal responsibility in NSW and the strategy needed to protect the state's triple-A credit rating.
- The most efficient trade-off of risk versus return in respect of first, the financial assets and liabilities of the state, and beyond this, all state assets and liabilities by advising on the risk tolerances and limits in relation to state significant financial risks, and / or relevant associated material operational risks to enable the making of more informed decisions.
- The need for NSW Government to uphold the State's reputation and deliver its strategic priorities and policy commitments.

icare also provides representation and partnership across a number of NSW Government working groups and committees, including the NSW Sustainable Finance Steering Committee. This committee seeks to facilitate a coordinated strategic, consultative and collaborative approach to developing the NSW State's sustainability agenda.

icare Board engagement

Our Board and Executive Team continue to explore and investigate different scenarios and their impact on operations and performance. With an ongoing focus on the financial sustainability of our schemes, this year icare directors participated in a strategy workshop that particularly focussed on examining the levers available to protect the balance sheet and Profit and Loss, should a range of shock scenarios eventuate.

Continuous improvement through Assurance and Quality

Our Assurance and Quality activities support the organisation's ongoing operational effectiveness and delivery of consistent quality service to our customers. Activities include:

- *Regular quality assurance reviews* to cover key moments that are important to our customers, such as making timely contact and payment of benefits, in addition to our routine quality assurance.
- *Automation of dashboards and reporting* help to drive enhanced regulatory compliance through timely monitoring, reporting and response.

Pre-Injury Average Weekly Earnings (PIAWE) remediation

In 2019 icare identified historical problems with some initial PIAWE determinations made by workers compensation scheme agents.

PIAWE determinations are widely recognised as complex with many cases pre-dating the launch of icare in 2015. It is important that the quantifiable underpayments are corrected, and through the first half of FY2020-21 we have commenced contacting impacted people and started to make these payments.

Our focus is on supporting injured workers and we have no intention of recovering overpayments but will remediate any quantifiable underpayments as they are identified.

The complexity of PIAWE determinations prompted the NSW Government's reform of the PIAWE methodology in 2019. icare has created a specialist core remediation team working on the matter which includes former Workers Compensation Independent Review Office (WIRO) personnel. All stakeholders (including the State Insurance Regulatory Authority (SIRA), WIRO and the Workers Compensation Commission (WCC), Unions and Employer Representative Groups) have been updated regularly.

More information about the PIAWE review can be found in the Workers Insurance section on page 53.

Managing procurement risk and compliance

We acknowledge there have been delays with our contract disclosure requirements. Consequently, we have undertaken a contract remediation program and are completing the upload of historical contracts to the NSW Government's e-Tender website. All contracts entered into post 1 July 2018 or that are in force have now been uploaded to the e-Tender website and we will continue to comply.

This follows a comprehensive review program that has seen the introduction of a new contract management and tracking system to improve in our compliance with the *Government Information (Public Access) Act 2009 (GIPA Act)*. We comply with legislative requirements and NSW procurement guidelines.

We are also finalising our quality assurance review of internal procurement processes to drive continuous improvement and confidence in the way icare procures services, which aligns with NSW Government procurement guidelines. We regularly report to the NSW Information Commissioner on our progress in this area.

Although legislatively the NI (to which icare provides services) is exempt from many of the NSW procurement requirements, we are aligning NI procurements with NSW Government procurement principles and requirements.

Our long-term financial strength is a continued priority

As well as the effects of bushfire, floods and the COVID-19 pandemic, which were also felt by most Australian businesses, our schemes have been impacted by other factors including investment market volatility, building cycle downturns and high medical and attendant care costs, particularly for our most vulnerable customers.

Supporting injured workers so they can be fit for work remains our number one priority. We recognise the positive contribution that more than 55,000 medical and allied health service providers make to the wellbeing of our community. Medical costs and the use of medical services remain one of the single biggest expense drivers in the workers compensation system.

There are also actions we have been taking to address the issues of medical cost leakage and/or over-servicing including:

- System validations for gazetted rates and duplicate payments.
- Engaging medical coders to validate that the right cost is paid for surgical treatment.
- Targeted engagement with allied health provider 'outliers'.
- Adding further system validations in July and November 2020, on treatment approvals and use of Official Disability Guidelines (ODG)*.
- Further enhancing the medical decision-making framework such as ODG and the Medical Support Panel (MSP)**.

*The Official Disability Guidelines (ODG) is a decision support tool that sets expectations of recovery, return to work and recommended treatment options for different injury types. This enables the streamlining of treatment approvals for injured workers and highlights to claims staff when requested treatment is inconsistent with medical evidence.

The tool uses a combination of evidence-based medical literature and claims data analytics to provide recommendations and is utilised extensively in workers compensation in the United States of America. The ODG tool was initially customised to the Australian healthcare system for use within NSW, using data from NI closed claims (including SIRA guidelines relating to pre-approved treatments and services).

**The Medical Support Panel (MSP) consists of medical specialists with expertise in work injuries. By reviewing case information, the MSP medical specialists can make treatment and medical causation recommendations in an average of five days.

Analysis of FY2018-19 medical costs across the NI and TMF shows \$205 million (27 per cent) could be saved through changes to the regulatory and legislative environment, including gazetted fees. Medical costs now account for a third of the workers insurance scheme claims costs. Medical costs are also under pressure because of the application of the lenient legal test of 'reasonably necessary' treatment in NSW workers compensation. For example, spinal surgery has grown at 34 per cent per annum over the last few years despite evidence showing spinal surgery, such as spinal fusion for low back pain, is not an effective treatment for most people and can be harmful.

SIRA briefed icare on a pilot review of medical invoices based on findings yet to be validated at an individual claim level relating to all insurers across the NSW workers compensation system. We are working to verify the data findings at the claim level relating to the NI and TMF. SIRA agreed to review our feedback in conjunction with similar feedback they received separately from self and specialised insurers. They indicated they will come back to us with any further questions.

icare's submission to SIRA last year on the Regulatory Requirements for Healthcare Arrangements in the NSW Workers Compensation (WC) and Compulsory Third Party (CTP) schemes identified some fundamental regulatory changes that would support value-based care and reduce medical costs including:

- Addressing regulated costs and indexation of fees for medical procedures.
- Tightening the 'reasonably necessary' test to determine treatment in NSW to a definition which supports value-based care - an example may be 'reasonable and necessary' in line with other Australian jurisdictions.
- Introducing a robust clinical governance framework.
- Introducing additional and strengthened guidelines that currently exist for treatment providers.
- Improving healthcare data and coding.

We are pleased SIRA has a review of healthcare arrangements and medical costs underway. We need to remain focussed on driving performance across the areas within our control to ensure long-term sustainability. These strategies are outlined further for each of our schemes in their respective sections of the Annual Report.

Realising financial benefits

icare was established to improve our customers' experiences and outcomes, and to deliver financial benefits. Since inception, we have delivered:

- \$1.0 billion in claims and operating efficiencies and expense savings.
- \$1.6 billion in premium reductions to our customers.

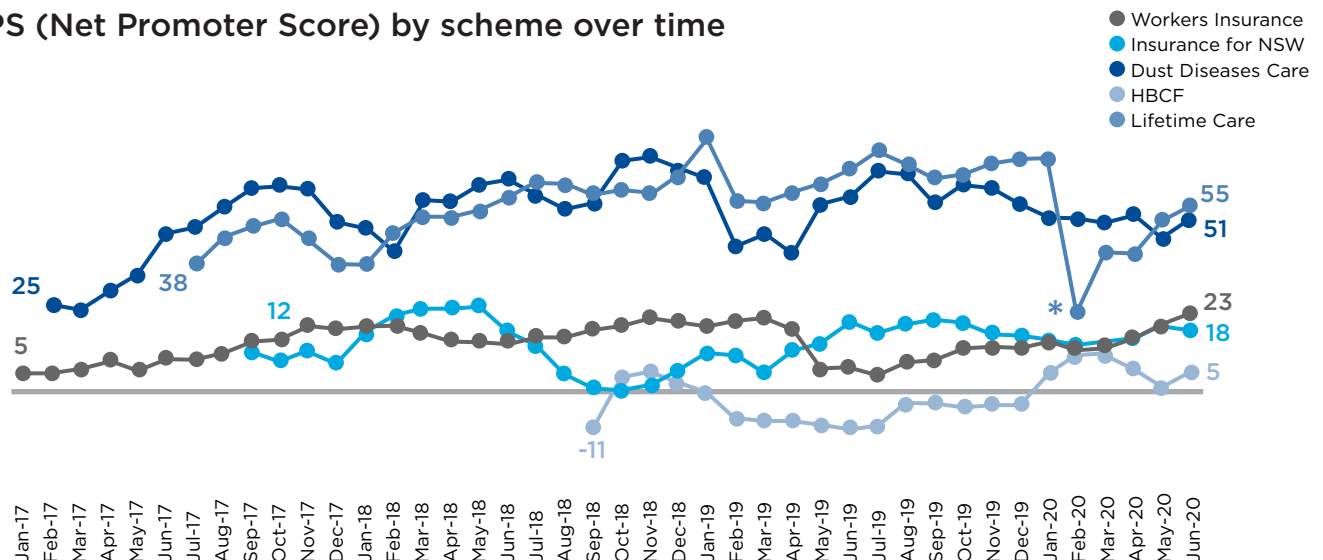
These savings benefit the NSW Government and our customers in many ways, including helping to maintain premiums and investing to ensure our schemes remain sustainable and operationally effective. In addition to financial benefits, customer benefits have also been delivered and continue to be targeted within icare's operations.

Advancing customer benefits and experience

We continue to evolve how we measure customer experience with our strategic customer metric being the Net Promoter Score (NPS), which measures the overall customer advocacy. Since icare's inception, the NPS has improved significantly.

We compile feedback from employers, agencies, injured workers, builders, homeowners, care participants, scheme agents, and service providers such as medical providers. These responses cover both claims and policy experiences. The chart below shows the trend in customer NPS from January 2017 to June 2020. There has been positive movement in customer scores across all our schemes over the same period.

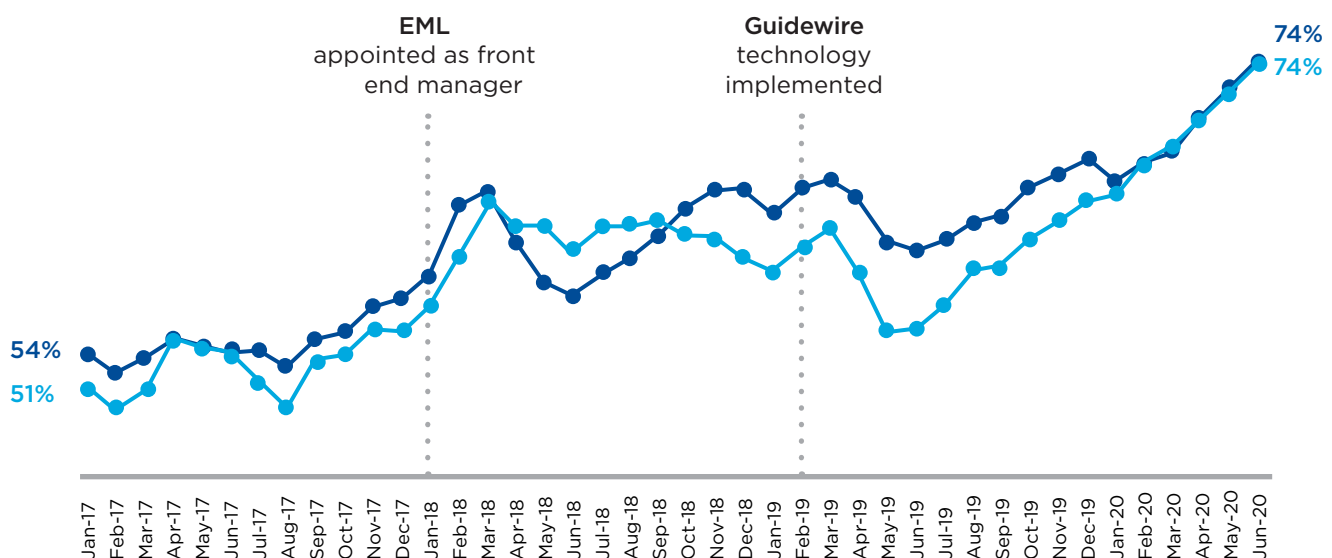
NPS (Net Promoter Score) by scheme over time



A key focus of activity in FY2019-20 was improving NI and TMF customer experience, specifically for employers and agencies. As such it was an important metric in our Performance Scorecard (outlined on page 33) for FY2019-20. Our target was an increase on our score from the previous year by 10 per cent, which we exceeded. This indicates a significant lift in customer advocacy and is a means to quantify the non-financial benefits we have provided to our customers over the past year.

As demonstrated below, feedback from injured workers specifically has indicated advancements in service experience. This is particularly clear in the measures of accessibility to icare and responsiveness when progressing a claim effectively.

Key Service Metrics (% agree) - Injured Workers on Scheme Agent



BASE: All injured workers, 90 day rolling data points

- Your contact(s) were easily accessible
- Your contact(s) responded in a timely manner

We collaborate closely with our partners to ensure the insights we obtain from our customers are embedded in their processes so we can further enhance our customer focus, improve decision making and optimise our service delivery. We have also continued to enhance our customer measurement capabilities and closed feedback loops.

- Customer Experience Measurement (CXM) is our enabling measurement capability and platform. This newly implemented measurement platform with advanced analytics, allows team members to access real-time results dashboards so they can keep a finger on the pulse and take remedial action where necessary.
- Customers who gave a low NPS score (0-4) are automatically flagged in the CXM platform, which enables icare and its partners to close the loop and respond directly to dissatisfied customers.
- Urgent actions are also automatically flagged in the CXM platform to identify customers who may be at risk of causing harm to themselves or others and require urgent support.

Continuous measurement of customer experience, through the CXM platform and combined with analysis of complaints data, help us identify and track the main pain points and specific areas to uplift for our customers. We seek feedback from our customers on what is working well and our areas for improvement and turn these insights into action.

Uplifting Enterprise Performance

Enterprise Performance Scorecard

This year saw the introduction of an Enterprise Performance Scorecard to monitor our progress and achievements across important metrics that relate to our overall strategy. With a focus on accountability and performance management, the scorecard introduced an enterprise-wide view of our organisational key performance outcomes and proof points of success. Reviewed and published internally, as well as reported to NSW Treasury monthly, the scorecard helps our employees link their individual performance plans to enterprise objectives.

Derived from our long-term strategic goals, the metrics in the scorecard above comprise:

Metric	Description
Delivery of change initiatives against plan	This measure tracks the overall progress of our key change initiatives from a time, cost, quality and scope perspective. Our change plan is ambitious and it's important to monitor the delivery of our change priorities alongside core business as usual activity.
Return to work (RTW) 26-week rate (NI)	Delivering long-term, sustainable RTW outcomes for injured workers. This RTW measure is for the NI and is based on data received from our regulator SIRA. This calculation methodology is based on weekly payments. More information about RTW can be found on page 51.
Fit for work rate – 26-weeks full (TMF) (excluding partials)	The Fit for Work (FFW) rate 26 weeks is for the TMF, aims to measure long-term sustainable RTW. FFW is based on the ultimate number of weekly claims in the valuation and does not include partial fitness for work.
Claims frequency	Claims frequency is a measure of ultimate claims per wages and demonstrates the number of claims in a given period. It can also provide an indication of claims that are yet to be reported and whether work health and safety is improving.
Expense rate	Measuring the ratio of expenses to revenue helps ensure we are operating in a financially sustainable manner. It is our goal to keep the expense rate low while improving services to customers and maintaining financially sustainable schemes.
Employee Net Promoter Score (eNPS)	The eNPS is a way for us to measure the sentiment of our people.
Net Promoter Score (NPS) – Employers and NSW Government Agencies	The NPS keeps track of our customer experience and service, and the past year we focussed on employers and NSW Government agencies. It provided an indication of where we needed to improve our communication, case management and general processes.

FY2019-20 Performance

Area	FY2019-20 Target	Reached
Change Delivery	85%	84%
eNPS	+18-22	+33
Expense Rate	19.4%	20.9%*
NPS	-22	-5
Claim Frequency	0.35	0.323
RTW rate	80%	81%
FFW rate	40%	39%

In what has been a challenging year, we have achieved four of seven key metric targets. The RTW rate is not where we want it to be. We have an expectation to return this to 89 per cent over three years and 84 per cent within one year. We will maintain focus on achieving our strategic goals and align our effort and activity to ensure success in our objectives.

*Normalised expense rate result, excluding COVID-19 impacts. Note the reported expense rate is 21.7 per cent

icare Executive REM can be found on page 122-124.

Continuous improvement into FY2020-21

As part of our continuous improvement, changes are being made to the Enterprise Performance Scorecard for FY2020-21. This is to ensure the scorecard best reflects the focus and efforts of our organisation in the year ahead. Additional areas of focus include risk, compliance, and injury prevention.

Our Enterprise Portfolio

The Enterprise Portfolio supports the wider icare team in planning, delivering, improving and embedding outcomes for our customers, stakeholders, and our people.

This year our change initiatives have led to improvements for our customer groups including policy holders, injured workers and care participants. We have continued to streamline our business operations and improve frontline services, which has improved several of our key customer outcomes. Our effort has also ensured we continue to operate in accordance with our legislative and regulatory obligations.

A delivery highlight of the year was the work done to support eligible employers in nominating an Authorised Provider (AP) to manage their claims within icare's service model. This was supported by a centralised back office function.

Some other notable achievements include:

- Our frontline staff being able to focus their efforts on the most pressing needs of injured workers due to a significant uplift in our inbound document handling, and improvements in the accuracy of our critical customer data through improvements in our customer facing technology solutions.
- We have streamlined the asset declaration process for TMF entities and have completed the procurement to update the TMF claims agents.
- In June we saw the CTP Care program come to life with the establishment of systems and processes ready to support early clients in FY2020-21.
- Through automating payment pathways participating medical service providers are now able to receive next day invoice settlement and remittance.
- We have worked with our experience rated employer customers to ensure renewal documentation is timely and accurate, and we have worked with SIRA to maintain regular claims reporting to customers.
- Our technology transformation has provided our customers with the ability to complete premium and claim transactions online, aligning our schemes with customer expectations.

Looking ahead, we are embedding an enterprise way of working with streamlined change management in the delivery of our projects to further improve our efficiency, consistency and effectiveness in delivering customer outcomes.

Summary of scheme financial performance

Our schemes are:

- Workers Compensation Nominal Insurer (Workers Insurance)
- Self Insurance (Insurance for NSW) which administers:
 - NSW Treasury Managed Fund (TMF)
 - Construction Risks Insurance Fund (CRIF)
 - Transport Accidents Compensation Fund
 - Pre-Managed Fund Reserve
 - Governmental Workers Compensation Account
 - Residual Workers Compensation Liabilities of the Crown
 - Bush Fire Fighters Compensation Fund
 - Emergency and Rescue Workers Compensation Fund
 - Supplementary Sporting Injuries Fund
 - Home Building Compensation Fund (HBCF)
- Lifetime Care and Support (LTCS)
- Motor Accident Injury Treatment and Care Benefits Fund
- Dust Disease Care (DDC)
- Sporting Injuries insurance
- Building Insurers' Guarantee Corporation (BIG Corp)

A summary of the performance of these schemes is outlined below. More details can be found in Volume Two of this report, the icare full financial statements.

Important terminology

Net result: The net result is underwriting result and investment income earned on assets, i.e. net result equals underwriting result plus investment income. Pricing always allows for the investment income. These investments ensure employer funds work harder to keep premiums lower than would otherwise be the case.

Probability of Adequacy (PoA): A statistical measure of the level of confidence that the outstanding claims liability will be sufficient to meet claims as and when they fall due. A 75 per cent PoA is the standard measure, used across Australia including by the Australian Prudential Regulatory Authority (APRA) and SIRA, to indicate that an insurer has 75 per cent confidence that the assets will be sufficient to meet outstanding claims liabilities as they fall due in the future. icare has aligned with the APRA and SIRA measure. Liabilities are valued at the 80 per cent PoA in Volume 2 (financial statements).

Underwriting result: icare measures the financial outcomes of its underwriting (or insurance) decisions via an 'underwriting result'. This term is a financial measure common across the insurance industry in Australia. The underwriting result consists of:

- i. the price that is charged to customers (which is largely a cash movement);
- ii. less the cost of running the Scheme (which is largely settled in cash); and
- iii. less the cost of the claims - this includes claims paid in the year, though is mostly made up of an estimate of claim payments that will emerge in the future from policies issued that year or from movements in expected future claim payments for policies written in previous years (referred to as prior accident years). This future claim payments estimate is recognised in the financial accounts immediately even though it is only an estimate. If interest rates fall or medical costs increase, then the estimated value of these future claims is increased significantly – even though none of them have been paid yet – hence a paper loss is recognised even though no money has left the door.

No cash has been lost yet on the future claims and if experience can improve, then this can be reversed.

FY 2019-20 (in \$m)	NI	Self Insurance (incl. HBCF)	HBCF	LTC ¹	DDC
Gross written premium / contribution / fees	2,728	1,556	136	532	63
Unearned premium movement / reinsurance expense	14	(78)	(27)		
Hindsight adjustments	64	18			
Net earned premium / contribution	2,806	1,496	110	532	63
Net claims expense / scheme costs	(3,986)	(4,059)	(216)	(1,367)	(55)
Underwriting & Other Expenses	(1,014)	(265)	(18)	(45)	(23)
Underwriting Result	(2,194)	(2,828)	(124)	(880)	(15)
Net investment revenue	401	69	3	9	10
Transformation costs	(132)	(7)	-	(6)	(1)
Grants from the Crown ²		2,022	12		
Other income / adjustments	32	0		0	(6)
Net Result	(1,894)	(744)	(109)	(877)	-

1. The LTCSA's financial statements include the Lifetime Care and Support Authority Fund (LTCS) and the Motor Accident Injuries Treatment and Care Benefits Fund (MAITC).
2. Cash injection: The TMF operates in a way where it returns surplus funds to NSW Treasury in years where claims of Government agencies are lower than expected and receives funds from NSW Treasury when claims are higher than expected. The exchange of funds between Treasury and the TMF is by design and is governed by the Net Asset Level Holding Policy as signed by the NSW Treasurer.

Note: The estimated impacts of COVID-19 on scheme financials are discussed on page 26-27.

Investment markets through these difficult times

Market Review

Investment markets in FY2019-20 will be best remembered for the sharp sell-off towards the end of March. This was induced by three factors: the COVID-19 pandemic, associated government policy to combat its spread and its consequential economic fallout, and separately, the impacts of an oil price war between the Organisation of Petroleum Exporting Countries (OPEC) and other producers, which led to a plummet in the oil price. The equity market crash ranked as the seventh largest in recorded history, however it was the most rapid fall in terms of market value lost per day from the top to the bottom of the market. The Australian dollar and commodity markets also fell, albeit not as severely as during the Global Financial Crisis.

As expected, economic data releases around the world displayed the impact of the government lockdowns since March, with economic growth, employment, corporate profits and activity indicators all declining. The March quarter was followed by a substantial market rally over the June quarter as investor confidence was buoyed by government economic policy stimulus, fewer new COVID-19 cases, easing of economic restrictions and better economic data. From their March lows to June highs, global shares rose 40 per cent and Australian shares rose 35 per cent. Commodity prices and the Australian dollar also rebounded, as did credit markets.

The June quarter rally, combined with generally strong returns in the six months to December, helped major global markets post positive returns over the full financial year. World equity markets, as measured by the Morgan Stanley Capital International (MSCI) World All Countries Index in local currency, returned 3.1 per cent over the financial year. The US market stood out, with a 7.8 per cent return, led by technology and healthcare stocks. Emerging markets posted a 1.4 per cent return (-1.5 per cent in Australian dollars, unhedged), however the Australian share market lagged, falling around eight per cent due to perceived risk from its economic links to China and weaker economies, as well as the lack of a significant technology sector.

Bond markets continued their long run of producing positive returns over the financial year, assisted by central bank activity around the world, which was coordinated and designed to counter the impacts of government policy on social and economic activity. Official cash rates were lowered where possible, quantitative easing in the form of purchasing financial and other assets ramped up, and yield curve control measures were put in place with authorities announcing activity to target certain levels of interest rates for longer bonds. Returns on Australian Government nominal and inflation-linked bonds, which represent large allocations in the Workers Compensation Insurance Fund (WCIF), generated returns of 4.2 per cent and 2.6 per cent, respectively. The Australian dollar declined modestly relative to the US dollar, Japanese Yen and the Euro, which assisted performance given the majority of icare's international currency exposures are unhedged.

Investment performance

icare's investment portfolios are actively managed to achieve return and risk outcomes aligned to our business needs, risk appetite and time horizons. All icare investment portfolios produced modest positive returns over FY2019-20 and exceeded their longer-term inflation and liability related investment objectives.

Over the year, WCIF benefited most from the contributions of its domestic fixed interest and inflation linked bond sectors, both of which exceed their market-based benchmarks. icare's bond portfolios performed well, reflecting the plunging global yield environment. A strong contribution also came from WCIF's equity tail risk hedging program, which added around 0.5 per cent to total fund return. Holdings in international equities benefitted the other major icare funds more than offsetting the negative contribution from Australian equities, unlisted infrastructure and alternatives, in aggregate. Unlisted infrastructure assets were revalued to lower levels as at the end of June, reflecting the impacts of the COVID-19 pandemic on underlying assets.

The positive headline asset class market returns mask significant differences in underlying regions, sectors and styles. Notably, growth and quality assets outperformed more valuation-based assets in both equities and credit. In this environment, it is more difficult for active management (and alternatives strategies that rely on relative stability of markets) to contribute to fund returns. This is reflected in the funds' returns relative to their respective market-based benchmarks.

The funds' broader investment portfolio settings remain appropriate and the funds have continued to exceed their respective inflation-based return objectives, within the risk appetite approved by the icare Board.

Investment governance arrangements

The icare Board is responsible for setting our investment policy, risk and return objectives, risk management program, and reporting to the Minister on the performance of icare funds (with the exception of the TMF and other IfNSW investment funds).

For IfNSW investment funds, the Treasurer approves the risk and return objectives, which are recommended by NSW Treasury and the strategic asset allocations, as recommended by icare.

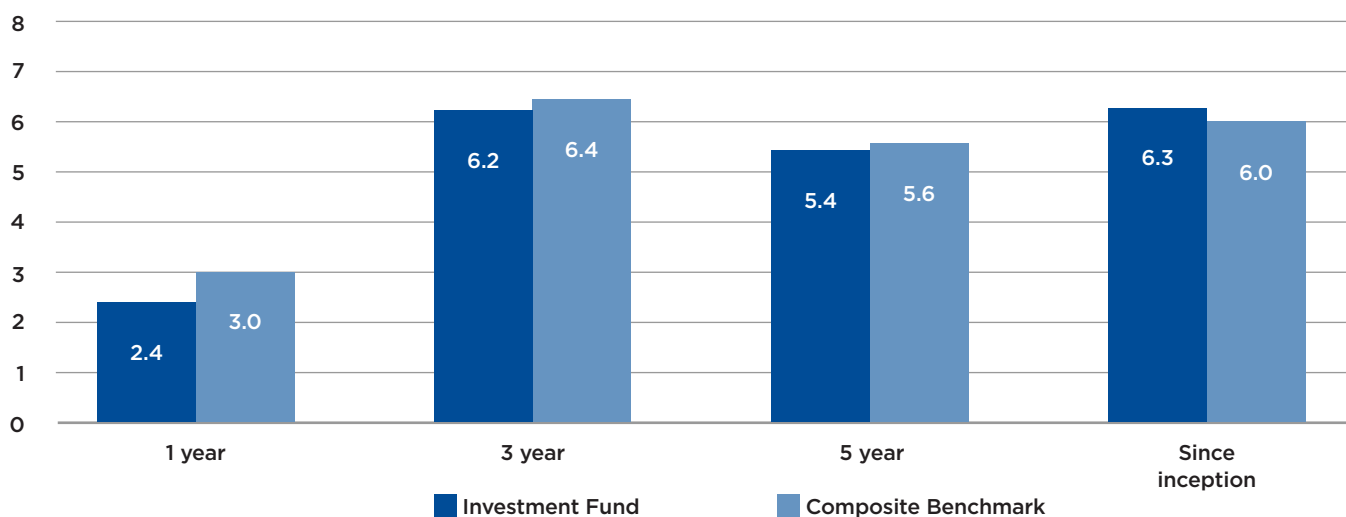
NSW Treasury Corporation (TCorp) is icare's mandated investment manager and prime advisor. Mercer Investments (Australia) Limited remains appointed as icare's asset consultant.

Strategic asset allocations and investment returns

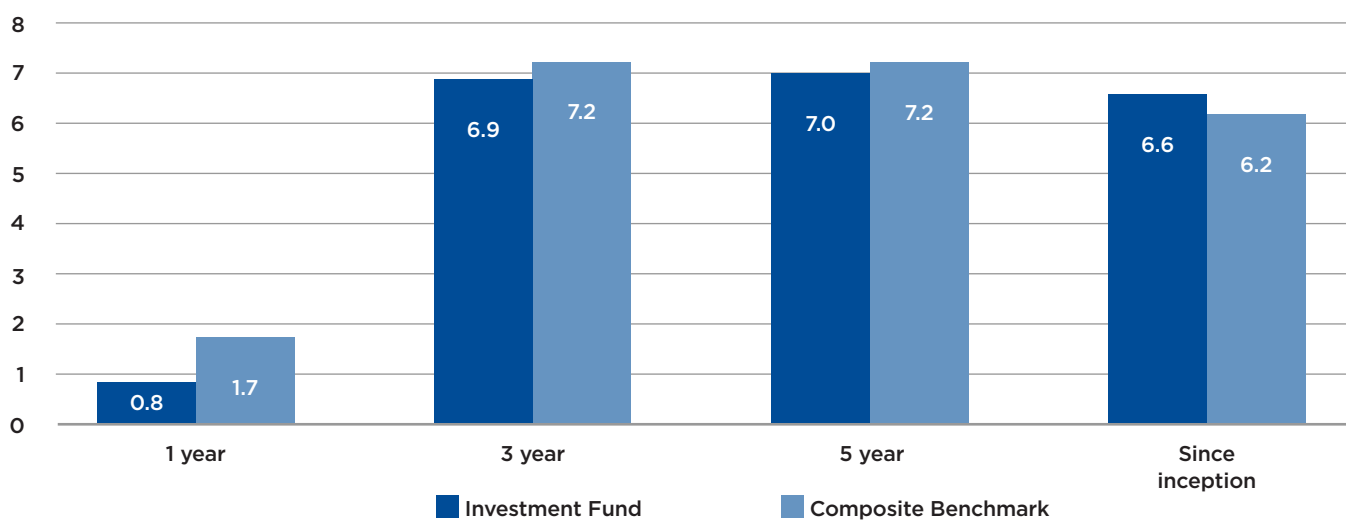
Asset class	Workers insurance	Insurance for NSW (Treasury Managed Fund)	Lifetime Care	Dust Diseases Care
Australian equities	6%	18%	13%	12%
International equities	15%		25%	23%
International equities – emerging markets	2.5%	6.5%	5%	5%
International equities (unhedged)		27.5%		
International equities (hedged)		2.5%		
Australian fixed interest	19%	5%	5%	20%
Australian inflation-linked bonds	26%		15%	
Credit	2%			
Global high yield	2%	2%	2%	
Bank loans	3.5%	5%	3%	5%
Emerging market debt	2%	4%	4%	4%
Infrastructure debt	1%			
Alternatives	4%	6%	6%	6%
Unlisted property	7%	11%	10%	10%
Unlisted infrastructure	4%	7.5%	7%	5%
Cash	6%	5%	5%	10%
Diversified growth assets	49%	90%	75%	70%
Defensive assets	51%	10%	25%	30%

Summary of Investment Fund Performance % - month ended 30 June 2020

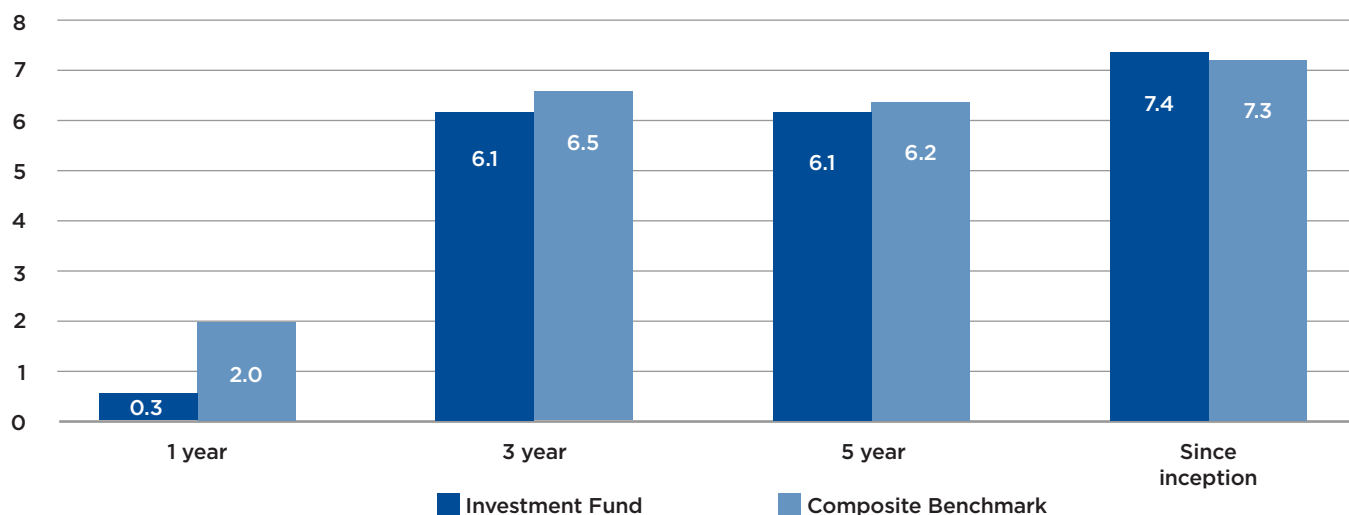
Workers Compensation Insurance Fund



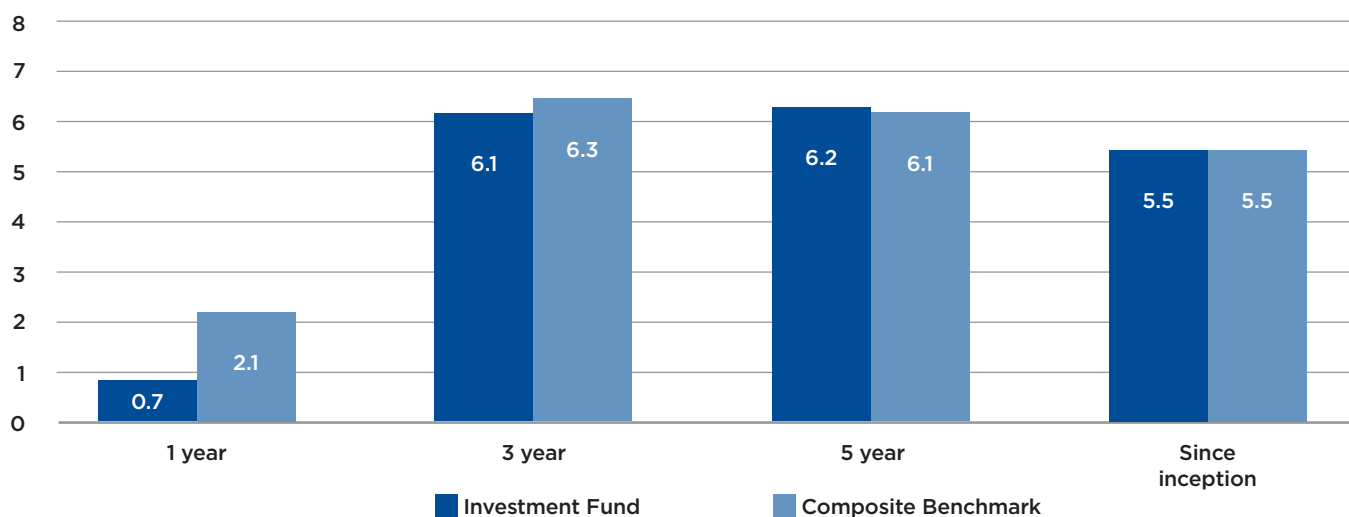
Treasury Managed Fund



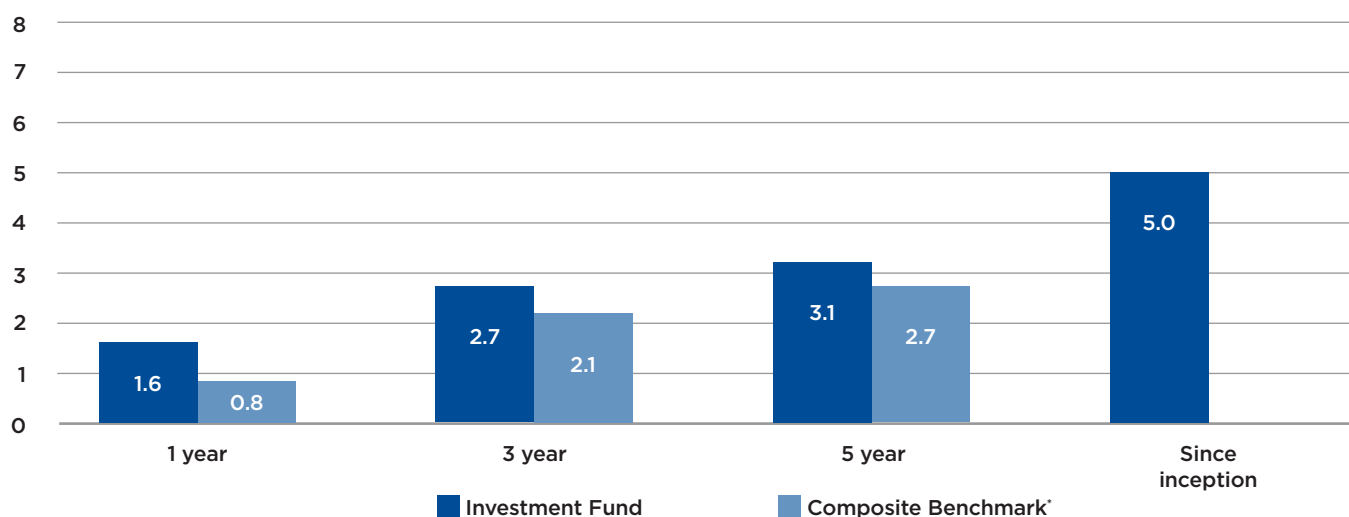
Lifetime Care and Support Authority Fund



Workers Compensation (Dust Diseases) Authority Fund



Sporting Injuries Compensation Authority Fund



*The Sporting Injuries Compensation Authority Fund composite benchmark commenced 1 January 2014.



Workers Insurance

Our purpose is to give our employers and their workers piece of mind, so that should they be injured while on the job, they know they are in good hands.

Year in review

Ensuring a fair and sustainable workers insurance scheme that continues to support our customers during challenging times is at the centre of what we do.

We haven't always gotten it right and our performance in key areas including return to work rates, claims management, customer engagement and governance have not reached the targets we set at the beginning of the year. We acknowledge that we have work to do and improvements to make to ensure the Nominal Insurer (NI) scheme is operating for our customers as it was intended to, and we will continue to evolve towards achieving these goals and getting it right.

As the catastrophic bushfires, floods and the COVID-19 pandemic have unfolded, we channelled our efforts to helping our customers adapt to the changing circumstances. We did this by giving them the necessary support to continue to do business safely and return their injured workers to work as quickly as possible, navigating the challenges of different working environments.

Listening to and supporting our customers has been a critical aspect of icare's workers insurance throughout the year. This includes premium relief for employers, service improvements through insights from the independent Customer Advocate, reduced call wait times, greater transparency of Return to Work (RTW) rates, and the Authorised Provider solution for larger employers.

Ensuring injured workers and employers experience a seamless, consistent service when it comes to managing claims has also been a priority. We've focussed on improving our service delivery and making workers insurance policies and claims easier to manage.

This year marked our third year of supporting customers with their workers insurance policies, having brought the management of policies inhouse in March 2017. Since that time, we have continued to focus on improving our underwriting and billing service.

“Easy automatic renewal, simple forms to fill out, all information provided up front.”

Small-to-medium business owner

Our customers are now receiving confirmation of their renewal premiums much faster. Turnaround times on renewals during our peak period have improved, with 99.5 per cent of renewals processed within four weeks during FY2019-20, compared with just 93 per cent in FY2018-19. We've also made a number of enhancements to policy documentation for experience-rated employers, making it easier for them to renew their policy and declare their wages.

Further improvements have been made to the experience our customers have when they attempt to contact us. We've taken on board our learnings from our peak period each year and steadily improved our response times. Average wait times for calls to our Policy Team were two minutes and 16 seconds during our 2020 peak renewals period. Once our customers do get in touch, they are telling us that they are happy with the service they're receiving. Customer satisfaction ratings have remained high, averaging between 96 and 98 per cent since 2017-18, while the Net Promoter Score (NPS) for policy and premium support has reached positive 40.

Financial summary

Net result	Funding ratio (75% PoA)	Investment funds under management	Investment return	Investment benchmark
-\$1,894m	101% ¹	\$17.3bn	2.41%	3.01%

1. The NI funding ratio is 98.5 per cent at an 80 per cent PoA.

In addition, the volume of complaints received during our peak period was 58 per cent lower compared with our 2019 peak period, indicating that we're continuously improving our level of service to our customers, making things simpler for them and providing them with the information they need to successfully manage their policy. When a customer is dissatisfied with our service, we are resolving things for them much faster. During FY2019-20, approximately 80 per cent of complaints were resolved within five days.

We've also continued to listen to our customers by making it simpler for them to self-serve their policy. Our customers can access more online content to assist them in understanding their policy documents and their premium, including online forms and a step-by-step renewals video for smaller employers.

Our program of claims portfolio reviews have demonstrated a 33 per cent uplift in the timeliness and effectiveness of liability decisions, injury and medical management planning and actions. We developed educational material to support injured workers, their employers and healthcare providers through the claims journey and have received positive feedback about the usefulness of these materials.

Supporting this work has been an uplift in the capability of case management staff through over 90,000 hours of training support from the icare teams, enhanced capability framework and development of a capability assessment tool to support claims providers target training and development for their teams. From April to October 2020 we onboarded the three Authorised Providers to our claims system, delivering all of the training through virtual methods.

As part of the 21 point action plan coming from the Dore report, State Insurance Regulatory Authority (SIRA) has commenced the first of its four quarterly claims reviews scheduled across calendar year 2020. The first started in February but concluded early in March 2020 due to the COVID-19 pandemic. The report acknowledged areas of improvement that reflect the initiatives icare has had underway since early 2019. These initiatives focussed on increasing our performance in quality of early communication with injured workers and employers, timeliness of triage, timely use of rehabilitation providers and better scrutiny of medical costs. These reviews will continue through 2020 as we continue to build on our improvements.

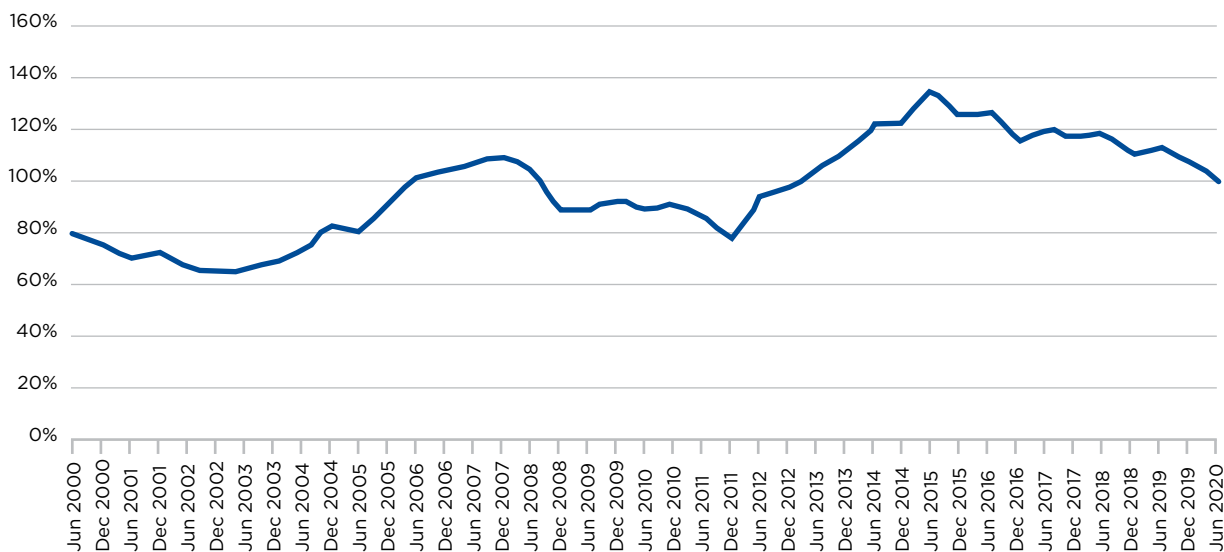
Financial results

We understand how important workers insurance is to NSW employees and businesses, and our commitment to keeping premiums affordable while at the same time delivering a financially sustainable scheme remains.

The premiums paid by employers are used to cover claims, statutory levies and scheme operating costs. We also invest monies to maintain scheme sustainability so we can provide for the future needs of injured workers and cover future operating costs in the support of injured workers.

The funding ratio since 2000 at a 75 per cent Probability of Adequacy (PoA) is shown in the chart below. Historically the funding ratio prior to 2012 has been below 100 per cent. New limitations to entitlements to workers compensation brought in by amendments to the 1987 Act in 2012 (the 2012 Amendments) combined with favourable investment income over 2012 to 2015 saw the funding ratio improve to 135 per cent at 30 June 2015.

Historical Nominal Insurer Funding Ratio (75% PoA)

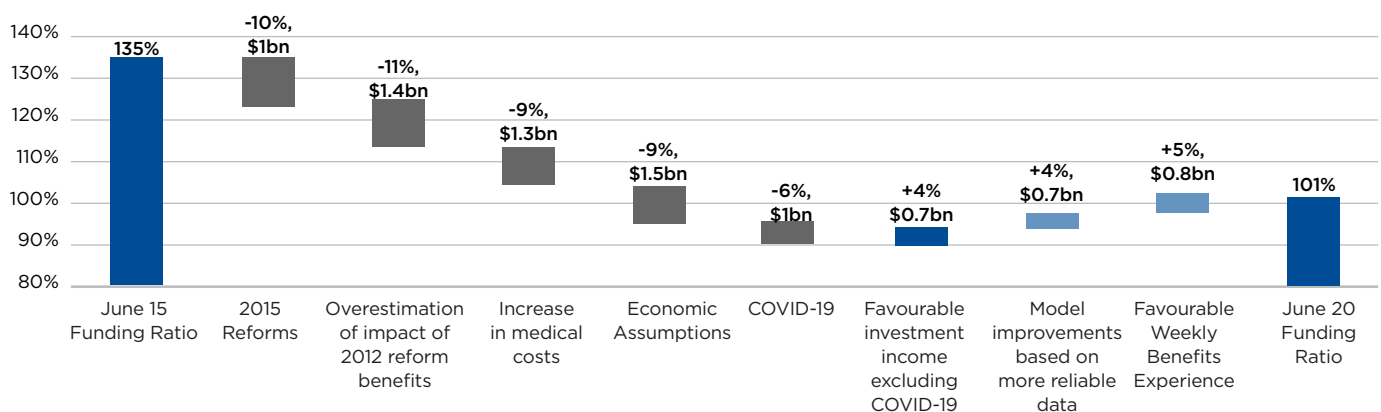


Graph: Funding ratios from June 2000 to June 2020, including the past five years since icare was established (June 2015 - June 2020)

The financial strength of our investments have helped us absorb the initial impact of the uncertain economic environment over this financial year. This position of financial strength will also help the gradual rebalance in scheme funding over the coming years as the economy recovers from COVID-19 pandemic.

The funding ratio of the NI at 30 June 2020 was 101 per cent based on a 75 per cent PoA.

Funding Ratio 75% PoA Waterfall June 2015 to June 2020



The main drivers behind the funding ratio have been:

- a. Amendments to the *Workers Compensation Act 1987* in 2015 (2015 Amendments) that partially unwound the limitations to compensation entitlements introduced through the 2012 Amendments, together with the recasting of the extent of savings from the 2012 Amendments as a result of using new, more robust data unfavourably impacted the financial performance of the Insurance Fund by \$2.4 billion or 21 per cent funding ratio (shown in the chart above as 10 per cent and 11 per cent funding ratio impact respectively).
- b. Economic Assumptions used to discount the future expected claims cashflows (as required by accounting standard AASB1023) have been at historically low levels. These low interest rates have an unfavourable impact as more funds are required to be provisioned for to meet future claims cashflows. This has impacted the NI by \$1.5 billion or nine per cent funding ratio. This is partially offset by favourable investment income above the pricing assumption of five per cent per annum by \$0.7 billion or four per cent funding ratio. The net result is unfavourable by \$0.8 billion or five per cent funding ratio.
- c. Increase in medical costs has unfavourably impacted the NI by \$1.3 billion or nine per cent funding ratio. The main source of the increasing medical costs is the increase in the number of charges per medical episode (known as 'utilisation'), where an episode is a medical event such as surgery and all its associated medical services.
- d. COVID-19 has impacted both the investment assets and claims liabilities unfavourably with a total impact of \$1 billion or six per cent funding ratio.
- e. There have been significant investments in icare data platforms including the transition to Guidewire (now used for all new claims in the NI). The improvements in data capture, quality and reporting in respect of Whole Person Impairment (WPI) for claimants has enabled improvements in actuarial models which resulted in a favourable impact of A\$0.7 billion or four per cent funding ratio.
- f. The claims performance has had, in aggregate over the five years, favourable experience for weekly benefits, which has favourably impacted the NI by \$0.8 billion or five per cent funding ratio.

Scheme reforms

2012 Amendments: An extensive package of amendments was passed by the NSW Parliament in June 2012 with the aim of returning the scheme to a sound financial position. This package included the introduction of a five-year (260-week) cap on weekly payments for injured workers with WPI of 20 per cent or less*.

To manage this, the NI rolled out a comprehensive assistance program to support injured workers understand how they would be impacted by the change along with a Community Transition Program to help injured workers link in with the community and other services available when they exit the scheme. Included was an assessment of each claimant's WPI as required under the legislation and was intended to assist injured workers in their return to work or empower them in their transition to other support mechanisms.

In 2018, 98 per cent of the pre-2013 injured worker cohort that was progressing towards the 260-week cap had its WPI reassessed. This provided evidence regarding the actual proportion of this cohort of injured workers above the 20 per cent WPI threshold, and hence exempt from the 260-week limit on weekly compensation payments. Of the 98 per cent assessed, 25 per cent of these injured workers had WPIs in excess of 20 per cent. Experience to date has been in line with this assessment.

The assumptions made in 2012 regarding the number of injured workers with WPI greater than 20 per cent were revised in 2017 due to new information that emerged. PwC, the former principal scheme actuary, made significant releases in reserves over FY2012-13 based on expectations of the impact of the 2012 Amendments. These favourably impacted the result and funding ratio for the scheme prior to icare's formation. However, actual claims experience that emerged over a five year period was significantly worse than initially projected. This resulted in a strengthening of the reserves of \$1.4 billion over FY2016-17 and FY2017-18 for prior accident year outstanding claim liabilities based on the actual experience of the 2012 Amendments.

2015 Amendments: In 2015, amendments to the WC Act partially unwound some of the 2012 Amendments, especially for access to medical benefits. These were introduced as part of the setup of icare to increase the benefits to customers by circa \$1 billion. The 2015 Amendments resulted in a \$1 billion strengthening over FY2015-16 for prior accident year outstanding claims liabilities.

*Section 39 of the 1987 Act

Mitigating challenges

The NI has continued to implement several strategies to improve overall scheme performance, with operational effectiveness and efficiencies achieved by:

- Continuously improving the accuracy with which we determine the appropriate industry classification for employers.
- Simplifying and enhancing policy documentation for our experience-rated customers.
- Automating over 96 per cent of policy renewals, which has reduced administrative costs.
- Improving the effectiveness of our case allocation, ensuring all people who need a dedicated case manager are allocated one. We are currently implementing an approach that we discussed with SIRA in response to the 21-point action plan.
- Implementing over 341 claims system enhancements to improve data quality and support effective case management decisions and reviewing over 43,000 files for data quality.
- Conducting over 17,000 individual reviews of claims lodged since 1 January 2018. This is one of the strategies that has contributed to more proactive case management, which has led to a three percentage point improvement in the 13-week return-to-work rate since September 2019.
- The average time to answer a claim call has been consistently below 30 seconds for the last six months and changes made to our inbound call systems have helped our customers connect quicker with their key contacts.

Listening to and supporting our customers

Understanding our customer's needs has always been our top priority. This has been especially critical this year, enabling us to effectively respond to our customer's changing needs during the bushfires, floods and the COVID-19 pandemic.

We helped over 120 bushfire-affected customers with managing the payment of their premium. And 24,475 customers impacted by the COVID-19 pandemic had their wages adjusted, resulting in reduced premiums for 20,076 of them. We helped customers with their cashflow by applying these reduced wages to their FY2020-21 policy renewals, with no adjustment for inflation. In addition, we gave customers experiencing financial hardship the option to put their premium payments on hold. In total over \$47 million worth of premium has been deferred, helping support NSW businesses through this time. icare took over 8,800 phone calls from mid-March to 30 June 2020 from customers enquiring about premium support during the COVID-19 pandemic.

These support measures particularly benefitted customers in industries such as construction, hospitality and retail whose businesses have felt the most negative impact from the pandemic.

Despite the uncertain economic conditions in FY2019-20 impacting our investment returns and funding ratio, we supported government policy to help NSW businesses and placed the annual premium rate change on hold for our customers. As such we maintained workers compensation premium rates at 1.4 per cent of base-average wages for the seventh consecutive financial year, giving our customers a level of certainty as they navigate the evolving climate.

We established a COVID-19 response team in March 2020 consisting of specialist case managers and legal experts to assist workers who have contracted COVID-19 through their work. This team manages the majority of COVID-19 claims on behalf of the NI. Claims for larger employers and government agencies are managed by our Claims Service Providers to maintain existing relationships. We are maintaining a high level of oversight over these claims, including providing guidance on liability determination and regular update sessions as well as detailed reporting.

The team also manages the potential impact the pandemic could have on claims and provide guidance materials to agents and our customers in relation to claims management. We have created documents tailored for workers, employers and service providers which we have published on our website. This guidance material is updated regularly, as new advice is provided by SIRA or other government departments. These updates include, but are not limited to, changes to claims processes from the Presumptive Liability for COVID-19 and JobKeeper changes.

We've also started publishing the performance of our claims service providers on our website.

The Dore Report, 21-Point action plan and the icare Customer Advocate

In FY2019-20, SIRA released the report of the Compliance and Performance Review of the NSW Workers Compensation Nominal Insurer (the Dore Report). This report focussed on activity from January 2018 to early 2019.

We welcomed the review and support 11 of the 13 recommendations within the report. The remaining two recommendations require action by SIRA and the NSW Government.

The report highlighted some concerns that we had already been aware of and were working to address. These included:

- Regular engagement between icare and SIRA on definitions for reporting of data. icare has also contributed to the SIRA consultation on measuring return to work and adapted its RTW metric to reflect the SIRA metric.
- Joint meetings with icare and SIRA boards have been arranged twice yearly. icare's CEO and SIRA's CE continue to meet in an open and constructive basis regularly to discuss strategic matters and promote understanding between the two organisations.
- icare is working with SIRA on appropriate levels of pre-approval for allied health sessions and enhancements to allied health approvals. icare is also actively participating in consultation processes that SIRA is undertaking and supports goal to improve medical costs. In addition, joint icare and SIRA fortnightly meetings regarding the RTW measures and performance have been ongoing.
- icare has engaged both SIRA and Treasury over key financial and capital matters and provides monthly, quarterly, half yearly and annual financial and actuarial reporting.
- The Joint Pricing and Prudential Oversight Committee (JPPOC), and the Joint Claims Assurance Committee (JCAC), comprising senior personnel from icare and SIRA, were established to provide joint forums to monitor the performance, identify risks and issues relating to performance, advise and oversee operational and regulatory strategies to support performance improvements and to monitor implementation and delivery of these strategies.
- The JPPOC review included detailed analysis of longitudinal impacts for employers with the current pricing model. Furthermore, the JPPOC made joint recommendations on future pricing model changes.
- As part of its oversight of claims operations, the JCAC monitors data reporting and icare's data quality uplift program. The uplift program is designed to improve the quality and timeliness of icare's SIRA data submissions. Phase one focussed on resolution of fatal errors in data submissions to SIRA and has been successfully delivered in FY2019-20. Phase two is focussed on remediation of suspect errors with review and resolution of suspect errors, due to delivered in FY2020-21.
- icare has modified scheme agent contracts and undertaken a program of work with our claims management partners to uplift capacity and capability, resulting in:
 - An improvement in the RTW rate at 26 weeks from 79 per cent in mid-2019 to 81 per cent in June 2020.
 - A significant improvement in the liability decision timeliness from 72 per cent in January 2018 to 98 per cent in 2020.
- In September 2019, icare made changes to its service segmentation to ensure that all claims likely to result in more than two weeks off work are assigned a dedicated case manager.
- Introduction in early 2020 of Authorised Providers (AP) to provide choice to our large customers.
- Adjustments to our decision-making framework to support frontline claims teams to be able to make decisions closer to the customer.
- Upgrades to our key technology systems, resulting in a significant uplift in the accuracy and timeliness of premium notices and renewals.
- icare is continuing to work with customers and SIRA on improvements to its service model in order to improve RTW outcomes.

The review highlighted the importance of the health of the Workers Compensation system and that the 2015 reforms were based on an identified need to separate the insurance and regulatory functions within the Workers Compensation Scheme.

SIRA's Dore Review of the NI in FY2019-20 is a demonstration of active regulatory oversight which we welcome. These reviews, and ongoing claims file reviews from the 21-point action plan, provide an external view of the areas that we need to address and to recognise and validate the improvements made in FY2019-20. Status reports on our progress against the SIRA 21-point action plan are published on the icare website and status as of September 2020 can be found below.

Customer Advocate

In late 2019, the Customer Advocate led a review to ensure customer views about the performance of the NSW Workers Compensation Nominal Insurer were well understood by icare.

The Customer Advocate made 20 recommendations in December 2019, covering the areas of premium management, claims management, customer engagement and governance. We responded to these by implementing enhancements including:

- Simplified the navigation of icare's website, launching a video on the annual life cycle of a premium – reducing calls on 'premiums' questions by 50 per cent since being launched.
- Aligning brokers and large customers to an underwriter.
- Automating claims costs and new premium documentation created to provide greater clarity for our customers.
- Updating our capability framework to outline minimum standards of competency for all frontline roles and minimum mandatory training for all roles within the scheme. This has been accompanied by a capability assessment tool that provides insights into capability gaps.
- Commencing the roll out of Communities of Practice to target identified competency gaps.
- Expanding the role of the Medical Support Panel (MSP) to include regular consultation sessions with case managers to support medical decision-making.
- A focus on improving communication and decision making within the first seven days of a claim being lodged.
- Working closely with EML to review staff turnover and communication throughout the life of a claim.
- Expanding information on claims pathways and make it more accessible to our customers
- Regular industry executive and icare forums – the first broker forum was held on 9 March 2020. This forum talked about different issues for brokers and provided a mechanism for feedback.
- Launched our industry hub (ihub) with over 300 employers visiting the ihub within the first fortnight.
- Working closely with regional communities to co-design solutions. The Moree community co-design was due to commence in March 2020. It is currently on hold due to COVID-19.

21-point action plan status

Action	Description	Status	Comment
S1*	NI Business Plan		Item has been completed and submitted to SIRA. We are waiting on acceptance of the plan from SIRA.
S2*	Data quality and ICT assurance specialist		The NI claim data submission for April, May and June has meet both the timelines and quality thresholds for fatal errors. The improvement program is now focussed on non financial critical errors and suspect errors as well as improving timeliness of rectifying all error types. 50 out of 55 errors on the SIRA data quality register have been closed. icare are discussing with SIRA the closure on this action item.
S3*	Premium calculation model		Premium rates and premium model updates on hold to provide an element of certainty in the market. The 2020 NI premium filling was deferred under Government Guidance on 19 May 2020 due to the effect of COVID-19.
S4*	Premium reviews and reporting		Item has been completed.

21-point action plan status (continued)

Action	Description	Status	Comment
S5	Dedicated case manager		During 2020, refinement of the triage approach was tested which recommended claims (except very low risk claims), that are likely to result in more than one week off work, receive a dedicated claims manager – changes formalised by November 2020. Further refinement and testing of the triage approach is focussed on medical only claims and where the recovery results are slower than expected. These claims will also receive a dedicated case manager - changes formalised by January 2021.
S6	RTW and agent contracts		By November 2020 icare will have updated all contracts to a risk and reward structure, including incentives to achieve RTW.
S7	Authorised provider model		Following feedback, icare intends to further consult with all stakeholders.
S8	Tripartite meeting		Item has been completed.
S9	Independent review of icare and agents		RFP responses have been received and are being evaluated.
S10	Claims audit		SIRA commenced the Q1 review on 24 February 2020 and finished early due to COVID-19. Q2 review to commence in July 2020 and Q3 in October 2020.
S11	Medical audit		icare is working with SIRA on appropriate levels of pre-approval for allied health sessions.
S12	Prudential supervision		icare notes this is a matter for the NSW Government. SIRA has advised this action has been completed.
S13	SIRA engagement with icare board and executives		Joint meetings with icare and SIRA boards have been arranged twice yearly. SIRA has advised this action has been completed.
S14	Legislative advice		icare continues to consult with SIRA on proposed reforms.
S15	SIRA consultation and definition of KPI and benchmarks		icare supports reliable indicators of performance and looks forward to continued consultation with SIRA on appropriate measures.
S16	RTW measurement consultation		icare supports an independent review of data analysis and RTW measurements. We have adopted the work status measure as our RTW metric, from FY2020-21.
S17	SIRA medical partnerships		icare and SIRA have established a meeting every six weeks to focus on health reforms in NSW WC and CTP.
S18	SIRA health care costs review		icare's feedback to SIRA seeks to improve focus on value-based care, allow appropriate time for case managers to engage with stakeholders to understand treatment needs and increases clarity of guidelines for specific stakeholder groups.
S19	SIRA survey of workers and employers		icare continues to capture feedback from our customers through our Customer Experience Measurement program.
S20	icare board and executive meetings with SIRA and board		Item has been completed.
S21	Performance monitoring		Item has been completed.

Note: S10 to S14 are regulatory actions relating to the Nominal Insurer. S11 to S19 are regulatory commitments. Status and progress for these actions are the responsibility of SIRA, as the regulatory authority for workers compensation in NSW. Where appropriate to icare's role, icare works with SIRA on these and other actions to improve the scheme.

Key * required action not started overdue on track completed

Action tracker – Customer Advocate Recommendations

Action	Description	Status	Comment
C1	Premium notices	completed	Item has been completed.
C2	Premium accuracy	completed	Item has been completed.
C3	Premium information	completed	Item has been completed.
C4	Premium call centre	on track	
C5	Direct underwriting access	completed	Item has been completed.
C6	Claims manager competency	on track	
C7	PIAWE	completed	Item has been completed.
C8	Improve claims management	on track	
C9	Claims communications	completed	Item has been completed.
C10	Claims decision information	on track	
C11	Single case manager	on track	
C12	Proactive claims management	on track	
C13	Mental health claims	on track	
C14	Claims information	on track	
C15	Design customer consolation	on track	
C16	Customer forums	on track	
C17	Customer engagement model	on track	
C18	Improve customer service	on track	
C19	Publish claims performance	on track	
C20	Role of customer advocate	completed	Item has been completed.

Key * required action  not started  overdue  on track  completed

Customer engagement

Connecting with our customers in a face-to-face setting is the role of our Mobile Engagement Team (MET). The MET travels across the state, meeting with communities in both regional and metro locales, with a focus on small-to-medium sized businesses. The team conducts events that deliver education and information tailored to the specific concerns common to the region visited. The MET travelled over 2,000 km and engaged with more than 2,600 people throughout the year.

The FY2019-20 year was our first foray into events in Sydney. Over 200 people attended the icare Workers Insurance Forums in Parramatta and Mascot in March 2020, which delivered industry specific information. We also hosted an extremely successful Mental Health Forum in Mingara on the Central Coast. Some 112 people participated in three interactive workshops that explored the importance of social connections, understanding complex psychological trauma and preventing mental health claims in the workplace. We capped off 2019 with the Insurance and Care Forum, held at the Newcastle Exhibition & Conference Centre in November 2019. With 228 customers attending, 26 different sessions and former NRL player Alex McKinnon as our special guest speaker, it was our biggest event yet and a significant achievement for the team.

Flexibility proved to be an invaluable MET asset after the devastating bushfires in southern and northern NSW in late 2019 and early 2020. As part of icare's Bushfire Response Team, we travelled to communities impacted by the fires including Eden, Bermagui and Nowra and provided support, reassurance and practical advice for bushfire-affected businesses.

In late March, as the world was turned on its head by the COVID-19 pandemic and social distancing made working remotely the norm, we pivoted to a 100 per cent virtual engagement model. By utilising a combination of webinars and live-streaming, we continued to deliver information about the workers compensation scheme to our audiences across the state. By adapting to the needs of our customers, our topics now cover relevant issues such as managing customer aggression, building resilience, and managing teams remotely, along with our staples such as understanding your policy and premiums.

Customer engagement within our virtual model has been highly successful, with an average of 150 people tuning in to each of our 15 sessions and an NPS score of positive 53, validating our commitment to support our customers no matter the circumstances.

Launching the ihub

This year, in support of our strategy to improve the employer experience and deliver value for our customers, we launched the online industry hub (ihub). Following the successful pilot with manufacturing customers, we have expanded the ihub's offering of resources, tools and knowledge articles catering to employers in industries that have the highest claims - manufacturing, transport, health and construction. Each industry has differing and specific needs when it comes to keeping their workers safe and the ihub provides information that is tailored for each of these high-risk industries. The ihub helps our customers make better informed decisions when managing workers insurance and keeping their workers safe, especially during times of change and disruption.

Industry partnerships

We recognise that working in collaboration with businesses and industries drives better outcomes for employers as well as injured workers whilst also ensuring the sustainability of the scheme. In 2019, we launched our first industry partnership, joining forces with the Motor Trades Association NSW (MTA) and Motor Trades Care (MTC). This partnership aims to achieve better safety outcomes in the automotive industry through the sharing of data and knowledge.

The MTC has created a range of programs designed to take businesses through a thorough review of their WHS operations, staff culture and claims history, development and support for the implementation of new WHS and RTW processes and procedures, as well as ongoing education and support services. These programs are designed to reduce the volume and severity of claims in businesses, and in turn, reduce workplace injury costs.

To date, they have engaged with 28 businesses, who account for over \$4 million in annual workers compensation premiums and about 100 claims each year. They also started a regular communications program in conjunction with the MTA that reaches over 1,000 employers monthly. This has been promoting best practice WHS and RTW ideas including a toolkit each for motor trade employers and employees on how to operate safely during the COVID-19 pandemic, along with amplifying our COVID-19 and premium relief updates.

We also worked closely with the AI Group, Australia's peak industry group. This involved the facilitation of Mental Health First Aid training as well as workers compensation specific education, such as RTW and injury prevention training. We continued our industry engagement with the distribution of icare tools, articles and resources. These were delivered to organisations including NSW Farmers, Bus NSW, Road Freight NSW and CPA Australia.

Authorised Provider

The Authorised Provider (AP) model was part of our original operating model design, intended to meet the needs of larger employers by providing them with a choice of claims service provider and access to tailored services that enable them to have increased influence over the RTW journey.

In January 2018, we began piloting the model with Allianz and some of its larger customers. We used learnings from the pilot and the customer feedback received to inform the final design of the AP model.

In November 2019 three authorised providers, Allianz, GIO and QBE, were announced. At the same time, employers with a Basic Tariff Premium (BTP) or Group BTP that exceeded \$1 million were invited to nominate an AP and transfer at a time of their choice on or after 1 February 2020. Employers with a BTP or Group BTP of greater than \$0.5 million were invited to nominate an AP for policy renewal transfers from 30 June. These employers represent around one third of the claims in the NI scheme.

A major milestone was reached on 1 May when QBE launched as the first AP using icare's claims management system. Both Allianz and GIO launched as APs, on 1 February 2020 and started using icare's claims management system in August 2020.

Existing claims with claims service providers will be migrated onto our system over the course of FY2020-21 and FY2021-22. EML has been using icare's claims management system since February 2019.

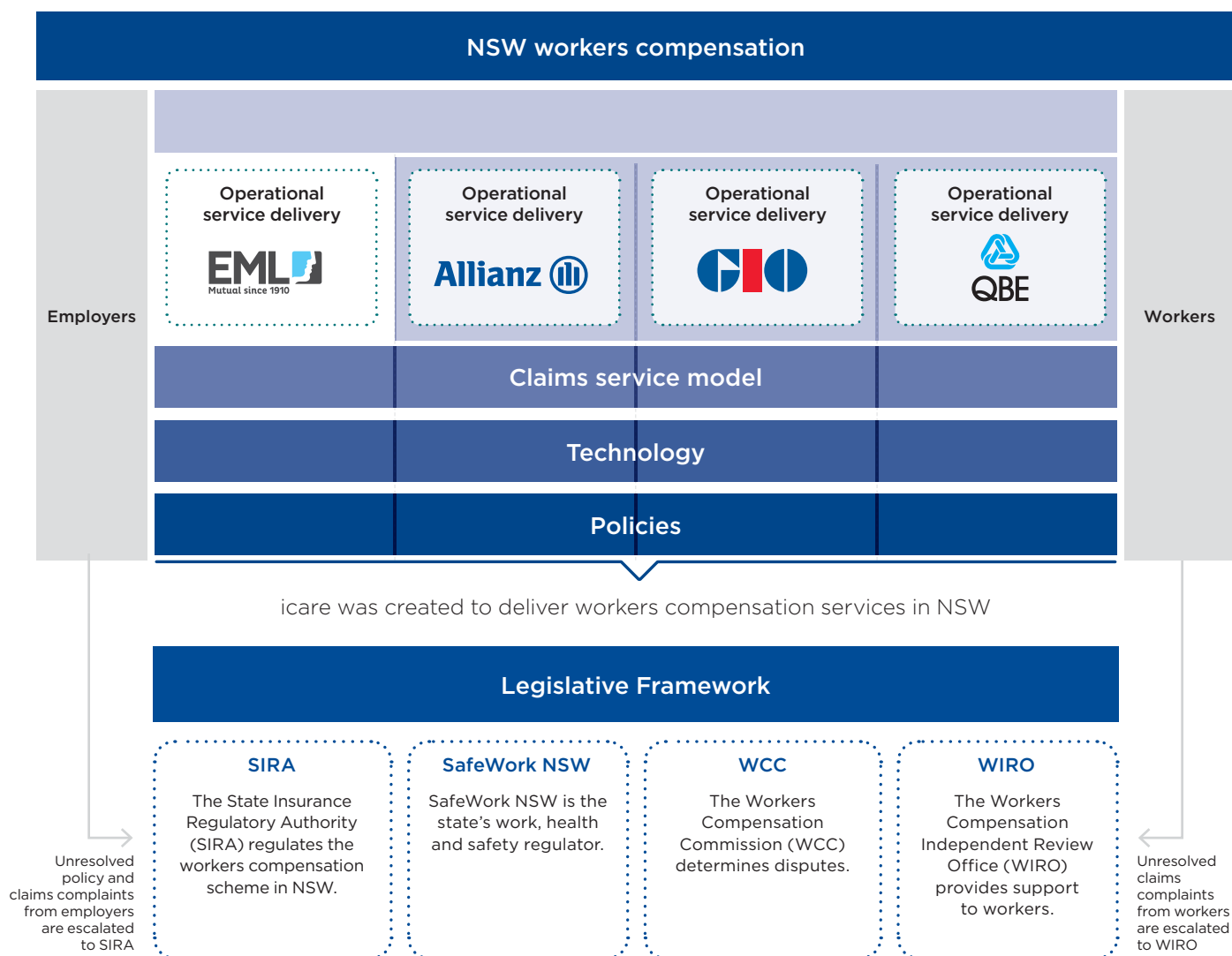
icare's claims system was implemented to support consistency of service delivery across all service providers and to reduce the overheads associated with supporting multiple claims management systems. It has also increased transparency on the claims journey by making more information available to customers through the claim portal. We are focussed on scaling the portal to ensure availability to a greater proportion of our customers as we migrate claims to our claims system. Employers and injured workers benefit from:

- Real time notification of new claims with immediate confirmation of lodgement and claim number.
- The ability to view and upload information on a claim.
- More control over their processes.
- Increased transparency of the claims journey.

Our aim is to improve and simplify the claims management process for workers and employers to allow our customers more time to focus on recovery and RTW.

The NSW workers compensation landscape

icare works with a number of organisations to deliver workers compensation services to the people and communities of New South Wales.



*This claims model infographic is current as of 1 October 2020.

Injury prevention

Helping businesses develop practical improvements in injury prevention was a key focus for the year. We continued to work with NSW businesses through our voluntary injury prevention program Protect Together (P2) and to date a total of 71 businesses have committed to the program. Our Culture Survey has also been rolled out to over 40,000 employees. This tool gives businesses insights into their safety and injury prevention culture across their organisation.

Mental Health First Aid training was delivered to over 200 participants from industries such as health and community services, manufacturing and property services. Aimed at helping businesses develop a mentally healthy workplace, the training was very well received with 98 per cent of participants saying they now feel confident to recognise signs of mental health issues in the workplace and were better equipped to offer support.

A number of special projects aimed at trialling new technologies and techniques to prevent the key causes of injury in the workplace are also underway. These include a study into the effectiveness of wearable technologies in preventing musculoskeletal disorders and a special project to trial targeted injury prevention strategies in the construction industry.

Given the challenges posed by the COVID-19 pandemic, we spent the latter part of FY2019-20 focussing on helping our customers keep their people safe, particularly as they start to return to the workplace after lockdown. We did this by providing checklists, fact sheets and webinars to take our customers through what they should be thinking about when it comes to managing risk and safety in these changed ways of working.

Return to Work (RTW) support

Claims performance

Delivering long-term, sustainable RTW outcomes for injured workers is a key goal of workers compensation schemes, and one of our three strategic priorities.

As of 30 June 2020, the 26-week RTW rate was 81 per cent. RTW can be measured both through a work status based metric and a payments based metric. The work status based metric is consistent with SIRA's approach and from FY2020-21 we will be aligning with SIRA's RTW rate metric.

There's been a slow but steady improvement in RTW rates through late 2019 which continued into 2020. This reflects initiatives we implemented with our service partners, including improving data quality and implementing targeted case reviews to ensure accurate decision-making and other RTW interventions. The latter part of the year did see some impact from the COVID-19 pandemic on RTW, and we are working closely with our claims providers to minimise the impact.

In August 2019, responding to stakeholder feedback, we began publishing a range of claims performance data to provide transparency into the management of claims in workers' insurance. The published data reflects performance from January 2018 and provides a valuable, ongoing public resource on the performance of claims in the scheme through this period of change. We chose not to publish earlier comparative data as the claims portfolios and injury mix for each provider changed materially at that time.

Project Pathway

In mid-2019, we initiated a program of work with our claims service provider, EML, to drive greater operational stability and improve RTW outcomes. While the primary focus was the Support Centre, many of the initiatives have since been implemented across all claim segments.

A broad range of these initiatives focussed on improving operational efficiency and effectiveness, which in turn, has resulted in a better customer experience and included a trial of SMS call-back functionality, a raft of claims management technology enhancements, better claims reporting and enhancements to onboarding and capability programs for frontline staff.

The end of the six-month program saw a significant uplift in the NPS for claims managed in EML's Support Centre (claims with a predicted time loss of less than two weeks), with an increase from negative 17 in July 2019 to positive nine for employers as at December 2019, and a shift from positive six to positive 31 for workers over the same period. The program also contributed to an improvement in EML's 26-week RTW rate from 78 to 80 per cent from July to December 2019.

Service model improvements

Dedicated case manager

Throughout 2019 icare made changes to how we separate and designate case management support. The goal of this updated process is to ensure our most injured workers receive higher levels of support and have access to a case manager, while those with simple injuries receive the right level of support for their respective situations. Allocation to a segment is based on the case management support required by the individual circumstances on the claim, including, but not limited to: the stakeholder assessment (employer, worker and treating doctor) of the claim, the industry, availability of suitable duties, worker's age and health profile, worker's interpretation of their pain as well as injury type and expected duration. Ongoing information is gathered, and claims are routinely reviewed to make sure that the segment allocation is updated should the injured worker's needs change.

To improve allocation to a dedicated case manager we updated our business practices, call guides and claims system to ensure that injured workers are getting the right level of support. While we ask for information at lodgement, we have found that injured workers prefer to provide additional information at initial contact or after some progress of the claim, which is allowing us to allocate segmentation appropriately by day seven of the claim in most instances.

In FY2020-21 icare intends to further refine its case practices to ensure a dedicated case manager is assigned for any workers with ongoing time loss beyond one week where there have been additional risk factors identified.

Decision making accountabilities

With the launch of our claims management system there are greater opportunities for oversight of the scheme. In response to customer and service provider feedback we amended the decision-making framework, including enabling case managers to make referrals to legal providers to assist in making well informed liability decisions. This framework is regularly reviewed to ensure that decisions are made closer to the customer wherever possible, whilst still maintaining opportunities for escalation and oversight within icare. The decision-making accountabilities apply to all our service providers and we are constantly reviewing to make sure that they support effective claims management. The most recent version is available on our website.



PIAWE reforms and review

In October 2012, reforms in the *Workers Compensation Legislation Amendment Act 2012*, inserted detailed provisions for the calculation of Pre-Injury Average Weekly Earnings (PIAWE) into the *1987 Workers Compensation Act* as the way to determine the amount of any loss of income for injured workers.

It has been industry consensus that PIAWE determinations were complex due to the challenges of interpreting and applying the relevant statutory provisions (including requirements relating to the date of injury, particular classes of workers and non-monetary benefits) as well as the significant amount of detailed information to be provided by employers and workers covering, amongst other things, salary, overtime, bonuses, pecuniary and non-pecuniary benefits, leave (paid and unpaid), salary sacrifice arrangements, earnings from multiple jobs, and changes to salary or role.

In addition, under legislation, insurers must assess all the required information and commence provisional weekly payments within seven days of being notified of the injury. As a result, initial payments are often made based on incomplete information. In some cases, additional information is provided by employers or injured workers and the PIAWE is then redetermined and payments adjusted.

Due to the complexities in the approach, PIAWE has been the subject of several legislative amendments since its inception.

September 2019 reforms

In September 2019, the NSW Government published the *Workers Compensation Amendment (Pre-injury Average Weekly Earnings) Regulation 2019*, changing the way an injured worker's PIAWE is calculated. These changes came into effect on 21 October 2019 and were intended to reduce the complexity in the 2012 legislation.

Given the complexity of the PIAWE determination process, the legislative reforms allowed for an agreement between the worker and employer on the earning basis to be used to assess weekly compensation. The aim being to allow for a faster commencement of weekly payments, with full determinations still required when agreement is not documented within five days.

We embarked on a rigorous training regime with our claims service providers in the lead up to these changes coming into effect. We also ran webinars for employers so they could better understand the changes and how they impact PIAWE calculations for their workers.

We ran consultations with subject matter experts, facilitated four training readiness sessions, ensured 199 icare staff completed three PIAWE eLearning modules and hosted 11 consolidation workshops. More than 1,100 staff across six agents were trained and we ran three claims provider train-the-trainer sessions, hosted 94 agent consolidation workshops and trained 68 PIAWE champions across the scheme.

We also co-hosted a webinar with SIRA for more than 300 representatives from NSW Government agencies, employers and brokers, and provided them with unlimited access to our PIAWE eLearning modules. For Insurance for NSW, we complemented the online training with 11 face-to-face sessions for Government agency payroll teams. These sessions were co-delivered by claims managers, technical staff and icare technical managers. We provided key stakeholders with access to a suite of PIAWE resources which are also located on the icare website.

The 2019 PIAWE review

In 2019, we initiated a review of a sample of claim files to understand whether PIAWE had been determined correctly by claims service providers since its implementation in the 2012 legislation. We wanted to ensure injured workers had been paid in accordance with their entitlements under the legislation and regulations.

The 2019 review assessed 3,037 files with weekly benefit entitlements for a period greater than four weeks and paid between 2013 and 2018. The review was to establish whether initial PIAWE determinations by claims service providers were either correct or incorrect - it did not include an assessment whether there were any under or overpayments to injured workers.

This review found that in at least half of the files reviewed all the necessary data (recognising the complexity and extent of the data required) had not been provided by employers or workers. Approximately 26 per cent of the files reviewed were potentially incorrect (with issues ranging from inconsistencies in the data provided by employers, interpretations of the data, and a small number of calculation errors), with the number of over-determinations being roughly equivalent to the number of under-determinations.

About 40 per cent of the PIAWE errors found in the 2019 review related to injuries that occurred before 2015, prior to the establishment of icare.

2020 PIAWE Review and Remediation Program

icare established the PIAWE Review and Remediation Program in early 2020. This remediation program is focussed on claims commencing weekly benefits between 1 October 2012 and 20 October 2019.

The Review and Remediation Program conducted a detailed initial review of 100 files (from the initial 3,037 sample) with incorrect PIAWE determinations to establish if any incorrect payments actually occurred.

Of the 100 sampled claims, 22 were found to have a quantifiable underpayment - the level of this underpayment ranged from \$1 per week to \$358 per week with an average of \$94 per week. Remediation commenced on these claims from mid-July. The review of these 100 files also found that 13 injured workers were overpaid. There is no intention of recovering any overpayment from workers.

Based on the findings from the Review and Remediation Program, it is currently estimated that less than 5 per cent of injured workers eligible for weekly benefits between 1 October 2012 and 20 October 2019 in the NI's portfolio will have a quantifiable underpayment based on the available data.

A full review of a further 1,000 NI claims (comprising claims with the highest total weekly benefit values) is in progress and will provide greater clarity and insights into the extent of the issue.

Through these reviews, icare has prioritised finding a resolution for injured workers who may have received weekly compensation that was less than their entitlement. Regardless of whether these discrepancies arose before or after the formation of icare, we are committed to finding a pragmatic solution to this issue and to ensure injured workers are given the opportunity to have their entitlements under the legislation examined and, if necessary, remediated.

A similar exercise has commenced with the TMF, which covers all NSW Government agencies captured under the 2012 amendments to the *1987 Workers Compensation Act*, to determine whether similar issues exist there.

Section 38A Project

Following a Workers Compensation Commission (WCC) judgment on how weekly benefit entitlements should be determined for Workers With Highest Needs (WWHN), we initiated a project to review all WWHN claims since October 2012.

The program is reviewing and remediating all relevant claims based on the determination these workers are entitled to the full Section 38A, or special provision amount, in addition to any earnings.

This program will form a subset of the PIAWE Review and Remediation Program, providing a better customer experience through a single path to resolving both potential issues.

All workers are encouraged to contact us or the Workers Compensation Independent Review Office (WIRO) with any concerns about their payment determination.



Medical costs

Since 2015, average medical costs per claim have increased by around 40 per cent.

Contributing factors are increasing utilisation of surgical procedures, application of complicated gazetted fee schedules and billing practices, and rising utilisation of medical and allied health services per claim. Part of this is driven by legislative and regulatory rules and guidelines around treatment, which potentially reward overuse or inappropriate treatments compared to other jurisdictions and schemes and allow for treatments that are not evidence-based to be provided.

While we have limited control and only some ability to influence utilisation and medical costs, we are working with our claims service providers to improve controls in this area. Our Healthcare Engagement Team has continued to connect with a broad range of healthcare providers to build their understanding of workers compensation and highlight avenues for workers to recover at work, which has impacted positively on overall claim costs. For example, a medical coding function was established in our claims teams to make sure we pay for treatment within gazetted fees and interventions are as approved by the case manager.

We are also working with SIRA to address the issue at a scheme level. We submitted a response to SIRA's consultation paper on regulatory requirements for health care arrangements in the NSW workers compensation and Compulsory Third Party (CTP) schemes. The response outlined our recommendations for improving the delivery of healthcare through the scheme, while controlling costs.

We commissioned a root cause analysis to better understand the drivers of medical costs and have an active program to support value-based and evidence-informed care for workers.

Many of the opportunities identified, such as regulated fees for medical procedures in the scheme, which are the highest across all Australian jurisdictions, are consistent with those already raised in our submission to SIRA. Spinal surgery for example, can cost NSW employers over \$20,000 compared with just \$7,300 in Victoria. Knee, shoulder and disc surgeries also cost NSW employers close to twice as much as their Victorian counterparts.

Case study

Think Safe Act Safe—Nilsen’s safety mantra

By bringing to life their safety mantra Think Safe Act Safe, family owned electro-technology business Nilsen (NSW) Pty Ltd has reduced their workers compensation claims by 75% per cent and embedded a strong safety culture across their 100-year old business.

Operating in a high-risk industry with their workers geographically dispersed and often working alone, Nilsen has worked hard to build a sustainable safety culture supported by a simple, but strong safety management system. Through Nilsen’s consultative approach, managers and technicians now take full accountability for safety and workers feel confident to speak up openly and regularly about safety matters.

“Nilsen’s story is a great example of the importance of communication and leadership when it comes to building a strong safety culture”, said icare’s Injury Prevention Manager, Jennifer Cameron.

To keep their people safe into the future, Nilsen knew it must build safety capacity at a pace that exceeds the growth of their business.

“As our business grows and technology changes, the risks and risk controls can change quickly. It was therefore crucial for us to ensure that safety is top of mind for our workers as they go about their day to day roles”, said Nilsen’s Health, Safety and Environment (HSE) Manager, Greg Lowe.

Communication is key to Nilsen’s safety strategy. Their approach to safety is consultative and empowering, involving a company-wide campaign called ‘Speak out for Safety’ which encourages workers to speak up when something doesn’t look safe.

An uncomplicated safety management system that supports their consultative culture has also been a key factor in their success. Plain English policies and procedures, risk profiles specific to each site or contract, and regular toolbox talks on a range of safety topics help keep safety accessible and top of mind for all their workers.

Nilsen’s safety initiatives are supported by direct engagement in safety at the highest level. Nilsen’s Board is active in all health and safety matters, regularly visiting Nilsen’s operations to speak directly with managers and workers incorporating discussions around their safety and injury performance.

Their success has been recognised with an icare Aware Award for excellence in injury prevention.



As the HSE Manager I see my role as providing our technicians with the right tools and information to empower them to lead safety, not for me to ‘do’ safety for them.

Greg Lowe, Health, Safety and Environment (HSE) Manager, Nilsen (NSW) Pty Ltd



Key facts



Cover **328,000** businesses with over **32,000** new policies issued and **296,000** policy renewals



More than **3m** workers covered and **\$190bn** in wages insured



63,321 new claims received



Reduced waiting time when a customer calls icare by **75 per cent**

\$2.8 bn net earned premiums



\$1.02bn paid in weekly benefits and **\$712m** in medical benefits



Most **common injuries** include, ligament and muscle strains, wounds, lacerations and musculoskeletal disorders



Insurance for NSW

Through Insurance for NSW our support continues for workers who protect the people and assets of our state.

Insurance for NSW (IfNSW) provides insurance to 202 public sector agencies. We provide workers compensation insurance for 338,000 workers and 82,000 volunteers across NSW. We also protect more than \$228 billion of the state's assets, including the iconic Sydney Opera House and Sydney Harbour Bridge, critical government infrastructure like schools and hospitals, and insure the services provided by the government to the communities of NSW.

Year in review

The year saw IfNSW face extreme challenges alongside our NSW Government agency customers. Bushfires scorched the state, leading to accumulated bushfire losses of agency property that are estimated to be \$508 million as at 30 June 2020. Then came the floods, leaving thousands without power and closing schools. And just as NSW was beginning its recovery the COVID-19 pandemic hit. It continues to cause disruptions to our agency customers' operating rhythms and the cost of losses is estimated to be \$343 million as at 30 June 2020.

To meet these challenges and continue supporting our customers we created specialised teams, fast-tracked payments, introduced remote assessing and bulk lodgements to make it easier for our customers to get back to business. Our Risk Education eXpress (REX) team pivoted to a 100 per cent online offering ensuring our agencies can access learning opportunities whether they're at work, or home.

This year marked 30 years since the inception of the Treasury Managed Fund (TMF), the central scheme managed by IfNSW.

The TMF was created specifically to protect the state's people, assets and services during times of accident, uncertainty and disaster. For the three decades since the TMF commenced, its pricing framework has remained the same, and this year we took steps to review, revise and update the way agency contributions are calculated. This was done by listening to, and working in close collaboration with our agency customers. The pricing framework was introduced in early 2020 and reduces price volatility and administration while increasing transparency and agency understanding of the contribution calculation process.

This year also saw new claims contracts with government agencies through the TMF, presenting the opportunity to align our customer focus and principles to ensure fair and transparent claims management with a clearer accountability framework. Being customer-centric is key to our service model, and we have a dedicated team working directly with claims managers to support the delivery of this model.

Financial summary

Net result ¹	Funding ratio (central estimate)	Investment funds under management	Investment return	Investment benchmark
-\$635m	105%	\$9.5bn	0.77%	1.72%

1. Excluding HBCF

Financial performance

Operating as part of the NSW Government, the funding ratio of the self-insurance schemes, where the TMF is the largest component, at 30 June 2020 is 105 per cent.

As a self-insurance scheme for the public sector, TMF funding arrangements are different from commercial insurance. Unlike other funds managed by icare, the TMF was never intended to operate independently of the NSW budget or finances. The scheme operates in conjunction with NSW Treasury through the Net Asset Level Holding Policy and typically, payments are made by the TMF to NSW Treasury if the funding ratio exceeds 115 per cent and grants are received by the TMF from NSW Treasury if the funding ratio falls under 105 per cent.

The TMF returns surplus funds to Treasury in years where claims of government agencies are lower than expected, and receives funds from Treasury when claims are higher than expected. Over the last year NSW Government agencies experienced larger losses than normal.

As a result of the unprecedented bushfires, COVID-19 and historic child abuse claims, \$2 billion was transferred from Treasury to the TMF. This ensures the TMF remains funded to meet all known losses of government as per its mandate. As such, TMF funding is always maintained within a band of between 105% and 115% of the expected liabilities of the government.

The TMF adopts a high-growth investment strategy and has a history of strong, long-term performance. With a high growth strategy that places a large allocation to equity investments, returns are subject to the volatility of financial markets.

Australia's bushfire season caused unprecedented destruction to the state and its assets. It was the worst bushfire on record for NSW in terms of the scale, the number of properties lost, and the amount of area burned. The bushfires will impact future year financials as well as the financial results for this year.

- From the over \$228 billion in assets we insure across NSW, valuations up to 30 June 2020 have assessed the bushfire claims at approximately \$508 million. These losses include transport roadside infrastructure, public buildings such as court houses and correction centres, hospitals, ambulance stations and fire stations, telecommunication sites and schools.
- Additionally, Crown Land, National Parks, fencing, historic bridges, and radio towers were either damaged or lost. icare is working with NSW Government agencies to support the rebuilding efforts to restore these critical services to bushfire impacted communities. This program of work will continue over the next two to five years.
- While coronial inquests and other investigations continue, potential liability exposure is also being managed.

The TMF has experienced a significant increase in psychological injury claims across government workers. In a December 2019 report it was noted that psychological injury claims have the potential to continue to deteriorate further - costing the state hundreds of millions of dollars.

The COVID-19 pandemic has impacted the funding ratio of the TMF by an estimated \$343 million. This is from a combination of losses relating to business disruptions, cancellations and loss of revenue for agencies operating community icons such as the Sydney Cricket Ground, Sydney Olympic Park, Sydney Opera House and Taronga Zoo. Our support is keeping these important cultural institutions viable for future generations.

An increase in liabilities of around \$800 million for IfNSW in the past year has arisen as a result of historic child abuse claims. A large portion of this provision is in relation to claims that have been incurred but not yet reported (IBNR) - icare has received actuarial advice that the value of these claims can be estimated with a degree of confidence. As such, these IBNR claims are incorporated into the financials. There have also been a number of newly reported latent abuse claims this year.



TMF pricing framework

The year saw the implementation of a new TMF pricing framework. It's the first time in 30 years the framework has been revised and the process involved significant engagement, collaboration and feedback from our NSW Government agency customers. Before being implemented the revised framework was also fully approved and endorsed by the NSW Asset and Liability Committee (ALCO)¹.

The TMF pricing framework details the methodology by which contributions are calculated for NSW Government agency workers compensation and general lines insurance products. The redesigned framework:

- Improves transparency and increases agency understanding of cost drivers.
- Delivers fairer and more equitable pricing.
- Reduces year-on-year contribution volatility.
- Provides risk-based assessments, including emerging risks.

We also aligned the pricing framework with the NSW Treasury budget cycle for a more streamlined process and to reduce the administrative burden on agencies. With a better understanding of the cost drivers, agencies in consultation with IfNSW can focus their energies on positively impacting these factors with a strategic approach. Success in these endeavours will translate to a more favourable contribution calculation.

1. In FY2015-16 NSW Treasury established an Asset and Liability Committee (ALCO) to help the Government ensure the appropriate forums are established to facilitate financial management reform.

The mission of the ALCO is to apply a whole-of-government lens to the state's financial risks and enable informed decisions to achieve an efficient balance of risk and return.

Agency Engagement

Our Agency Engagement team connects with our NSW Government agency customers, offering continuing support, valued risk advice, portfolio management and oversight.

Improving customer experience

Over the year the team has continually evolved the quality and experience of service for our agency customers. By streamlining access to IfNSW, we have made it simpler for customers to access the support services and information they need, including claims management, claim lodgement, risk insights and educational material.

This has resulted in a 12-point increase in our Net Promoter Score, currently at positive 23, meaning our ever-evolving, tailored and relevant range of products and services are meeting the needs of our agency customers.

Lifesaving support

During the year, our Agency Engagement Team distributed 40 Automated External Defibrillators (AEDs) across NSW to help save the lives of people experiencing sudden cardiac arrest. We gave 16 AEDs to NSW Government agencies with high public foot traffic but low budgetary manoeuvrability to purchase extra devices. The AEDs were entrusted to Taronga Zoo, ANZAC Memorial Trust, Australian Museum, Marine Rescue, National Arts School and Volunteer Rescue.

Risk and performance insights

Our TMF Dashboard, a self-service reporting tool to help support agency decision making and claims experience, has been substantially revamped. Not only does it provide customised insights on the key drivers of claims performance and risk across all lines of business, the tool now features an enhanced report format, workforce risk profiling, and provides analysis of claims drivers such as employee engagement.

Connect and Care

Collaborating with QBE and the Frank Baxter Youth Justice Centre, part of the Department of Communities and Justice (DCJ), we co-designed the Connect & Care pilot, an intervention developed to upskill managers so they can handle psychological injuries.

The pilot was successful in creating an empathetic and supportive environment for vulnerable workers to recover from complex workplace injuries, while also improving RTW outcomes and customer experience. Positive outcomes include a reduction in the incidence rate of physical and psychological injuries by 57 per cent in the second and third quarter of FY2019-20 when compared to numbers in the fourth quarter of FY2018-19 and first quarter of FY2019-20.

The promising results from the pilot have led to plans to expand the program to other at-risk government agencies and industries in the coming financial year.

Risk Education eXpress

REX has gone from strength-to-strength in the past year, building out a diverse curriculum of programs and resources for our agency customers. We had 2,895 agency customers participate in 124 face-to-face and virtual programs with an average NPS of positive 68. This is a 164 per cent increase in offerings and 28 per cent increase in the NPS from last year.

Four new initiatives were also rolled out across the year to address specific agency needs: the REX Conference, Agency Specific Program, Mental Health Peer Connect and REX On-Demand.

The inaugural **REX Conference** was held in September 2019, with a theme of Supporting You. Delivering to NSW, it focussed on providing tips and strategies during uncertain and dynamic environments, featured thought-provoking speakers who discussed change, resilience and positive psychology and included an expo centred around mental health and wellbeing.

The **Agency Specific Program** was introduced in early 2020 and allows an agency to apply for any REX program to be run inhouse for their employees. Applications are prioritised and assessed based on how critical the need is and how it aligns to insurable risk.

Mental Health Peer Connect launched in April 2020 and provides ongoing support for Mental Health First Aiders. This initiative provides a collaborative online learning space where our customers can build and refresh their mental health first aid skills and knowledge. REX has trained over 1,800 agency employees as Mental Health First Aiders since July 2018.

In May 2020, **REX On-Demand** opened up a world of *'watch, listen and read'* resources tailored for NSW Government agencies to enable learning anywhere, any time. The resources focus on building knowledge to manage risk, WHS and insurance related activities, enhancing on-the-job performance with easy-to-apply strategies, and tackling current and emerging issues such as the COVID-19 pandemic with practical guidance.

Due to the COVID-19 pandemic impacts, REX quickly pivoted both its educational offerings and delivery systems to support customers and the curriculum was transitioned from predominantly face-to-face to 100 per cent online within a few weeks.



Prevention

Our Injury Prevention Team works in partnership with our agency customers to help build their existing capabilities and enhance their ability to protect their people, assets and services.

This year we worked on a growing number of risk specific and project-based initiatives with agencies to boost physical and mental health within their departments. Individual engagements have included a review of occupational violence and strategy development for the Department of Education, as well as using our Culture Survey to develop insights that blend into the existing safety strategy of NSW Health's Mid-North Coast Local Health District.

We've also examined how technology can enable prevention, partnering with Transport for NSW to develop a new digital driver safety training program so agencies can refresh and enhance the driving skills of staff operating agency fleet vehicles.

In August 2020, we are piloting the use of wearable technology to reduce body-stressing injuries in partnership with NSW Health.

In collaboration with EML, we facilitated a pilot partnership between Fire and Rescue NSW and South Sydney Rabbitohs that gives fire fighters access to the elite athlete training facilities and programs currently used to condition rugby league players. The aim is to improve the physical and psychological resilience of firefighters as well as minimising injury risk and improving post-injury rehabilitation outcomes.

General lines claims

It has been a challenging year for our agency customers as many of their services such as public health, education and emergency services, are deemed essential services and as a result have been heavily leant on to help through the unprecedented events of the year.

Working closely with our general lines claims management provider, Gallagher Basset, we were able to support our agency customers so they could continue their operations during these difficult times.

These included multi-disciplinary claims teams, fast track payments, remote assessing and bulk lodgements, all which minimise the impact to agencies and the services they provide to the NSW community.

Workers compensation claims

In January 2020, Allianz, EML and QBE executed new contracts as claims management providers for our TMF workers compensation scheme, supporting 202 NSW public sector agencies and their 338,000 workers and 82,000 volunteers across NSW.

The new contracts have strengthened alignment between RTW outcomes, provider performance and remuneration. They also ensure the continued provision of empathetic treatment for injured workers, and the continued improvement of our customer experience with fairer and more consistent service and a sustainable scheme. We also had the opportunity to align our icare principles through a clearer accountability framework, generating a more customer-centric view with fair and transparent claims management. To achieve this we have a dedicated team working directly with claims managers to support the effective delivery of the service model.

Through these partnerships we have started new initiatives targeting the increase in psychological injury claims. This includes piloting initiatives with the Medical Support Panel and developing approaches to value-based care for Post-Traumatic Stress Disorder (PTSD) (see case study 2).

Construction Risk Insurance Fund

A scheme within Insurance for NSW, the Construction Risk Insurance Fund (CRIF) provides construction insurance for infrastructure projects on behalf of the NSW Government and its partners.

Leveraging the government's significant infrastructure investment, the fund offers principal arranged insurance and ensures a robust insurance program supports each individual project.

CRIF policies directly insure all parties to government infrastructure contracts including contractors, designers, funding and delivery partners as well as public sector agencies and state-owned corporations. These policies extend over the entire project and eliminate gaps and duplications between policies that were historically provided individually by each contractor or consultant.

The centralisation of insurances for all these projects delivers market-leading insurance solutions at a lower cost than the commercial market to our customers. This means additional funds are available to invest in community infrastructure while not compromising our protection of government assets.

Hardening commercial markets: a challenge and opportunity

This year saw a general hardening of the reinsurance market which posed significant challenges for the CRIF. A global increase in claims has led several insurers to withdraw from the construction market, driving a rise in premiums and a reduction in available capacity. We have stepped up to smooth the impact of market volatility on government projects, keeping costs for the government's intense infrastructure program down without reducing the cover we offer.

The difficult market has presented an opportunity for us to work closely with customers as trusted advisors, offering guidance on potential issues they may face and alternative insurance solutions to ease the impact on infrastructure projects.

Reasonable performance despite fire and flood

We weathered a spike in claims due to the bushfire and flood events across the year to end in a financially stable position.

In FY2019-20 we insured more than 2,500 infrastructure projects worth a combined value of \$7 billion. The premium generated by these insurances helped to offset challenging reinsurance market conditions, while also making allowance for a suitable retention of fund capacity.

Delivering value for NSW

We have continued to deliver exceptional value for NSW infrastructure projects by offering world class insurance products that are around 30 per cent more cost effective for our customers when compared to the commercial market on a like-for-like basis.

New portal launched

We've also launched a new self-service online portal, making it simpler and easier for customers to access our products. The portal gives our customers the ability to take out policies and make amendments to existing policies quickly and easily. The portal also streamlines our invoicing and billing system, bringing oversight back in-house.



Case studies

Building mental health knowledge and resilience in NSW Health

We know people who work within the health system are at risk of developing a mental health condition because the nature of their work exposes them to trauma, long-working hours and occupational violence.

That's why REX partnered with Murrumbidgee Local Health District (MLHD) to build mental health skills and empathy within their ranks by providing practical mental health training.

The MLHD encompasses a vast 125,243 square kilometres from the Snowy Mountains to Hillston and all the way along the Victorian border. Staffed by around 5,000 healthcare workers and hundreds of volunteers, it spans across 33 hospitals and 12 primary health care centres to provide services to approximately 243,228 people.

In August 2019, REX conducted Mental Health First Aid training with staff in identified, high-exposure and influential positions across the district.

Garnering an NPS score of positive 74, attendees reported acquiring new skills in recognising and responding to mental health matters with their peers, as well as during their core business interactions.

“The Mental Health First Aid training will assist me to support workers with post traumatic workplace incidents and more generally with workers mental health. I will also be more sensitive to mental health signs and now have a toolkit of strategies to respond with,” said one attendee.

Following the success of Mental Health First Aid, REX partnered with the Centre for Corporate Health to deliver Vicarious Trauma training virtual sessions to key stakeholders across MLHD. The training was targeted to the facilities most impacted by the January 2020 bushfires. Roles with high exposure to primary and secondary trauma were also provided the training to equip key workforce areas and personnel with the important skills they need to identify the indicators of vicarious trauma and intervene early as appropriate.

Speaking after the training, one attendee said: “This has made my previously traumatic experiences at work easier to process and this is going to change my practice going forward”.

To supplement and build on the face-to-face programs, MLHD can access a range of online mental health resources and tools anytime, anywhere, via our REX portal.



The Mental Health First Aid training will assist me to support workers with post traumatic workplace incidents and more generally with workers mental health...

Workshop participant



Working together to support NSW Police

Of the police officers medically discharged in NSW, around 90 per cent are diagnosed with a PTSD. In October 2019, we partnered with the NSW Police Force to better understand the issue so we could support officers with the most appropriate treatment.

We started the process by tackling the three key areas of concern for NSW Police which were misdiagnosis, over-diagnosis and mistreatment of officers with PTSD. A look at claims data also found that recovery and RTW rates for officers admitted as inpatients as well as those receiving out-patient care were not achieving positive health outcomes, nor were officers returning to work.

Together with NSW Police, industry stakeholders, and healthcare providers, we hosted a series of sessions, taking a considered view of the issues, gaps and viewpoints. As a result of these sessions we have embarked on a journey to refine the ways of working between psychiatric inpatient providers, claims managers and NSW Police so that officers get the right treatment at the right time. This program will start by examining the continuity of care provided to officers when they are discharged from inpatient and outpatient programs, and to ensure all parties involved actively understand and support the discharge plans for injured officers.

“Great to see we all share a common goal and I look forward to the work we are doing as well as continuing to work with all to ensure we have the right support, resources and initiatives in place to support NSWPF,” said one workshop participant.

The partnership is growing and evolving as we work towards the ultimate goal of reducing rates of PTSD while optimising care for affected officers and helping them get back to work and life.



Great to see we all share a common goal and I look forward to the work we are doing as well as continuing to work with all to ensure we have the right support, resources and initiatives in place to support NSWPF.

Workshop participant



Connect & Care: a boost for psychological safety at work

On 22 July 2019, around 20 Youth Justice employees at the Frank Baxter Centre suffered both physical and psychological injuries as the result of an inmate riot. Realising the need to address recovery and RTW strategies, we teamed up with QBE and Youth Justice to pilot a program to upskill managers with the necessary tools to manage psychological injuries.

Together we created the Connect & Care pilot, a series of three workshops designed to increase leaders' capability to effectively connect, engage and support vulnerable workers by developing the participants' theoretical knowledge and practical skills. The program includes:

- a co-designed training intervention,
- a tailored, best practice employers' checklist, and;
- a co-developed organisational framework in the form of an FAQ.

The workshops were designed to scaffold learning and development. Leaders began by developing a deeper understanding of the concepts of complex trauma and trauma-informed care. With this understanding, they then co-designed an employer checklist and organisational framework that fit their workplace and explored solutions to potential barriers that could prevent the checklist from being embedded. Participants were then given highly practical skills and core technical information to implement the framework and checklist, including the roles and responsibilities of key stakeholders. Based on feedback, an FAQ document for the management team was also created to use as a point of reference.

“During the first session we felt under the pump and were feeling the pressure from the riots. It was hard for us to feel empathy when we were still hurting. The training made me realise that this information is a necessity and part of my role as a manager. Having icare and QBE’s assistance has been really powerful,” said one participant.

Positive outcomes include a reduction in the incidence rate of physical and psychological injuries by 57 per cent in the second and third quarter of FY2019-20 when compared to numbers in the fourth quarter of FY2018-19 and first quarter of FY2019-20. A reduction of around \$60,000 in overall psychological injury claims costs in the third quarter of FY2019-20 was also noted, compared to the second quarter of FY2019-20.

“The entire experience was extremely rewarding. The information provided has improved me as a manager and as a person. The relationships I have built, I hope to draw upon in the future,” said a workshop participant.

The pilot has shown promising results for leaders and organisations in developing their skills to support vulnerable workers in industries with high exposure to complex workplace injuries. It also shows that there are positive benefits from developing a clear organisational framework for leaders to engage with workers following an incident to improve recovery outcomes. Further data collection and uptake from a larger cross-section of agencies seeks to strengthen these results.

“

The entire experience was extremely rewarding. The information provided has improved me as a manager and as a person. The relationships I have built, I hope to draw upon in the future...

Workshop participant

”

Key facts



202
NSW Government
agencies insured



15,451
new workers
compensation
claims



338,000
public sector
workers covered



\$765m
paid in workers
compensation
benefits



\$228bn
NSW
Government
assets
protected



\$590m
paid in benefits
across general
lines



Lifetime Care and Support and Workers Care

For the people who have been severely injured on our roads or at work, our support continues through a program of continuous improvement designed to enhance the customer experience and deliver person-centred treatment and assistance aimed at increasing empowerment, independence and quality of life.

Year in review

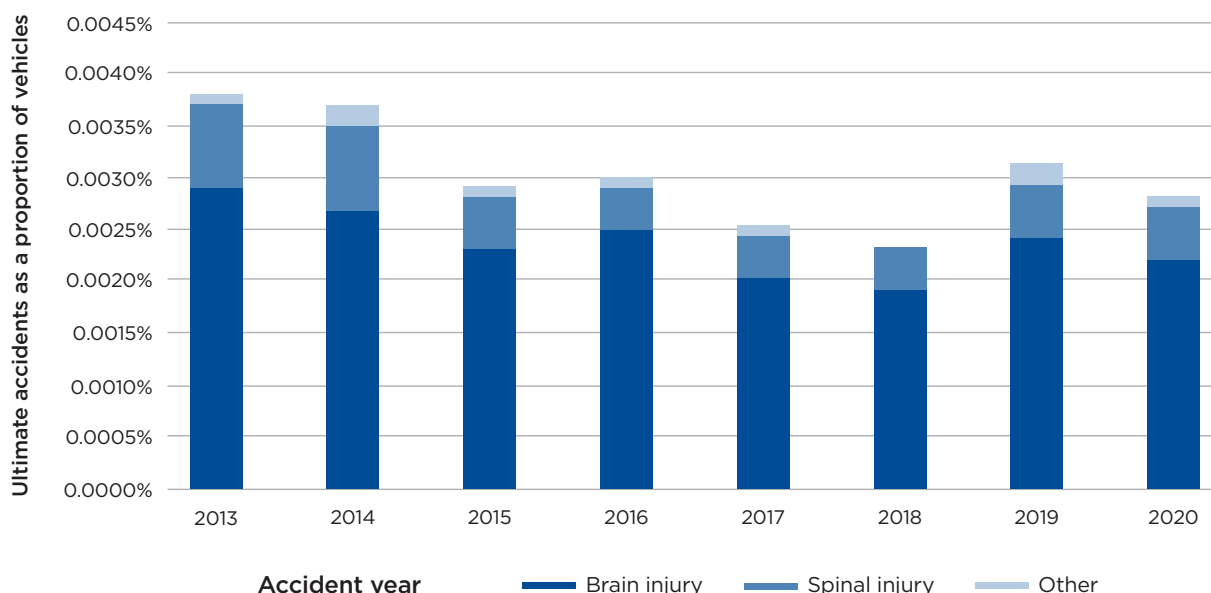
The Care Services we offer include Lifetime Care, Workers Care and from FY2020-21 we are introducing Compulsary Third Party (CTP) Care. Our Care Services teams provide person-centred treatment, rehabilitation and care services to people severely injured in a motor vehicle accident or in the workplace in NSW.

We support 1,585 Lifetime Care (1,567 including 18 in ACT LTC) and 346 Workers Care customers. The majority have sustained a traumatic brain injury or spinal cord injury, with a smaller number whose injuries include amputations, severe burns or permanent blindness. Our customers receive support that includes hospital and medical treatment, rehabilitation, ambulance and other transportation, respite and attendant care services, equipment and prostheses, educational and vocational training, and modifications to a person's home, workplace and/or education facility.

The first CTP Care clients will join in FY2020-21 with the full scheme due to commence from December 2022. The early cohort of clients will be former Lifetime Care participants who did not meet the criteria to remain in Lifetime Care permanently. These are likely to be predominantly people with mild traumatic brain injuries.

The graph below shows the percentage of people who have been seriously injured in a road accident as a proportion of the number of vehicles on the road in a given year since the Lifetime Care scheme was established.

Lifetime Care participants



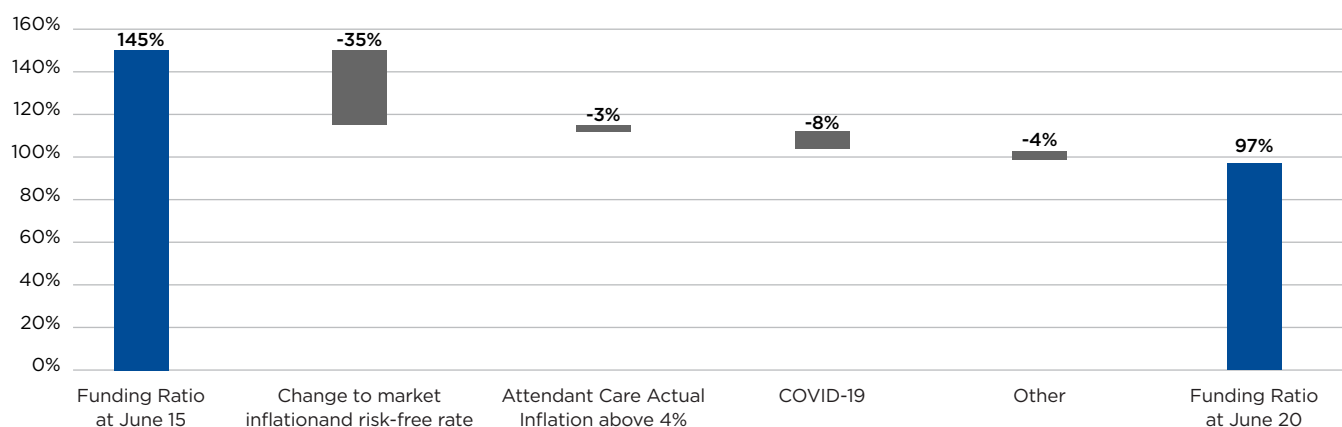
Funds are collected through a levy on CTP policies so we can deliver a comprehensive suite of attendant care services, plus equipment and prostheses, educational and vocational training and home or vehicle modifications. All support aims to empower scheme participants to live life to its fullest.

Financial summary

Net result	Funding ratio (central estimate)	Investment funds under management	Investment return	Investment benchmark
-\$877m	97%	\$6.8bn	0.29%	2.00%

Financial performance

Lifetime Care & Support Scheme
Funding Ratio Waterfall June 2015 to June 2020-LTCS



The Lifetime Care Scheme (LTCS) funding ratio of 97 per cent as at 30 June 2020 has been impacted by changing economic conditions and increasing medical and attendant care costs. Nevertheless, the scheme continues to be in a strong position to meet its obligations.

Since icare's inception in 2015, the greatest impact on the funding position has been the change to evaluating the present value of the scheme liabilities using risk-free rates. These market-driven rates (government yields) were adopted on 30 June 2018 as an accounting change, and continue to impact the funding ratio as the yields change. To date this has adversely impacted the funding ratio to the tune of 35 per cent as shown above.

Rising medical and attendant care costs have resulted in a three per cent deterioration in the LTCS funding ratio. Increases in the hourly rates paid to attendant carers have been the biggest driver of this change. In this market, icare is a price taker and attendant care rates are driven by the larger entities in the market.

COVID-19 related impacts resulted in an eight per cent deterioration in the LTCS funding ratio. This change was driven by the pandemic's impact on investment markets and the consequential reduction in the value of the investments backing the LTCS liabilities.

Customer feedback: W/PRG evaluation

In 2013, we set up our Worker/Participant Reference Groups (W/PRG) so our Care customers could share their experiences with the scheme and discuss new ideas and system changes. Now running for six years and counting, we have five W/PRGs in NSW - Newcastle, Dubbo, Parramatta and two in Sydney's central business district. Each group meets quarterly.

An evaluation by the Customer Insights Team in February 2020 showed that W/PRG members experience a wide range of benefits from being part of the groups such as staying informed about changes in the sector, gaining inspiration and support, being provided with the chance to help improve the system and opportunities to act as advocates for others with similar injuries. During the COVID-19 pandemic, W/PRG meetings moved to a virtual delivery model.

Royal Commission into Aged Care Quality & Safety

In September 2019, icare provided evidence at the Royal Commission into Aged Care Quality & Safety at the hearings in Melbourne. The hearings focussed on young people in nursing homes. At the time of the hearing, we had two LTCS customers under the age of 65 years residing in a nursing home. In both cases this had been a decision reached in conjunction with the families of the participants.

We provided the Commission with statements addressing questions around Lifetime Care eligibility, the discharge and planning processes for customers, the decision-making process, interaction with the National Disability Insurance Scheme (NDIS), and our policy and practice with regards to the admission of young people into nursing homes. The Lifetime Care information presented was viewed favourably by the Commission who acknowledged the work we had done to stop young people entering a nursing home.

Equipment panel providers

Our customers are now able to more easily order and repair equipment that supports them and makes their everyday functioning possible. In September 2019, we appointed an equipment provider panel to supply disability and healthcare equipment for people in both LTC and the Workers Care Program. The panel includes Aidacare, Alter, Astris Lifecare and Independent Living Specialists. They are the key suppliers of aids for daily living, mobility and access such as transfer aids, electric adjustable beds, medical grade mattresses, wheelchairs and seating.

Bushfire response

During the bushfires of late 2019 and early 2020, we realised that many of our Lifetime Care and Workers Care customers could be at risk. Our support and coordination for the bushfires began in November 2019 when many areas of NSW were in a watch-and-act status.

We identified participants who may have been at risk from the fires by utilising the Rural Fire Services (RFS) resources across all status' to cross reference postcodes against people we support.

Across NSW, 25 Lifetime Care and Workers Care customers were directly impacted by the fires. All 25 were offered urgent assistance to safeguard their wellbeing including help with evacuating their homes and finding temporary accommodation if necessary. Road closures and intense heat made simple tasks like filling a prescription significantly more difficult than normal. In one case, a generator was sourced and transported to the participant who couldn't return home without one.

Our support for all Care customers impacted by the fires continues.

COVID-19 pandemic response

Care customers are among the most vulnerable members of our community. The dangers presented by the COVID-19 pandemic caused significant and understandable concerns for our customers.

To maintain continuity of our services, we worked closely with our service providers to ensure they were supported to be able to deliver essential care, so customers experienced as little disruption as possible.

We did this by developing easy-to-understand, plain English guides on social distancing for participants receiving attendant care services. We also worked with a service provider to ensure that protective clothing, masks and hand sanitiser was made available to those who needed it most. We hosted a webinar with our service providers to explore options around community access, so our customers meet their participation and community engagement needs while practicing social distancing.

In addition, we designed service delivery around priorities for treatment and medical services. This was done by taking a more creative approach to the implementation of services inside the participants home, especially where community participation was no longer possible. For example, home based exercise programs and positive behaviour support programs. There was a greater focus on telehealth services where possible.

As a result of the COVID-19 pandemic, some customers were discharged from the rehab units earlier than expected and some were transferred to other hospitals. We arranged alternative accommodation and support for those impacted.

Telehealth services

With service delivery being impacted by the COVID-19 pandemic, more opportunities for telehealth services have emerged. In response, we developed guidelines and advice for service providers supporting telehealth service provision. These guidelines outline how appropriate services can be delivered in a way that is person-centred, fit-for-purpose and supports best practice and evidence-based practice.

WeCare programs moved online to provide mentoring for carers, including children and young people who provide care for their family members. This program is run in partnership with Carers NSW and the icare Foundation.

We also worked with some of the disability providers, including Carers NSW, Synapse and SCIA, to support the fast tracking of their own programs to a telehealth delivery model.

Case Studies

Damien's story: Giving back to those on a similar journey

Damien lives in NSW's Hunter region of Medowie with his wife and four boys under the age of 21. For over 30 years he worked as a roofer in the construction industry and for some of that time, had his own business.

In October 2016, on a day that started out the same as any ordinary workday, Damien was working on a three-metre high steel scaffold when the handrail slipped. He fell backwards and landed on the driveway, sustaining a brain injury.

The ensuing years were not easy for Damien or his family. Damien thought he would return to his job as a roofer but soon learnt his injury meant this was not possible. There were many tears and he felt like a big part of his identity was gone.

In January 2019, Damien participated in our Vocational Intervention Program, known as VIP, a specialised employment program for people in NSW with traumatic brain injury. Through VIP, Damien received vocational counselling and support with retraining, studying, completing job applications and interview practice.

This was a significant change for Damien, who had not completed formal study or a job interview before. It was very different to the work he was used to in the construction industry. As a result, Damien realised he wanted to give back to the community and help others. With this in mind, he enrolled in Community Services studies at TAFE and is now working on a Diploma in Case Management.

When Damien saw the role of Family Liaison Officer with Synapse¹, he thought it was perfect for him. Synapse provides specialist services for people with a brain injury, as well as their carers and family members.

"This role looked perfect for me, it involves making contact with patients and families in hospital after a brain injury, and helping with the transition back to normal life. I had never applied for a job in my life. I never had a job interview and here I was in front of a panel of three people. I was nervous about my interview, I had a lot of support from my case manager and psychologist," says Damien.

Damien was successful and started the job in February 2020, he works out of his home office. "I'm very happy about getting and starting this new job – it feels like a whole new chapter that I've worked very hard for."

A typical day involves visiting people that have just been admitted to the general neurology ward at John Hunter Hospital. He shares support and information and gives families hope. Damien has not been visiting the hospital during the COVID-19 pandemic and instead is keeping in touch with families via telephone.

For Damien, this isn't a job. He enjoys connecting with people regularly who share similar injuries and struggles to his own.



"I understand how important it is to have someone to listen to. It's empowering to meet people on their journey. My accident made a huge difference in my life. My outlook has changed and now I see what is important - it's connection. What else do we have without our family and others," says Damien.



1. The role is part of the Synapse Peer project, funded by icare, and is designed to support people with a brain injury and their families and loved ones during the challenging transition from hospital to home following a brain injury.

Elise's story: slow steps back to work

Elise emigrated from Glasgow with her parents and four siblings in 1981 when she was 16. They lived in the Illawarra area, and Elise followed her mum into nursing. In early 2001, she moved to the Middle East with her then husband, Tim where they lived for 17 years. Whilst there, Elise did some volunteer work in preventative medicine and ante-natal education.

When she finally did get a job with John Hopkins Hospital in Dhahran, her marriage was breaking down. The children were at boarding schools in Canada and the United States, and Elise returned by herself to Australia in late 2017. Elise moved in with her sister Denise and her husband Con in the Shoalhaven region of Ulladulla.

On a sunny afternoon in March 2018, Elise lost control of her car while driving on a notorious bend of the mountain road east of Braidwood in the Southern Highlands. Thirteen hours later, the driver of a Bunnings van going around the same bend noticed the glint of a car and climbed down to find Elise trapped inside. He thought she was dead and called triple-zero to report a death. After hearing a groan, he realised that Elise was still alive. Elise was taken to Canberra Hospital with a fractured skull, pelvis, ribs and right leg, a bleed on the brain and five lung clots. A day after admission, blood from the brain bleed had blocked up and the prognosis was negative.

Within a week Elise was sitting up and singing Queen songs. She spent a month in Canberra and another five months at Liverpool Hospital's brain injury rehab unit. When she finally left hospital, after countless medical and physiotherapy treatments, Elise moved in with her sister Denise. icare arranged a case manager for Elise and set up a range of supports so she could live safely and independently.

Elise was referred to VIP¹, and found a work experience placement at a local clinical practice. This has been really positive and an important step in her rehabilitation and recovery.



"I'm grateful for the opportunity to do work experience in a real clinic. Participating and reconnecting with people in the same field each week has been good for my rehabilitation and for my memory. Plus, it's great to feel normal again," says Elise.



A traumatic brain injury means that Elise's memory, both short and long-term, is still a problem. She has found the process of writing a great way to revive lost memories. Elise continues to receive support from her rehabilitation counsellor, host employer and brain injury rehabilitation service through each stage of her return-to-work journey. Now Elise is ready to move into her own home with her two sons.

"I see moving to my new home as the next chapter in my recovery. I don't imagine this will come without its challenges, but I figure that's the spice of life!" she says.

"I will be indebted forever to those who have helped put my life back together – my sister and family, my doctors, carers and therapists, and of course, icare," says Elise.

1. VIP is funded by the icare Foundation for participants of icare's Lifetime Care and Workers Care schemes and is delivered by vocational rehabilitation providers in partnership with the NSW Brain Injury Rehabilitation Program (BIRP).



CTP Care

In June 2020, the CTP Care program came to life with the introduction of early transfer arrangements agreed with CTP Insurers and the establishment of systems and processes ready to support early clients.

This is the seventh insurance and care program to be administered by icare. The CTP Care program is the result of the State Government's 2017 legislative reforms to the CTP Scheme in NSW which, among other things, changed the way people injured in a motor accident in NSW have their long-term treatment and care provided.

Under the *Motor Accident Injuries Act 2017*, the Lifetime Care and Support Authority is named as the 'relevant insurer' in the CTP Scheme, for the payment of statutory benefits for treatment and care when the person still has needs beyond five years from the accident. This means that people who are still receiving treatment and care from a licensed CTP Insurer after five years, will now have their needs met through the CTP Care program. Under the legislation, CTP Care may begin supporting people before the five-year post-accident point when it is agreed with the CTP Insurer.

Funding is through the Motor Accident Injury Treatment and Care Benefit Fund. This fund is entirely separate from the Lifetime Care and Support Scheme, and we have adopted the name CTP Care for this new function.

Since the Act was introduced on 1 December 2017, we have been building towards a smooth implementation of CTP Care through to December 2022, when people who still have treatment and care needs at five years will begin to transition from their CTP Insurer.

Early transition to CTP Care

As part of the much bigger CTP Scheme where an injured person may still be claiming other benefits and damages from an insurer, planning for CTP Care has involved significant collaboration with SIRA and CTP Insurers to create a seamless experience for transitioning customers. These partnerships have enabled us to develop a pilot to test our systems and processes with people who transfer early to CTP Care under an agreement with the CTP Insurer.

The first people to transition to CTP Care will be interim customers who no longer meet Lifetime Care's severe injury criteria as set out in the legislation. When they exit the Lifetime Care and Support Scheme at two years, they are likely to have ongoing entitlements under the CTP Scheme and are likely to have ongoing treatment and care needs five years after their motor vehicle accident. This makes them very likely to meet the criteria for acceptance into the CTP Care scheme in another three years.

Transitioning the above customers into CTP Care at the two-year post-accident point will prevent the person from having to transfer between different entities multiple times to have their motor accident injury treatment and care needs met. Also, as the entity ultimately responsible for the person's future treatment and care needs, icare can begin our relationship with the person early, understanding their needs and providing the appropriate level of support.

Specialist care

While DDC provides services to workers exposed to occupational dust exclusively, our Advisory and Home Modifications teams provide specialist expertise across our wider portfolios including, but not limited to, Lifetime Care, Workers Care and Dust Diseases Care.

Practice Area Advisory

The Practice Area Advisory Team first came together in June 2019 and has four team members available to assist their Care colleagues who support customers with complex and challenging needs.

The Team does this by assisting frontline staff with the implementation and application of a range of Care policies, projects and new service initiatives, and by building capacity and knowledge related to specialist areas of practice. Support extends to individual case discussions, team information sessions, training and provision of specialist advice.

Key areas of support adapt to meet the changing needs of our teams and customers. Since starting, our focus areas have been positive behaviour support and restrictive practices, education support for children in the Lifetime Care Scheme, vocational and return to work services, management and mitigation of risks related to customers and the navigation of complex service systems and government departments.

By supporting and advising front line teams, the Practice Area Advisory Team can deliver direct benefits to our customers by ensuring our approach in delivering services and support is in line with best practice.

Home Modifications

The Home Modifications Team are an essential component in enabling our customers freedom and independence to stay in their own home following an injury on the road or at work.

We completed 103 home modifications to the value of \$8.4 million through FY2019-20. Modifications such as installation of accessible bathrooms and kitchens, structural changes like door and hallway widening, and installation of ramps or platform lifts, have helped our customers to more readily enter, exit and move around their homes independently and safely. The Team also provide support to customers with relocating or rebuilding their homes due to a change in their personal circumstances. This has been particularly relevant following the bushfires earlier in the year.



Case Study

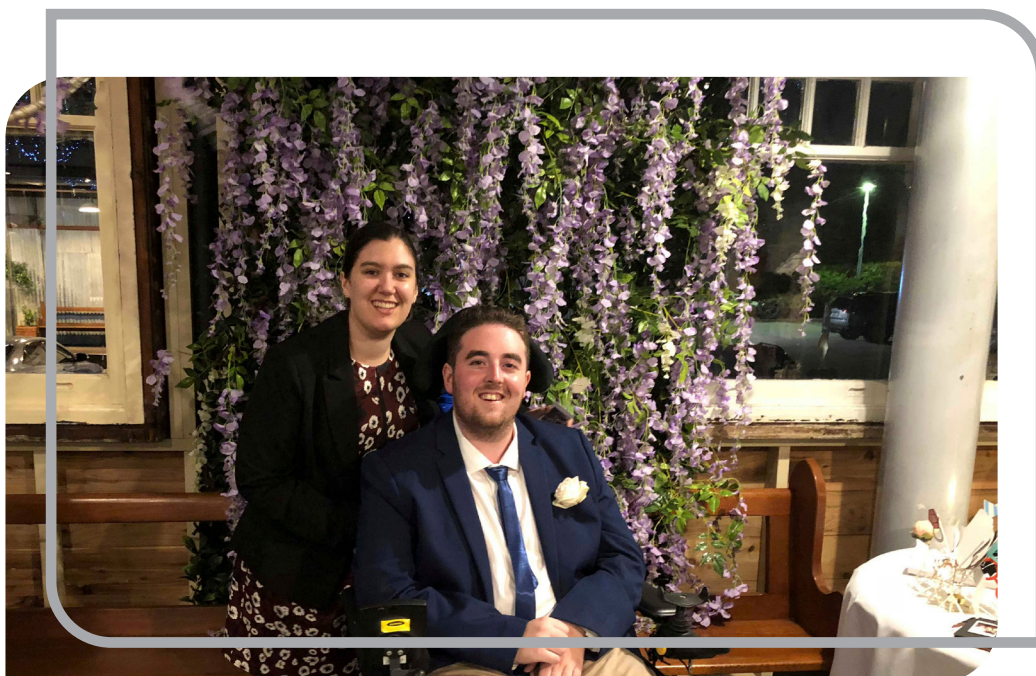
Matt's home modifications

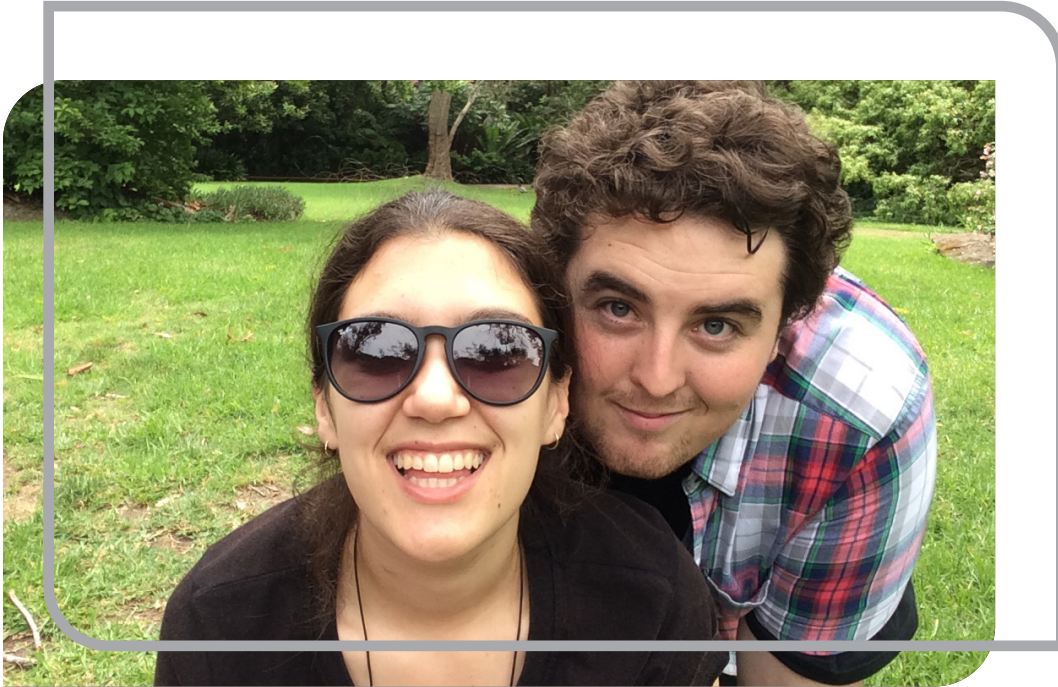
In 2016 at the age of 22, Matt sustained a traumatic spinal cord injury following a motor vehicle accident. At the time, Matt had finished his studies and just started full-time work as a radiochemist.

Matt was renting with flatmates and was concerned that he would not be able to access his home once he returned. We supported him by providing transitional accommodation while we finished the modifications for his new home in the Sydney suburb of Sutherland.

Matt moved into his own apartment in October 2018 and was able to live independently. The modifications included installation of curb rails to an existing ramp, widening of doorways to allow easy access, an area for his carers to rest of an evening and space to socialise with family and friends. Modifications were also undertaken to Matt's parents' house in Parkes, which allowed him to easily visit his parents at any time. These were all very positive milestones for Matt.

Matt lives alone, but he requires complete assistance with personal care and receives attendant care services. He enters his apartment using a chin controlled powered wheelchair. He has also adopted home automation technology to be more independent.





“

“Leaving rehab, I definitely felt overwhelmed with everything that was going on. But having gone through the home modification process, I can say that there is a light at the end of the tunnel, and that you will get through it,” says Matt.

”

In February 2019, Matt got engaged to his long-term girlfriend Allison. Matt's goal is to stand with minimal assistance to hug his fiancé.

“I am getting married in 2021 and planning a wedding and our future together is exciting. I think a lot about future housing and where we will live.”

Matt and Allison have since found a place together and are looking at the modification plans which include space for a family in the future.

Anticipating our future clients

To ensure the processes used to transition clients to CTP Care meet their needs and provide quality ongoing treatment and care, an in-depth understanding of potential clients was required.

The CTP Care Customer Experience (CX) Design Project was set up by SIRA and icare to find out more about the people who would be joining CTP Care, whose CTP claims for an injury on a NSW road continued beyond five years after their accident. To build a strong program, knowledge, data and insights from insurers, lawyers and actuaries who had extensive experience with long-term CTP claimants was essential.

The CX Design team consulted widely with:

- CTP insurers
- Victoria's Transport Accident Commission (TAC)
- actuaries
- legal representatives, and;
- CTP claimants.

Who we spoke to:

Claimants represented different demographics and lived around Sydney and NSW, Queensland and Victoria.

Their claims were made between 1998 and 2018 and were covered by a range of CTP insurers. Some of the customers had been with Lifetime Care.

The team made nine home visits and six phone interviews.

20 people:

- 15 injured
- 2 spouses
- 1 mother
- 1 father
- 1 daughter

Injuries:

- Brain injuries
- Soft tissue damage
- Simple fractures
- Complex multiple fractures
- Knee and wrist tears

Aged between 14-76 years old

Accidents:

2 motorbike | 2 pushbike | 10 car | 1 bus

Treatments:

Surgery | Physiotherapy | Orthopaedics
Hydrotherapy | MRIs | Xrays | Pain killers

A snapshot of their stories

Kai, 14

Kai suffered a brain injury, internal injuries and below knee amputation as a passenger in a high-speed motor accident in 2018. He spent two years with Lifetime Care as an interim participant but his brain injury recovered so well he no longer met the severe injury criteria for Lifetime Care.

John, 29

John was hit by a car while on his motorbike in 2014. He bounced off the car bonnet but only sustained lacerations to his face and a crushed femur which took six months to heal.

Sally, 41

Sally was a passenger in her friend's car in 2015 when her side was hit by a van. She was taken to hospital and diagnosed with a broken wrist. Four months after the accident she started experiencing pain in her shoulder and lower back.

Maria, 61

Maria was driving at 60 kmph when her car was rear-ended and pushed into the car in front. She had a complete triangular fibrocartilage complex (TFCC) tear and 10 years later still experiences occasional pain and flare-ups.

Key facts

Lifetime Care

Supports **1,585** Lifetime Care participants



Female
447



Male
1,138

Injury type



Brain
1,189



Spinal
346



Other
50

In FY2019-20 **170** participants entered the scheme

Child  **33**

Adult  **137**

Female  **43**

Male  **127**

Type of road users

6 Cyclists

55 Drivers

40 Motorbike Riders

35 Passengers

34 Pedestrians



Scheme numbers by geographical groupings

56 Metro Sydney

96 Rural NSW

18 Other¹



1. includes interstate and overseas.

Workers Care

Supports **346** Workers Care participants



Female
35



Male
311

By injury type



Brain
204



Spinal
107



Other
35



Dust Diseases Care

Supporting and caring for people with work-related dust diseases and their families.

For over 90 years, Dust Diseases Care (DDC) has supported tens of thousands of workers who have developed a dust disease as a result of harmful dust exposure while employed in NSW. This includes compensation for people with work-related dust diseases in NSW and their dependants.

Through FY2019-20, DDC has helped approximately 1,836 customers suffering from occupational dust diseases and around 3,274 of their dependants through financial assistance and a comprehensive suite of support services that include healthcare, nursing and personal care assistance, mobility aids, oxygen supplies and support with the activities of daily living.

Financial summary

Net result	Funding ratio ¹ (central estimate)	Investment funds under management	Investment return	Investment benchmark
\$0.0	61%	\$1.2bn	0.73%	2.13%

1. The funding ratio excludes the provision for future levies.

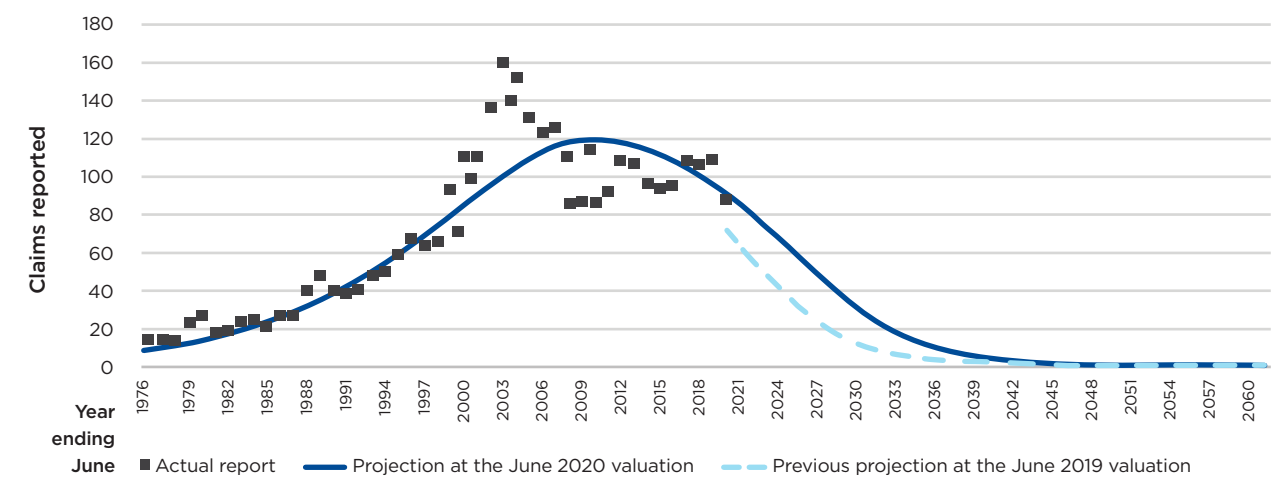
Financial performance

Higher than expected numbers of claims and higher medical screening costs have impacted the scheme's liabilities. These increases may in part be attributable to a new IT customer portal, together with additional assistance provided by DDC Client Liaison Officers facilitating a more accessible claims lodgement process. We have also increased our medical screening services to support the detection of silicosis in exposed workers such as manufactured stone industry employees, which may also have contributed to the increased claim numbers and screening costs. In this regard and in line with recommended best practice, we have introduced a policy of routinely recommending a CT scan for workers with a significant level of exposure to respirable crystalline silica.

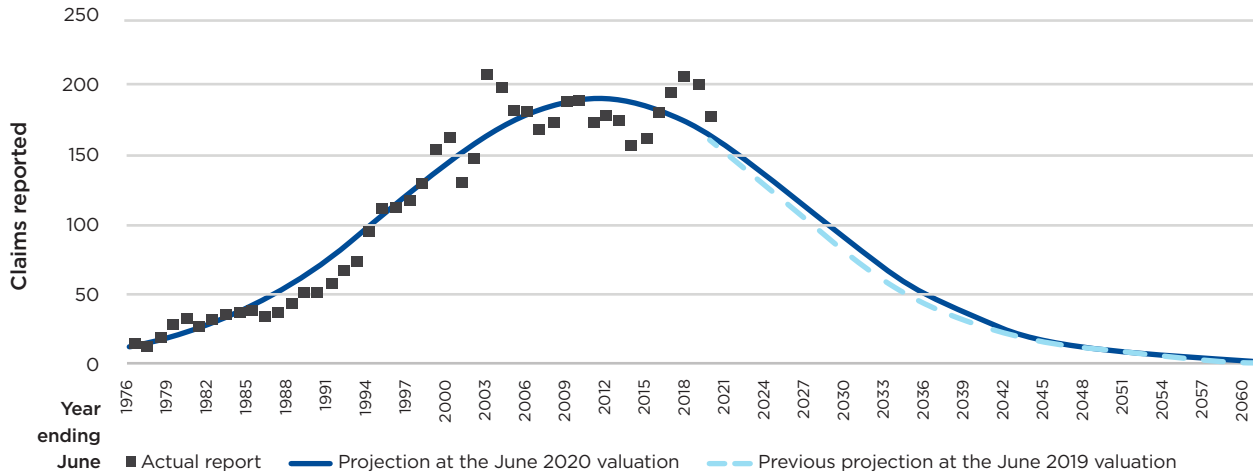
The sustained trend of higher than expected applications and awards are speculated to influence future application numbers. An increase in medical costs in response to the use of CT scans in monitoring the health of workers with significant exposure to respirable crystalline silica is also expected to continue and influence a \$212 million increase in liabilities.

The graphs below show the actual number of reported claims for mesothelioma and asbestosis, and the increase in the projected number of reports from the latest June 2020 valuation compared to the previous December 2019 valuation.

Claim reporting pattern for asbestosis claims



Claim reporting pattern for mesothelioma claims



Adapting our operating model to better support customers

We are continually examining opportunities to evolve our structure, processes and technology to provide better services for customers and better tools and processes for our staff. A transformation project commenced in FY2019-20, examining opportunities to build on the successes of our Customer Liaison Team thereby facilitating greater customer support. The results of this project will see a new organisational structure roll out in FY2020-21, together with improved ways of working including technology and software improvements.

Lung screening services

Our lung screening services include health monitoring, a subsidised service to assist NSW employers comply with their WHS obligations to provide health monitoring for all workers at risk of being exposed to dust in the workplace. We also provide free medical examinations for workers who were employed in a dusty workplace in the past, or who are retired. The process for medical examinations and health monitoring is similar, which includes consultation with a physician, chest x-ray and spirometry.

Our Lung Bus takes screening services to workplaces across NSW to help employers meet their health monitoring obligations for workers exposed to hazardous dust in the workplace.

The Lung Bus also raises awareness of the importance of safe work practices and of worker entitlements if they are diagnosed with a workplace-related lung disease in NSW.

The 13-metre trailer is our 'one-stop shop' for lung screening. It's equipped with a digital chest X-ray room, advanced lung-function testing equipment and a medical practitioner to conduct lung examinations.

Across the year, our Lung Bus travelled to 48 locations in metropolitan and regional NSW and provided 2,498 workers with lung screening examinations for health monitoring. There were an additional 228 lung screening examinations for our Dust Diseases Care customers, resulting in a total of 2,726 workers screened.

Our screening clinic in the Sydney CBD is a dedicated lung screening service for workers exposed to hazardous dust in the workplace. In FY2019-20, there were 901 workers with lung screening examinations for health monitoring purposes. There were an additional 558 lung screening examination for our Dust Diseases Care customers, resulting in a total of 1,459 workers screened.

To ensure the health, welfare and safety of staff and customers, the Lung Bus and screening clinic did not operate during the early stages of the COVID-19 pandemic period from March 2020 to June 2020. Both services resumed from July 2020 with additional safety precautions in line with current legislation and health guidance in place.

Building research capability

Through funding from the Dust Diseases Board (DDB) Grants Program, our goal is to reduce the risk of people developing dust diseases, advance early detection and treatments, and optimise health and care outcomes for people suffering from a dust disease and their families. Our four grant funding streams, Ideas to Action, Support Organisations, Focus and Fellowships & Scholarships, look to foster innovation, collaboration, accelerate research translation and build research capability. DDB Fellowships & Scholarships promote the development of researcher knowledge and expertise across risk identification, disease prevention or quality of life and wellbeing for those with a dust disease.

Over the last year, the Dust Diseases Board convened quarterly to discuss and assess its grants programs. The current Dust Diseases Board members will complete their period of service at the end of the year and a new Board will form as of 1 January 2021.

Law & Justice Committee review

In 2019 the Parliament of NSW Legislative Council's Standing Committee on Law and Justice announced a review of the Dust Diseases Scheme with a focus on silicosis in the manufactured stone industry. Finding the scheme was operating effectively, the Committee handed down 14 recommendations to be responded to by icare, SafeWork NSW and NSW Health.

In line with recommended best practice, we have introduced a policy of routinely recommending a CT scan for workers with a significant level of exposure to respirable crystalline silica. We have also extended our subsidised screening program offered to workers in the manufactured stone industry for a further 12 months.

Our partnership with other NSW agencies such as SIRA and SafeWork NSW continues as we collectively address the recommendations that include raising public awareness, identifying high-risk workplaces and offering subsidised lung screening services. The response was submitted for the Law and Justice meeting on 24 September 2020.

Medical Assessment Panel

The Medical Assessment Panel (MAP) 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. Panel members are respiratory physicians who specialise in occupational dust diseases. The panel is a ministerial appointment and comprises a chairperson and one member each from employer and employee groups. This year the MAP met 44 times and considered 1,940 cases. Of those 1,940, the panel certified 473.

Cases certified by the Medical Assessment Panel

Date range	Mesothelioma	Asbestosis	ARPD	Lung cancer asbestos	Silicosis	Other	Total
2015-16	139	45	66	20	9	10	289
2016-17	175	29	79	21	6	1	311
2017-18	174	47	68	27	8	0	324
2018-19	174	68	79	21	40	4	386
2019-20	170	49	130	14	107	3	473

Case studies

Dust Diseases Board Fellowship study looks at improving work practises towards reducing acute silicosis.

Dr Anna Yeung is a recipient of the 2020 Dust Diseases Board Fellowships and Scholarships Grant Program which has supported her to conduct research on improving work practices that reduce acute silicosis.

Anna's initial focus had been on coal dust in the lungs. She has explored lung tissue models that simulate what happens when coal dust enters the lungs, a condition commonly known as black lung. This led to her current research and interest in silicosis, a condition marked by irreversible scarring of the lung as a result of inhaling crystalline silica dust.

Silicosis, characterised by the formation of nodules within the lung, may lead to shortness of breath, as well as other health complications. Severe cases may require lung transplants. As with all occupational dust diseases, silicosis is preventable, something Anna is passionate about.

Anna's research involves using a lung cell line model to help her understand the toxic effects of silica dust in the lungs. Anna is also planning to work with stonemasons so she can look at ways to improve work practices and the use of respiratory protection to reduce silica exposure.

Anna is hoping her research will lead to the development of information and instruction, in multiple languages, about the correct use of personal protective equipment (PPE) to reduce the inhalation of fine particles of silica dust.¹

1. Silica is a naturally occurring mineral found in most rocks, sand, clay; and in products such as bricks, concrete, tile and manufactured stone.

Key facts

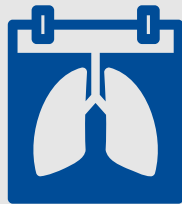


2,726 people were provided lung screening services by the Lung Bus

Lung Bus visited **48** locations



\$108.8m in compensation payments



1,459 people were provided lung screening services at the Care dust diseases clinic

In total we provided **4,185** lung screening examinations



We completed **103** home modifications to the value of **\$8.4m**



5,790 people with a dust disease and their dependents provided with medical and income support



53.1 days: time taken for the medical examination panel to determine a dust disease claim



This year the Medical Assessment Panel met **44** times and considered **1,940** cases



Home Building Compensation Fund

The Home Building Compensation Fund (HBCF) protects homeowners from incomplete or defective residential building work where a builder becomes insolvent, dies, disappears or has had their licence suspended. The scheme provides compulsory insurance and is a safety net for homeowners who have contracted building works and their contractors are unable to honour their commitments.

Financial summary

Net result	Total assets at 30 June 2020	Total liabilities at 30 June 2020	Funding ratio (75% PoA)	Return on balances
-\$109m	\$486m	\$1.2bn	39%¹	0.40%

1. At 30 June 2020, the pre-reform portfolio funding ratio is 25.6 per cent and the post-reform portfolio (1 July 2018 and onwards) funding ratio is 65.7 per cent. It was agreed with industry that the post-reform was to be a staged set of price increases towards sustainable pricing delaying full funding.

Financial performance

HBCF was created following the private sector withdrawal from the market in 2010. In the past, it was policy to subsidise the fund in support of the construction industry and premiums were set at a point insufficient to cover the claims and operational costs of the scheme. Accumulated losses as at 30 Jun 2015 were almost \$300 million and subsequent losses from policies sold before this date have since increased as the seven-year cover periods have developed. Past underfunding has been a major contributor to the current funding ratio of 39 per cent as at 30 June 2020.

The scheme has experienced ongoing deficit positions, with \$745.6 million of unfunded liabilities as at 30 June 2020. Unfunded liabilities are the total anticipated liabilities of HBCF relative to assets on hand. NSW Treasury has guaranteed the fund and they provide grants on a cash loss basis when needed, rather than prefunding future liabilities. The deficit position has in part been driven by the economic impact of the COVID-19 pandemic.

Scheme administrative and policy reforms in 2017 have HBCF on the road to break-even pricing, with new policies other than multistorey units being priced at sustainable levels. A majority of the \$599.4 million unfunded liabilities arises from the 'pre-reform' legacy portfolio which was historically subsidised by the NSW Government as part of transitioning out of the collapse of the private sector home warranty market. Consequently, the NSW Government has committed to funding the legacy portfolio as required.

We continue to position HBCF towards full and ongoing financial sustainability and since 2018 have progressively moved premiums towards full break-even rates in a staged approach that continues the policy of supporting the construction industry. In compliance with SIRA's pricing principles regarding minimising volatility and delivering premium fairness, we are continuing to ensure that policies issued after the reforms are not burdened by the under-pricing of the past and instead represent accurate and proportionate underwritten risk based on actuarial valuations.

This year we conducted a pricing review to address the remaining premium inadequacy. The review examined the building categories that fall short of sustainable funding. Multi-storey constructions up to three stories continue to disproportionately contribute to unfunded liabilities and in line with previous announcements as to HBCF direction, from 1 July 2020, their premiums increased, bringing them closer to self-sustainability.

Several building categories are already meeting their anticipated future liabilities, and due to further operational efficiencies and improved fund investment management, we are in a position to responsibly reduce their premiums, which we did on 15 August 2020. These reductions will benefit approximately 70 per cent of future residential projects insured by HBCF.

The post-reform portfolio is 65.7 per cent funded as at 30 June 2020. We continue to monitor the financial performance of the scheme and are watching closely how the COVID-19 pandemic will impact the building industry and economy. A re-balancing of the scheme in early FY2020-21 will bring clarity to premium changes that are scheduled for 1 January 2021 and our goal of operating on a sustainable or break-even basis across all classes of construction without further need for NSW Treasury support.

Continuing our support through difficult times

The residential building industry has been deeply impacted by bushfires, floods and COVID-19, the effects of which will continue into the future. We continued our support of the industry by assisting builders and homeowners while at the same time balancing the need to be responsible risk managers. We also explored ways to help protect homeowners and encourage healthy competition between builders by ensuring all projects attract correct premiums. And more than ever we worked in close partnership with NSW Fair Trading by exchanging information and collaborating to investigate concerning builder behaviours.

We have been helping builders affected by the bushfires by ensuring our service providers take a pragmatic support-based approach to any issues they are facing. We have also extended HBCF review timeframes to bushfire affected builders and contractors.

Homeowner and industry concerns about a lack of capacity to rebuild fire-damaged houses in a timely fashion were allayed by our analysis showing building contractors had excess capacity, in terms of job value and number limits, to cater for in excess of 30,000 new projects—far exceeding properties damaged by fire. Where builders requested their eligibility limits to be increased, we prioritised processing these applications so they could get on with the job of helping homeowners rebuild their fire-damaged houses.

COVID-19 relief package

Not long after the COVID-19 pandemic hit our shores we acted to minimise its impact on builders. In April, we announced a relief package for the underwriting of eligibility assessments during COVID-19 by granting extensions to builders who were unable to meet reporting obligations. Our proactive approach identified and assisted more than 170 builders who were affected and qualified for relief. We anticipate this number to rise and we will continue to provide this support as necessary. Analysis and examination of other COVID-19 relief options are being looked at and as the situation evolves, our relief packages will be shaped to best support our builders and homeowners.

Working to improve our customers' experience

Throughout the year we met with and presented to builders across the state, listening to their valuable feedback. A significant number of our builder and homeowner customers were also surveyed, with a particular focus on understanding their pain-points. Giving our customers access to channels to voice their thoughts on how we can do better is aiding our quest to improve our offering.

Our Net Promoter Score (NPS) improved strongly from negative 8 at 30 July 2019 to positive 19 at 30 June 2020, an increase of 27 for the year, demonstrating the improvements put in place by us and our partners are being noticed.

Our job is not done yet though, and we continue to listen. The icare Customer Advocate has launched a review of HBCF and is contacting builders, authorised distributors and homeowners to discover ways we can enhance their experience with us. A final report from the review with recommendations is scheduled to be published in September 2020.

Standing behind our home building contract obligations to homeowners, we insured \$15.2 billion of residential projects and issued 62,142 Certificates of Insurance. By focussing on the number and size of jobs a builder undertakes at a time, eligibility assessments allow us to clarify the builder's risk and how much work they can accept concurrently.





Investing in technology to support new and inexperienced builders

There are several steps a builder must take to be approved as eligible. One of those is to participate in the Builder Contract Review Program (BCRP). Designed to help newer builders develop the skills to take on large and complex residential building projects, we recognise it is an invaluable support mechanism nourishing the growth of the residential building industry while it also fosters a more holistic generational transition.

In February, we established a new BCRP Services Panel and introduced more service provider options to builders placed in the program. The BCRP is undergoing further expansion of functionality and we are creating an online application and project management tool that will add an additional layer of learning and development for our builders. This is expected to go-live in FY2020-21.

Work to enhance the Claims Quoting System is also progressing. The system gives eligible builders access to bid for remedial claims work. The upgrade will integrate it into the BCRP, expanding the variety of builders shortlisted for remedial claims projects, broadening builder touch points, and improving and simplifying communication.

HBCF claims

There was one major builder insolvency during the year with 57 active construction jobs at the time the builder closed. HBCF worked closely with the Administrators and affected homeowners to progress the claims.

BIG Corp update

The Building Insurers' Guarantee Corporation (BIG Corp) is a statutory body administered by icare.

BIG Corp and the BIG Fund were established in 2001 as the Government's rescue package for consumers of insured residential builders affected by the financial collapse of HIH Casualty and General Insurance Limited and FAI General Insurance Company Limited.

During FY2019-20 we finalised one claim and paid out \$646,000. There are now only two claims active which are progressing to resolution. Once these two claims are finalised, BIG Corp will be officially closed.

To date BIG Corp has paid over \$300 million in claim payments and associated assessment and administration costs.



Key facts



\$58.9m

Amount of claims payments and associated costs



444

Number of new claims accepted



\$15.2bn

Worth of projects insured



62,142

Number of projects insured



19,382

Number of builders covered



6,580

Number of eligibility assessments processed



Sporting Injuries Insurance

Sporting Injuries Insurance provides insurance and care services for 125 sports organisations in NSW.

Our no-fault scheme covers members of participating sporting organisations and sporting officials against serious injury such as permanent loss affecting a participant's arms, legs, sight, hearing or mental capacity. It does not cover minor injuries like breaks, sprains, abrasions, cuts and bruises or dental injuries.

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

During FY2019-20, eight new claims were received and \$285,035 was paid in benefits to injured people. This year saw a drop off in claims due to the impacts of COVID-19 on sporting competitions, with no new claims received between January and June 2020.

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





icare Foundation

icare Foundation supports innovation and partners with organisations to prevent injury, improve recovery and enhance quality of life for people in NSW injured at work or on the road.

icare Foundation invests in organisations and partnerships that promote the testing, validation and scaling of new approaches and innovations that aim to improve customer experiences and outcomes.

Our focus is on icare's most complex and persistent challenges, funding the development and testing of new, innovative solutions in partnership with leading organisations and start-ups.

We make customer-focussed and socially-driven investments that align to icare's strategy across three target outcome areas: Prevention, Recovery, and Quality of Life.

Year in review

It was a particularly active year for the Foundation involving both new and continuing initiatives.



Key outputs and outcomes

- We established six new partnerships and two program extensions with existing partners.
- Seven key investments made impacts in several areas for participants including:
 - 54 participants had increased work readiness.
 - 47 participants were able to return-to-work (RTW) within six months of taking part in our programs.
 - 57 participants had improved wellbeing and quality of life.
- 108 Journal publications were produced and disseminated.
- As at 30 June 2020, icare Foundation's investments have engaged a total of 8,013¹ project beneficiaries with an intervention designed to benefit their lives, and reached an additional 41,122² individuals in other ways.

1. Individuals engaged since the inception of each investment.
2. Via surveys, consultations, linked data sets etc.



Key figures for FY2019-20

- We approved \$16.7 million in new investments, bringing our total funds spent and committed to \$42 million as at 30 June 2020.



Injury prevention

- We committed \$13.1 million to two new Injury Prevention Funds to drive innovations that prevent physical and psychological injury in high risk settings.

Prevention

We invest in prevention initiatives that help to create safer and healthier workplaces and reduce physical and psychological injuries.

New initiatives

A highlight of the year was the establishment of two injury prevention funds to drive innovations that prevent physical and psychological injury.

Injury Prevention in Construction Fund

The \$3.16 million Injury Prevention in Construction (IPIC) Fund supports innovations that address the root causes of accidents and injury in construction, a high-risk sector.

Through this fund, we are partnering with with Royal Melbourne Institute of Technology (RMIT), the Master Builders Association (MBA) NSW, TAFE NSW, and the Housing Industry Association (HIA):

- RMIT/MBA are transforming the construction industry through research with a focus on improving supervisor-worker communication and relationships, and better social supports for young constructions workers.
- TAFE NSW is developing a virtual reality training experience for working safely at heights.
- HIA is conducting a social media and behaviour campaign to empower and engage young workers in site safety to reduce physical injury for construction workers.

Continuing investments for prevention: at a glance

Our partnership with UNSW and Black Dog Institute on the Workplace Mental Health Research Program has had great success in developing new evidence-based interventions for emergency service workers. In FY2019-20, we have:

- Supported NSW Health to develop Shift, an online resilience and mental health training program for health professionals.
- Demonstrated that a smartphone app (HeadGear) can reduce depression symptoms and potentially prevent incident depression cases, and that such interventions may have a role in improving working population mental health.
- Released the Anchored app, designed to prevent depression and enhance wellbeing, recruiting more than 2,900 users for a randomised controlled trial.
- Developed HeadCoach for Physicians in partnership with the Royal Australasian College of Physicians (RACP) – results from the pilot study suggest this program is beneficial for supervising managers.

The Fire & Rescue NSW Tactical Athlete Resilience Program (TARP) a partnership with South Sydney Rugby League Club, has seen:

- 117 people registered in the program, including 18 people having completed the program.
- 13 induction sessions and 474 training sessions have been completed by 234 Fire & Rescue NSW employees.
- Participants acknowledge the exercise program is helping them to achieve a better work-life balance.

Recovery

We invest in initiatives that support workers to overcome complex barriers to returning to work.

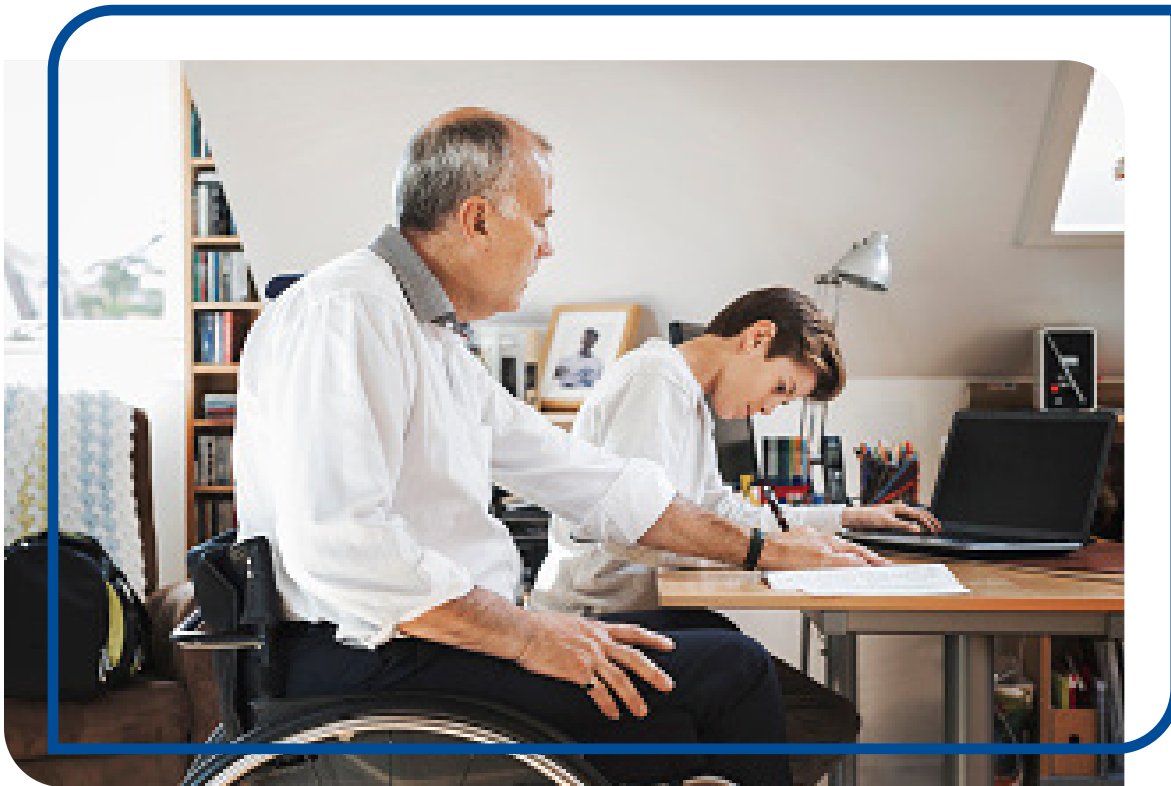
WorkUp

While we know that the NSW Workers Compensation system is effective for most workers, there are some injuries and situations that require a different approach that features an increased focus on greater psychosocial support. To address this, we have partnered with seven organisations offering new solutions for injured workers across NSW through the \$5 million WorkUp Fund. Our seven¹ WorkUp partners are: CoAct, Happy Paws Happy Hearts, Primary and Community Care Services, Makeshift (formerly Rumpus), University of Newcastle, Uprise, and WithYouWithMe.

CoAct's Holistic Intensive Support for Motivation + Work uses an intensive and tailored case management model to holistically support individuals with a workplace injury to return to work. To date, CoAct has supported 18 injured workers, with three of them having returned to work in different jobs or industries to date. 56 per cent of participants reported an increase in work readiness and 67 per cent reported an increase in their wellbeing.

Makeshift's program uses evidence-based creative activities to help injured workers 'return to life'. So far, eight participants have enrolled, seven of whom have completed the program and reported being strongly engaged with the creative activities that are the focus of the program.

1. Settlement Services International were also announced as a WorkUp partner, however this partnership has since concluded.



Continuing initiatives for recovery: at a glance

The Vocational Intervention Program (VIP) is a collaboration between the Agency for Clinical Innovation, NSW Health Brain Injury Rehabilitation Program, and vocational rehabilitation partners across NSW. So far:

- 101 people have taken part in the program, 46 of whom are icare participants.
- 57 per cent of participants have returned to work within six months of completing the program.
- 18 per cent have secured a new or different job.

Despite a terrible car accident resulting in long-term brain injury, Elise is taking steps back to work, thanks to the VIP and icare's Lifetime Care Scheme.

In-Voc, Inpatient Vocational Rehabilitation runs at all three spinal injury units in NSW hospitals. It is delivered by the Royal Rehab Spinal Outreach Service. To date:

- 67 patients actively participated in the program.
- Over two-thirds (67 per cent) were employed, studying or engaged in vocational, pre-vocational, or job seeking activities at discharge.

As a result of our funding, 315 clients (71 being icare participants) have accessed the service and have been offered the opportunity to explore vocational possibilities.

Case study

Happy Paws Happy Hearts

Happy Paws Happy Hearts (HPHH) reconnects people to their sense of self-confidence by engaging with dogs. In partnership with RSPCA NSW and the icare Foundation, the original program was redesigned to support injured workers and has now been adapted as a COVID-19 safe program. Thanks to WorkUp funding, this year HPHH established its first-ever NSW location in Maitland.

People referred to HPHH in Maitland were feeling unsure about their next steps in life and careers, but they all shared a common interest in animals. By participating in HPHH, these people found the inspiration and self-confidence to start looking at opportunities for further education and totally new careers.

News of this success spread to the NSW Police Force Assistant Commissioner, Max Mitchell APM. He talked openly about how exposure to programs like this help scheme participants gain confidence and reduce their levels of anxiety and loneliness.



“Through adopting a newfound sense of responsibility and drive, participants start to feel less vulnerable and can look towards reintegrating into the workforce,”



says Mr Mitchell.

HPHH at a glance:

- 25 participants to-date – all injured workers in our schemes.
- 56 per cent of participants have experienced a sense of improved wellbeing, are more socially connected, and have an improved outlook for what the future holds.
- 12 per cent have experienced an increase in work readiness. This is a significant result for workers who have been off work for a lengthy period of time combined with the nature of their illness, often post-traumatic stress disorder (PTSD).

Eddie's story¹

A police officer with many years' experience, Eddie had been off work for over six months.

Prior to joining HPHH, Eddie wanted to return to the NSW Police Force because it was all he knew, but acknowledged it was not good for him anymore. He was struggling with PTSD and anxiety and, while participating in HPHH, he was medically discharged from the force.

Taking the initial step to attend his first HPHH session was hard because of his anxiety. But after a positive experience, Eddie was eager to return the following week. He talked openly about his struggles with PTSD and how it affected his everyday life, and shared stories about his time in the NSW Police Force.

Eddie has developed a strong sense of achievement by making a difference for the rescue dogs and learning new skills. He wanted to learn new skills that he could keep practising with his dog at home. He had some other goals, like increasing his confidence, developing a positive attitude and showing commitment to joining new social groups.

1. Name has been changed for privacy reasons.

“

“I set out to learn more about animals, how best to train dogs, especially my own. I believe I have reached my goal and am able to put this practice in place,” says Eddie.

“Each time I walk away from the course I feel excited. Even if it is only one dog. Seeing just one dog smile, play and having fun, I feel I have made a difference.”

”



Injured workers stand tall as they help rescue dogs learn new skills

Quality of Life

We invest in solutions that help icare to provide leading care services and support to people who are severely injured, in order to help them achieve better quality-of-life outcomes.

New initiatives

Wheelchair Sports NSW/ACT

Social isolation and lack of physical activity are two significant problems for people living with severe injuries and people with disability. For instance, there is currently no one place or platform for people with disabilities to access information about the range of active recreation and sporting options available to them.

Through a \$813,000 three-year investment from the icare Foundation, Wheelchair Sports NSW/ACT is addressing this through an Adaptive Sports and Recreation Hub. This will be an online, inclusive space which provides information and access to a range of active recreation and sporting activities for people with disabilities. Part of the icare funding will also be used by Wheelchair Sports NSW to build a revenue stream for the organisation and enhance their future sustainability.

wecare

The wecare mentoring program, run by Carers NSW, aims to provide carers with increased resilience, health and wellbeing, and an improved quality of life—helping families and carers put life back together after a loved one sustains a severe injury.

Our initial investment of \$1.7 million over four years helped more than 130 families caring for seriously injured loved ones, all of whom were participants in Lifetime Care, Workers Care or Dust Diseases Care programs. As a result, we have committed to a re-investment of \$900,000 over three years to refine and extend two services: The Carer Mentoring Program and Children and Young People’s Mentoring Program (for siblings and children aged 5-18 years).



Having help like wecare is a relief for Narelle, with son Todd.

Continuing initiatives for Quality of Life: at a glance

Our four investments in the \$3 million Quality of Life Fund have progressed innovations to support severely injured customers in the Lifetime Care and Workers Care schemes. These four partners are: HammondCare, 3Bridges Community, University of Sydney and Brain Injury Australia, and Cerebral Palsy Alliance.

An additional four psychiatry fellowship positions have been funded in 2020 following the success of the first Fellow appointment in 2019, as well as concurrent development of related multi-disciplinary initiatives to increase capacity in this field.

We partnered with University of Sydney and the Royal Australian and New Zealand College of Psychiatry by investing \$2.25 million over three years in the NSW Acquired Brain Injury Fellowships for Advanced Psychiatry Trainees.



From left to right: Psychiatry Fellow **Dr Jodi Cartoon, Senior Psychiatry Registrar**, and her supervisor **Doctor Ralf Ilchef, Clinical Senior Lecturer**, Sydney University.

Case study

Remarkable

We have been the principal partner of Remarkable for the past three years, which has fast tracked the development of new technology solutions for people living with disability and helped shape the disability tech industry in Australia.

Our support has contributed to Remarkable's impact:

- 32 start-ups across five cohorts to participate in the 16-week Accelerator program, collectively reaching 40,496 customers, including 25,640 with disability.
- Of the 32 start-ups, 20 of the products developed have a direct link to icare customers' needs.



Gecko Traxx, one of the 2020 tech startups, provides a portable and affordable wheelchair accessory that enables people to get off-road and explore the great outdoors.

Introducing the fifth Remarkable cohort online

In the midst of this extraordinary year of challenge and change, Remarkable introduced seven tech start-ups in March 2020. This is Remarkable's fifth cohort and the first program that will be run entirely online. Start-ups this year are working on solving a diverse range of problems that have never been tackled through the accelerator before, including a portable manual wheelchair accessory to enable access to the beach and other off-road terrains.

Sameview: Jess and Danny's story

Jess and Danny from Sameview, an online platform for easier and better disability care coordination, completed the Remarkable Accelerator in 2019.

"Most of us are working in the disability sector because we are personally invested in this cause, so taking money was not an easy decision. I never wanted to charge anyone for something until I knew it worked 100 per cent. That was always in my mind. I just want this to work for these people," says Danny.

"Remarkable has given us the confidence to be able to build a business model that encompasses social impact and that offers value for money for our customers."

"The most significant moment in our Remarkable journey was when we took the first payment from our first paying customer. At that point, we had the backing of all the different tools that Remarkable had given us – the business model and the customer understanding. We were confident we were taking revenue for all the right reasons for our business. That has turned our business around."



Jess and Danny from Sameview with their family.

Adapting to the effects of COVID-19

We are investing \$500,000 in the COVID-19 Work and Health Study being run by Monash University. Our continuing support will enable us and our key customers to receive regular insights about changes in the way people work, what these changes mean for work health and safety, and factors that support RTW and work redesign.

We have also supported our partners to adapt to the impacts of the COVID-19 pandemic and ensure continuity of support for participants:

- Black Dog Institute's Shift app added COVID-19 related content to better support the mental health of health care workers.
- Makeshift developed and delivered a new program to ensure injured workers could participate in virtual sessions, and opened the program to injured workers throughout NSW.
- Synapse, who support people impacted by brain injury and disability, pivoted quickly to online delivery methods for all peer support services, with over 80 attendees at recent virtual meetings. They also arranged twice-weekly virtual catchups with participants and are experiencing increased engagement in their online services.
- Carers NSW continued both wecare programs using Skype, Zoom and telephone.
- The Remarkable Accelerator program launched its 2020 cohort of tech startups in March and for the first time, the program will be run entirely online.
- Happy Paws Happy Hearts developed a new virtual program to ensure injured workers could participate in virtual sessions from home, helping to expand the program to more injured workers around NSW.

Visit the [icare](#) website for more information on how icare is supporting customers and the community to manage the impacts of COVID-19.



Listening to and working with our customers

As a social insurer, we strive to go above and beyond to deliver better outcomes and social value for our customers and the broader NSW community.

Supporting our customers and the community

At icare, our customers are at the centre of everything we do. We listen to and work with each of our customer cohorts to ensure we understand their needs and evolve our services accordingly. What our customers have told us has driven our initiatives across all our schemes through the year.

Our Customer Experience Measurement (CXM) journey

We continuously gather feedback from our customers and measure their experience, with a focus currently on our Net Promoter Score (NPS) and with plans to expand to a tiered measurement approach. Monthly insights reports, which draw upon NPS, complaints feedback, and other sentiment surveys, are used to help us understand what is working for each of our customer cohorts and what we need to improve.

This year, we have evolved the existing NPS program to a more comprehensive Customer Experience Measurement (CXM) platform. This advanced CXM platform uses a broad suite of customer measures, including NPS, to provide a much greater understanding of our customers' journey in the moments that really matter to them. The real-time capture and display of customer feedback also allows us to respond to urgent customer needs and identify systemic issues more quickly.

Our advanced CXM program will drive better understanding and decision-making, which will ultimately improve outcomes and experiences for our customers.

NPS results FY2019-20

In FY2019-20 we received feedback from 49,359 customers. icare teams directly responded to negative feedback through our Most at Risk Customers (MARC) program, addressing the individual concerns of more than 3,000 customers.

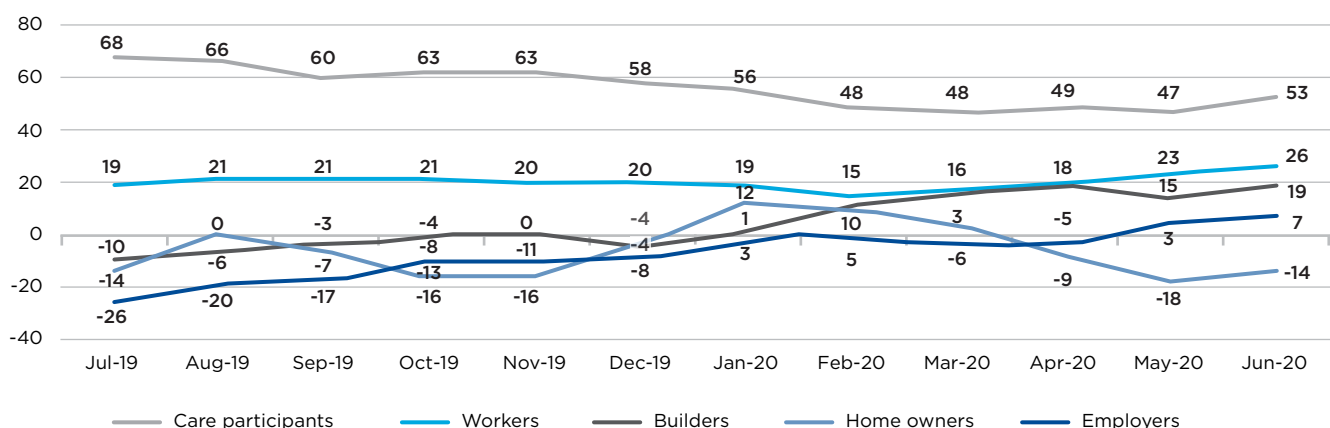
Different customer cohorts have very different relationships with icare, and as such we anticipate considerable variation in the NPS and advocacy scores recorded between these cohorts. We will continue to drive incremental improvements for all customers.

Over the year, advocacy levels from all customer cohorts have either seen strong improvements or have maintained their already high levels of advocacy. Most notably, advocacy from employers and builders has increased from negative 26 and negative 10 to positive 7 and positive 19, with NPS scores for both customer cohorts trending into positive territory by the end of the year for the first time. Employers recognised significant improvements with the claims management process delivered through targeted projects such as Project Pathway, and ongoing enhancements to supporting technology. Builders benefited from lower premiums and improvements to their review process/es. The uplift for injured workers this year was driven from a dedicated focus on improving basic claims management capabilities such as timely payments, proactive communication and accessibility of contacts.

Whilst homeowner advocacy remains low, improvements are starting to be seen as claims provider Gallagher Basset focus on providing more proactive and efficient claims management. We are also anticipating that an independent view by the Customer Advocate will support improvements into the next financial year.

The Care schemes maintain the highest advocacy, with new operating models and processes recently implemented and improvements are anticipated to be seen over the coming months.

NPS by Key Customer Cohorts



NPS by service line

	Workers Insurance	Insurance for NSW	HBCF	Dust Diseases Care	Lifetime Care
Jul-19	5	17	-11	66	72
Aug-19	8	20	-4	65	67
Sep-19	9	21	-4	56	64
Oct-19	12	20	-5	62	64
Nov-19	13	16	-4	60	68
Dec-19	13	15	-4	56	69
Jan-20	14	14	5	52	69
Feb-20	12	13	11	51	24
Mar-20	13	13	11	50	42
Apr-20	15	16	6	52	41
May-20	20	19	0	45	51
Jun-20	23	18	5	51	55
Number of surveys received	38,181	7,984	1,360	1,223	611

Improving customer outcomes and experiences

Our focus is to deliver better outcomes and experiences for the customers we serve and the communities we protect. A key component of doing this involves engaging with our customers and our other stakeholders to design empathetic customer experiences.

Our customer experience design processes provide a voice for the customer to inform our decision-making process. Through human-centred design (HCD) techniques, we conduct research, identify problems, ideate and validate customer-centric solutions, in order to create positive change for individuals, organisations, and the wider community of NSW.

Over the past year, we have conducted customer research and testing of design concepts with some key customer groups including employers, injured workers, and Care participants to ensure we are getting customer input at all stages of the design process.

We also maintain a toolkit of artefacts for all our customer cohort which includes personas, journey maps, and key moments that matter.

In the past year, two of our Care services have been shaped by customer centric experience design. The first of these was the transformation of the service delivery model for DDC to better support care participants and strengthen compliance. Customer experience design was an integral part of the DDC transformation, from conducting research with customers and icare team members, through to designing and testing operation model solutions.

The second Care service is Compulsory Third Party (CTP) Care, a new program for people who have ongoing entitlements and needs under the CTP legislation. Customer-centric design principles have helped to establish this new program, which will be fully implemented in 2022.

Customer Advocate

icare appointed Darrin Wright, a former director of ReturntoWorkSA, as a Customer Advocate in October 2019. The role of the Customer Advocate is to represent the voice of our customers. It provides an objective view, advocating change for systemic issues, whilst having no operational involvement in the resolution of individual complaints or claims. To ensure transparency and maintain accountability, the Customer Advocate reports directly to our CEO and Managing Director, and periodically presents to the icare Board.



Darrin Wright

After completing the review of the customers' views of the performance of the Nominal Insurer (NI) and confirming an ongoing priority to elevate our customers' voice, the Customer Advocate remit expanded into a pilot to test its ongoing role over 12 months. The Customer Advocate will conduct a number of reviews into experiences of customers. Following a targeted review into the Home Building Compensation Fund (HBCF), the Customer Advocate continued to focus on the NI with planned engagement with customers who experience vulnerability to improve our support of the people who need it most. The Customer Advocate is subsequently planned to engage with other customer cohorts across Dust Diseases Care (DDC), Lifetime Care (LTC), and the Treasury Managed Fund (TMF).

The review of experiences that vulnerable customers have will focus on understanding how our customers who are in temporary or ongoing vulnerable situations feel about their involvement with the claims processes that we manage and oversee. It will examine where and when greater levels of support are needed, and how we can evolve our service delivery models to provide better support to customers.

The HBCF review was completed in quarter two FY2020-21 and focussed on the experiences of builders taking out a policy as well as homeowners when making a claim.

The review of the TMF will similarly focus on understanding the experiences of customers relying on our services, namely NSW Government agencies and

their employees. We will work collaboratively with agencies to develop the approach for the review in order to ensure that the review's outcomes provide optimal value to both agencies and their employees.

Evidence-based resources to support customers affected by natural disasters

The recent summer was a devastating season for many parts of NSW due to several extreme weather events. While our Bushfire Response – Mobile Service Delivery Team met with our customers and their communities to listen, engage and assist with claims, policies and other support as needed, our Research Team developed fact sheets to help customers affected by the bushfire disaster as well as flooding and heavy rain.

These evidence-based resources were designed to help people to access services and look after themselves throughout this difficult time. They provided practical advice for dealing with the aftermath of disasters, understanding resultant signs of stress, as well as contacts for important services.

Responding to the impacts of COVID-19

As the COVID-19 pandemic evolved and continued to impact everyone, our focus was on channelling our efforts and resources to help our customers as much as possible.

To help us understand and respond quickly to specific issues faced by our customers, we have added COVID-19 related questions to our NPS surveys to help us gauge how our customers felt about our level of support. Through the surveys we confirmed that overall, customers were comfortable with the level of support they received from icare.

We have been actively working with many customers to help in any way we can, whether it has been by managing policy adjustments, rescheduling medical appointments or ensuring the continuity of care.

Resources to support our customers and the community

We have developed a number of resources and tips to support employers, workers and health providers during the COVID-19 pandemic.

One of the major resources is the COVID-19 Recovery Employer Toolkit, which we created to support NSW businesses to prepare and plan for a safe return to the workplace. The toolkit offers practical steps and checklists to help NSW workplaces identify operational needs and provide protective strategies during the COVID-19 recovery.

Part 1 of the COVID-19 Employer Toolkit was released on 22 May 2020. We will roll out subsequent parts in phases as identified by complementary research into the effects of previous public health events on workforce sustainability. These include Part 2 return to workplace, Part 3 mid-term, Part 4 long-term, and Part 5 pandemic preparedness – future planning. We expect these to be released through the first half of FY2020-21.

Our research is based on a literature review of 70 papers from the past 100 years of epidemics, pandemics and crisis situations. The findings are helping our customers and our business understand the likely impacts of a pandemic on the sustainability and recovery of the NSW workforce.

In addition to the COVID-19 Employer Toolkit and pandemic research, we also created a range of factsheets to support employers and employees. We've provided a range of Q&As for employers, injured workers and participants on our website.

We are also providing tips and online resources to support the mental health of employees working from home. Likewise, we are revising our Social Connections Toolkit and Respect & Resilience program and using social media to encourage everyone to stay in contact with their families, friends, colleagues, and community.

Engaging with the community

We don't do it alone

We liaise, listen and learn from many voices.

Our customers all belong to communities and networks that form the greater ecosystem in which icare operates. We engage broadly with the wider NSW community to understand their needs and values. By utilising insights gained through community engagement, we assist the icare business to improve outcomes for customers and clients.

We travelled 15,616 km to attend 151 engagements, where we interacted with 3,458 stakeholders, workers, injured workers, employers, the general public, community organisations, peak bodies, mental health and wellbeing experts, innovation specialists, thought leaders, social enterprises and not-for-profit organisations.

The unprecedented crises of drought, bushfires, floods and the COVID-19 pandemic brought home the message of staying socially connected. We heard this firsthand as we travelled across the ravaged state, meeting our customers and their communities. When

the pandemic hit, we heard this message even louder through our virtual engagements with customers. As a social insurer, we play a vital role in delivering person-centred services to struggling businesses, people injured at work, government agencies and care recipients. The insights we gathered and the stories we shared allow us to better serve our customers.

Highlights of the year:

- Holding Communitas to support the Dust Diseases Lung Bus. We met with clients, their families and carers to listen to and understand their thoughts on our services and supported them to build social connections with their wider community.
- Pivoting from face-to-face meetings to connecting with our networks, customers and communities virtually.
- Developing partnerships and collaboration opportunities with the NSW Mental Health Network.
- Supporting the empowerment of Aboriginal leaders in the workplace through our sponsorship of the KARI Leadership Program.
- Investigated alternatives to dispute resolution through published literature and engaging with other jurisdictions.
- Bringing a focus to culturally and linguistically diverse communities through translations of important resources.
- Mobile Engagement Team (MET) travelling over 2,000 kilometres and engaging over 2,600 people across the state, meeting with and educating communities face-to-face and through virtual engagements in both regional and metro locales, with a focus on small-to-medium sized businesses.
- Risk Education eXpress (REX) has built out a diverse curriculum of programs and resources, having reached 2,895 of our NSW Government Agency customers through 124 face-to-face and virtual programs.

Social connections matter even more

A socially connected workplace is a more productive and safer workplace, according to research commissioned by icare¹. Regardless of work role, age, gender or background, social relationships are crucial for good physical and mental wellbeing.

In response to numerous requests for resources and ideas on how to build social connections we produced an online resource kit which went live in November 2019. It was launched at two of our customer sessions to over 300 HR employers, managers and supervisors. We also shared it via our social media channels.

1. Undertaken by Griffith University, 2018: Influence of social support and social integration factors on RTW outcomes for individuals with work related injuries: a systematic review.

The kit of resources and ideas forms part of our new online industry hub (ihub) (more information can be found on page 49) and enables people in workplaces to take action, regardless of industry, location or workforce. It includes background information on the research, fact sheets, posters, videos, a calendar and a PowerPoint pack for presentations. Uptake has been extremely positive with 1,061 resource downloads between 1 November 2019 and 30 June 2020.

Since the onset of the COVID-19 pandemic, a greater understanding among supervisors and workers has developed about how feeling socially connected is more important than ever in an increasingly remote world, and as a result, the number of visits and downloads to our ihub has increased. To cater to the increased demand we worked hard to add additional relevant resources and new content to the webpage.

The online toolkit is downloadable at www.icare.nsw.gov.au/socialconnectionsmatter

Respect and Resilience

We commissioned Griffith University, in collaboration with SDA, KFC and the Reject Shop, to develop a pilot program for employers to examine the underlying causes of the rise in customer aggression. The pilot program also looked at how businesses could prevent incidents and respond more effectively when they did occur. The pilot produced very positive results in reducing incidents of customer misbehaviour by 48 per cent and was the basis for further content on respectful behaviour to workers.



With the onset of the COVID-19 pandemic we saw a rise in poor and aggressive customer behaviours towards essential workers. We ran a social media and advertising campaign with two purposes. Firstly, to send a message to the community about the importance of being more respectful of employees. We did this through a social media campaign: *They're doing a great job, give respect*. Secondly, a customer campaign to provide more information for businesses: *Your staff are doing a great job—support them with the right tools*. We developed a webinar for customers where they could learn more about the training and how to support their employees - *Respect & Resilience: managing customer aggression within the context of the COVID-19 crisis*.

Multicultural Update

icare's Multicultural Plan supports the NSW Government's commitment to cultural diversity and ensuring services are provided to culturally and linguistically diverse (CALD) communities. Our 2017-19 Plan was developed in consultation with people from culturally diverse backgrounds including our people, government agencies and third-party experts. This collaboration provided us with valuable insight and provided a clear direction for our work.

As an organisation, we have continued to engage and collaborate with CALD communities to improve understanding of our customers, identify and address barriers, create opportunities, demonstrate strong inclusive leadership and build partnerships with organisations that share our values and behaviours.

While we continue to deliver against the objectives in the 2017-19 plan, we are currently developing our new Multicultural Plan. This plan will help guide us and our partners in designing and delivering services to the communities we serve and build on what we have delivered to date.

As one-third of Australia's population has culturally and linguistically diverse backgrounds, icare remains committed to building engagement and delivering services to all our customers. Our customers reflect the population of NSW.

Service Delivery

We have been focussed on expanding and improving how we provide services to our customers - the people, businesses, injured workers and employers of NSW.

This year we have made significant changes to how customers can manage their workers compensation claims. As part of this focus, we have improved available information for CALD communities. We have created injured worker timeline cards and videos which have been translated into five languages: Arabic, Chinese, Korean, Vietnamese and Hindi.

These resources are vital to outline the activities at different stages during a worker's compensation claim, and it is hoped the translations will make interaction with the claim process easier for our customers.

The translated injured worker timeline cards provide the opportunity for customers to have more informed conversations and ask questions.

We are anticipating that an injured worker will share the translated timeline cards with their families, doctor and close support network so together they can understand what is required.

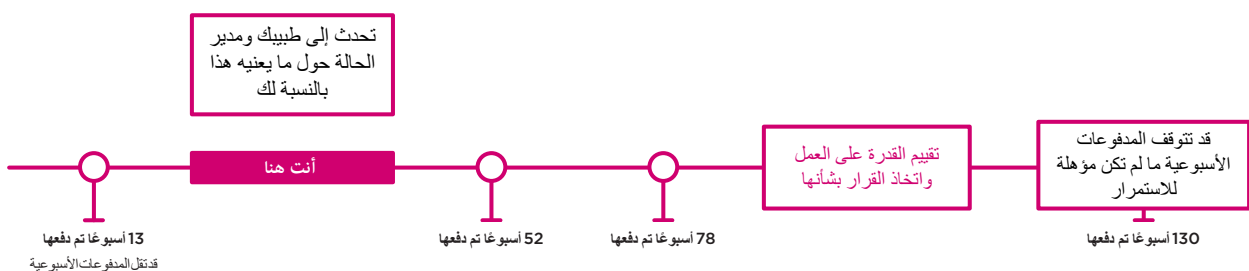
A unique aspect of the translated videos is they include translated captions as well as voice-over, closed captioning and audio descriptions in numerous languages so people living with hearing or visual disabilities can also follow them. We have also made information available on our website to assist employers to communicate with workers from different cultural backgrounds about safety. This includes the development of posters in different languages, such as Arabic, Chinese, Korean and Vietnamese, about how icare can assist both employers and workers.

During FY2019-20, we have seen more than 1,200 customers use our language translation function on the website, translating information into more than 10 languages, including Chinese, Korean, Filipino, Spanish, Arabic, Hindi and Vietnamese.



فريق الدعم الخاص بك

يختلف فريق الدعم الخاص بكل فرد وقد يشمل فريقك:
طبيب | مقدم خدمات العلاج | صاحب العمل | مدير الحالة
موفر إعادة التأهيل في مكان العمل | العائلة والأصدقاء





العودة إلى العمل

إن الذهاب للعمل مهم لتعافيك ولصحتك النفسية على المدى الطويل. ويمكن لاستشاري إعادة التأهيل في مكان العمل مساعدتك في العودة إلى عملك الطبيعي، أو العثور لك على عمل يمكنك القيام به.



الدعم الطبي

تخضع للتغطية التأمينية خدمات سيارات الإسعاف والخدمات الطبية وخدمات المستشفيات وغيرها من العلاجات الضرورية بشكل معقول. وبشكل عام، يقدم موفرو العلاج المعتمدون فواتيرهم لشركة التأمين الخاصة بك مباشرة، إلا أنه يمكنك المطالبة بتعويض بعض المصاريف التي تكبدتها من مالك الخاص، مثل مصاريف الأدوية والذهاب إلى المواعيد الطبية.



مدفوعات أسبوعية

إن العمل لمدة 15 ساعة أو أكثر أسبوعياً سيُفي مدفوعاتك عند نسبة ٩٥٪ من متوسط دخلك الأسبوعي قبل الإصابة، مطروحاً منه الدخل الذي تجنيه خلال هذا الأسبوع. فإذا لم تكن قادراً على العمل لـ ١٥ ساعة على الأقل أسبوعياً، فإن مدفوعاتك ستصبح 80٪ من متوسط دخل الأسبوعي قبل الإصابة، مطروحاً منها أي دخل تجنيه هذا الأسبوع.

يعيدك العمل إلى روتين ثابت، ويمنح لحياتك مغزى وغاية، ويساعدك في الحفاظ على علاقتك الاجتماعية والشخصية. ونحن جميعاً هنا لمساعدتك في العودة إلى العمل. تواصل مع مدير الحالة الخاصة بك لمناقشة الطريقة التي يمكننا بها مساعدتك.

تعرف على المزيد بزيارة www.icare.nsw.gov.au

Planning

Many of our current initiatives have been informed by targeted engagement and research undertaken in 2018 and 2019. Key to this was an engagement strategy developed by our Community Engagement Team with the Multicultural NSW Regional Advisory Councils, including attendance at regional forums. Some of the key themes learned from the engagement were:

- The lack of knowledge and understanding of icare and workers compensation.
- The use of brokers and agents to assist customers from multicultural backgrounds with filling out forms.
- Use of interpreters is essential, particularly at the start of the claim and before the claim is accepted, to assist in accessing services required.
- Insurance is sometimes a new concept for people moving to Australia and communities may also not understand Australian work health and safety practices.
- There is stigma in some cultures to put in a worker's compensation claim.
- Many migrant workers are in high risk industries (like construction) and rely on contractors to provide them with work.

Leadership

icare's Board and Group Executive Team have members whose country of birth include India, Sweden, New Zealand and Australia. Our Senior Leadership Team also has representation across different cultural backgrounds as well as female senior leaders.

Our directors and senior leaders are regular participants in cultural celebrations and responsible for ensuring diverse talent is recruited to icare.

Engagement

Our customer focussed approach means we continue to build our understanding of the needs of all our customers through direct engagement and partnering with organisations, such as the Ethics Communities Council of NSW.

In 2019, icare Foundation supported the Plus Inclusion Health Literacy initiative. Through Plus Inclusion, Primary & Community Care Services has worked with us and our stakeholders to improve the ways CALD injured workers can access the workers compensation system. This initiative has provided data and insights illustrating the differences in claims experiences for people with Mandarin, Cantonese or Korean as a first language, which will be used in the year ahead to develop initiatives that improve service delivery and address barriers for our customers for whom English is a second language.

In October 2019, icare also appointed a Customer Advocate, who has provided increased opportunity for engagement with customers and is looking to the needs of vulnerable customers.



Our people

We connect, develop and empower our people.

Since icare was created, we've aspired to deliver better outcomes for our customers. Our people are passionate about making a difference to, and continuing our support for our customers and the NSW community.

In FY2019-20, we streamlined our Human Resources (HR) support online via the HR Service Centre and are systematically implementing improvements so our people can continue to support and focus on our customers' needs. We equipped our leaders so they can effectively manage their team's performance and could better understand our workforce and what was needed to deliver on our icare strategy.



Shaping up for success

At the end of 2019, we reviewed our team structures to ensure we continue to be there for our customers and the NSW community, no matter what the future brings.

From 1 January 2020, we aligned our Group Executive composition to be structured in a way that supports the delivery of our three-year strategy, and the customer-centricity we aspire to. These changes allow us to focus on enterprise leadership and align functions to drive collaboration and deliver for our customers.

Our Space roll out

In response to accommodation requirements, we implemented an office space restack and activity based working model, named 'Our Space'. We sought our people's feedback through surveys as well as from ambassadors and volunteers. Responding to the feedback, we launched flexible working principles, improved access to hygiene stations and scheduled additional monitors and technology to support greater functionality of collaboration spaces.

Our support continues for our people through the bushfires

In January, 'Managing Vicarious Trauma Workshops' were held across all locations and facilitated by an icare Mental Health Claims Leader. This was to make sure our people felt supported, as they provided assistance to bushfire-affected customers. We also gave our people factsheets developed by our Customer and Community Team which focussed on looking after yourself post-bushfires and how to support our customers and employees affected by bushfire trauma. Employees directly affected by the bushfires were offered access to leave and financial assistance if required. Our people were also able to provide support to the community through identified Bushfire Relief registered charities by making financial donations through a registered platform.

Transitioning to a COVID-19 working world

Following the NSW bushfires, we shifted our focus to supporting our people through the COVID-19 pandemic. A vast majority quickly transitioned to working remotely, giving us an opportunity to find ways that enable our people to continue to deliver support and services to our customers in a virtual format.

Our people received access to the equipment they needed at home to get the job done, as well as online learning opportunities co-designed with our Employee Assistance Program (EAP) provider, Assure, to promote and provide ongoing health and mental wellbeing. We implemented processes to help ensure our people were operating in a safe working environment at home while they continued to adjust to their new ways of working. We also established a Mental Health Peer Support Network, with employee volunteers who had completed Mental Health First Aid Training, so they can offer informal peer support.

We've implemented safe work practices as our people gradually returned to the office. We adopted a phased approach, and based on government health guidelines, established processes and protocols so as not to exceed the maximum approved number allowed inside our offices, so we could maintain physical distancing guidelines. We also continued with our extensive cleaning protocol to maintain a hygienic workplace. Our plans were guided by our intent to share the experience and learnings with our customers, giving them a blueprint that they could adapt to their own scenarios on how a safe and risk-based return to office can be managed.

Who we are

Meet our Group Executive Team

Don Ferguson

Interim Chief Executive Officer and Managing Director (Commenced 4 August 2020)

Don is leading the icare team while an extensive search is conducted for the recruitment of a permanent CEO and MD.

Previously, Don was Group Executive, Strategy and Governance where he led the icare Enterprise Strategy, Risk and Audit, Legal, Ministerial and Parliamentary Support, and Communications and Stakeholder Engagement teams.

With over 25 years' combined experience across personal injury and disability services, Don is a leader with a passion for delivering great customer outcomes through innovation in service delivery.

He has held several senior positions across the government and non-government sectors, including Executive General Manager of the Lifetime Care and Support Authority, Director of MS Australia and Co-Chairman of The Sargood Centre.

Don holds an MBA and is a Member of the Australian Institute of Company Directors.

Don assumed the role of Interim Chief Executive Officer and Managing Director after the resignation of former Chief Executive Officer and Managing Director, John Nagle on 4 August 2020. For John's bio see page 128.

Dr Nick Allsop

Group Executive, Care

Nick is an insurance professional and qualified actuary with more than 20 years' corporate and consulting experience. He has built and led teams focussed on delivering customer outcomes across claims management, finance, analytics and actuarial. At icare he has held the role of Chief Actuary, Chief Financial Officer and Group Executive, Care.

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

Rashi Bansal

Group Executive, Organisational Performance

Rashi is a senior insurance executive who has more than 20 years' experience across strategy, operational planning, reporting and analysis, financial control, reinsurance, capital management, statutory reporting and projects.

She is a qualified actuary and has led finance and actuarial teams across both life and general insurance. Rashi's focus is on leading and developing her team to deliver business outcomes.

Prior to joining icare, Rashi was Chief Actuary and Head of Finance at BT Financial Group. She has also spent 10 years at PwC consulting across a range of clients with a focus on long tail insurance schemes including workers compensation and CTP.

Rob Craig

Interim Group Executive, Digital and Technology

In June 2016, Rob joined icare's leadership team as Executive General Manager, Strategy and Transformation. He led the organisation's Digital and Technology team through FY2019-20 and has played a pivotal role in icare's focus on better servicing customers.

He brings a wealth of knowledge gained from 25 years of senior positions in the financial services industry, including experience in general insurance, consumer, business and institutional banking as well as wealth management.

Rob has worked in the United Kingdom, New Zealand and Australia and has passion and expertise in strategic development, transformational programs, technology integration, as well as business product and process enhancement.

He is an advocate for creative problem solving, out-of-the-box thinking and improving customer experience and has a demonstrated ability to successfully implement transformations in complex environments.

Rob assumed the role of Group Executive, Service Delivery on 1 July 2020 and Interim Group Executive, Personal Injury on 7 September 2020.

Sara Kahlau

Group Executive, Customer and Community

With a background in strategy consulting, Sara leads our customer and community teams to deliver an enterprise wide insights-to-innovation capability. Her prior experience spans general and life insurance, asset management, manufacturing and transport, with a focus on global growth strategies, customer centric operating models and organisational efficiency.

In her role as Group Executive Customer and Community, Sara drives continuous improvement across operating lines through delivery of customer insights, customer experience (CX) design, community engagement, and social investments through the icare Foundation.

Samantha Liston

Group Executive, People and Workplace

Samantha is a senior human resource professional with over 20 years' experience supporting organisations to better manage their people during major technological disruption and change. During this time, she has created a reputation as a trusted adviser to CEOs, leadership teams and company Boards.

Prior to joining icare, Samantha was the Director, Engagement at the Australian Broadcasting Corporation (ABC). She partnered with ABC to deliver on their people, community and communications strategy. Her extensive experience has centred around people, communications, leadership effectiveness and people centric strategies across commercial media, government and publicly listed companies.

Samantha committed to setting icare up for success by creating an effective culture, work environment and ways of working.

Caroline Rockett

Group Executive, Digital and Technology

Caroline joined icare in June 2020 and now leads the Digital and Technology team. She has over 25 years' technology experience supporting organisations in achieving their digital, core business and data strategies.

Caroline's career has spanned across financial services, telecommunications, general and life insurance and Loyalty/Aviation. In her last role as the CIO, Velocity Frequent Flyer, Caroline led the execution of the IT technology strategy, focussed on transformation of the technology platforms.

Caroline not only has a passion for technology and problem solving, she is also passionate about building high performing, motivated and engaged teams.

Elizabeth Uehling

Group Executive, Personal Injury (resigned 4 September 2020)

Beth is responsible for improving customer experience and support for the employers and workers of NSW.

Beth has more than 15 years' experience in the insurance and finance sector, leading strategy and operations functions including distribution, underwriting and claims in some of Australia's largest general insurance and workers compensation organisations.

Most recently, Beth has led the development of the new customer-focussed service model which underpins our recent transformation.

She has a Bachelor of Arts in International Management and a Master of Business Administration, majoring in Finance and Information Systems.

Tony Wessling

Chief of Staff

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

Prior to joining icare, Tony was Chief Officer, Strategy and Transformation at HCF where he led the Private Health Insurance and Life Insurance product management teams as well as Strategy, Innovation and Transformation functions.

At icare, Tony manages the Chief of Staff role for icare in addition to managing enterprise level operations across teams and the short-term and long-term responses to the COVID-19 pandemic.

Tony assumed the roles of Group Executive, Operations and Pandemic Recovery on 1 July 2020 and Interim Group Executive, Strategy and Governance on 6 August 2020.

Andrew Ziolkowski

Group Executive, Prevention and Underwriting

With over 20 years' experience in insurance and financial services, Andrew drives integration and innovation across icare's prevention, underwriting and pricing activities.

Dedicated to enhancing customer experience and operational excellence, Andrew has a track record of both innovation and integration.

Prior to joining icare, Andrew held senior positions across regulatory management, product, underwriting, claims, actuarial and analytics. Most recently he held senior positions at IAG, including Group General Manager, Strategic Regulatory Management, and Executive General Manager, Underwriting, as well as Chief Underwriter at Wesfarmers Insurance.

Number of employees

Category	30 June 2020	30 June 2019	30 June 2018	30 June 2017
Chief Executive	1	1	1	1
Group Executive Team	9	13	10	11
Executives	46	36	45	43
Non-executives	1,116	830	726	605
Total	1,172	880	782	660

Workforce diversity

Workforce diversity trends

Workforce diversity group	NSW Government target %	2020 %	2019 %	2018 %	2017 %
Women	50	65.6	62.8	66	66.1
Aboriginal people and Torres Strait Islanders	3.3	0.6	0.8	0.8	1.5
People whose first language is other than English	23.2	27.5	26.5	24	20.5
People with a disability	N/A	3.3	4.6	5.2	7.4
People with a disability needing work-related adjustments	N/A	0.9	1.6	1.2	2.2

Note 1: Survey respondents are employees who have provided an answer to any of the Workforce Diversity questions, whether they have chosen to withdraw their response or not. In other words, a respondent is an employee with at least one non-missing value for the set of Workforce Diversity questions.

Note 2: The benchmark of 50 per cent representation of women across the sector is intended to reflect the gender composition of the NSW community.

Note 3: The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8 per cent by 2021 for each of the sector's salary bands. If this aspirational target is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent.

Note 4: A benchmark from the Australian Bureau of Statistics (ABS) Census of Population and Housing has been included for people whose first language spoken as a child was not English. The ABS census does not provide information about first languages but does provide country of birth details. The benchmark of 23.2 per cent is the percentage of the NSW general population born in a country where English is not the predominant language.

Note 5: Work is underway to improve the reporting of disability information in the sector to enable comparisons with population data. For this reason, no benchmark has been provided for people with a disability or for people with a disability requiring work-related adjustments.

Distribution of workforce diversity trends

Workforce diversity group	Benchmark target %	2020 %	2019 %	2018 %	2017 %
Women	100	90	90	88	90
Aboriginal people and Torres Strait Islanders	100	N/A	N/A	N/A	N/A
People whose first language is other than English	100	99	87	96	93
People with a disability	100	95	N/A	98	90
People with a disability needing work-related adjustments	100	N/A	N/A	N/A	N/A

Note 1: A Distribution Index score of 100 indicates that the distribution of members of the Workforce Diversity group across salary bands is equivalent to that of the rest of the workforce. A score less than 100 means that members of the Workforce Diversity group tend to be more concentrated at lower salary bands than is the case for other staff. The more pronounced this tendency is, the lower the score will be. In some cases, the index may be more than 100, indicating that members of the Workforce Diversity group tend to be more concentrated at higher salary bands than is the case for other staff.

Note 2: The Distribution Index is not calculated when the number of employees in the Workforce Diversity group is less than 20 or when the number of other employees is less than 20.

The number of women leaders from culturally and linguistically diverse backgrounds at icare is 24. 73 per cent of these women participated and completed individual training courses during FY2019-20.

Connecting our people

Embracing all

We're committed to creating an inclusive workplace that reflects the community we serve. We know that nurturing a culture of inclusion and diversity of thought is key to achieving our vision. When people bring their whole selves to work, feel valued, respected and have a sense of belonging, our work is more innovative, our approaches are more flexible, and we are responsive to the needs of our diverse customers.

Our people had the opportunity to celebrate various diversity and inclusion events including Wear It Purple Day, NAIDOC week where we offered Aboriginal Cultural Safety and Competency workshops and an online course called 'Corporate Culcha', Reconciliation week with the online screening of 'In my blood it runs', International Day of People with Disability with guest speaker, Paralympian Louise Sauvage OAM, Mardi Gras including icare's parade float, International Women's Day and Steptember supporting the Cerebral Palsy Alliance.

Our Disability Recruitment plan was developed and launched on International Day of People with a Disability, 3 December 2019.

Work is underway on the renewal of icare's Multicultural Inclusion Action Plan and Disability Inclusion plan to support the approved Diversity and Inclusion strategy. A Disability and Inclusion Action Group has been formed and will play a key role in guiding and implementing the Disability Action Plan and Multicultural Inclusion Action Plan, prioritising initiatives aligned with the diversity and inclusion strategy and setting and championing the annual diversity and inclusion calendar and initiatives.

Employee Net Promoter Score

Our Employee Net Promoter Survey (eNPS) measures employee sentiment through a workplace-wide survey. Conducted twice a year, the November 2019 score was positive 26; and during the COVID-19 pandemic, the April 2020 score increased to positive 40. Positive themes include a great culture, supportive team and flexible working conditions. Key areas for improvement include having more consistency in the way we communicate, improving the way we coordinate change and better decision-making from our leaders, which includes greater transparency on how decisions are made and stronger direction. We will continue to implement a program aimed at addressing our peoples' needs to ensure we remain a great place to work.

People Matter Employee Survey

We also participated in the NSW's Public Service Commission's annual People Matter Employee Survey (PMES). Open to all employees across the NSW Government sector, the survey measures people's experiences with their own work, their teams, managers and their organisations. We had a 74 per cent response rate to the survey in 2019, and an engagement score of 70 per cent. This is a four per cent increase on the average public sector score.

The positive themes include having a risk aware culture, our drive to keep customers at the centre of everything we do, respect of individual differences and team support. The areas we are working towards improving include the way we manage change, assessing performance against a clear criteria and better cooperation across teams.

Empowering our people

Our people come to work with individual needs, motivations and challenges that could include family, financial or health-related issues. We recognise that providing preventative support and resources can help to ensure issues don't compound or escalate. These include initiatives that encourage physical and mental health, work/life balance and flexibility, and social inclusion. We strive to mirror the same person-centric approach and care we take with our customers with our people.

We invested in several support programs over the year. Our 'Healthier You' initiative encouraged employees to participate in activities to promote physical and mental wellbeing. The program included RUOK day activities, wellbeing seminars, participation in Steptember and increased fitness offerings. We also offered flu vaccination reimbursements as well as early detection leave for preventative check-ups.

Consistent with the training we provide to our employer customers, we also offered our people the opportunity to attend Mental Health First Aid training, with 173 people partaking during the year. The training enables our people to recognise and respond to the first signs of deteriorating mental health in others, so they can proactively direct people to appropriate support or resources.

We launched the "Thrive Mentoring" program in April 2020. The program provides opportunities for our people to learn from each other and promotes collaboration across service lines and functions. 90 people registered for the program, with some volunteering to be both mentors and mentees, creating a total of 54 mentoring partnerships.

Workplace injuries

Our incident reporting system means our people can advise us of any hazards, injuries or near misses they may encounter. We encourage our people to report all incidents, including workers compensation claims, so we can actively address any issues. A new incident reporting eLearning course was developed and implemented to ensure awareness and compliance with the identification and notification of incidents.

We are committed to promoting a safe and healthy work environment that provides immediate and effective First Aid to any of our people and our visitors who have been injured or become ill at our workplaces. Effective First Aid may prevent further harm, reduce the severity of the injury or illness, promote recovery and in some cases, save a life.

We introduced First Aid duress buttons in our Kent Street and Parramatta offices to enable people in our multiple level buildings to quickly access a First Aid Officer in case of emergency. We also offered a practical workshop so that in the event of a life-threatening emergency, our people know how to use the automated external defibrillators (AEDs) available in our offices, when administering cardiopulmonary resuscitation (CPR).

For the FY2019-20 period, there were nine workers compensation claims with an average cost of \$5,983. There were no Work, Health and Safety prosecutions for the reporting period.

Workers Compensation FY2019-20	
Number of employees	1,172
Number of claims	9
Number of claims per employee	0.0077
Total cost of claims	\$53,851
Average cost of claims	\$5,983

Developing our leaders

A focus on leadership development and culture continues to be a priority. The strength of our customer experience rests on the quality of leadership within the organisation, both in providing strategic solutions to customers but also in effectively developing our people and teams.

Our Leadership Essentials program continued throughout the year for leaders joining us or those recently promoted to people leader positions. The program establishes clear expectations of the organisational requirements for managing people, covers good management practices and habits, development and retention.

55 leaders completed the face-to-face program in FY2019-20, with 77 leaders also completing the Management Essentials eLearning module. Performance Improvement Training for Leaders was also rolled out to give leaders a better understanding of our Performance Management Framework and what they could do to get their team back on track and performing at their optimal level, with 157 leaders attending.

icare's suite of compliance training Corruption Prevention Training for Managers were held with our Group and Senior Leadership Teams. An extension of the Code of Conduct and Fraud and Corruption awareness modules from icare's online Essentials training was also added, the program outlined:

- What may constitute corrupt conduct or conflicts of interest, particularly within the public sector.
- Why and how it may occur.
- What leaders can do to take steps to prevent, detect and respond to corruption, including creating a psychologically safe environment for disclosure.
- Process for disclosing potential and/or perceived corrupt conduct or conflicts of interest and where to find additional support and information.

In response to the COVID-19 pandemic, we delivered a Leadership Series from April to June 2020, focussed on supporting leaders to manage their teams as everyone adapted to the virtual ways of working.

As the first line of support for teams after challenging customer interactions, leaders were able to get practical tools for managing emotionally charged interactions, managing teams remotely, debriefing and how to have critical and meaningful conversations. They also had access to strategies to build and maintain resilience during the COVID-19 pandemic. Leaders were offered awareness training to enable them to identify signs of possible domestic and family violence or drug and alcohol use in the workplace, highlighting what their duty of care is and what services were available to support their teams if required. 176 leaders attended at least one of the sessions offered in the Leadership Series.

Talent

We continue to conduct talent and leadership reviews of our most critical and senior roles twice yearly, to determine the depth and capacity of our executive pipeline. Based on our talent identification and review, we've targeted development opportunities for leaders, together with support activities like conferences, executive education and coaching as relevant.

Remuneration and Reward

Remuneration governance

Board	
Overall responsibility for the remuneration framework and policy. Reviews and, as appropriate, approves recommendations from the People and Remuneration Committee (PRC). Approves contractual arrangements for the CEO.	
People and Remuneration Committee	
<p>Reviews and recommends for approval to the Board:</p> <ul style="list-style-type: none"> Employee remuneration framework and policy. Performance payment schemes. CEO remuneration package. Organisation-wide performance objectives and measures. CEO performance objectives and outcomes. 	<p>Approves:</p> <ul style="list-style-type: none"> GET performance assessment and outcomes. GET individual remuneration packages. <p>Also:</p> <p>Provide advice to the Board on remuneration matters.</p>
CEO and Managing Director	External advisors
Makes recommendations to the PRC on the GET remuneration and performance objectives.	Provide independent advice to the PRC on remuneration for the CEO and GET.

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:

- Strategic alignment – attract and retain executive talent to deliver on our strategy.
- Fair and equitable – market competitive and internally equitable.
- Performance-linked – reward superior performance for achievement of objectives.
- Values and behaviour-driven – support behaviours aligned to our icare values.
- Simple to understand – simple to explain, administer and operationally efficient.
- Commercial – deliver value and affordability; strongly linked to our financial performance.

Remuneration components

Our remuneration framework comprises fixed remuneration that includes superannuation, and performance payment plans in which many of our senior leaders participate.

Fixed remuneration

Fixed remuneration considers skills, experience, performance and where appropriate, the market. Our benchmarking targets fixed remuneration against the market median for comparable roles. We primarily benchmark to the general insurance industry using the relevant Aon Hewitt remuneration surveys (including the Insurance Industry Survey, the General Insurance Survey and specialist surveys such as the IT Survey).

Subject to the annual Statutory and Other Offices Remuneration Tribunal (SOORT) determination, fixed remuneration is reviewed annually 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 SOORT which for FY2019-20 was a 2.5 per cent increase to salary and salary related expenses.

Movements in salaries

For employees on individual employment agreements, remuneration is reviewed in July each year. In the FY2019-20 annual review, the overall movement in salaries was 2.4 per cent.

Annual performance payments

Recommended annual performance payments are based on an assessment of employee performance against approved performance objectives.

We take a balanced scorecard approach that includes:

- Customer experience
- Employee sentiment
- Delivery of change initiatives
- Return to Work rate
- Fit for Work rate
- Financial performance.

Performance outcomes are also assessed against employees' demonstration of our values, risk awareness and compliance.

All annual performance payments are discretionary and subject to PRC approval. The CEO's performance is evaluated by the Board and any recommended performance payment remuneration change for the CEO is subject to endorsement by the PRC and approval by the Board.

Although we met over 60 per cent of our enterprise scorecard objectives, no annual performance payments were paid for the FY2019-20 financial year. This is due to the continued pressure on icare's expense rate in the current economic climate which has been deeply impacted by the COVID-19 pandemic and the uplift required in our Return to Work outcomes.

Measuring annual performance

A balanced scorecard approach is taken to measuring performance. This directly links performance to delivery of our strategic plan and informs any performance payments.

The table below sets out the icare scorecard and outcomes for FY2019-20.

Objectives	Description	Weighting %	Results	Performance rating
Customer experience	The Net Promoter Score (NPS) is an index ranging from -100 to 100 that measures the willingness of customers to recommend icare's products or services to others. The key question is 'how likely is it that our customers would recommend the level of service provided by icare'. The targets are based on rolling 90-day results.	20%	icare scored -5 against a target of -22	Met target
Employee Net Promoter Score (eNPS)	The eNPS is a survey available to everyone at icare and allows us to measure employee sentiment and advocacy regarding icare, along with suggestions on how we can continuously improve.	14.3%	icare scored +33 against a target range of 18 - 22	Met target
Delivery of change initiatives against plan	The percentage of initiatives that are amber or green over the total number of initiatives with a weighting overlay to our most pressing needs (50% Vital / 25% Important).	14.3%	84% of initiatives delivered against a target of 85%	Did not meet target
Expense rate	Total operating expenses (icare and schemes excluding levies and depreciation) / Premiums + contributions.	14.3%	20.9% against a target of 19.4%	Did not meet target
Claims Frequency	The ultimate number of claims per \$1 million earned wages per accident quarter.	14.3%	0.323 against a target of <0.35	Met target

Objectives	Description	Weighting %	Results	Performance rating
Return to Work 26 Week Rate (NI)	One minus the number of weekly active claims over the projected number of weekly claims by report month as at 26 weeks after the accident month Data (rolling three month basis).	14.3%	81.2% against a target of 80%	Met target
Fit for Work – 26 Week full (TMF) (excluding partials)	One minus number of weekly active claims after 26 weeks from accident quarter over ultimate number of weekly actives in the accident quarter.	14.3%	39% against a target of 40%	Did not meet target

All members of the Group Executive Team have performance objectives that are agreed with the icare Board, the PRC and the CEO and Managing Director. The Board and management also have a strong focus on individuals' adherence to organisational values, risk awareness and compliance. Performance payments may be reduced including to zero where management do not meet the risk and compliance requirements of their role.

Long-term performance payments

A long-term performance payment (LTPP) scheme is applicable for a small number of key senior executives to ensure continuity and delivery of our transformation initiatives. These payments are discretionary and subject to the approval by the Board.

No long-term performance payments have been made for the 2018–2020 scheme. This is due to the performance targets not being met.

Long-term performance target outcomes FY2019-20

Objective	Description of objective	Weighting %	Results	Performance rating
Improve weekly claims cost benefit	Improved RTW outcomes and lower medical costs which are the key drivers of claims cost benefits	20%	\$70m against target of \$77m	Did not meet target
Improve operating cost benefit	Achievement of icare operating cost benefits	40%	\$56m against a target of \$148m	Did not meet target
Improve Customer NPS	Material improvements in Workers Insurance (WI) and in Lifetime Care (LTC) NPS	40%	+23 against a target of +20 No improvement on score of +55 Target of 10% improvement on score of +55	WI: Met target LTC: Did not meet target

Numbers and remuneration of senior executives

Band	Gender 30 June 2020		Gender 30 June 2019		Range \$	Average remuneration 30 June 2020 \$	Average remuneration 30 June 2019 \$	Average remuneration 30 June 2018 \$
	F	M	F	M				
Band 4	0	3	2	5	487,051+	579,413	660,503	613,314
Band 3	7	10	9	12	345,551 - 487,050	403,262	375,516	378,059
Band 2	13	12	10	7	274,701 - 345,550	302,707	302,517	295,474
Band 1	6	5	1	4	192,600 - 274,700	256,037	260,845	240,022
Total	26	30	22	28				

The *Government Sector Employment (Senior Executive Bands) Determination 2014* does not apply to icare. The icare Board and PRC set a remuneration policy which establishes how IEA employees are paid.

The Remuneration Policy is reviewed every two years by the PRC and an external independent consultant who specialises in executive remuneration. This was reviewed by the PRC and consulting firm EY in August 2019. This review ensured the Remuneration Policy, annual and long-term incentive plans met best practice ASX listed market standards, legislative and governance requirements.

The Board sets the remuneration of the Chief Executive Officer. The PRC set the remuneration of the Group Executive Team. The Board delegates to the Chief Executive Officer the remuneration of all other icare employees engaged on an IEA. Remuneration decisions are made in accordance with staff delegations. All remuneration considerations are made in line with the icare Remuneration Policy.

We do not use the public service Senior Executive Bands. Our Board sets our Executive Remuneration Policy, which is outside the *Government Sector Employment Act 2013 (GSE Act)*. Outcomes are reflected above were we to align with the GSE Act bands.

Employee-related expenditure

For the period FY2019-20, the percentage of total employee-related salary expenditure that relates to senior executives is 11.2 per cent. This represents 4.8 per cent of full-time equivalent employees at year end.

For the period FY2018-19, the percentage of total employee-related salary expenditure that relates to senior executives is 15.2 per cent. This represents 5.7 per cent of full-time equivalent employees at year-end.

Key management personnel remuneration

To provide clarity and transparency of key management personnel remuneration, individual remuneration details are provided for those who have the authority and responsibility for planning, directing and controlling the activities of icare. icare have determined key management personnel as members of the Board, the Chief Executive Officer and Managing Director and members of the Group Executive Team.

The following table details remuneration for the Chief Executive Officer and Managing Director and members of the Group Executive.

Name	Position	Financial Year	Fixed Remuneration (Prorated) ¹	Short Term At Risk Payments	Long Term At Risk Payments	Total Remuneration (Prorated) ¹
John Nagle	Chief Executive Officer	2020	\$700,000 (\$700,000)	\$0	\$0	\$700,000 (\$700,000)
	Chief Executive Officer	2019	\$700,000 (\$700,000)	\$0	\$106,667	\$806,667 (\$806,667)
Nick Allsop ²	Group Executive, Care	2020	\$430,000 (\$430,000)	\$0	\$0	\$430,000 (\$430,000)
	Group Executive, Care & Community	2019	\$430,000 (\$443,021)	\$134,399	\$0	\$564,399 (\$577,420)
Elizabeth Uehling ³	Group Executive, Personal Injury Claims	2020	\$451,000 (\$450,669)	\$0	\$0	\$451,000 (\$450,669)
	Group Executive, Personal Injury Claims	2019	\$440,000 \$437,510	\$133,538	\$0	\$573,538 (\$571,048)
Sara Kahlau ⁴	Group Executive, Customer & Community	2020	\$370,000 (\$183,989)	\$0	\$0	\$370,000 (\$183,989)
	N/A	2019	N/A			N/A
Sam Liston ⁵	Group Executive, People & Workplace	2020	\$467,400 (\$467,057)	\$0	\$0	\$467,400 (\$467,057)
	Chief Human Resources Officer	2019	\$456,000 (\$148,669)	\$36,584	\$0	\$492,584 (\$185,253)
Don Ferguson ⁶	Group Executive, Strategy & Governance	2020	\$475,100 (\$471,154)	\$0	\$0	\$475,100 (\$471,154)
	Group Executive, Organisational Development & Delivery	2019	\$460,000 (\$457,329)	\$158,028	\$120,000	\$738,028 (\$735,357)
Rashi Bansal ⁷	Group Executive, Organisational Performance	2020	\$446,250 (\$445,611)	\$0	\$0	\$446,250 (\$445,611)
	Group Executive, Organisational Performance	2019	\$425,000 (\$146,712)	\$48,136	\$0	\$473,136 (\$194,848)
Andrew Ziolkowski ⁸	Group Executive, Prevention & Underwriting	2020	\$489,250 (\$488,822)	\$0	\$0	\$489,250 (\$488,822)
	Group Executive, Prevention & Underwriting	2019	\$475,000 (\$264,178)	\$101,973	\$0	\$576,973 (\$366,151)

1. Prorated figure reflects the amount received considering commencement date, change of roles, higher duties allowances and effective increase dates.
2. Nick Allsop was the Chief Actuary until appointed as the Interim Group Executive, Organisational Performance on 15 October 2018, Interim Group Executive, Care and Community on 25 February 2019, Group Executive, Care and Community on 17 June 2019 and subsequently, Group Executive, Care on 1 January 2020.
3. Elizabeth Uehling acted in the Group Executive, Workers Insurance role until 12 August 2018 and appointed permanently as Group Executive, Personal Injury Claims on 13 August 2019.
4. Sara Kahlau was promoted to Group Executive, Customer and Community on 1 January 2020.
5. Sam Liston was permanently appointed as Chief Human Resources Officer on 4 March 2019 and subsequently, promoted to Group Executive, People & Workplace on 1 January 2020.
6. Don Ferguson appointed Group Executive, Care and Community 13 August 2018, Group Executive, Organisational Development and Delivery 14 January 2019, Group Executive, Strategy and Governance on 1 January 2020.
7. Rashi Bansal was appointed as Group Executive, Organisational Performance on 25 February 2019.
8. Andrew Ziolkowski was appointed as Group Executive, Prevention & Underwriting on 10 Dec 2018.

Name	Position	Financial Year	Fixed Remuneration (Prorated) ¹	Short Term At Risk Payments	Long Term At Risk Payments	Total Remuneration (Prorated) ¹
Rob Craig ¹	Interim Group Executive, Digital & Technology	2020	\$548,990 (\$548,588)	\$0	\$0	\$548,990 (\$548,588)
	Group Executive, Strategy & Enablement	2019	\$535,600 (\$535,087)	\$175,730	\$160,000	\$871,330 (\$870,817)
Caroline Rockett ²	Group Executive, Digital & Technology	2020	\$430,000 (\$18,798)	\$0	\$0	\$430,000 (\$18,798)
	N/A	2019	N/A			N/A

1. Rob Craig was appointed as Group Executive, Strategy and Enablement on 13 August 2018 and then, Group Executive, Digital & Technology on 18 November 2019. He commenced the role Group Executive, Service Delivery on 1 July 2020.
2. Caroline Rockett commenced on 15 June 2020.

The following table outlines the Non-Executive Directors' fees for the icare Board and the Committees as at 30 June 2020. These fees are established within the Public Service Commission's Classification and Remuneration Framework for NSW Government Boards and Committees – December 2012. Non-Executive Directors do not receive any performance related remuneration.

	Financial Year	Board Fees	Committee Fees	Superannuation/GST	Total Remuneration
Chairman					
Michael Carapiet	FY20	\$200,000	\$0	\$20,000	\$220,000
	FY19	\$200,000	\$0	\$20,000	\$220,000
Current Non-Executive Directors					
Gavin Bell ²	FY20	\$115,000	\$40,000	\$14,725	\$169,725
	FY19	\$115,000	\$40,000	\$14,725	\$169,725
David Plumb ³	FY20	\$100,000	\$20,920	\$11,487	\$132,407
	FY19	\$100,000	\$20,920	\$11,487	\$132,407
Elizabeth Carr	FY20	\$100,000	\$16,736 ¹	\$11,090	\$127,826
	FY19	\$100,000	\$6,276 ¹	\$10,096	\$116,372
Christine Bartlett	FY20	\$100,000	\$16,736 ¹	\$11,090	\$127,826
	FY19	\$100,000	\$8,368 ¹	\$10,295	\$118,663
Peeyush Gupta	FY20	\$100,000	\$0	\$9,500	\$109,500
	FY19	\$100,000	\$0	\$9,500	\$109,500
Lisa McIntyre ⁴	FY20	\$100,000	\$14,644 ¹	\$10,891	\$125,535
	FY19	\$100,000	\$6,761 ¹	\$10,096	\$116,372
Mark Lennon ⁵	FY20	\$100,000	\$0	\$9,500	\$109,500
	FY19	\$100,000	\$0	\$9,500	\$109,500

1. Audit & Risk Committee members are paid fees of \$2,092 per meeting.
2. Gavin Bell is the Deputy Chairman of the icare Board and Chairman of Dust Disease Board.
3. David Plumb is the Chairman of the Audit & Risk Committee.
4. Members of the Dust Diseases Board. Fees are paid quarterly.
5. Mark Lennon resigned from the Board on 29 July 2020.

The following table outlines the Non-Executive Directors' fee for Gavin Bell, who is the Chairman of the Dust Diseases Board as at 30 June 2020. These fees are established within the Public Service Commission's Classification and Remuneration Framework for NSW Government Boards and Committees – December 2012. Non-Executive Directors do not receive any performance related remuneration.

Board and Committee Name	Portfolio	Remuneration Amount: Chair Per Annum (if applicable) Note 1	Remuneration Amount: Chair Per Day (if applicable) Note 2	Remuneration Amount: Member Per Annum (if applicable) Note 1	Remuneration Amount: Member Per Day (if applicable) Note 2	Classification Group and Level Note 3
Dust Diseases Board	Treasury	\$40,000.00	\$0.00	\$15,000.00	\$0.00	C3

Recognising excellence

A key part of our recognition program is our employee Hall of Fame that was held in November. Hall of Fame is an opportunity to celebrate our successes and recognise those employees and teams who consistently go above and beyond in demonstrating both the commercial mind and the social heart at the centre of icare's purpose.

The award categories are Customer Experience, icare Ambassador, Leadership, and Ways of Working.

Winners are those who contribute to meaningful outcomes for our customers and community, and their pictures and stories are proudly displayed on the Wall of Fame. An Honour Roll recognises achievements from previous years.

Employment relations policies and practices

icare policies and procedures

We have policies and guidelines that support our ways of working. Human Resources policies that were reviewed and updated in FY2019-20 are:

- Code of Conduct and Ethics Policy.
- Discrimination Harassment and Bullying Policy.
- Grievance Handling Policy.
- Managing Performance Policy.
- Managing Misconduct Policy.
- Work Health and Safety Policy.
- Consultative forums.

Throughout FY2019-20, the Joint Consultative Committee met to collaboratively discuss industrial concerns and other matters impacting our people.

Following consultation with our people including our Joint Consultative Committee, our icare Flexible Working Hours Agreement was introduced on 3 February 2020, replacing four different flex arrangements for Award employees. The introduction of an online Flex Sheet has provided our leaders with greater visibility of time spent at work to enable more effective planning.

Other issues that have been discussed at Joint Consultative Committee meetings throughout FY2019-2020 include working from home in response to COVID-19, return to office, accrual of flex leave while working from home and on return to office, excess annual leave accruals and planning, mental health and body stressing injuries connected with ergonomic issues, facilities including office re-fits and Our Space feedback, first aid response uplift, building evacuation drills and procedures, work health and safety strategy and mental health framework, and a Work Health and Safety Virtual Tour that showcased our work health and safety due diligence for the board, executive and management.

Salaries and allowances

We have applied the NSW Wages Policy in varying the Insurance and Care NSW Award 2017 (icare Award), which resulted in salaries and salary related allowances being increased by 2.5 per cent for the FY2019-20 financial year.

Industrial Relations Commission of NSW

Apart from consent variations to the icare Award, one dispute required the assistance of the Industrial Relations Commission of NSW.



Our governance

We are governed by a Board of Directors consisting of icare's CEO and eight independent non-executive directors, appointed by the NSW Treasurer.

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

- Providing the NSW Treasurer, as the responsible minister, any information requested about our activities.
- Keeping the NSW Treasurer informed of the general conduct of our activities and of any significant developments in those activities.
- Determining general policies for icare and directing the CEO of icare in relation to our activities.
- Undertaking any other function conferred or imposed on the Board by the *State Insurance & Care Governance Act 2015* or any other law.

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

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

The NSW Treasurer gave no written directions in FY2019-20.

icare acts and provides services for a number of statutory insurance schemes.

Under the *State Insurance and Care Governance Act 2015*, icare acts for and provides services to the Workers Compensation Nominal Insurer (Workers Insurance).

We also provide services to other insurance and care schemes and administer the statutory bodies operating these schemes. They are:

- the Workers Compensation (Dust Diseases) Authority (Dust Diseases Care)
- the Lifetime Care and Support Authority (Lifetime Care)
- the NSW Self Insurance Corporation (Insurance for NSW)
- the Home Building Compensation Fund (HBCF)
- the Sporting Injuries Compensation Authority (Sporting Injuries Insurance)
- the Building Insurers' Guarantee Corporation (BIG Corp) and
- the Compulsory Third Party (CTP) Care program (from June 2020).

The icare CEO is also the CEO of the above statutory bodies, all of which are governed by the Board.

Our functions include monitoring the performance of the insurance and care schemes. We also determine the investment strategies for the funds administered by Workers Insurance, Dust Diseases Care, Lifetime Care, and Sporting Injuries Insurance, as well as the Bush Fire Fighters' Compensation Fund and the Emergency and Rescue Workers' Compensation Fund, and report the investment performance of each of these funds back to the Treasurer.

We submit a Statement of Business Intent (SBI) to the NSW Treasurer each year. The statement sets out our business plan for the next 12 months. The icare FY2019-20 Strategic Plan was a summarised version of our SBI and provided a comprehensive yet concise summary of our strategy and execution plan. The icare FY2019-20 Strategic Plan is published on our website.

Parliamentary inquiries

The Legislative Council's Standing Committee on Law and Justice is appointed under section 27 of the *State Insurance and Care Governance Act 2015* to provide oversight of the operation of the insurance schemes established under New South Wales workers compensation and motor accidents legislation.

The Committee held or completed the following inquiries during the FY2019-20 Financial Year:

- *2018 review of the Workers Compensation Scheme* – The terms of reference for this inquiry specifically focussed on the feasibility of a consolidated personal injury tribunal for Compulsory Third Party and workers compensation dispute resolution, as per recommendation 16 of the committee's first review of the Workers Compensation Scheme. This included where such a tribunal should be located and what legislative changes are required, recommending a preferred model to the NSW Government. The Committee received 21 submissions and held three public hearings. icare's Group Executives appeared before the Committee on 25 July 2018. The Committee's final report was published on 12 February 2019 and contained five recommendations. The NSW Government response to the Committee's recommendations was tabled in Parliament on 9 August 2019.
- *2018 review of the Dust Diseases Scheme* – The Committee received 11 submissions and held one public hearing on 25 January 2019, which icare's Group Executives attended. The Committee's final report was published on 26 February 2019 and contained eight recommendations. The NSW Government response to the Committee's recommendations was tabled in Parliament on 8 July 2019.
- *2018 review of the Lifetime Care and Support Scheme* – The Committee received three submissions and held one public hearing on 25 January 2019, which icare's Group Executives attended. The Committee's final report was published on 26 February 2019 and contained one recommendation. The NSW Government response to the Committee's recommendations was tabled in Parliament on 8 July 2019.
- *2019 review of the Dust Diseases Scheme* – The terms of reference for this inquiry specifically focussed on silicosis in the NSW manufactured stone industry. The Committee received 17 submissions and held five public hearings. icare's Group Executives appeared before the Committee on 20 September 2019. The Committee's final report was published on 24 March 2020 and contained 14 recommendations. The NSW Government response was due on 24 September 2020.
- *2020 Review of the Workers Compensation Scheme* – This review commenced on 18 March 2020. The Committee published 14 submissions to date and scheduled two public hearings for 28 July and 3 August 2020.

Our Board of Directors

Our Board consists of icare's CEO and eight independent non-executive directors appointed by the NSW Treasurer. The Board's role is to govern icare and includes setting the strategic direction as well as establishing and monitoring performance targets as set out in the Statement of Business Intent. Our directors have the right mix of competencies to meet the company's evolving needs with extensive experience across diverse fields that include insurance, finance, investment, healthcare, human resources, disability services, strategy, science, technology and IT.

In accordance with the Board charter and best practice, a review of the Board is conducted every three years. In February 2020, the Board engaged an external provider, Challis and Co., to undertake the review, which considered the effectiveness of the Board in executing its governance responsibilities for icare. The report found that, overall, the Board was effective, while providing key recommendations as to specific ways the Board and management could continue to improve in their ways of working together.

Michael Carapiet

Chair

(former, resigned on 25 September 2020)

Michael was appointed Chair of the icare Board in September 2015 and reappointed as Chair in August 2018 for a three-year term.

Michael has over 30 years' experience in banking and financial services gained across the major financial markets of the world, with extensive governance and board experience in private and government sectors.

Michael concurrently chairs Link Administration Holdings Ltd, Smartgroup Corporation Ltd, Adexum Capital Limited and the NSW Treasury Business Advisory Council.

Previous government roles include Chair of the SAS Trustee Corporation, the trustee for NSW State Super which manages over \$40 billion in investment funds, and of the Safety, RTW and Support Board. He also chaired the Review of Crown Land Management in NSW, was a Deputy Chair of Export Finance Insurance Corporation and a board member of the Clean Energy Finance Corporation.

Michael previously 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. Prior to his retirement in July 2011 he was Executive Chair of Macquarie Capital and Macquarie Securities.

Chair – icare Board

Member – Investment and Asset Committee

Member – People and Remuneration Committee

Gavin Bell

Deputy Chair

(former, resigned 1 September 2020)

Gavin has been a Non-Executive Director on the icare Board since October 2015. He was appointed Deputy Chair in February 2018 and reappointed as Deputy Chair in August 2018 for a three-year term.

Gavin is currently a director of Smartgroup Corporation Ltd, Derribo Pty Ltd, IVE Group Limited (Bluestar) and a member of the Advisory Council of the Australian School of Business.

Prior to becoming a non-executive director, Gavin was Global CEO of Herbert Smith Freehills. Gavin completed his law degree at the University of Sydney and has a Master of Business Administration (Executive) degree from the Australian Graduate School of Management.

Deputy Chair – icare Board

Chair – People and Remuneration Committee

Member – Customer, Innovation and Technology Committee

Chair – Dust Diseases Board

John Nagle

Chief Executive Officer and Managing Director

(former, resigned 4 August 2020)

John was appointed as Chief Executive Officer and Managing Director in July 2018, after being in the role in an interim capacity from February 2018. John resigned from the role of CEO and Managing Director and his role on the Board in August 2020.

John is a senior insurance executive with significant private and public-sector management experience. Prior to his appointment as icare CEO in July 2018, John held executive roles with Lumley Insurance as Chief Executive, and as Group Executive, Workers Insurance at icare since its inception in 2015.

John embodies our DNA of commercial mind and social heart and has helped transform icare into a customer-centric organisation, with improved efficiencies and an empathetic approach to service delivery.

Director – icare Support Solutions Pty Ltd
Member – Investment and Asset Committee
Member – People and Remuneration Committee
Member – Foundation Committee
Member – Customer, Innovation and Technology Committee

Don Ferguson was appointed to the role of Interim Chief Executive Officer and Managing Director after John's departure on 4 August 2020. He also assumed the role as a board member from this date. Don's bio can be found on page 114.

Christine Bartlett

Non-Executive Director

Christine was appointed as a Non-Executive Director to the icare Board in February 2018 for a three-year term.

Christine is an experienced CEO and senior executive with extensive management and board experience. Christine's management skills were honed at IBM in senior executive roles spanning national, regional and global responsibilities, at Jones Lang LaSalle as the Australian CEO and at the National Australia Bank, where she was Executive General Manager of Asset Servicing.

Christine is a Non-Executive Director on the boards of Mirvac Ltd, Sigma Healthcare, TAL and Reliance Worldwide. She also sits on the Mirvac Risk and Audit Committee and Human Resources Committee, chairs the Sigma People and Remuneration Committee and the Reliance Worldwide Nominations and Remuneration Committee and Chairs the Risk Committee at TAL.

Member – Audit and Risk Committee
Member – People and Remuneration Committee
Member – Customer, Innovation and Technology Committee

Elizabeth Carr - AM

Non-Executive Director

Elizabeth has been a Non-Executive Director on the icare Board since October 2015 and was reappointed in May 2018 for a three-year term.

Elizabeth holds numerous private, non-profit and education board positions, including Chair of St Catherine's Aged Care Services (NSW), Chair of St Marys Anglican Girls School (WA), and Vice-Chair of the Kokoda Track Foundation. Elizabeth also chairs the South Metropolitan College of TAFE (WA), Chairs the Murrumbidgee Local Health District Audit & Risk Committee and is a member of the Audit and Risk Committees for NSW Trustees and Guardians, and the Department of Communities (WA).

During the reporting year, she stepped down for tenure reasons as Chair of the NSW Department of Family and Community Services Audit and Risk Committee, WA's Environmental Protection Authority and the NSW Urban Growth Development Committee Audit & Risk sub-committee. Elizabeth was awarded the Order of Australia (AM) in the 2017 Queen's Birthday Honours 'for significant service to the community through voluntary contributions to the health, aged care, education and social services sectors.'

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 Master of Public Administration from Harvard University and is a Fellow of the Australian Institute of Company Directors.

Chair – Foundation Committee
Member – People and Remuneration Committee
Member – Audit and Risk Committee

Peeyush Gupta - AM

Non-Executive Director

Peeyush has been a Non-Executive Director on the icare Board since October 2015 and was reappointed in February 2018 for a three-year term. He has over 30 years' experience in wealth management. A co-founder and CEO of the highly regarded wealth management firm IPAC Securities, his corporate governance experience includes directorships on corporate, not-for-profit, trustee and responsible entity boards. In the 2019 Australia Day Honours, Peeyush was recognised as a recipient of the Order of Australia (AM) 'for significant service to business and the community, through governance and philanthropic roles.'

Peeyush is Chair of Charter Hall Wale Ltd. and a Non-Executive Director on the boards of National Australia Bank, SBS, Link Group, BNZ Life and QuintessenceLabs. He also serves as a Trustee of Western Sydney University and is on the Dean's Executive Committee at UNSW's Australian School of Business.

Peeyush has a Master of Business Administration (Finance) degree from the Australian Graduate School of Management and is a Fellow of the Australian Institute of Company Directors.

Chair – Investment and Asset Committee
Member – Customer, Innovation and Technology Committee

Mark Lennon

Non-Executive Director
(former, resigned 29 July 2020)

Mark was a Non-Executive Director on the icare Board since October 2015 and was reappointed in May 2018 for a three-year term. Mark resigned from the Board in August 2020.

Mark has an extensive background in work health and safety and workers compensation systems, having been a Member of the Safety, RTW and Support Board and the WorkCover NSW Board.

Mark is currently a Director of State Super Financial Services Australia Ltd., the Sydney Financial Forum and the McKell Institute, and is a former director of First State Super and Chifley Financial Services.

He is also the President and Treasurer of the NSW Branch of the ALP.

Member – Customer, Innovation and Technology Committee
Member – Foundation Committee
Member – Investment and Asset Committee

Lisa McIntyre

Non-Executive Director

Lisa has been a Non-Executive Director on the icare Board since October 2015 and was reappointed in February 2018 for a three-year term.

Lisa is a full-time Company Director and her broad portfolio includes more than a decade serving as a Non-Executive Director or chair of listed, private and not-for-profit organisations primarily in the healthcare and insurance sectors. She is currently Chair of the HCF Research Foundation, and holds directorships at the HCF Group, the University of Sydney, the NSW Generations Fund, Studiosity and Nanosonics Limited.

Lisa spent 20 years as a senior strategy partner at L.E.K. Consulting providing strategic, commercial and operational advice to local and multinational companies in North America, Asia and Australia. She has a DPhil in Physical Chemistry from the University of Cambridge and a BSc (Hons) from the University of Sydney.

Chair – Customer, Innovation and Technology Committee
Member – Foundation Committee
Member – Audit and Risk Committee

David Plumb

Non-Executive Director

David was reappointed to the icare Board in May 2018 for a three-year term and has been a Non-Executive Director since October 2015. He has over 35 years' experience in the financial services industry, as a director, executive and adviser in the wealth and asset management and insurance sectors.

David was previously Chair 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 was appointed Chair of the superannuation entities. He chairs Allianz Australia Life Insurance Ltd and the Compliance Committee for BlackRock Investment Management and is a Director of Implemented Portfolios Ltd.

David has a Bachelor of Commerce from the University of NSW, a Master of Economics from Macquarie University and is a Fellow of the Australian Institute of Chartered Accountants.

Chair – Audit and Risk Committee
Member – Investment and Asset Committee
Member – Foundation Committee

FY2019-20 Board and Committee meeting schedule

Directors	Committee Directors	icare Board	Audit & Risk Committee	Customer, Innovation & Technology Committee	Foundation Committee	Investment & Asset Committee	People & Remuneration Committee
FY19-20 meetings		29 July 2019	26 July 2019	26 July 2019		26 July 2019	
		26 August 2019	22 August 2019		23 August 2019	20 August 2019	22 August 2019
		23 September 2019	20 September 2019	20 September 2019			
		21 October 2019	10 October 2019			18 October 2019	
		25 November 2019	22 November 2019	21 November 2019	22 November 2019	21 November 2019	21 November 2019
		2 December 2019					
		28 February 2020	21 February 2020	17 February 2020	21 February 2020	20 February 2020	
		27 March 2020	26 March 2020				26 March 2020
		1 May 2020 (April OOS)					
		29 May 2020	19 May 2020	19 May 2020	22 May 2020	21 May 2020	19 May 2020
		29 June 2020 (OOS)					
Michael Carapiet	Board, IAC, PRC	11 attended - Chair				6 attended	4 attended
Gavin Bell	Board, CITC, PRC	11 attended - Deputy Chair		5 attended			4 attended
Christine Bartlett	Board, ARC, CITC, PRC	11 attended	8 attended	5 attended			4 attended
Elizabeth Carr	Board, ARC, Foundation, PRC,	11 attended	8 attended		4 attended		4 attended
Peeyush Gupta	Board, IAC, CITC	11 attended		5 attended		6 attended	
Mark Lennon	Board, CITC, Foundation, IAC	11 attended		5 attended	4 attended	6 attended	
Lisa McIntyre	Board, CITC, Foundation, ARC	11 attended	**19.05.20 7 attended	5 attended	4 attended		
David Plumb	Board, ARC, IAC, Foundation	11 attended	8 attended		4 attended	6 attended	

** Denotes apology at indicated meeting



Our risk management approach

Over FY2019-20, icare maintained standards required by Risk Management Standard AS/NZS ISO 31000 and the NSW Treasury's Internal Audit and Risk Management Policy for the NSW Public Sector (TPP15-03). Where relevant, we also applied the Australian Prudential Regulatory Authority (APRA) standards and practices.

Risk Management Strategy

icare's Risk Management Strategy articulates the approach to, and guiding principles of our risk management: its framework, key policies, roles and responsibilities. More broadly, it also incorporates our governance and internal culture, which contribute to delivering icare's organisational objectives and is shown below.

	Description	Overview of response	Management Approach	Risks and opportunities should be assessed based on their impact on:
External	External events or activities which are outside our control or beyond direct ability to influence.	Identify and manage in pursuit of our strategic objectives.	Facilitated by Enterprise Risk together with Enterprise Strategy.	
Strategic	Higher level risks and opportunities taken for superior strategic benefit.	Monitor operational processes and controls. Identify potential risks and manage these to mitigate their impact.	Facilitated by Enterprise Risk with assistance and input from the Service and Enabling lines.	
Operational	Lower level risks and opportunities which are preventable and arise from within an organisation. Should be cost effectively controlled, eliminated or avoided.	Monitor operational processes and controls. Identify potential risks and manage these to mitigate their impact.	Undertaken by the Service and Enabling lines with support from Enterprise Risk.	

Risk Management Framework

Our Risk Management Framework (RMF) includes internal structures, systems and processes that allow us to identify, assess, respond, monitor, report and/or communicate all internal and external risks that could occur. This includes everything from taking advantage of an opportunity to having a material impact on our operations.

Our employees and organisational culture are central to the RMF and its continuing maturity. We seek to positively influence risk aware decision making, and those elements that underpin our culture, values, beliefs, attitudes and behaviours.

Our periodic business level and enterprise level risk assessments consider the probability and severity of material risks and provide Group Executives and their teams with a business and enterprise view. By prioritising actions, highlighting opportunities and allocating accountability they contribute to a robust risk culture.

Risk profiles are also generated across projects to increase the likelihood that objectives are met. Our Enterprise Risk Team supports this activity and helps the business in their ongoing management of identified risks.

Management and risk committees actively monitor and respond to risks specific to service lines or risk categories. Additional measures are also in place to facilitate better measurement of risks, prioritise effort and help deliver our strategy. Some are described in the diagram below, the main features being:

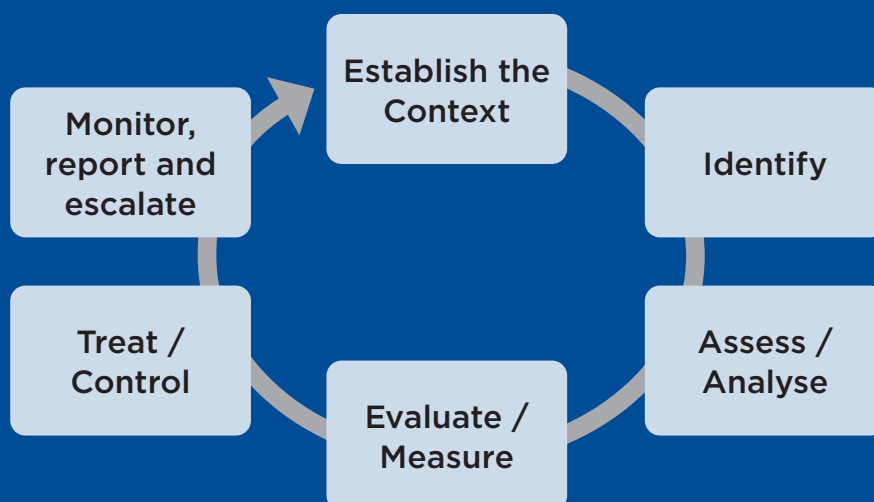
- An enterprise-wide governance, risk and compliance system that captures and informs risk, risk controls, assurance and incident reporting.
- A common risk matrix that ensures a consistent means to measure risk based on our values and incorporating APRA standards.
- An active icare Risk Profile with accountabilities aligned to the Group Executive Team (GET) and discussed regularly at GET meetings.
- Quarterly risk reporting to the Board's Audit and Risk Committee that reports on the identification and management of risks in line with the Risk Management Strategy.
- An independent internal audit unit with the capacity to cover most audit universe items at least once in every three years, supported by co-source service providers.

Looking forward, our RMF and Risk Appetite Statement (RAS) have been refreshed and Board approved and are being embedded into everyday operations. The refreshed RMF will replace the Risk Management Strategy.

Risk Management Framework

Risk Appetite Statement	Risk Management Policy	Risk Management Plan	
<p>Sets out the different types and the amount of risk the icare Board will or will not accept in pursuit of the icare business objectives.</p> <p>It includes measures against key risks, metrics, tolerances and limits reflecting the Board's appetite for risk.</p>	<p>Outlines the icare policy and guidelines on risk management activities. This includes, but not limited to: identifying, assessing and rating risks; control identification, design, testing, and monitoring; reporting; issue and incident management; and key risk indicators. Standards and guidelines are established for all icare staff.</p>	<p>The icare Risk Management plan outlines the key initiatives Risk will be undertaking over the following 18-24months.</p>	
Governance	Operating Model (3LoD)	Accountabilities	Review
Enablers			
Training and Communication	Performance Management	Culture	

Risk Management Process



Foundations	People		Processes		Systems
	Risk governance	Culture and conduct	Risk aware design	Monitoring and management	Genie
Structure	Line 1: Business Services and Service Lines		Line 2: Risk and Compliance	Line 3	Internal audit
					External audit

Risk appetite and reporting

The Board's Audit and Risk Committee regularly assesses the effectiveness of our RMF and the robustness of our control environment to help the Board fulfil its corporate governance and oversight responsibilities.

Quarterly reporting to the Audit and Risk Committee includes the Risk Appetite Dashboard. This measures performance relative to the Board's Risk Appetite Statement (RAS). The RAS, supported by appropriate governance infrastructure, establishes acceptable risk thresholds for our operations. Together with the Risk Management Strategy (to be replaced by the RMF), this informs our business planning cycle. An integral part of the regular business plan performance process and a key governance document, it is responsive to changing market challenges and opportunities. It guides management in material decision-making and provides the Board periodic assurance via the Chief Executive Officer (or nominated representative) that its risk appetite requirements are being met. The RAS and the RMF are both subject to annual review and approval by the Board and are updated in line with changing requirements and emerging experience.

Business continuity management

We are committed to ensuring that our critical business processes can continue should a serious unplanned event such as the COVID-19 pandemic disrupt normal business activity.

This means having Business Continuity Plans, systems and capabilities in place to ensure we can respond to and recover from any interruption, including but not limited to, a response that covers people, facilities, equipment, information technology, telecommunications and suppliers.

Our response to the COVID-19 pandemic has been shaped by our existing governance structures for incident and crisis management. Proactive preparations and ongoing impact assessments have taken place since January 2020 to protect the health and wellbeing of our staff, and ensure our services continue to support our customers throughout and beyond the COVID-19 pandemic with as little disruption as possible.

Key activities include:

- Wide scale work-from-home arrangements for employees supported by technology and equipment needs.
- Continual improvement of Business Continuity Plans.
- Regular communication to keep staff and customers informed.
- Phased return-to-office approach to ensure the balance between meeting social distancing requirements and transition towards business-as-usual.
- Ongoing assessment of our risk profile and actions planning.

During FY2019-20, the approach and methodology for our Business Continuity Policy Guideline remained aligned with the best practice approaches outlined in:

- *International Standard ISO 22301* – Societal Security - Business Continuity Management Systems – Requirements.
- *International Standard ISO 22313* – Societal Security - Business Continuity Systems Guidance.
- APRA Prudential Standard CPS 232 Business Continuity Management.

We continue to learn from our experience of ensuring business continuity during COVID-19, with a view to improving our own processes and better supporting our customers and people.

Public interest disclosures

We maintained our Reporting Wrongdoing Policy in FY2019-20, which is available to all employees on our intranet. In line with our values, the CEO has acted to ensure employees are aware of their rights and responsibilities under the *Public Interest Disclosure Act 1994* through induction, online compliance training and internal communications activities.

Full statistical disclosure can be found on page 144.

Insurance activities for icare

icare's insurance premiums for FY2019-20 totalled \$591,915.58 (incl GST) across workers compensation, property, liability, motor and miscellaneous categories. Directors' and officers' liability insurance premium for FY2019-20 was \$479,424 (incl GST).

Appendices

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Appendix 01

Legislation

Principal legislation

State Insurance and Care Governance Act 2015

Regulations

State Insurance and Care Governance Regulation 2015

Amending legislation

Motor Accident Injuries Act 2017. Assented to 4.4.2017. Date of commencement of Sch 5, 1.12.2017, sec 1.2 and 2017 (638) LW 22.11.2017.

Home Building Amendment (Compensation Reform) Act 2017. Assented to 27.6.2017. Date of commencement of Sch 2.6, 1.1.2018, sec 2 and 2017 (701) LW 15.12.2017.

Government Sector Finance Legislation (Repeal and Amendment) Act 2018. Assented to 22.11.2018

Date of commencement of Sch 3, 1.12.2018, sec 2 (1) and 2018 (673) LW 30.11.2018; date of commencement of Sch 4.76: not in force.

Workers Compensation Legislation Amendment Act 2018 – Assented to 20.10.2018. Date of commencement of Sch 7.1, assent, sec 2 (3).

Insurance for NSW

Principal legislation

NSW Self Insurance Corporation Act 2004

Regulations

NSW Self Insurance Corporation Regulation 2015

Public Finance and Audit Regulation 2015

Amending legislation

Home Building Amendment (Compensation Reform) Act 2017. Assented to 27.6.2017. Date of commencement of Sch 2.6, 1.1.2018

Government Sector Finance Legislation (Repeal and Amendment) Act 2018. Assented to 22.11.2018. Date of commencement of Sch 3, 1.12.2018, sec 2 (1) and 2018 (673) LW 30.11.2018; date of commencement of Sch 4.76: not in force.

Workers Insurance

Principal legislation

Workers Compensation Act 1987 No 70, Part 4 and Division 1A of Part 7

Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987

Amending legislation

Coal Industry Amendment Act 2018 assented to 23.5.18 to commence 1.7.18. The Coal Industry Act was amended to extend the application of the Act with respect to Workers Compensation to all workers employed in or about a coal mine.

Workers Compensation (Indexation of Amounts) Amendment Order 2018 commenced 1.4.18

Motor Accident Injuries Act 2017. Assented to 4.4.2017. Date of commencement of Sch 5, 1.12.2017, sec 1.2 and 2017 (638) LW 22.11.2017

Statute Law (Miscellaneous Provisions) Act 2017. Assented to 1.6.2017. Date of commencement of Sch 3, 7.7.2017, sec 2 (3).

Coal Industry Amendment Act 2018. Assented to 23.5.2018. Date of commencement, 1.7.2018, sec 2 and 2018 (362) LW 29.6.2018.

Miscellaneous Acts Amendment (Marriages) Act 2018. Assented to 15.6.2018. Date of commencement, assent, sec 2.

Workers Compensation (Latest Index Number) Regulation (No 2) 2017. LW 15.9.2017. Date of commencement, 1.10.2017, cl 2.

Workers Compensation Amendment (Latest Index Number) Regulation 2018. LW 16.3.2018. Date of commencement, 1.4.2018, cl 2.

Workers Compensation Legislation Amendment Act 2018. Assented to 26.10.2018. Date of commencement of Schs 1.1, 2.1 and 7.2, 1.1.2019, sec 2 (1) and 2018 (728) LW 14.12.2018; date of commencement of Sch 3: not in force; date of commencement of Sch 5, 1.12.2018, sec 2 (2); date of commencement of Schs 6 and 8 assent, sec 2 (3).

Workers Compensation Legislation Amendment (Firefighters) Act 2018. Assent to 28.11.2018. Date of commencement of Sch 1 [1] and [2], 7.12.2018, sec 2 (1) and 2018 (701) LW 7.12.2018; date of commencement of Sch 1 [3] – [6], assent, sec 2 (2).

Workers Compensation Amendment Regulation 2018. LW 14.12.2018 Date of commencement of Sch 2, 1.1.2019, cl 2.

Emergency Services Legislation Amendment Act 2018. Assented to 26.10.2018. Date of commencement of Sch 5, assent, sec 2 (1).

Statute Law (Miscellaneous Provisions) Act (No 2) 2018. Assented to 31.10.2018. Date of commencement of Schs 2.35 & 2.6, 8.1.2019, sec 2 (1).

Government Sector Finance Legislation (Repeal and Amendment) Act 2018. Assented to 22.11.2018. Date of commencement of Sch 3, 1.12.2018, sec 2 (1) and 2018 (673) LW 30.11.2018; date of commencement of Sch 4.123 [1]: not in force; date of commencement of Sch 4.123 [2], 1.12.2018, sec 2 (1) and 2018 (673) LW 30.11.2018.

Workers Compensation Legislation Amendment (Firefighters) Act 2018 Assented to 28.11.2018 Date of commencement Sch 2, 7.12.2018, Sec 2(1) and 2018 (701) LW 7.12.2018

Workers Compensation Amendment Regulation 2018. LW 14.12.2018. Date of commencement of Sch 2, 1.1.2019, cl 2.

Workers Compensation Amendment (Pre-injury Average Weekly Earnings) Regulation 2019. LW 13.9.2019. Date of commencement, 21.10.2019, cl 2.

Statute Law (Miscellaneous Provisions) Act (No 2) 2019. Assented to 21.11.2019. Date of commencement of Sch 1.26, 14 days after assent, sec 2(1).

Justice Legislation Amendment Act (No 2) 2019. Assented to 22.11.2019. Date of commencement of Sch 1.27, assent, sec 2(1).

COVID-19 Legislation Amendment (Emergency Measures) Act 2020. Assented to 25.3.2020. Date of commencement, assent, sec 2.

COVID-19 Legislation Amendment (Emergency Measures – Miscellaneous) Act 2020. Assented to 14.5.2020. Date of commencement of Sch 1.34, assent, sec 2(1).

Lifetime Care

Principal legislation

Motor Accidents (Lifetime Care and Support) Act 2006

Motor Accident Injuries Act 2017

Regulations

Motor Accidents (Lifetime Care and Support) Regulation 2020

Motor Accident Injuries Regulation 2017

Amending legislation

In respect of the *Motor Accidents (Lifetime Care and Support) Act 2006*:

Government Sector Finance Legislation (Repeal and Amendment) Act 2018. Assented to 22.11.2018. Date of commencement of Sch 3, 1.12.2018, sec 2 (1) and 2018 (673) LW 30.11.2018; date of commencement of Sch 4.68: not in force.

In respect of the *Motor Accident Injuries Act 2017*:

Miscellaneous Acts Amendment (Marriages) Act 2018. Assented to 15.6.2018. Date of commencement, assent, sec 2.

Statute Law (Miscellaneous Provisions) Act 2018. Assented to 15.6.2018. Date of commencement of Sch 1.17, 14 days after assent, sec 2 (1).

Workers Compensation Legislation Amendment Act 2018. Assented to 26.10.2018. Date of commencement of Schs 6 and 8, assent, sec 2 (3).

Statute Law (Miscellaneous Provisions) Act (No 2) 2018. Assented to 31.10.2018. Date of commencement of Sch 1.19, 8.1.2019, sec 2 (1).

Government Sector Finance Legislation (Repeal and Amendment) Act 2018. Assented to 22.11.2018. Date of commencement of Sch 3, 1.12.2018, sec 2 (1) and 2018 (673) LW 30.11.2018; date of commencement of Sch 4.68: not in force.

Motor Accidents Injuries Amendment Regulation 2019. LW 1.2.2019. Date of commencement, on publication on LW, cl 2.

COVID-19 Legislation Amendment (Emergency Measures) Act 2020. Assented to 25.3.2020. Date of commencement, assent, sec 2.

In respect of the Motor Accident Injuries Regulation 2017:

Motor Accidents Injuries Amendment Regulation 2019. LW 1.2.2019. Date of commencement, on publication on LW, cl 2.

Dust Diseases

Principal legislation

Workers' Compensation (Dust Diseases) Act 1942

Regulations

Workers' Compensation (Dust Diseases) Regulation 2018

Amending legislation

In respect of the *Workers' Compensation (Dust Diseases) Act 1942*:

Miscellaneous Acts Amendment (Marriages) Act 2018 assented to 15.06.2018. Date of commencement, assent, sec 2.

Government Sector Finance Legislation (Repeal and Amendment) Act 2018. Assented to 22.11.2018. Date of commencement of Sch 3, 1.12.2018, sec 2 (1) and 2018 (673) LW 30.11.2018.

Statute Law (Miscellaneous Provisions) Act (No 2) 2019. Assented to 21.11.2019. Date of commencement of Sch 1.27, 5.8.2015, Sch 1.27.

Building Insurers' Guarantee Corporation

Principal legislation

Home Building Act 1989 (Part 6A)

Regulations

Home Building Regulation 2014

Amending legislation

Home Building Amendment (Compensation Reform) Act 2017. Assented to 27.6.2017. Date of commencement of Sch 2.6, 1.1.2018, sec 2 and 2017 (701) LW 15.12.2017

Government Sector Finance Legislation (Repeal and Amendment) Act 2018. Assented to 22.11.2018. Date of commencement of Sch 3, 1.12.2018, sec 2 (1) and 2018 (673) LW 30.11.2018; date of commencement of Sch 4.52: not in force.

Better Regulation and Customer Service Legislation Amendment (Bushfire Relief) Act 2020. Assented to 25.3.2020. Date of commencement, assent, sec 2.

Sporting Injuries Insurance

Principal legislation

Sporting Injuries Insurance Act 1978

Regulations

Sporting Injuries Insurance Regulation 2019

Amending legislation

Government Sector Finance Legislation (Repeal and Amendment) Act 2018. Assented to 22.11.2018. Date of commencement of Sch 3, 1.12.2018, sec 2 (1) and 2018 (673) LW 30.11.2018.

Statute Law (Miscellaneous Provisions) Act 2019. Assented to 17.6.2019.

Date of commencement of Sch 2.29, 14 days after assent, sec 2 (1).

Sporting Injuries Insurance Regulation 2019 (435). LW 30.8.2019. Date of commencement, on publication on LW, cl 2.

Appendix 02

Government, Privacy and Health Information applications

Health, Privacy and Personal Information applications

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 *Privacy and Personal Information Protection Act 1998* (PPIP Act) and *Health Records and Information Privacy Act 2002* (HRIP Act) deals 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, like 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. The Privacy Management Plan, which can be accessed on icare's website, guides icare staff in the management of personal and health information.

icare continues to consider privacy issues in the development and continuous improvement 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 also continues to provide voluntary notifications to the NSW Privacy Commissioner of privacy-related matters that do not involve or result in 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 PPIP Act. However, icare did receive seventeen access requests for information under the HRIP Act.

No privacy matters were decided by the NSW Civil and Administrative Tribunal or investigated by the NSW Privacy Commissioner.

At an operational level, icare continues to promote privacy through liaison and communication with employees and stakeholders.

In 2019-20, two internal review applications made under the PPIP and HRIP Acts were received by icare and managed by icare's Privacy Officer. In addition, two complaints were managed and resolved without recourse to a formal application.

During the reporting year, icare reviewed privacy practices across its service lines to create one icare privacy reporting stream. Internal consultation and further work is continuing to implement this. The annual Privacy Awareness Week (PAW) was celebrated with a range of activities to remind employees to *prevent, detect, protect*. Privacy awareness activities included: newsletter articles, intranet carousel reminders and webinars (which again attracted a high level of engagement across icare). We also registered as a privacy champion with the Information and Privacy Commission. A focus point has been embedding privacy by design in project and data usage. These activities reminded employees about the importance of keeping privacy front of mind when completing day-to-day work. During the reporting year, focus was also placed on uplifting icare's privacy maturity and capability through a number of privacy improvement initiatives. This included release of further resources on icare's intranet: mandatory refresher privacy awareness e-learning module, and the newly developed role-based training continue to reinforce the 'think privacy' ethos.

Government Information (Public Access) applications

1. Review of proactive release program – Clause 7(a)

icare is committed to ensuring the public's right to information meets the requirements of the *Government Information (Public Access) Act 2009 (GIPA Act)*, and that responses to other requests for information are handled effectively. icare is currently reviewing its programs to ensure that information which is in the public interest and assists people with access to services is made publicly available via the icare website.

icare provides information about major plans and services to individuals, families and carers and service providers. Other information is also proactively released via the icare website; for example, policies, resources, factsheets, pamphlets, reports, plans, papers, newsletters and statistical information. As required under Part 3 Division 5 of the *NSW Government Information (Public Access) Act (GIPA Act)*, icare maintains a register of contracts that are valued at, or are likely to have a value of, \$150,000 or more. Details of such contracts are published and made publicly available through the NSW Government eTendering website.

2. Number of access applications received – Clause 7(b)

During 2019-20, icare received a total of 155 formal access applications (including withdrawn applications but not invalid applications).

3. Number of refused applications for Schedule 1 information – Clause 7(c)

During the reporting period, icare refused a total of 45 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, one was refused in full and 44 were refused in part.

4. Statistical information about access applications – Clause 7(d) and Schedule 2

Table A: Number of applications by type of applicant and outcome¹

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Media	1	0	0	0	0	0	0	0
Members of Parliament	1	0	0	0	0	0	0	0
Private sector business	1	0	0	0	0	0	0	0
Not-for-profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	22	72	0	18	0	0	0	11
Members of the public (other)	12	16	1	1	1	1	0	1

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. This also applies to Table B.

Table B: Number of applications by type of application and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Personal information applications ¹	33	87	1	14	1	1	0	11
Access applications (other than personal information applications)	4	1	0	5	0	0	0	1
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

¹A **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). PLEASE NOTE: The total number of decisions in Table B should be the same as Table A.

Table C: Invalid applications

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the Act)	84
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	84
Invalid applications that subsequently became valid applications	31

Table D: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	Number of times consideration used ¹
Overriding secrecy laws	0
Cabinet information	0
Executive Council information	0
Contempt	0
Legal professional privilege	44
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0
Privilege generally – Sch 1 (5A)	1
Information provided to High Risk Offender Assessment Committee	0

¹More 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	2
Individual rights, judicial processes and natural justice	41
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	1

Table F: Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	143
Decided after 35 days (by agreement with applicant)	2
Not decided within time (deemed refusal)	0
Total	145

**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	3	3
Review by Information Commissioner*	1	0	1
Internal review following recommendation under section 93 of Act	0	0	0
Review by NCAT	0	2	2
Total	1	5	6

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	8
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	4
Applicant-initiated transfers	1

Appendix 03

Public interest disclosures

The icare Reporting Wrongdoing Policy came into effect on 1 July 2016 and was updated in January 2019. Awareness activities within the current reporting period (1 July 2019 to 30 June 2020) included:

- Continued publication of the Reporting Wrongdoing Policy on icare's intranet – HUGO.
- Continued employee awareness training – Fraud and Corruption Awareness online training module to support the Reporting Wrongdoing Policy.

Report to the NSW Ombudsman Reporting period 1 July 2019 – 30 June 2020			
	Made by public officials performing their day-to-day functions	Under a statutory or other legal obligation	All other PIDs
No. of public officials who made public interest disclosures to your public authority	0	0	1
No. of public interest disclosure received by your public authority	0	0	1
Of public interest disclosures received, how many were primarily about:			
Corrupt conduct	0	0	1
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
No of public interest disclosures (received since 1 Jan 2012) that have been finalised in this reporting period	1		
Have you established an internal reporting policy?	Yes		
Has the head of your public authority taken action to meet their staff awareness obligations?	Yes		
If so, please select how staff have been made aware	Training provided by icare, links on icare's intranet site, and training provided to new employees during induction.		

Appendix 04

Accounts payable performance¹

Insurance and Care (icare) accounts payable performance

Payments of accounts - all suppliers

Amounts outstanding to suppliers at the end of the quarter were:

FY2019-20	June quarter	March quarter	December quarter	September quarter
Current	\$45,579,766	\$98,421,299	\$18,470,034	\$10,516,499
<30 days overdue	\$0	\$0	\$0	\$0
>30 & <60 days overdue	\$0	\$0	\$0	\$0
>60 days & <90 days	\$0	\$0	\$0	\$0
90 days & over	\$0	\$0	\$0	\$0

Amounts paid to suppliers at the end of the quarter were:

FY2019-20	FY2019-20 total	June quarter	March quarter	December quarter	September quarter
Number of accounts paid	6,856	1,688	1,352	1,853	1,963
Number of accounts paid on-time	6,853	1,688	1,351	1,851	1,963
% of accounts paid on-time (based on number of accounts)	99.96%	100.00%	99.93%	99.89%	100.00%
Dollar amount of accounts due for payment	\$674,897,362	\$226,139,289	\$83,967,415	\$260,063,302	\$104,727,356
Dollar amount of accounts paid on-time	\$665,010,664	\$226,139,289	\$83,939,436	\$250,204,583	\$104,727,356
% of accounts paid on-time (based on \$)	98.54%	100.00%	99.97%	96.21%	100.00%
Number of payments for interest on overdue accounts	0	0	0	0	0
Interest paid on overdue accounts	\$0	\$0	\$0	\$0	\$0

Notation: December Quarter had delay in payment for ~\$9.8m related to our Scheme Agents

Dust Diseases Care accounts payable performance

Payments of accounts - all suppliers

Amounts outstanding to suppliers at the end of the quarter were:

FY2019-20	June quarter	March quarter	December quarter	September quarter
Current	\$12,388	\$50,225	\$119,164	\$50,341
<30 days overdue	\$0	\$0	\$0	\$0
>30 & <60 days overdue	\$0	\$0	\$0	\$0
>60 days & <90 days	\$0	\$0	\$0	\$0
90 days & over	\$0	\$0	\$0	\$0

Amounts paid to suppliers at the end of the quarter were:

FY2019-20	FY2019-20 total	June quarter	March quarter	December quarter	September quarter
Number of accounts paid	203	46	44	57	56
Number of accounts paid on-time	203	46	44	57	56
% of accounts paid on-time (based on number of accounts)	100%	100%	100%	100%	100%
Dollar amount of accounts due for payment	\$13,120,398	\$4,581,451	\$1,358,411	\$3,715,008	\$3,465,528
Dollar amount of accounts paid on-time	\$13,120,398	\$4,581,451	\$1,358,411	\$3,715,008	\$3,465,528
% of accounts paid on-time (based on \$)	100%	100%	100%	100%	100%
Number of payments for interest on overdue accounts	0	0	0	0	0
Interest paid on overdue accounts	\$0	\$0	\$0	\$0	\$0

Lifetime Care accounts payable performance

Payments of accounts - all suppliers

Amounts outstanding to suppliers at the end of the quarter were:

FY2019-20	June quarter	March quarter	December quarter	September quarter
Current	\$86,830	\$413,279	\$245,205	\$769,656
<30 days overdue	\$0	\$0	\$0	\$0
>30 & <60 days overdue	\$0	\$0	\$0	\$0
>60 days & <90 days	\$0	\$0	\$0	\$0
90 days & over	\$0	\$0	\$0	\$0

Amounts paid to suppliers at the end of the quarter were:

FY2019-20	FY2019-20 total	June quarter	March quarter	December quarter	September quarter
Number of accounts paid	180	51	32	45	52
Number of accounts paid on-time	180	51	32	45	52
% of accounts paid on-time (based on number of accounts)	100%	100%	100%	100%	100%
Dollar amount of accounts due for payment	\$11,113,844	\$3,309,346	\$2,422,866	\$2,511,545	\$2,870,087
Dollar amount of accounts paid on-time	\$11,113,844	\$3,309,346	\$2,422,866	\$2,511,545	\$2,870,087
% of accounts paid on-time (based on \$)	100%	100%	100%	100%	100%
Number of payments for interest on overdue accounts	0	0	0	0	0
Interest paid on overdue accounts	\$0	\$0	\$0	\$0	\$0

Treasury Managed Fund accounts payable performance

Payments of accounts - all suppliers

Amounts outstanding to suppliers at the end of the quarter were:

FY2019-20	June quarter	March quarter	December quarter	September quarter
Current	\$6,600	\$10,650,894	\$13,133,539	\$1,480,691
<30 days overdue	\$0	\$0	\$0	\$0
>30 & <60 days overdue	\$0	\$0	\$0	\$0
>60 days & <90 days	\$0	\$0	\$0	\$0
90 days & over	\$0	\$0	\$0	\$0

Amounts paid to suppliers at the end of the quarter were:

FY2019-20	FY2019-20 total	June quarter	March quarter	December quarter	September quarter
Number of accounts paid	291	44	42	68	137
Number of accounts paid on-time	291	44	42	68	137
% of accounts paid on-time (based on number of accounts)	100%	100%	100%	100%	100%
Dollar amount of accounts due for payment	\$277,329,197	\$25,505,872	\$12,123,752	\$21,975,509	\$217,724,065
Dollar amount of accounts paid on-time	\$277,329,197	\$25,505,872	\$12,123,752	\$21,975,509	\$217,724,065
% of accounts paid on-time (based on \$)	100%	100%	100%	100%	100%
Number of payments for interest on overdue accounts	0	0	0	0	0
Interest paid on overdue accounts	\$0	\$0	\$0	\$0	\$0

Workers Insurance accounts payable performance

Payments of accounts - all suppliers

Amounts outstanding to suppliers at the end of the quarter were:

FY2019-20	June quarter	March quarter	December quarter	September quarter
Current	\$27,051,908	\$11,235,527	\$5,264,954	\$6,679,163
<30 days overdue	\$0	\$0	\$0	\$0
>30 & <60 days overdue	\$0	\$0	\$0	\$0
>60 days & <90 days	\$0	\$0	\$0	\$0
90 days & over	\$0	\$0	\$0	\$0

Amounts paid to suppliers at the end of the quarter were:

FY2019-20	FY2019-20 total	June quarter	March quarter	December quarter	September quarter
Number of accounts paid	5,882	1,056	838	1,244	2,744
Number of accounts paid on-time	5,881	1,056	838	1,243	2,744
% of accounts paid on-time (based on number of accounts)	99.98%	100.00%	100.00%	99.92%	100.00%
Dollar amount of accounts due for payment	\$767,853,539	\$180,781,716	\$148,588,152	\$251,615,821	\$186,867,850
Dollar amount of accounts paid on-time	\$767,800,244	\$180,781,716	\$148,588,152	\$251,562,526	\$186,867,850
% of accounts paid on-time (based on \$)	99.99%	100.00%	100.00%	99.98%	100.00%
Number of payments for interest on overdue accounts	0	0	0	0	0
Interest paid on overdue accounts	\$0	\$0	\$0	\$0	\$0

Sporting Injuries accounts payable performance

Payments of accounts - all suppliers

Amounts outstanding to suppliers at the end of the quarter were:

FY2019-20	June quarter	March quarter	December quarter	September quarter
Current	\$0	\$0	\$0	\$11,165
<30 days overdue	\$0	\$0	\$0	\$0
>30 & <60 days overdue	\$0	\$0	\$0	\$0
>60 days & <90 days	\$0	\$0	\$0	\$0
90 days & over	\$0	\$0	\$0	\$0

Amounts paid to suppliers at the end of the quarter were:

FY2019-20	FY2019-20 total	June quarter	March quarter	December quarter	September quarter
Number of accounts paid	18	2	5	6	5
Number of accounts paid on-time	18	2	5	6	5
% of accounts paid on-time (based on number of accounts)	100%	100%	100%	100%	100%
Dollar amount of accounts due for payment	\$89,291	\$6,105	\$15,262	\$34,679	\$33,244
Dollar amount of accounts paid on-time	\$89,291	\$6,105	\$15,262	\$34,679	\$33,244
% of accounts paid on-time (based on \$)	100%	100%	100%	100%	100%
Number of payments for interest on overdue accounts	0	0	0	0	0
Interest paid on overdue accounts	\$0	\$0	\$0	\$0	\$0

BigCorp accounts payable performance

Payments of accounts - all suppliers

Amounts outstanding to suppliers at the end of the quarter were:

FY2019-20	June quarter	March quarter	December quarter	September quarter
Current	\$0	\$0	\$0	\$4,950
<30 days overdue	\$0	\$0	\$0	\$0
>30 & <60 days overdue	\$0	\$0	\$0	\$0
>60 days & <90 days	\$0	\$0	\$0	\$0
90 days & over	\$0	\$0	\$0	\$0

Amounts paid to suppliers at the end of the quarter were:

FY2019-20	FY2019-20 total	June quarter	March quarter	December quarter	September quarter
Number of accounts paid	14	1	3	6	4
Number of accounts paid on-time	14	1	3	6	4
% of accounts paid on-time (based on number of accounts)	100%	100%	100%	100%	100%
Dollar amount of accounts due for payment	\$70,629	\$1,091	\$14,636	\$33,427	\$21,475
Dollar amount of accounts paid on-time	\$70,629	\$1,091	\$14,636	\$33,427	\$21,475
% of accounts paid on-time (based on \$)	100%	100%	100%	100%	100%
Number of payments for interest on overdue accounts	0	0	0	0	0
Interest paid on overdue accounts	\$0	\$0	\$0	\$0	\$0

- Supplier payment days are calculated from the day that the 'Accounts Payable' function receives a supplier invoice, to the day that the invoice is processed for payment. Supplier payments days do not include the days taken for invoice certification.

Appendix 05

Overseas travel

Date of travel	Name	Destination	Purpose	Cost (\$)¹
28 July – 3 August 2019	R. Bansal	Canada and USA	International peer engagement visit with TCorp to understand the Total Portfolio investment approach including applicable principles, systems, culture, measurement and analytics.	14,600²
13 – 20 September 2019	D. Totten	Cleveland, USA	To represent icare at the Annual Hyland CommunityLive Conference. The conference provided education seminars, product briefings and presentations on the future strategy for Hyland products.	7,800²
3 – 6 November 2019	R. Craig	Washington, USA	To represent icare at the Guidewire Connections Conference. Guidewire provide the software used by icare's new workers insurance policy, billing and claims administration systems, in line with its commitment to deliver a consistent, high-quality customer experience.	Paid by Guidewire
	T. Abbott	Washington, USA		16,600²
	T. Moore	Washington, USA		16,600²
3 – 13 March 2020	D. Holt	Munich, Germany and London, United Kingdom	To meet with Construction Risks Insurance Fund (CRIF) to arrange reinsurance for upcoming major projects.	15,300²

1. "Cost" includes all costs associated with the trip.
2. Paid by icare.

Appendix o6

Consultants¹

icare consultants - FY2019-20

Supplier	Description of Service	Total (\$)
AON RISK SERVICES AUSTRALIA LTD	Prevention program for employers to improve work, health and safety outcomes	489,078
ARTHUR J GALLAGHER & CO	Prevention program for employers to improve work, health and safety outcomes	255,650
AUB GROUP LIMITED	Prevention program for employers to improve work, health and safety outcomes	283,583
DRAKE WORKWISE PTY LTD	Counselling Service for scaffolding incident at Ganellen	51,953
ESARESS AUSTRALIA PTY LTD	Executive assessment and succession planning	220,000
FINITY CONSULTING PTY LTD	TMF Product and Pricing Review of the Workers Compensation and General Lines portfolios	1,060,241
FINITY CONSULTING PTY LTD	General Practitioner analysis work	53,162
GOLZE PTY LTD	Functional operational review identifying critical issues that are inhibiting performance	417,387
GROSVENOR PERFORMANCE GROUP PTY LTD	Professional fees for procurement services for TMF General Lines Legal Panel	128,739
GROSVENOR PERFORMANCE GROUP PTY LTD	Detailed review of icare's processes in place to manage the Contract Lifecycle from Sourcing to Contract	72,996
GUIDEWIRE SOFTWARE PTY LTD	Technology Architecture Review	55,168
HEALTH CONSULTING CONNECTIONS PTY L	Care 2020 Consultant - Michael Dickson	183,750
ISG INFORMATION SERVICES GROUP AMERICAS, INC.	Professional fees reviewing TMF General Lines claims technology solutions	120,000
KORN FERRY (AU) PTY LTD	Personal Injury operating model	237,430
KPMG	Review of EDW including data strategy and governance	457,865
KPMG	Review of the Technology Landscape and Enterprise Architecture	223,758
KPMG	Advice in relation to international tax obligations for investments	221,787
KPMG	Qlik Dashboard Review	194,700
KPMG	Review of EDW Reporting	166,637
KPMG	icare Competency Framework consulting	163,483
KPMG	Review of SIRA Data Submission and EDW Architecture	147,992
KPMG	Strategic Risk Review	124,200
KPMG	Assurance Review of Implementation of PIawe Reforms 2019	90,909
KPMG	EDW simplification consulting	61,518

Supplier	Description of Service	Total (\$)
MARSH PTY LTD	Prevention program for employers to improve work, health and safety outcomes	63,200
PRICEWATERHOUSE COOPERS CONSULTING	Strategic Workforce Planning review	384,466
PRICEWATERHOUSE COOPERS CONSULTING	NI agent remuneration model	221,000
PRICEWATERHOUSE COOPERS CONSULTING	Services to support AP authorisation standards and governance and control	193,807
PRICEWATERHOUSE COOPERS CONSULTING	Customer Channels operating model	126,900
PRICEWATERHOUSE COOPERS CONSULTING	Services performed for TMF claims Independent advisory procurement support - Phase Two	126,600
PRICEWATERHOUSE COOPERS CONSULTING	Valuation of icare's Various Infrastructure Debt Instruments	68,100
PRICEWATERHOUSE COOPERS CONSULTING	Review of Month End Close Process	155,128
PRICEWATERHOUSE COOPERS CONSULTING	PI operating model business case	465, 527
QUANTUM HEALTH PTY LTD	Review on data quality of general lines claims to identify issues that needed remediation and identify opportunities for insights and analysis	219,600
RIGHTHANDTURN PTY LTD	Independent review of the NI and customer engagement and research as icare's customer advocate	354,000
RUBICON BUSINESS CONSULTING PTY LTD	Review of the NI System Program and Technology Landscape against Business Case Intent and Outcomes	464,955
THE BEVINGTON GROUP	Future state process design consulting services	218,262
THE BRIDGE INTERNATIONAL CONSULTING	Enterprise Project Management Office Operating Model and Governance Framework Review	550,000
THE BRIDGE INTERNATIONAL CONSULTING	Advisory support for Embedment and Go Live of AP Partners	725,000
THE BRIDGE INTERNATIONAL CONSULTING	Advice in relation to the Personal Injury Organisation Model	232,052
THE BRIDGE INTERNATIONAL CONSULTING	Review of Project Management Office's Current Execution Framework at a Group Level	50,000
Total greater than \$50,000		10,100,583
	Community Engagement	85,034
	Finance and Accounting/Tax	77,077
	Human Resources	146,047
	Information Technology	83,297
	Organisational Review	60,609
	Training	135,973
	Work Health and Safety	73,683
Plus 38 consultants \$50,000 and under		661,720
TOTAL CONSULTANTS		10,762,303

icare actuarial fees - FY2019-20

Supplier	Description of Service	Total (\$)
FINITY CONSULTING PTY LTD	Actuarial services under contract for Insurance for NSW	3,709,527
FINITY CONSULTING PTY LTD	Actuarial services under contract for Workers Insurance	1,964,533
PRICEWATERHOUSE COOPERS CONSULTING	Actuarial services under contract for Lifetime Care	763,294
ERNST & YOUNG	Actuarial services under contract for Insurance for NSW	394,450
PRICEWATERHOUSE COOPERS CONSULTING	Actuarial services under contract for Home Building Compensation Fund	382,835
PRICEWATERHOUSE COOPERS CONSULTING	Actuarial services under contract for Insurance for NSW	348,675
PRICEWATERHOUSE COOPERS CONSULTING	Actuarial services under contract for Workers Insurance	328,786
PRICEWATERHOUSE COOPERS CONSULTING	Actuarial services under contract for Dust Diseases Care	213,147
THE TRUSTEE FOR JOHN TROWBRIDGE	Review of Return to Work and icare Financial Condition Report	203,000
TAYLOR FRY CONSULTING ACTUARIES	Services provided as Senior Actuary	172,800
THE TRUSTEE FOR JOHN TROWBRIDGE	Consultancy for SIRA discussion paper on Return to Work	147,000
FINITY CONSULTING PTY LTD	Workers Insurance - COVID-19 Shoebridge Bill	128,754
FINITY CONSULTING PTY LTD	Actuarial services for Workers Insurance Business Actions and Target Setting	67,075
FINITY CONSULTING PTY LTD	Actuarial services for Insurance for NSW Business Actions and Target Setting	62,424
PRICEWATERHOUSE COOPERS CONSULTING	Actuarial services to provide COVID-19 Return to Work Projection	60,000
Total Greater than \$50,000		8,946,300
	Finance and Accounting/Tax	132,252
Plus 5 Actuarial Fee \$50,000 and under		132,252
TOTAL ACTUARIAL FEES		9,078,552

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

Our Annual Report FY2019-20 was prepared according to the *Annual Reports (Statutory Bodies) Act 1984* and reporting requirements issued by the NSW Treasury. All icare contracts can be found on the NSW eTendering website.

Appendix 07

Grants

icare Foundation grants¹

Partner	Investment	FY2019-20	Nature of work
3Bridges Community Limited	Inclusive volunteering network for adults with a brain injury	\$150,000	To support adults with a Traumatic Brain Injury to locate and participate in meaningful volunteering roles with local community organisations, government and businesses.
Agency for Clinical Innovation	OPTions Pain Pilot	\$88,114	The Pain Pilot is trialling an early intervention pain management model that encourages collaboration between pain clinics, employers, GPs and workers.
Agency for Clinical Innovation	Specialist Pain Clinics for people with Traumatic Brain Injury and Spinal Cord Injury	\$377,384	To develop and pilot a specialised multi-disciplinary pain clinic for people with TBI/SCI so that the assessment of pain will become a routine part of clinical assessment for each person, and clinicians will have tools and knowledge to manage pain, as well as have a specialist pain clinic to refer people with more complex pain issues.
Agency for Clinical Innovation and the Ingham Institute	Vocational Intervention Program (VIP) Phase 2	\$403,959	To implement a Vocational Intervention Program (VIP) to all 12 sites of the NSW Brain Injury Rehabilitation Program (BIRP), resulting in increased vocational outcomes for people with a traumatic brain injury i.e. 80 per cent of Fast Track participants sustaining employment and 50 per cent of New Track clients finding new employment.
Paralympics Australia	Back on Track	\$25,046	Partnering with Australian Paralympic athletes with seriously injured young people (selected from icare's various care and support schemes) in a seven-month mentoring program that seeks to assist mentees on the recovery journey.
CareFlight	Rapid Trauma Helicopter service	\$50,000	Maintenance of CareFlight's current Rapid Response helicopter in order to comply with relevant safety regulations.
Carers NSW	wecare - Adult carer coaching	\$174,146	Provision of support services to children, siblings and family carers of severely injured people, to increase their resilience, knowledge, connections and wellbeing.
Carers NSW	wecare - Young Carer Support	\$61,365	Provision of support services to children, siblings and family carers of severely injured people, to increase their resilience, knowledge, connections and wellbeing.
Carers NSW	wecare Stage 2	\$72,500	This program of work will develop and evaluate (1) a carer-led Carer Mentoring Program providing 6 to 9 individual modules/sessions to adult family carers over 24 to 28 weeks; (2) a Children and Young People's Mentoring Program utilising solutions-based casework to assist young people with adjusting to new circumstances within their household as a result of disability, injury and chronic conditions.
Clinical Excellence Commission	Competency Assessment App	\$20,000	Trial of the use of a mobile application-based system for the documentation of trainees' competencies. This project will test the impact of the mobile app-based system on the assessment and documentation of the clinical competencies of surgical Senior Resident Medical Officers (SRMOs) for the safe delegation and escalation of clinical care in NSW public hospitals.

Partner	Investment	FY2019-20	Nature of work
Cerebral Palsy Alliance	Challenger - Pilot - Life skills for people with TBI	\$450,000	To deliver and evaluate four successful life skills programs for people with neurological disability (Age 15-35) with Traumatic Brain Injury. This includes mentoring and support for participants to report an experience of (1) feeling more independent; (2) having purpose; and (3) making meaningful connections. It also involves teaching families and carers to adapt and confidently support their family members to become more independent.
Remarkable (Division of Cerebral Palsy Alliance)	Inclusive technology accelerator	\$482,310	To support start-ups to (1) bring new technology products to market that will benefit people with a disability (PWD), (2) increase recognition of PWD as an attractive customer base and increase investment in this market; and (3) involve more PWD (including icare customers) in successful startups as entrepreneurs, consumers & employees.
CoAct	Holistic Intensive Support for Motivation and Work	\$395,640	To provide intensive and holistic support to injured workers to improve wellbeing and psycho-social outcomes, resulting in increased job readiness, reduced return to work timeframes and better aligned job placements.
Craig's Table NSW	Craig's Table	\$68,100	Establish the first injured workers social hub in NSW to create commercial and social value by supporting injured workers to re-connect to community and return to work. Based on a successful model in SA.
Fire and Rescue NSW	Tactical Athlete Resilience Program	\$130,000	To develop an evidence-informed program that contributes to participants reporting an experience of feeling more aware and more capable of managing their physical and mental health, and the balance between work and life. This includes participation in the TARP Induction Stream and the TARP Resilience Training Stream.
Hammond Care	Core strength program for adults with a SCI	\$133,229	To improve psychological wellbeing and quality of life for people living with a spinal cord injury, by fostering connections, engagement and purpose through the delivery of a course to participants and their families.
Happy Paws Happy Hearts	Happy Paws for Injured Workers	\$253,450	To develop an evidence-informed program that contributes to participants per program reporting an experience of (1) improved attitude to social networks and (2) increased confidence.
Housing Industry Australia	Social media and behaviour change strategy	\$100,000	To develop an evidence-informed program that evaluates social media and behaviour change strategies targeted at 10,000 young construction workers to empower and increase their engagement in site safety.
Ingham Institute	ACT-Adjust Pilot	\$275,750	To evaluate the efficacy of delivering an existing traumatic brain injury mental health treatment program via videoconferencing.
John Walsh Center for Rehabilitation Research (NSLHD)	The 200-Rep Trial	\$9,938	The 200-Rep Trial: a study to determine the effectiveness of a physiotherapist intervention for increasing the strength of partially paralysed muscles following spinal cord injury.
John Walsh Center for Rehabilitation Research (NSLHD)	The John Walsh Centre for Rehabilitation Research-LTCSA (Core funding)	\$698,670	To build research capability and capacity around compensation and care systems.
Live Better	LIFT Transport	\$50,000	To increase access to out of hours transport options for individuals living with a disability in the Dubbo region.
Loop+	Remote Care Technology for Wheelchair Users Phase 1	\$20,000	The development of a purpose-built everyday activity tracker for wheelchair users that assesses pressure injury risks and monitors care plan compliance in everyday life.

Partner	Investment	FY2019-20	Nature of work
Loop+	Remote Care Technology for Wheelchair Users Phase 2	\$200,000	To support the development, pilot and go-to-market plan for a minimum viable product ("MVP") to assess pressure injuries for wheelchair users.
Macquarie University	Acquired Brain Injuries - supporting emotional and cognitive health	\$26,000	To develop the evidence base for an effective, acceptable and accessible online treatment program to support the mental health and cognitive functioning of Australians with Acquired Brain Injuries.
Monash University	Workforce Sustainability Study. Part 1 - Cohort establishment, data collection and early insights	\$465,363	Workforce sustainability - a work and health and safety study- COVID-19 pandemic. The project aims to reduce the impact on the mental and physical health of the NSW workforce in relation to unemployment due to the COVID-19 pandemic. It will establish cohort, collect data and early insights.
Oxley Community Transport	Access-A-Ride	\$40,000	The Access-A-Ride program involves the development of a booking system to coordinate existing transport providers in the Tamworth region and link all available services via a booking platform accessible through both a mobile phone App or via phone or email directly to Oxley Community Transport.
Primary and Community Care Services Ltd	GP Social Prescribing	\$40,000	To develop and evaluate the Plus Social program in key evaluation areas: (1) promoted social and economic participation; (2) increased psychological wellbeing; (3) and decreased health service utilisation for individuals living in the community with a work-related injury and psychosocial difficulties, as relevant.
Primary and Community Care Services Ltd	Plus Inclusion	\$250,000	To develop an evidence-informed program that contributes to injured workers reporting an experience of engaging more readily and more successfully with the recovery journey.
Royal Melbourne Institute of Technology and Master Builders Association New South Wales	Social supports for young construction workers' health and safety	\$73,345	To conduct research that will enable industry partners to develop healthy, safe and supportive workplaces for young construction workers who are identified as a high-risk subgroup of the construction industry's workforce. It will examine the nature of "supervisor-worker" communication and supervisor support, which have been identified as critical determinants of young constructions workers' experience of injury and ill-health.
Royal Rehabilitation Centre Sydney	In-Voc Spinal outreach service	\$79,278	With an aim to improve the return to work rates for people with a spinal cord injury, In-Voc is an inpatient early intervention vocational rehabilitation program run within the three spinal injury units in NSW hospitals. It is available to all in-patients regardless of current compensation status. This program is delivered by the NSW Spinal Outreach Service.
Rumpus	Makeshift	\$177,302	To support workers with psycho-social injuries via a structured introduction to evidence-based purposeful play activities that aims to equip them with return-to-life tools that form and strengthen social connections to improve self-efficacy.
Settlement Services International Limited	Pilot of the Transitional Pathways and Placement Services	\$330,000	To develop an evidence-informed program that contributes to (1) 80% participants achieving an external placement; or transitioned into external training; or are work-ready and actively looking for employment; and (2) 70 per cent report an increase in personal empowerment and self-esteem.
Synapse	Brain Injury Peer Support	\$264,849	To develop an evidence-informed program that contributes to individual participants affected by brain injury and their families/ carers reporting that they feel more informed, supported and connected as a result of participation in a peer-led support model.

Partner	Investment	FY2019-20	Nature of work
TAFE NSW	Virtual Reality Training to improve Safety Skills and reduce injury	\$63,870	To develop an evidence-informed program that engages 10,000 young constructions workers in working safely at heights through an interactive training program, "Working Safely at Heights", thereby creating awareness of the scenarios that can cause falls at heights, preventing injuries and promoting physical wellbeing while working at heights within the Construction Industry.
Troxel Nome Australia Pty Ltd	Respirable crystalline silica detection	\$138,420	To design, develop and test a respirable crystalline silica (RCS) sensor prototype that provides 'real time' feedback to workers who are at risk of exposure.
University of Newcastle	Supporting wellbeing of workers using compassion focussed digital technology	\$253,543	To evaluate that a compassion focussed digital intervention has the potential to support the recovery of injured workers, with participants reporting (1) an experience of increased self compassion, (2) positive well being, (3) self confidence, and (4) reduction in mental health difficulties.
University of NSW	Carers Way Ahead	\$20,000	To develop an evidence-informed program that assists in addressing the challenging behaviours experienced in association with lived experience of Traumatic Brain Injury, thereby decreasing carer burden and increasing quality of life years for family members
University of NSW	Carers Way Ahead	\$143,000	Establish the most effective parameters for delivering The Carers Way Ahead, an online therapy program designed to provide family and carers with strategies to support as adults with traumatic brain injury and complex and challenging behaviour.
University of NSW (BlackDog Institute)	Mental Health for First responders	\$720,000	To develop and disseminate the evidence-base for new interventions for emergency service workers including: digital interventions for health professionals; resilience and prevention training for high risk workforces and managers; workplace mental health screening and psycho-education programs; amongst others.
University of Sydney	TBIconneCT Intervention	\$5,610	This study is a clinical trial comparing telehealth and in-person intervention for people with traumatic brain injury, using the TBIconneCT intervention.
University of Sydney	Online communication and social networks for people with TBI	\$446,432	To develop and pilot communication training programs to increase communication skills for people with traumatic brain injury, their families and carers, leading to improved quality of life via improved social connection and participation.
University of Sydney	NSW Acquired BI Fellowships for Advanced Psychiatry Trainees	\$935,151	To improve the state-wide mental health services for people with a brain injury by establishing a psychiatric fellowship training program specialising in brain injury and a clinical network to increase capacity in this field.
University of Sydney	Improving rehab outcomes for people with SCI with cognitive issues	\$112,988	To determine the extent and causes of cognitive impairment in newly injured adults with Spinal cord injury and the impacts this has on recovery.
University of Sydney	Spinal Cord Injury Health Maintenance Tool-digitisation and enhancement	\$100,000	To develop an evidence-informed program that contributes to participants with spinal cord injury reporting an experience of (1) increased access to health management resources that will improve quality of life and quality of service provision; (2) increased sense of health and wellbeing and social participation; (3) their families and carers feel better equipped to support them.

Partner	Investment	FY2019-20	Nature of work
University of Sydney (John Walsh Centre for Rehabilitation Research)	International Spinal Cord Injury Survey	\$5,000	The overall objective of the InSCI survey is to describe and identify the determinants of levels of functioning, health and wellbeing of persons living with SCI within and across different countries. This includes the corresponding health and related systems, policies, services and care provision.
University of Sydney (John Walsh Centre for Rehabilitation Research)	Improving Care Standards and Costs for Spinal trauma Patients	\$95,443	To improve care standards and costs for spinal cord injury patients by (i) quantifying the 'evidence-practice gap'; (ii) conducting a gap driver analysis to identify barriers or facilitators of the variability in clinical practice, and (iii) identify financial costs associated with deviation of care from agreed best practice standards.
University of Sydney and University of NSW	Cross Agency Innovation Fund	\$1,740,627	To develop and evaluate an integrated program of work that aims to reduce psychological injury claims in frontline agencies. It includes three programs of work (1) early detection and intervention to optimise the mental health of frontline workers; (2) developing resilience in high-risk occupations; and (3) a multimodal stepped-care approach to disrupt the cycle of traumatic stress and substance use.
University of Technology Sydney	UTS Project Edge Neuromodulation Research	\$500,000	To provide neuromodulation research outcomes related to the recovery from paralysis due to spinal cord injury that could lead to increased quality of life for patients.
Uprise	Problem Solving Therapy RCT	\$285,599	To support people with primary physical injuries through a digital stepped care program to prevent secondary psychological injury.
Wearables Project (Kinetic - Preventure - MITS)	Musculoskeletal Disorders Wearable Tech Pilot	\$310,054	To develop and evaluate wearable technologies that improve the identification and analysis of hazardous manual tasks and, or workers most at risk of injury, to (1) facilitate the elimination/reduction of task characteristics which increase injury risk; and (2) the wearable technologies eliminate/reduce workers' exposure to task characteristics which increase injury risk of Musculoskeletal Disorders.
Wheelchair Sports NSW	Disability Sports and Recreation Hub for NSW	\$210,000	To develop an evidence-informed program that contributes to participants living with a disability reporting an experience of increased connection through their participation in a new Disability Sports and Recreation Hub providing information and access to a range of active recreation and sporting activities in NSW for people with disabilities.
With You With Me	Project Evolution	\$180,000	To develop an evidence-informed program of work that contributes to more injured workers returning to the workforce in 'demand roles'; addresses employer talent issues; and supports the workers compensation industry to retain injured employees.
Various contractors	Research, Design and Evaluation Costs	\$416,931	Research, design and evaluation costs to support the effective delivery and measurement of grant impacts
Total		\$13,118,401	

1. Note that the icare financial statements are rounded to the nearest thousand dollars, whereas information in this Appendix is presented to the nearest dollar. In addition to icare Foundation Grants outlined in the table above, the icare financial statements 'grant' expenditure line includes a \$5,000 payment made to the Australian Association of Practice Management.

Dust Diseases Board grants

Dust disease research grants – new grants approved by the DDC Board and spent in FY2019-20			
Partner	FY2019-20 funding ex. GST	Project Title	Total Grant ex. GST
Asbestos Diseases Research Institute (ADRI)	\$71,250	A novel 3D model for drug screening in mesothelioma	\$300,000
University of Western Australia	\$13,837	Exploiting common genetic alterations in mesothelioma	\$276,374
University of Adelaide	\$20,000	Improving exposure science and dust control for engineered stone	\$224,872
Asbestos Diseases Research Institute (ADRI)	\$13,537	The APC of Australia's silicosis epidemic using national hospital and mortality data	\$57,000
University of Sydney	\$0	CHEST: A high level education strategy	\$300,000

Dust diseases research grants spent in FY2019-20			
Partner	FY2019-20 funding ex. GST	Project Title	Total Grant ex. GST
University of Western Australia - Professor Richard Lake	\$86,442	The MexTAG Collaborative Cross	\$172,884
University of Western Australia – Professor Richard Lake	\$124,550	Analysis of T cell receptor diversity in animal models of mesothelioma	\$249,100
University of Western Australia – Professor Y C Gary Lee	\$81,047	Australasian Malignant Pleural Effusion (AMPLE) trial-3	\$299,871
University of Western Australia – Dr Alison McDonnell	\$69,878	Identifying immune biomarkers of response to chemotherapy in malignant mesothelioma	\$232,926
University of Western Australia – Dr Willem Joost Lesterhuis	\$126,000	Aiming for the Achilles' heel - discovering an effective drug against mesothelioma	\$280,000
University of Western Australia – Dr Edward Fysh	\$42,725	AIR Study: a novel minimal-invasive biopsy approach for pleural malignancies	\$224,867
University of Western Australia – Dr Sally Lansley	\$67,556	Using Bacteria as novel anti-mesothelioma agents	\$295,224
University of Western Australia – Professor Bruce Robinson	\$83,333	Boosting Antigen Targeted Therapy Against Cancer (ATTAC) for Malignant Mesothelioma	\$292,398

Dust Diseases Care funding – grants to support organisations			
Partner	FY2019-20 funding ex. GST	Project Title	Total Grant ex. GST
Asbestos Diseases Foundation of Australia	\$60,000	Helpline Operator and Education Awareness	\$60,000
Asbestos Diseases Research Institute	\$60,000	Mesothelioma Support Coordinators and Education Activities	\$93,750
Bernie Banton Foundation	\$62,895	Awareness & Support Coordinators and campaigns	\$62,895

Dust Diseases Care Fellowship and Scholarship grants			
Partner	FY2019-20 funding ex. GST	Project Title	Total Grant ex. GST
Scholarship– Institute for Respiratory Health - Dr Amber Louw	\$38,000	Loss of BAP1 and CDKN2Ap in malignant pleural mesothelioma	\$120,000
Scholarship – University of Western Australia - Joel Kidman	\$50,812	Characterising dynamic changes in T-cell diversity	\$120,000
Fellowship - Woolcock Institute of Medical Research – Dr Anna Yeung	\$76,000	Improving work practices towards reducing acute silicosis	\$240,000

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 support an application to the Scheme. This helps participants and their families obtain information about whether their accident meets the criteria for “motor accident” and “motor vehicle” under the legislation. 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 three injured people in FY2019-2020. One of the three grants offered in this financial year was paid out.

Appendix o8

Internal audit and risk management attestation statement

Internal Audit and Risk Management Attestation Statement for the 2019-2020 Financial Year for Insurance and Care NSW

We, Michael Carapiet, Chair Insurance and Care NSW, and Don Ferguson, Interim 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 31000:2018 | 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

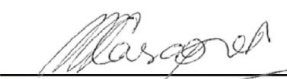
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|---|-----------|
| 3.1 An independent Audit and Risk Committee with appropriate expertise has been established | Compliant |
| 3.2 The Audit and Risk Committee is an advisory committee providing assistance to the agency head on the agency's governance 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 Audit and Risk Committee are:

- Independent Chair, David Plumb. Term: 26 October 2018 – 25 October 2020.
- Independent Member, Elizabeth Carr. Term: 26 October 2018 – 14 May 2021.
- Independent Member, Lisa McIntyre. Term: 26 October 2018 – 14 February 2021.
- Independent Member, Christine Bartlett. Term: 26 October 2018 – 14 February 2021.

In accordance with a resolution of the Governing Board of the Statutory Body:


Chair
Insurance and Care, NSW


Interim Chief Executive Officer
Insurance and Care, NSW

Date: 31 August 2020

Contact Officer: Tony Wessling, Interim Group Executive Strategy & Governance, Insurance and Care, NSW, 321 Kent Street, NSW 2000

Appendix 09

Cyber security annual attestation

Cyber Security Annual Attestation Statement for the 2019-2020 Financial Year

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

Over the 2019/20 financial year, icare continued to enhance system functionality to support its core business and improve services to its customers. icare adopts NSW Government information security requirements, including the NSW Government Cyber Security Policy requiring the identification and protection of the most critical information assets also known as icare's 'Crown Jewels'. Over the financial year icare has continued to invest in people, process and new technologies to build a sustainable cyber security capability as is expected of an Australian general insurer, and a NSW government agency.

ATTESTATION


We, Michael Carapiet, Chair of Insurance and Care NSW, and Don Ferguson, Interim Chief Executive Officer of Insurance and Care NSW, are of the opinion that icare has managed cyber security risks in a manner consistent with the Mandatory Requirements set out in the NSW Government Cyber Security Policy.

Across the 2019/20 financial year, icare used information technology systems supplied by:

- icare technology teams delivering technology and processes within the scope of icare's ISO27001 Information Security Certification;
- Cloud providers which are compliant via their certifications under the Australian Signals Directorate's Certified Cloud Supplier List scheme; and
- Cloud providers who have satisfied icare's security assurance checks, including certification under ISO27001

During 2019/20 cyber risks to information and systems of icare have been assessed and controls have been implemented and are compliant with ISO/IEC 27001:2013 Information Security Standard. icare has a current cyber incident response plan in place and the plan has been tested during the reporting period. Governance is in place to manage cyber security initiatives to drive continuous improvement and maturity of cyber security. icare's ISO27001 certified Information Security Management System (ISMS) has been independently audited during the reporting period by Lloyds Register Quality Assurance (LRQA).

In accordance with a resolution of the Governing Board of the Statutory Body:



Chair
Insurance and Care, NSW



Interim Chief Executive Officer
Insurance and Care, NSW

Date: 31 August 2020

Appendix 10

Consumer response

icare operates in a complex environment with multiple partners, scheme agents and service providers. This requires a high level of collaboration and cooperation to ensure each customer receives a fair and empathetic customer experience.

icare's Enterprise Complaint Framework defines a complaint as:

“Any expression of dissatisfaction from an external source made to or about icare related to our products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required.”

Complaints can be made through multiple channels. Most complaints received relate to individual policies or claims across the schemes that we operate.

We view complaints as opportunities to improve how we serve our customers and are on a journey to build a culture where complaints are viewed as a valuable source of insight to improve the overall customer experience.

We monitor customer complaints and feedback data proactively throughout the year and design initiatives to address customers concerns. Examples of such projects are highlighted in this year's report.

We continue to develop a more integrated view of complaints data to enable us to leverage insights in our decision making, and as our complaints management process matures, we will continue to create more comprehensive reporting.

Workers Insurance complaints

Complaints information for workers insurance includes those related to policies as well as claims. Complaints are received from various parties including employers, workers, legal/service representatives and more. Claims complaints have been broken down via type to provide an accurate view.

Workers Compensation Underwriting			
Policy	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints relating to the issue, renewal or cancellation of a workers insurance policy The data does not include complaints lodged directly with SIRA or the Workers Independent Review Office	25,712	Process Cost/Payment/Benefit Communication	3

Personal Injury	
Claims	Total complaints
Complaints received about workers insurance claims (as outlined below)	3,882

Frontline complaints ^{1,2}			
Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints received and resolved by frontline staff at EML and icare's claims operations team, including those escalated to team leaders	262	Cost/Payment/Benefit Communication Service delivery	2

1. Frontline complaints are those recorded in Salesforce CRM.

2. Previously reported as Tier 1A and Tier 1B.

Frontline complaints resolved by icare's Complaints Resolution Team¹

Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints made to icare's Complaints Resolution Team. These complaints cannot be resolved by EML or other teams, and/or were made directly to icare	796	Cost/Payment/Benefit Communication Process	5

1. Previously reported as Tier 2.

Complaints referred by SIRA¹

Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints referred by SIRA and resolved by icare	233	Cost/Payment/Benefit Communication Service Delivery	2

1. Previously reported as Tier 4.

Complaints referred by WIRO¹

Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints referred from the Workers Compensation Independent Review Office and resolved by icare	2,010	Cost/Payment/Benefit Liability decision Process	5

1. Previously reported as Tier 4.

Escalated complaints¹

Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints escalated to icare's Complex Complaints Management Team	538	Process Cost/Payment/Benefit Service delivery	17 ²

1. Previously reported as Tier 3.

2. Escalated complaints generally require investigation and review of a claim, including contact with stakeholders inside and outside icare, which affects the time taken to resolve.

Average business days to resolve is calculated by comparing complaints received and resolved in the financial year, excluding complaints that remain open at the end of FY 19-20 and that will be resolved in FY 20-21.

Uninsured liability claims complaints

Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Combination of complaints regarding claims managed under the Nominal Insurer (EML staff and uninsured liability) and volunteers (TMF)	43	Decision Services Delivery Cost/Payment/Benefit	1

Insurance for NSW complaints

Insurance for NSW outsource the management of policies and claims to relevant scheme agents. Complaints data reported here show complaints managed by scheme agent and complaints received directly by icare. Complaints refer to both policy and claims.

Insurance for NSW			
Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints received directly by icare relating to the Insurance for NSW business division. Numbers represent a combination of complaints regarding Workers Compensation Claims for Government Agencies, Construction Risk and general complaints to the Insurance for NSW division.	110	Process Service delivery Communication	6

General Lines			
Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints received by scheme agent and reported to icare relating to the management of claims under the statement of Cover for Government Agencies	163	Service delivery Process Communication	8

Government Agencies			
Claims	Total complaints	Top three complaint categories	Av. business days to acknowledge
Complaints received by scheme agents and reported to icare relating to Workers Compensation claims for Government Agencies	1,324	Service delivery Weekly payments Payments	1

Home Building Compensation Fund complaints

The Home Building Compensation Fund outsource the management of claims and eligibility risk management to relevant scheme agents. Complaints data reported here show complaints received directly to icare.

Home Building Compensation Fund			
Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints resolved by frontline staff	97	Decision Process Service delivery	13

Sporting Injuries complaints

There were no complaints received for Sporting Injuries Insurance.

Lifetime Care and Support complaints

Most complaints received for Lifetime Care and Support were from participants and related to the level of service received from icare and service providers, followed by complaints about our policies and procedures.

Level 1			
Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints resolved by frontline staff	222	Level of service – icare Level of service – provider Policy/procedures	2
Level 2			
Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Escalated complaints which are unable to be resolved at level 1, and involve a detailed investigation and response by the Assessment Review team	21	Level of service – icare Policy/procedures Level of service – provider	11

Disputes

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

In 2019-20 Lifetime Care:

- Resolved 23 disputes about participants' treatment and care needs. These disputes took an average of 66 business days to resolve.
- Resolved 4 disputes about participant's eligibility for the Lifetime Care and Support Scheme. It took an average of 136 business days to resolve these disputes.

Disputes about motor accident injury are legal disputes and are resolved by a panel of three legal professionals. No dispute applications were received in 2019-20.

Dust Diseases Care complaints

During FY2019-20, most complaints received about Dust Diseases Care related to the level of service received from icare and funding decisions related to scheme eligibility. The timeframes to resolve complaints reflect the unique and complex nature of Dust Diseases Care complaints.

Level 1			
Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints resolved by frontline staff	25	Level of service – icare Funding decision	7
Level 2			
Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Escalated complaints which are unable to be resolved at level 1, and involve a detailed investigation	Nil		

Workers Care complaints

During FY2019-20, most complaints received about the Workers Care Program were from participants and related to the level of service received from icare and from service providers. The majority of complaints received were lodged by workers.

Level 1			
Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Complaints resolved by frontline staff	54	Level of service – provider Level of service – icare Funding decision	2
Level 2			
Claims	Total complaints	Top three complaint categories	Av. business days to resolve
Escalated complaints that cannot be resolved at level 1, and involve a detailed investigation	Nil		

Appendix 11

Compliance with Cares (Recognition) Act 2010 (NSW)

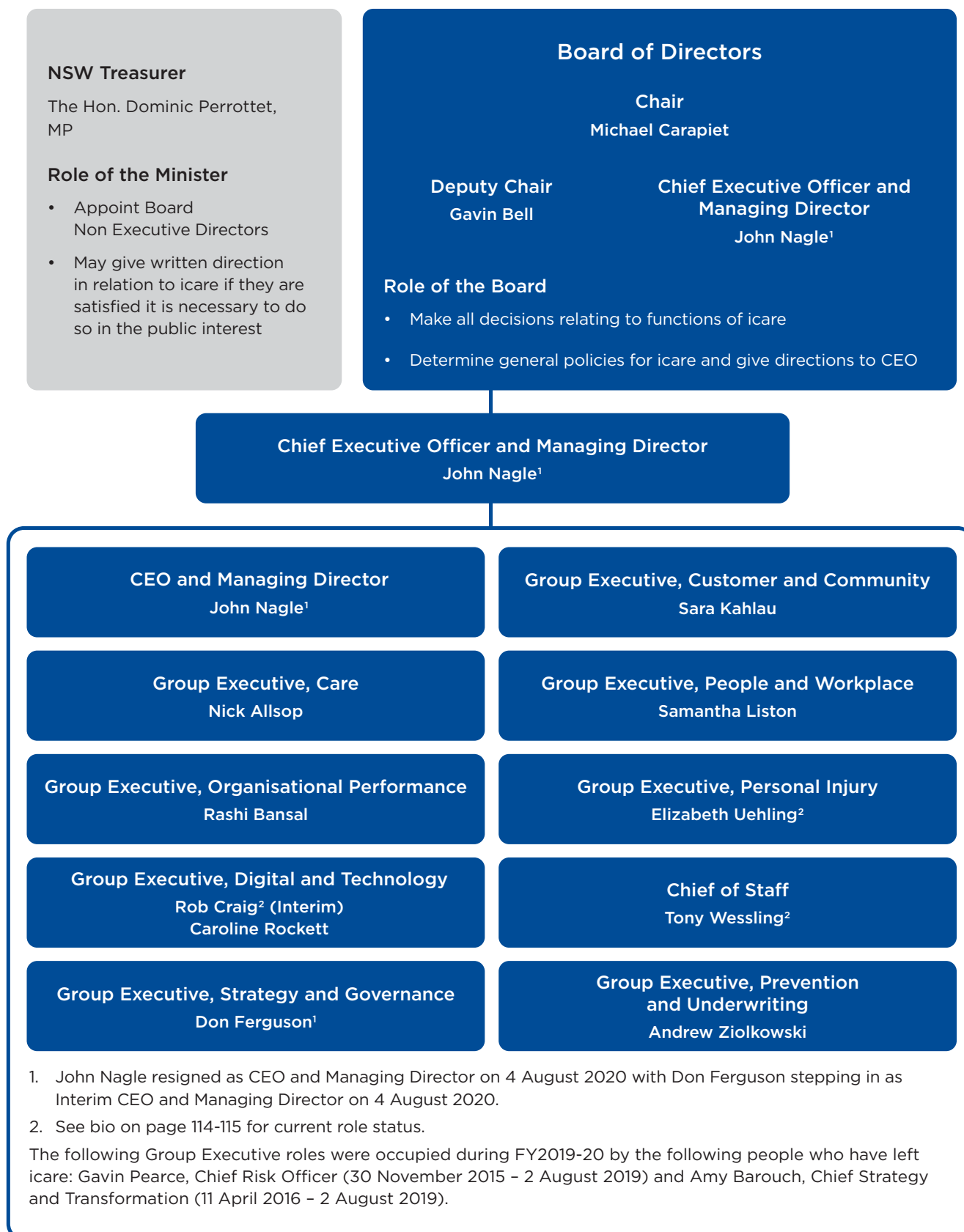
icare continues to value the importance of families and carers and is committed to better recognition and support for all carers. Our organisation abides by the *Cares (Recognition) Act 2010 (NSW)* and the legislation is included in our compliance management program.

In the past year, our support for carers has been demonstrated through the following initiatives:

- Supporting icare's Award employees through the icare Flexible Working Hours Agreement.
- Supporting employees who are carers through Human Resource policies including Leave; Working Flexibly; Diversity and Inclusion; and Discrimination, Harassment & Bullying.
- Supporting employees who require Carers Leave under icare's leave policy.
- Supporting employees with an Employee Assistance Program, wellbeing services and Manager Support Program through Assure and an internal Peer Support Network.
- Displaying the NSW Carers Charter in all icare offices.
- Providing mentoring and support for families of people who are seriously injured in a workplace or motor vehicle accident, or after the diagnosis of a work-related dust disease via the wecare program, developed in partnership with Carers NSW.
- Providing sponsorship support of Carers NSW Day.
- Funding service development initiatives which support families and carers of participants, including The Carers Way Ahead, an online program that provides training in managing challenging behaviours.
- Ongoing consultation with participants, families and carers to co-design new processes, policies and services through representation on service development working groups and advisory committees.
- During the COVID-19 pandemic, we have supported our attendant care providers in the delivery of support to our participants in their home with the intention of placing as little extra burden on carers as possible.

Appendix 12

Functional organisational chart



Appendix 13

Response to significant matters raised in the outgoing audit report

There were no significant matters raised in the outgoing audit report.

Appendix 14

Land disposal

The organisation did not dispose of any land or property in the FY2019-20.

Appendix 15

Publication notes

The 2019-20 icare annual report was produced in-house and complies with Web Content Accessibility Guidelines 2.0, as per the Premier's Circular 2012-08 NSW Government Website Management.

A copy of the icare Annual Report 2019-20 can be downloaded from the icare website at icare.nsw.gov.au

The estimated external printing costs of the FY2019-20 Annual Report is \$1,000.

Appendix 16

Compliance index

Compliance requirement	Section of annual report
Access	Back page
Agreements with Multicultural NSW	Listening to and working with our customers
Aims and objectives	Enterprise performance
Annual report production & cost	Appendix 15
Application for extension of time	Not applicable

Compliance requirement	Section of annual report
Budgets	Volume 2 – icare full financial statements
Carers recognition	Appendix 11
Charter	Our governance Appendix 1
Consumer response	Appendix 10
Consultants	Appendix 6
Cyber security annual attestation	Appendix 9
Disclosure of controlled entities	Not applicable
Disclosure of subsidiaries	Not applicable
Disability inclusion action plans	Not applicable
Economic and other factors	Enterprise performance
Financial statements	Enterprise performance Volume 2 – icare full financial statements
Funds granted to non-community organisations	Appendix 7
Government, Privacy and Health Information applications	Appendix 2
Human resources	Our people
Identification of audited financial statements	Volume 2 – Financial statements
Internal audit and risk management attestation statement	Appendix 8
Implementation of price determination	Not applicable
Land disposal	Appendix 14
Legal change	Not applicable
Letter of submission	Letter to Minister
Liability management performance	Not applicable
Management and activities	Throughout
Management and structure	Our governance Our people
Multicultural policies and services program	Our people
Payment of accounts	Appendix 4
Performance and numbers of executive officers	Our people
Promotion/overseas travel	Appendix 5
Public interest disclosures	Appendix 3
Research and development	Appendix 07
Requirements arising from employment arrangements	Our people
Risk management and insurance activities	Our risk management approach
Summary review of operations	Message from the Chair Message from the CEO
Time for payment of accounts	Appendix 4
Work health and safety	Our people
Workforce diversity	Our people
Waste	Not applicable

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