



Rehabilitation Management Systems Audit Report

Australian Postal Corporation

12-16 & 26-30 October, 2009

Commercial-in-Confidence

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CONTENTS

SCOPE OF AUDIT	3
EXECUTIVE SUMMARY	5
TABLE OF CRITERIA.....	8
ELEMENT 1: COMMITMENT AND CORPORATE GOVERNANCE	10
ELEMENT 2: PLANNING.....	16
ELEMENT 3: IMPLEMENTATION	20
ELEMENT 4: MEASUREMENT AND EVALUATION	30
ELEMENT 5: CONTINUOUS IMPROVEMENT	35

SCOPE OF AUDIT

Organisation	<i>Australian Postal Corporation</i>
Site/Workplace	<i>Level 14, 321 Exhibition Street, Melbourne (CIPMU)</i> <i>Level 8, 321 Exhibition Street, Melbourne (WIPMU Vic/Tas)</i> <i>219 Cleveland Street, Sydney (WIPMU NSW/ACT)</i>
Scope of Audit	<p>The audit examined the <i>Australian Postal Corporation's (APC)</i> rehabilitation management systems, processes and outcomes to validate that <i>APC</i> is meeting its licence conditions and is complying with the <i>Safety, Rehabilitation and Compensation Act 1988 (SRC Act)</i>.</p> <p>30 rehabilitation case files were examined by the auditors. These files were randomly selected from a list of all rehabilitation case files where some activity had occurred in the previous 12 months.</p> <p>The audit encompassed a review of all relevant policies and procedures as they relate to rehabilitation and return to work management and any other relevant, supporting documentation. An interview was also conducted with rehabilitation staff at <i>APC</i>.</p> <p>Overall findings are based on the identification of issues that are considered to be systemic rather than isolated incidents.</p>
Audit Criteria	<p>This audit assessed the rehabilitation management system against five elements:</p> <ol style="list-style-type: none">1. Commitment and Corporate Governance (6 criteria)2. Planning (5 criteria)3. Implementation (13 criteria)4. Measurement and evaluation (9 criteria), and5. Review and improvement (2 criteria).
Ratings	<p>The findings in the audit report have been classified and marked as follows:</p> <p>Conformance: indicates that the criterion has been met. Non-Conformance: indicates that the criterion has not been met. Not able to Verify: indicates that the organisation has documented procedures in place however there are no cases to test that the organisation has followed those procedures. It is expected that this classification will only be used in limited circumstances and where applied, the reasons for the finding will be explained by the auditor. Not Applicable: indicates that the criterion does not apply to the licensee.</p> <p>Where a criterion has been met but the auditor has identified a 'once off' situation or a 'minor' deviation from the documented management</p>

system or reference criterion, an **Observation** may be made. These findings, while representing a non-fulfilment of a requirement, are recognised as being of lower risk to the organisation.

- Date(s) of audit*** 12-16 October & 26-30 October 2009.
- Auditors*** ***Paul McInerney, Lyn Dare, Paul Sabo & Matt Bayley***
Self Insurance Section, Comcare.
- Client contacts:*** Michael Halloran, Alfred Tuet, Glen Marks, Peter Bodnarcuk, Leigh Stone, Andrew Hewitt, Chris Wilson, and Melanie Loughman.
- Record of audit:*** This report contains a summary of the audit outcomes. Detailed information is not recorded in the report. A record of the documentation and records sighted, persons interviewed, observations and auditor comments are retained on Comcare's file.
- Acknowledgement:*** Comcare wishes to acknowledge the cooperation and assistance provided by the management and staff of ***APC*** and thank them for their contribution to the audit process.
- Conflict of Interest*** The auditors declare that there is no conflict of interest between them and the organisation being audited, or those people representing the auditee.

EXECUTIVE SUMMARY

APC has a mature and high-performing injury management system in place. There is strong integration of the rehabilitation and claims management functions, and a number of findings in this report have been recorded and similarly worded in the claims management report.

Senior management at APC are committed to providing early and tailored rehabilitation assistance to employees injured in the workplace. APC is particularly committed to providing suitable duties for employees unable to perform pre-injury duties following an incident. APC recently received an award from the Safety Rehabilitation & Compensation Commission (SRCC) for 'creating a nationally consistent approach to the provision of rehabilitation management' and this was reflected in the strong performance in this audit.

In relation to rehabilitation, APC uses accredited in-house rehabilitation providers as well as external providers, and has some qualified personnel out-posted to larger facilities to enable prompt intervention, and tailored programs to be developed. Part of the success is linked to the Injury Management (Early Intervention) Program, where rehabilitation intervention occurs prior to liability in many circumstances, and Facility Nominated Doctors (FNDs) assess capacity against knowledge of APC workplaces and the type of work performed there. The use of FNDs was examined only where it fell within the scope of this audit. Where FNDs were involved in SRC Act rehabilitation matters, it was either because the FND had become the claimant's treating doctor; a referral was made under section 36 (Rehabilitation Assessment) or a 'Fitness for Duty' (FFD) Assessment had been requested prior to the claim being determined.

Where the FND had become the treating doctor, and this occurred often, the evidence analysed at audit showed appropriate certification, medical restrictions and capacity being identified, and the opinion being considered in developing an appropriate rehabilitation program. There was some confusion where the FND involved in SRC Act rehabilitation used the documentation or language of the FFD assessment. Otherwise, the Injury Management (Early Intervention) Program is considered outside the scope of this audit. Further comment on the use of FNDs in the claims process is contained in the audit report pertaining to that function.

APC have recently reviewed its rehabilitation procedures. The model used is different from that used (say) in the premium agencies, where a rehabilitation program is determined under section 37 for (usually) a 12 week period. In APC, an overarching Return To Work Plan (RTWP) is developed and signed by all stakeholders, but the actual s37(1) determinations are usually for one/two week periods as covered by the medical certificate; and these determinations specify the number of hours per week, and any restrictions of duties, expected for that period. This process worked well in the majority of cases, and there was evidence of treating doctor/FND involvement in the development of the Rehabilitation Program.

The weakness in this system occurs when (for whatever reason) there is a delay in issuing the s37(1) determination relative to the expiry of the medical certificate, and a determination is issued for one or two days only. As the employee may not receive the determination until after it expires, this practice appears inefficient. This occurred more often in Vic/Tas than

NSW, (probably because NSW has Approved Rehabilitation Program Providers (ARPPs) on site, but we were unable to establish the reason definitively).

The only non-conformance identified during the audit relates to file maintenance. Overall, the rehabilitation management system at APC is performing to a high standard.

NON-CONFORMANCES

One non-conformance was identified during the audit:

Criterion	Non-conformance
3.10.1	1. Rehabilitation files do not have an appropriate system for tracking documents.

OBSERVATIONS

Three observations were identified during the audit. They are:

Criterion	Observation
2.1.4	1. Some staff completed relevant training several years ago. The possibility of requiring ‘refresher training’ has not been explored.
3.4.1	2. Some section 37(1) determinations are issued for impractical short periods of 1-2 days.
3.6.1	3. Determinations were not issued under section 39 in all instances.

In summary, for the 35 criteria within the rehabilitation audit tool, the outcomes are:

	Number of criteria	% of assessed criteria conformance/non-conformance
Conformance	33	97%
Non-conformance	1	3%
Not able to Verify	1	
Not Applicable	0	

An action plan, which includes completion/review dates and responsibilities, must be developed by **15 January 2010** to address each of the audit findings. The action plan must be provided to Comcare within the requested timeframe.

The auditors invite APC to discuss any aspect of this audit report with Comcare.

Signed:

Signed:

Auditor name:

Auditor name:

Date:

Date:

Signed:

Signed:

Auditor name:

Auditor name:

Date:

Date:

TABLE OF CRITERIA

⌚: this symbol indicates that only these criterion will be relevant when undertaking a post licence evaluation.

Audit Element/Criterion Description	Criterion	Rating
1. Commitment and Corporate Governance		
1.1 Documented Commitment		
Documented Commitment	1.1.1 ⌚	Conformance
1.2 Corporate Governance		
Recognises legislative obligations	1.2.1 ⌚	Conformance
Continuous improvement	1.2.2 ⌚	Conformance
Communication of information	1.2.3 ⌚	Conformance
Internal and external accountability	1.2.4 ⌚	Conformance
Risk management	1.2.5 ⌚	Conformance
2. Planning		
2.1 Rehabilitation Planning		
Legislative compliance	2.1.1 ⌚	Conformance
Objectives, targets, performance measures	2.1.2 ⌚	Conformance
Effective rehabilitation	2.1.3 ⌚	Conformance
Training	2.1.4 ⌚	Conformance *
2.2 Administrative Arrangements		
Delegation schedule	2.2.1 ⌚	Conformance
3. Implementation		
3.1 Resources		
Adequate resources	3.1.1 ⌚	Conformance
Training (implementation)	3.1.2 ⌚	Conformance
3.2 Communication and Awareness		
Communication – relevant stakeholders	3.2.1 ⌚	Conformance
Employees are aware of rights	3.2.2 ⌚	Conformance
3.3 Rehabilitation Assessment		
Assessment of employee capability (s36)	3.3.1 ⌚	Conformance
3.4 Rehabilitation Programs		
Programs in accordance with the SRC Act	3.4.1 ⌚	Conformance*
Compliance with Section 41 Guidelines	3.4.2 ⌚	Conformance

Audit Element/Criterion Description	Criterion	Rating
3.5 Suitable Employment		
Provision of suitable employment	3.5.1 ☹	Conformance
3.6 Employee assistance		
Alterations, modifications, aids/appliances	3.6.1 ☹	Conformance*
3.7 Reconsiderations		
Compliance with reconsideration provisions	3.7.1	Conformance
3.8 Commission guidelines		
Commission Settlement Guidelines	3.8.1	Unable to Verify
3.9 Confidentiality		
Privacy and confidentiality	3.9.1 ☹	Conformance
3.10 Document Management		
Reporting, records, documentation	3.10.1 ☹	Non Conformance
4. Measurement and Evaluation		
4.1 Monitoring		
Monitoring core rehabilitation activities	4.1.1 ☹	Conformance
Monitoring provider performance	4.1.2 ☹	Conformance
4.2 Auditing		
Internal audits	4.2.1	Conformance
Conduct of audits (competent personnel)	4.2.2	Conformance
Conduct of audits (Commission)	4.2.3	Conformance
Outcomes of audits are actioned, reviewed	4.2.4	Conformance
Outcomes of audits are communicated	4.2.5	Conformance
4.3 Reporting		
Reporting on system performance	4.3.1	Conformance
Provides reports to the Commission	4.3.2	Conformance
5. Review and Improvement		
5.1 Continuous Improvement		
Analyses and identifies continuous improvement	5.1.1	Conformance
Promotes continuous improvement	5.1.2	Conformance

* with observation(s)

ELEMENT 1: COMMITMENT AND CORPORATE GOVERNANCE

1.1 Documented Commitment

1.1.1 ☺

The licensee sets the direction for its rehabilitation management system through a documented commitment by senior executive.

Finding: Conformance

Evidence:

- Rehabilitation and Return To Work Policy & Implementation Guidelines, March 2008
- Injury Management Strategy v1.0 23/10/09
- Injury Management 'Strategy on a Page' 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09
- Human Resources 2009/10-2011/12 'Strategy on a Page' (undated)
- Workplace Injury Prevention & Management (WIPM) (Mail & Networks Division) 2009/2010 Projects Plan "In Synchronicity" (undated)
- Business Plan Rehabilitation Section 2009/10
- Injury Management (Early Intervention Program) v8, June 2006

Comment:

The Rehabilitation and Return To Work (RTW) Policy was signed by the Managing Director in 1999. The policy is unchanged since then, however the accompanying implementation guidelines were last reviewed in March 2008.

The three-year Corporate Injury Prevention & Management (CIPM) strategic plan sets the vision for APC – "As a highly recognised leader in the industry Australia Post's injury management function is innovative, consistent and seamless across all business interests to control and minimise the impact of workplace injury to employees, our customers and the business...".

The Strategic Plan also sets the 'mission' for CIPM: "The Injury Management area is responsible for the effective management of workplace injuries and claims arising from those injuries in accordance with legislative and regulatory requirements. Through continuous improvement of systems and the earliest possible delivery of benefits, including rehabilitation and return to work assistance, the injury management area will minimise the impact of injury."

The Strategic Plan sets out a number of goals to be achieved over the three years, using the model of (1) "Where are we today?" (situational analysis); (2) "Where are we going and how will we know when we get there?"; and (3) "How are we going to get there?" – which in turn sets out 6 strategies and 20 goals.

This has been signed off by senior management. The CIPM Strategic Plan sits

under the broader ‘Human Resources Strategic Plan’. This plan includes a Key Performance Indicator (KPI) on improving the Lost Time Injury Frequency Rate (LTIFR) from 7% to 5%.

The CIPM Strategic Plan then feeds into the WIPM Projects Plan (WIPM is the ‘operational’ injury management unit). This plan has four major initiatives in rehabilitation, workers compensation, litigation and OHS. This plan then sets 4 specific KPIs for the Workplace Claims Solutions (WCS) team which are included in individual performance plans, and are reported against, for example “90% of all rehabilitation cases successfully RTW”.

The (draft) ‘Injury Management – Management System Framework’ includes objectives, framework, continuous improvement, corporate governance, audit programs, business planning, the IM Strategic Plan, work programs, capability and resourcing, data analysis, reporting and communication channels.

The Strategic Plan was considered to be an excellent document, clear and easy to understand and demonstrated senior management commitment and involvement in setting the direction of the injury management system, including rehabilitation.

It should be noted that APC also provides for ‘non-statutory’ rehabilitation under its ‘Injury Management (Early Intervention Program)’ demonstrating its commitment to pro-active management of workplace injury and to providing suitable duties and facilitating speedy and safe return to work. This program, in isolation, is outside the scope of this audit – however, often a claim will be submitted after the process has commenced, and the employee is transferred to rehabilitation arrangements under the SRC Act.

1.2 Corporate Governance

1.2.1 ☹

The licensee’s rehabilitation management system recognises legislative obligations.

Finding: Conformance

Evidence:

- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- Injury Management Strategy v1.0 23/10/09
- Injury Management ‘Strategy on a Page’ 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09
- Human Resources 2009/10-2011/12 ‘Strategy on a Page’ (undated)
- Workplace Injury Prevention & Management (WIPM) (Mail & Networks Division) 2009/2010 Projects Plan “In Synchronicity” (undated)

Comment:

This is noted in the ‘mission statement’ (see 1.1.1) and included in the goals and strategies of the Strategic Plan; and in the KPIs of the WIPM Projects Plan.

Position descriptions for roles in CIPM and WIPM include “excellent working knowledge and experience in the SRC Act...”

Key rehabilitation staff have undertaken Comcare rehabilitation Case Manager (CM) training (both levels) and Approved Rehabilitation Program Provider (ARPP) training (some CMs are in dual-function roles, also providing rehabilitation assistance.)

1.2.2 🕒

The licensee’s rehabilitation management system promotes the principle of continuous improvement and provides for effective rehabilitation arrangements.

Finding: Conformance

Evidence:

- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- Injury Management Strategy v1.0 23/10/09
- Injury Management ‘Strategy on a Page’ 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09
- Human Resources 2009/10-2011/12 ‘Strategy on a Page’ (undated)
- Workplace Injury Prevention & Management (WIPM) (Mail & Networks Division) 2009/2010 Projects Plan “In Synchronicity” (undated)
- IRIS (computer system)
- HR KPI Scorecard
- Corporate Management Licence Improvement Program (CLIP)
- Individual Performance Objectives Worksheets 2009 (4 positions)
- Executive Reports – e.g. R12 “Divisional Rehabilitation Monthly Report”
- Vic/Tas KPIs Report 08/28157 08-09 YTD 12/12/07 Dec 08

Comment:

This is noted in the ‘mission statement’ (see 1.1.1) and included in the goals and strategies of the Strategic Plan; and in the KPIs of the WIPM Projects Plan.

The Individual Performance Objectives Worksheets for the senior management positions in CIPM include 6 objectives and performance targets – including continuous improvement targets that are reported against.

The CLIP reports (mirroring Comcare’s LIP report) also drive continuous improvement, including internal auditing programs. The IRIS computer system

monitors changes and recommendations from the internal audit program and will escalate action items if they are not completed by the due date. Each state undertakes its own review of the system. The 'HR KPI Scorecard' reflects reporting upwards to senior management. WIPM send monthly management reports to the national manager, who reports to the MND executive.

1.2.3 ⌚

The licensee's rehabilitation management system promotes communication of relevant information to employees.

Finding: Conformance

Evidence:

- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- Notice Board – Information Bulletin 8/10/09 'SRC Act Licence Extension'
- The Workers Compensation & Rehabilitation Process Explained v3 October 2008 (43 pages)
- Induction 'Welcome to Post' (booklet)
- Claims Pack
- Line Manager Training Vic 2008 - MND

Comment:

The Rehabilitation and RTW Policy & Implementation Guidelines are also on the intranet (PostNet) and includes a section on communication. Employees are also informed of rehabilitation provisions during induction, and again if an incident is notified.

Vic/Tas & NSW provided Line Managers & Supervisors training to ensure all stakeholders are aware of rehabilitation provisions and can advise employees in their areas of responsibility.

1.2.4 ⌚

The licensee's rehabilitation management system provides for internal and external accountability.

Finding: Conformance

Evidence:

- Rehabilitation and RTW Policy and Procedures – Roles
- Streamlining Rehabilitation Processes v1 9/10/09 (unreleased) – p14
- MND Workplace Claims Solutions Organisation Chart, 7/10/09
- Injury Management Strategy v1.0 23/10/09

- Injury Management ‘Strategy on a Page’ 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09 – Attachment A ‘Responsibility & Accountability Statement’
- Human Resources 2009/10-2011/12 ‘Strategy on a Page’ (undated)
- Workplace Injury Prevention & Management (WIPM) (Mail & Networks Division) 2009/2010 Projects Plan “In Synchronicity” (undated)
- IRIS (computer system)
- HR KPI Scorecard
- Individual Performance Objectives Worksheets 2009 (4 positions)
- Case Manager job descriptions
- Australia Post Workers Compensation Legal Panel Relationship Agreement [Panel Firm] 4/12/02
- Corporate Infrastructure Services Division Services Agreement – Rehabilitation v6 STC 26 2001.

Comment:


The Individual Performance Objectives Worksheets for the senior management positions in CIPM include 6 objectives and performance targets – including responsibility for implementing the IM strategy, and for IM team performance. The job descriptions for each position include “major responsibilities...”

The Strategic Plan includes KPIs that are measured and reported against. Monthly reports monitor performance and are reported to executive. The IRIS system monitors implementation of action items by responsible individuals.

APC is in the process of implanting a major overhaul of the documentation and procedures that underpin the rehabilitation function – contained in the document ‘Streamlining Rehabilitation Processes’. Page 14 of this document details the roles and responsibilities for both CMs and ARPPs.

The template SLA for ARPPs includes accountability clauses.

APC also implements its CLIP program, reports to Comcare with the LIP report, and reports to the SRCC on its performance against the Commission indicators.

1.2.5 

The licensee’s rehabilitation management system includes appropriate control structures to manage risk.

Finding: Conformance

Evidence:

- Injury Management Strategy v1.0 23/10/09
- Injury Management ‘Strategy on a Page’ 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09

- Human Resources 2009/10-2011/12 ‘Strategy on a Page’ (undated)
- Workplace Injury Prevention & Management (WIPM) (Mail & Networks Division) 2009/2010 Projects Plan “In Synchronicity” (undated)
- IRIS (computer system)
- Valuation of Outstanding Claims Liability at 30/6/09 (Main Report) by KPMG Actuaries Pty Ltd
- Corporate Management Licence Improvement Program (CLIP) – In-house Rehabilitation Provider Assessment, v5, 06/07
- R12 “Divisional Rehabilitation Monthly Report”

Comment:

The CIPM Strategic Plan includes a ‘situational analysis’ where risks are identified and strategies developed to manage them. There is quarterly actuarial analysis of work and costs, and extensive reporting of trend analysis. The KPMG reports feed into the Case Estimates for each claim and includes an analysis of the rehabilitation functions. The R12 report specifically analyses rehabilitation performance. Other reports include a monthly ‘Provider Performance Report’ and monthly ‘Rehabilitation Process Indicators Report’.

Analysis is also undertaken of the performance of the ARPPs against performance standards (There are 12 providers on the ‘Preferred Provider’ list.)

The CLIP process is a control mechanism to identify weaknesses in the IM system. IRIS captures the outcomes and ensures corrective actions from internal or external audits are implemented.

ELEMENT 2: PLANNING

2.1 Rehabilitation Planning

2.1.1 ☹

The licensee's rehabilitation management system plans provide for legislative compliance.

Finding: Conformance

Evidence:

- Injury Management Strategy v1.0 23/10/09
- Injury Management 'Strategy on a Page' 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09
- Workplace Injury Prevention & Management (WIPM) (Mail & Networks Division) 2009/2010 Projects Plan "In Synchronicity" (undated)
- Individual Performance Objectives Worksheets 2009 (4 positions)
- Corporate Management Licence Improvement Program (CLIP) – Litigation Management Program
- WIPM (Vic/Tas) 'Business Plan (Rehabilitation Section) 2009/10'
- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- Streamlining Rehabilitation Processes v1 9/10/09 (unreleased)
- Rehabilitation Case Managers Procedures Manual IPMU HQ Revised August 2001

Comment:

In addition to the comments at 1.2.1 the following is noted:

APC has recently revised the procedures covering legislative compliance, for example, p22 of 'Streamlining' details non-compliance procedures under the SRC Act.

2.1.2 ☹

The licensee's rehabilitation management system plans include objectives, targets and performance measures.

Finding: Conformance

Evidence:

- Injury Management Strategy v1.0 23/10/09
- Injury Management 'Strategy on a Page' 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09
- Workplace Injury Prevention & Management (WIPM) (Mail & Networks

- Division) 2009/2010 Projects Plan “In Synchronicity” (undated)
- Individual Performance Objectives Worksheets 2009 (4 positions)
- Individual Performance Plans
- MND HR Managers Report (monthly)
- R12 “Divisional Rehabilitation Monthly Report”
- Key Performance Indicators report 2008/2009 (monthly)

Comment:

CIPM ‘Strategic Plan’ has set goals and objectives for the next three years.

The WIPM Business Plan has set the KPIs for 2009/10. Several reports are generated on a monthly basis to track performance against objectives, targets and performance measures. In particular, the R12 report and KPI report tracks performance against targets. APC also tracks performance against the SRC Commission indicators.

See also comments at 1.1.1

2.1.3 ☹

The licensee’s rehabilitation management system plans provide for effective rehabilitation.

Finding: Conformance

Evidence:

- Injury Management Strategy v1.0 23/10/09
- Injury Management ‘Strategy on a Page’ 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09
- Workplace Injury Prevention & Management (WIPM) (Mail & Networks Division) 2009/2010 Projects Plan “In Synchronicity” (undated)
- Corporate Human Resources Group SRC Act Delegation Manual (May 2009)
- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- Streamlining Rehabilitation Processes v1 9/10/09 (unreleased)
- Rehabilitation Case Managers Procedures Manual IPMU HQ Revised August 2001
- Injury Management (Early Intervention Program) v8, June 2006
- Return to Work Monitor 1008/09 Australia Post Summary Report, August 2009

Comment:

The CIPM Strategic Plan (Phase 3) “IM plans established to ensure continuous improvement and ongoing high levels of performance and efficiency in service delivery”. See also ‘Mission Statement’ at 1.1.1. The bigger HR Strategy is “to

deliver HR services in the most efficient, effective and sustainable way”.

APC has recently reviewed policies and procedures to ensure consistency in service delivery. One of the outcomes is the ‘Streamlining Rehabilitation Processes’ project, which will be fully implemented by 1 January 2010. Other rehabilitation projects in WIPM for 2009-10 are: developing a Guide for Managers & Supervisors; consistency of application; assisting former employees to RTW; and a new standard letters and determinations suite.

In relation to suspension procedures, in Vic/Tas and NSW the decisions are signed off by the Rehabilitation Manager.

APC have in-house rehabilitation providers (APC is a registered ARPP with Comcare) that provide immediate hands-on assistance, and are familiar with APC workplaces. Some are actually based at the large facilities like Dandenong and Western Sydney.

APC has engaged a number of ‘Facility Nominated Doctors’ (FNDs) who are familiar with APC workplaces and tasks and who provide medical input into developing a suitable duties RTW program. This can be either as part of the claims management process, or as part of the early intervention program.

The RTW Monitor states that of the sample of workers surveyed (70), 100% had returned to work for some period; all but one had returned to work and was still working at the time of the survey. The survey also stated that injured workers from APC were more likely than their counterparts nationally to agree that *‘their employer has clear policies and procedures about returning injured workers to work’* and *‘management will do what they can to help you get back to work.’*

2.1.4 ⌚

The licensee’s rehabilitation management system plans provide for appropriate training requirements.

Finding: Conformance

Evidence:

- Injury Management ‘Strategy on a Page’ 2009/10-2011/12 v4 21/9/09 (succession planning)
- Vic/Tas Competency & Development Reviews (all staff) (annually)
- NSW Rehabilitation Dept Training [18 months of records]

Comment:

All staff have over 5-10 years experience and have completed both level 1 and level 2 Case Management with Comcare and ARPP training. For some staff, this was completed several years ago. The in-house rehabilitation providers all have professional qualifications.

In terms of further development, NSW have provided training in mediation and negotiation and driver rehabilitation training.

Some staff have obtained a Certificate IV in Training & Assessment in order to do the Line Manager presentations.

Observations:

1. Some staff completed relevant training several years ago. The possibility of requiring 'refresher training' has not been explored.

2.2 Administrative Arrangements

2.2.1 ☺

The licensee has a delegation schedule, signed by the principal officer, as per section 41A of the SRC Act.

Finding: Conformance

Evidence:

- Corporate Human Resources Group SRC Act Delegation Manual (May 2009)

Comment:

Signed by David Mortimer (principal officer) 28/5/09.

ELEMENT 3: IMPLEMENTATION

3.1 Resources

3.1.1 ☹

The licensee allocates adequate resources to support its rehabilitation programs.

Finding: Conformance

Evidence:

- Resourcing Report (annual) – National WIPM Manager
- Rehabilitation Compensation & Litigation Workload Review
- Interviews with managers in Vic/Tas, NSW and National Manager
- SRC Commission indicator reports
- September 2009 Stats Report

Comment:

Interviews with managers established that the average file to rehabilitation case manager ratio is approximately 50-60 files per case manager – the majority of which will also have ARPP involvement. There is an overtime budget if necessary, and staff in the processing area that have capacity to backfill during periods (if any) of excessive unplanned absences.

Case managers indicated that they felt their workload was manageable.

APC meets or exceeds SRC Commission indicators on rehabilitation which supports this view.

3.1.2 ☹

The licensee implements relevant training programs to support its rehabilitation management system

Finding: Conformance

Evidence:

- Vic/Tas Competency & Development Reviews (all staff) (annually)
- NSW Rehabilitation Dept Training [18 months of records]

Comment:

See comments at 2.1.4

All relevant staff have received training.

To be commended – Managers (Vic/Tas & NSW) delivered a training package to all line managers in MND called ‘Guidelines for Managers & Supervisors’. These stakeholders are often overlooked in training programs about compensation and rehabilitation (as noted in the claims management report).

3.2 Communication and Awareness

3.2.1

The licensee defines and communicates rehabilitation responsibilities to relevant stakeholders.

Finding: Conformance

Evidence:

- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- Streamlining Rehabilitation Processes v1 9/10/09 (unreleased)
- Workers’ Compensation Claim Package (Claims Pack) 8834610 – Nov 07 and contains:
 - ③ OHS Incident Report / Investigation and Action Report
 - ③ How to Claim Compensation under the SRC Act (several languages)
 - ③ Compensation Benefits
 - ③ Claim for Compensation and Rehabilitation
 - ③ Claim for Compensation Witness Statement
 - ③ Supervisor Guidelines when an Employee lodges a Compensation Claim
 - ③ Supervisor’s Supplementary Statement
 - ③ Checklist for Supervisors / Managers
 - ③ Occupational Rehabilitation Employee Rights and Responsibilities
 - ③ Request for Rehabilitation Service
 - ③ Application for Leave
- The Workers’ Compensation and Rehabilitation Process Explained v3 Oct 2008 (43 pages)
- PostNet website (including page for Line Managers)
- LTI Pending / Current Spreadsheet (Vic/Tas)
- File audit

Comment:

Whenever a rehabilitation case is opened, a copy of the RTW policy is sent to the employee.

An ‘Occupational Rehabilitation Rights & Responsibilities Notice’ (NOR) is sent with every determination.

The Rights & Responsibilities Checklist (see ‘Streamlining’ p60-61) is completed

by the CM at first contact.

Line managers have been trained.

NSW – weekly incapacity meeting is held with the compensation section where all incapacitated files are discussed.

File audit confirmed that copies of the RTW Policy and NOR were being issued.

3.2.2 🕒

The licensee ensures that employees are aware of their legislative rights and obligations in relation to rehabilitation.

Finding: Conformance

Evidence:

- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- Streamlining Rehabilitation Processes v1 9/10/09 (unreleased)
- Workers' Compensation Claim Package (Claims Pack) 8834610 – Nov 07 and contains:
 - ③ OHS Incident Report / Investigation and Action Report
 - ③ How to Claim Compensation under the SRC Act (several languages)
 - ③ Compensation Benefits
 - ③ Claim for Compensation and Rehabilitation
 - ③ Claim for Compensation Witness Statement
 - ③ Supervisor Guidelines when an Employee lodges a Compensation Claim
 - ③ Supervisor's Supplementary Statement
 - ③ Checklist for Supervisors / Managers
 - ③ Occupational Rehabilitation Employee Rights and Responsibilities
 - ③ Request for Rehabilitation Service
 - ③ Application for Leave
- The Workers' Compensation and Rehabilitation Process Explained v3 Oct 2008 (43 pages)
- PostNet website (including page for Line Managers)
- LTI Pending / Current Spreadsheet (Vic/Tas)
- File audit

Comment:

See 3.2.1

3.3 Rehabilitation Assessment

3.3.1

The licensee assesses the capability of its employees undertaking a rehabilitation program in accordance with the SRC Act.

Finding: Conformance

Evidence:

- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- Streamlining Rehabilitation Processes v1 9/10/09 (unreleased) p78
- The Workers' Compensation and Rehabilitation Process Explained v3 Oct 2008 (43 pages)
- Rehabilitation Case Managers Procedures Manual IPMU HQ Revised August 2001
- File audit

Comment:

There are documented policies and procedures for arrangement of assessments under section 36 of the SRC Act.

APC does not use section 36 in all cases. The majority of Rehabilitation Programs were developed by the ARPP, CM and employee based on the medical opinion (medical certificates) of the FND, who was usually the treating doctor of the employee.

Where a pre-liability FFD report had been used to develop an 'Early Intervention' RTW program, and a claim was later accepted; an opinion was sought from a different FND under s36 prior to developing a s37 Rehabilitation Program, unless the FND had become the treating doctor.

Section 36 tended to be used mainly to seek specialist opinion (such as from an occupational physician) in longer term cases where RTW had not been achieved after a reasonable time. File audit did not identify any issues with the s36 process.

However, some confusion may arise where the FND uses the terminology 'Fitness for Duty' (FFD) after liability has been granted – as that is the language used under the Early Intervention Program.

One file identified a need for household assistance in the s36 report which was not acted upon.

3.4 Rehabilitation Programs

3.4.1 ☺

The licensee provides rehabilitation programs in accordance with the SRC Act.

Finding: Conformance

Evidence:

- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- Streamlining Rehabilitation Processes v1 9/10/09 (unreleased) p78
- The Workers' Compensation and Rehabilitation Process Explained v3 Oct 2008 (43 pages)
- Rehabilitation Case Managers Procedures Manual IPMU HQ Revised August 2001
- File audit

Comment:

APC have demonstrated a strong commitment to rehabilitation and RTW. The model used is different from that used (say) in the premium agencies, where a rehabilitation program is determined under s37 for a 12 week period. In APC, an overarching RTWP is developed and signed by all stakeholders, but the actual s37(1) determinations are usually for one/two week periods as covered by the medical certificate; and these determinations specify the number of hours per week, and any restrictions of duties, expected for that period. This process worked well in the majority of cases, and there was evidence of treating doctor/FND involvement in the development of the Rehabilitation Program.

The weakness in this system occurs when (for whatever reason) there is a delay in issuing the s37(1) determination relative to the expiry of the medical certificate, and a determination is issued for one or two days only. As the employee may not receive the determination until after it expires, this practice appears inefficient. This occurred more often in Vic/Tas than NSW, (probably because NSW has ARPPs on site, but we were unable to establish the reason definitively).

As noted in the claims report, a consequence of the above practice is that whilst employees were undertaking a Rehabilitation Program, incapacity payments switched to section 37(5) instead of section 19 during that time. Many claimants switched between the two sections constantly. A minor technical error occurs when the determination letter does not split the period, but instead states that payment is being made under sections 19 and 37(5) concurrently. It is noted that the amount of the payment is not affected by this error.

The 'Streamlining' procedures, once implemented, may eliminate this problem.

Suspension provisions, where implemented, were in accordance with the SRC Act and Comcare Guidelines.

File audit did identify one case where despite both the treating GP, specialist and the FND all insisting that an employee was not medically fit to RTW, the contracted ARPP kept insisting on commencing a Rehabilitation Program.

Observations:

2. Some section 37(1) determinations are issued for impractical short periods of 1-2 days.

3.4.2 ⌚

The licensee complies with the provisions of the Section 41 Guidelines.

Finding: Conformance

Evidence:

- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008
- Streamlining Rehabilitation Processes v1 9/10/09 (unreleased) p10
- Rehabilitation Case Managers Procedures Manual IPMU HQ Revised August 2001
- File audit

Comment:

Case managers have access to the intranet and the Comcare website.

File audit demonstrated evidence of consultation between stakeholders in the development of Rehabilitation Programs.

There is a preferred provider list for ARPPs, including in-house accredited providers.

Suitable duties are provided.

3.5 Suitable Employment

3.5.1 ⌚

The licensee takes all reasonable steps to provide employees with suitable employment or to assist employees to find such employment.

Finding: Conformance

Evidence:

- Rehabilitation and RTW Policy & Implementation Guidelines, March 2008,

<p>p4</p> <ul style="list-style-type: none"> • Streamlining Rehabilitation Processes v1 9/10/09 (unreleased) • The Workers' Compensation and Rehabilitation Process Explained v3 Oct 2008 (43 pages) • Rehabilitation Case Managers Procedures Manual IPMU HQ Revised August 2001 • File audit • Letter from worker (11/9/09) [signed]
<p>Comment:</p> <p>This is something that APC does particularly well.</p> <p>All injured workers are offered, and expected to undertake, suitable duties within medical restrictions. The use of FNDs in this context, who have knowledge of the types of workplaces and the types of duties/tasks available, in the majority of cases examined, has contributed to the successful early and safe RTW of injured workers.</p> <p>Line managers have been trained in their role in the RTW process, which also contributes to the successful RTW outcomes reported in the SRC Commission indicators.</p> <p>Letter from worker sighted praising the management of his Rehabilitation Program, and the suitable duties that were offered.</p>

3.6 Employee Assistance

3.6.1 Conformance

The licensee pays for the cost of alterations, modifications and/or aids/appliances in accordance with Section 39 of the SRC Act.

Finding:

<p>Evidence:</p> <ul style="list-style-type: none"> • Rehabilitation Case Managers Procedures Manual IPMU HQ, Revised August 2001
<p>Comment:</p> <p>Both claims managers and rehabilitation case managers hold delegation under section 39 in the delegation schedules. There were few determinations to review in the sample. On some files it appeared that approvals were given, but determinations not issued.</p>

Observations:

3. Determinations were not issued under section 39 in all instances.

3.7 Reconsiderations

3.7.1

The licensee complies with the provisions of the SRC Act when managing reconsiderations.

Finding: Conformance

Evidence:

- Reconsideration Officers' Guide (June 1997)
- Corporate Human Resources Group SRC Act Delegation Manual (May 2009)
- File audit

Comment:

Reconsiderations are managed in the litigation area rather than the rehabilitation area, except for reconsiderations of own motion.

Reconsiderations were managed in a timely manner. File audit did not reveal any significant issues.

Reconsiderations were mainly in relation to suspension provisions, rather than the content of a Rehabilitation Program.

The auditors noted one instance where a suspension was lifted by way of reconsideration of own motion – in a case where the worker had begun to comply, rather than where the original determination was flawed – and considered this unnecessary (but acknowledged it was legally sound).

3.8 Commission Guidelines

3.8.1

The licensee manages AAT matters in accordance with the Commission's settlement guidelines issued under section 73A of the SRC Act.

Finding: Unable to Verify

Evidence:

- 2006/08 (revised 2009) Settlement – Deeds of Release – Indemnities

<p>revised 7/7/09 (intranet link to s73A Guidelines sighted)</p> <ul style="list-style-type: none"> • CIPM Briefing Paper 27/11/08
<p>Comment:</p> <p>See claims report 3.7.1</p> <p>No AAT matters relating to rehabilitation were sighted.</p>

3.9 Confidentiality

3.9.1 ☹

The licensee maintains the confidentiality of information and applies legislative requirements.

Finding: Conformance

<p>Evidence:</p> <ul style="list-style-type: none"> • Rehabilitation and RTW Policy & Implementation Guidelines, March 2008 • Streamlining Rehabilitation Processes v1 9/10/09 (unreleased) p9 • The Workers' Compensation and Rehabilitation Process Explained v3 Oct 2008 (43 pages) • Claims Pack • File audit
<p>Comment:</p> <p>Only one example of incorrect information on a file was discovered.</p>

3.10 Document Management

3.10.1 ☹

The licensee maintains the relevant level of reporting, records and/or documentation to support its rehabilitation management programs and legislative compliance.

Finding: Non-Conformance

<p>Evidence:</p> <ul style="list-style-type: none"> • File audit • Streamlining Rehabilitation Processes v1 9/10/09 (unreleased) p111 – 'QA Tools'; p9 s1.4 • 2006/02 QA Checklists v1 30/6/06
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- Corporate Management Licence Improvement Program (CLIP)

Comment:

There is a position called “Rehabilitation QA Officer” that reviews files using QA checklists.

Files were generally well maintained. However, there was not an appropriate system for tracking documents (such as folioing or an index sheet).

There was one instance where a s36 assessment had been undertaken, but a rehabilitation file had not been created at all.

Non-conformances:

1. Rehabilitation files do not have an appropriate system for tracking documents.

ELEMENT 4: MEASUREMENT AND EVALUATION

4.1 Monitoring

4.1.1

The licensee monitors planned objectives and performance measures for core rehabilitation management activities.

Finding: Conformance

Evidence:

- Injury Management Strategy v1.0 23/10/09
- Injury Management ‘Strategy on a Page’ 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09
- Human Resources 2009/10-2011/12 ‘Strategy on a Page’ (undated)
- Workplace Injury Prevention & Management (WIPM) (Mail & Networks Division) 2009/2010 Projects Plan “In Synchronicity” (undated)
- IRIS (computer system)
- HR KPI Scorecard
- Corporate Management Licence Improvement Program (CLIP)
- Individual Performance Objectives Worksheets 2009 (4 positions)
- Executive Reports – e.g. R12 Divisional Rehabilitation Monthly Report, Wednesday 7/10/09; Rehabilitation Litigation Cost Report
- Vic/Tas – GRTW Reports; Monthly Incapacity Review

Comment:

This is something APC does particularly well.

There is a suite of reports that are monitored and reviewed on a regular basis, for example, the R12 Divisional Rehabilitation Monthly Report, Wednesday 7/10/09; Rehabilitation Litigation Cost Report; Vic/Tas Monthly GRTW Reports; MND HR Managers Report; NSW Monthly Incapacity Review etc.

WIPM check performance against the Strategic Plan, which is an excellent practice.

The Individual Performance Objectives Worksheets, with the agreed individual objectives and performance targets, are reported against monthly.

HR KPI Scorecard Summary (30/6/09) reported to the HR Executive Committee (all senior executives from across business – the peak executive body for all matters and representing the Board). This is reported quarterly. It covers workers’ compensation and rehabilitation; OHS; LTIFR; claims received; claims expenditure; rehabilitation intervention and RTW rate.

4.1.2

The licensee monitors rehabilitation providers' performance in terms of quality of service delivery, costs and progress reports and outcomes.

Finding: Conformance

Evidence:

- Corporate Management Licence Improvement Program (CLIP)
- Executive Reports –
 - ③ R12 Divisional Rehabilitation Monthly Report, Wednesday 7/10/09
 - ③ RE13 Report
 - ③ Open Plan Performance Report 03/7470
 - ③ Rehabilitation Provider Performance Report 03/7471
 - ③ External Provider Service Monitoring 03/5560
- External Provider SLA (3 monthly stats)
- Return to Work Monitor 1008/09 Australia Post Summary Report, August 2009

Comment:

The CLIP includes an audit of APC's internal ARPP performance (Version 5 – v5-2007) which is based on Comcare's ARPP Service Standards.

The RE13 report monitors costs, duration and RTW rate of all external ARPPs.

4.2 Auditing

4.2.1

The licensee conducts an audit program to measure performance of its rehabilitation management system.

Finding: Conformance

Evidence:

- Licensee Improvement Program (LIP) Report 2008-09 (March 2009)
- Corporate Management Licence Improvement Program (CLIP)

Comment:

APC conducts audits as required. Additionally, it audits the performance of its internal ARPPs.

4.2.2

The rehabilitation management system audits are performed by competent personnel.

Finding: Conformance

Evidence:

- Licensee Improvement Program (LIP) Report 2008-09 (March 2009)
- Corporate Management Licence Improvement Program (CLIP)

Comment:

See LIP report p29-30.

4.2.3

The rehabilitation management system audits are conducted in accordance with the requirements of the Commission.

Finding: Conformance

Evidence:

- Licensee Improvement Program (LIP) Report 2008-09 (March 2009)
- Corporate Management Licence Improvement Program (CLIP)

Comment:

APC conducts audits using the SRC Commission's endorsed audit tools.

4.2.4

The outcomes of the rehabilitation management system audits are appropriately documented, actioned and reviewed at appropriate senior executive level.

Finding: Conformance

Evidence:

- Licensee Improvement Program (LIP) Report 2008-09 (March 2009)
- Corporate Management Licence Improvement Program (CLIP)

Comment:

See LIP Report 2009 Executive Summaries and Action Plan Reports at Appendix C.

The CLIP Report results are reviewed by the QA officer who provides monthly reports and three-monthly summaries – and an annual complete summary to National Manager WIPM.

The findings from the audits are entered into IRIS by the auditor for action. This goes to each State and to CIPM who enter the timeframe (usually 3-4 weeks) to develop an Action Plan – reviewed by CIPM and then, once actioned, are closed-out on IRIS. Any unactioned items get escalated to National Manager WIPM.

Audit results are sent to (1) HR Manager MND and (2) WIPM Manager (memo 16/7/09).

LIP Report summary (including audit findings) sent to “all divisional and group managers” which includes the Managing Director of APC.

4.2.5

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

Finding: Conformance

Evidence:

- PostNet “People at Post” – Comcare – SRCC Licence – Audit Outcomes 2008-09 (sighted)
- Notice Board Bulletin (for example ‘Licence Extension Information Bulletin’)

Comment:

The information is posted on the intranet. Those employees without direct access to the intranet would need to request access from their supervisor, if they were interested – or it may be posted on a local Notice Board on site.

4.3 Reporting

4.3.1

The licensee reports to senior executive on its rehabilitation management system performance.

Finding: Conformance

Evidence:

- Memo ‘SRC 2008-09 Annual Licence Performance and 2009-10 Regulatory Fee 07/33287 dated 16/7/09 to Senior Management
- HR KPI Scorecard Summary (30/6/09) quarterly review of performance
- Corporate Management Licence Improvement Program (CLIP)
- Board Audit & Risk Committee (March 2009 meeting)

- Executive Reports – e.g. R12 Divisional Rehabilitation Monthly Report, Wednesday 7/10/09
- Vic/Tas MND GRTW Report
- KPMG Report
- NSW GRTW Report

Comment:

The MND GRTW Report is submitted monthly to the Divisional Manager of MND, the Southern Operations Manager MND and the HR Manager MND.

An annual report is submitted to the Board Audit & Risk Committee (March meeting) as part of the Compliance & Risk Management (OHS, Compensation and Rehabilitation) Report, and includes reports on APC's audit programs.

HR KPI Scorecard reporting goes to the HR Committee of the Board.

WIPM reports monthly to CIPM; with 'exception reporting' upwards if necessary.

Vic/Tas and NSW report to manager WIPM regularly, and distribute GRTW Report to all Managers in MND and Commercial.

Performance is discussed at HR Managers' meeting every month.

NSW have 2-monthly field visits.

4.3.2

The licensee provides the Commission with reports as requested.

Finding: Conformance

Evidence:

- Licensee Improvement Program (LIP) Report 2008-09 (March 2009)
- Reports against SRC Commission indicators

Comment:

APC submits reports in a timely fashion.

ELEMENT 5: CONTINUOUS IMPROVEMENT

5.1 Continuous Improvement

5.1.1

The licensee analyses rehabilitation management system performance outcomes against documented objectives to determine areas requiring improvement.

Finding: Conformance

Evidence:

- Licensee Improvement Program (LIP) Report 2008-09 (March 2009)
- Corporate Management Licence Improvement Program (CLIP)
- Injury Management Strategy v1.0 23/10/09
- Injury Management 'Strategy on a Page' 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09
- Human Resources 2009/10-2011/12 'Strategy on a Page' (undated)
- Workplace Injury Prevention & Management (WIPM) (Mail & Networks Division) 2009/2010 Projects Plan "In Synchronicity" (undated)
- HR KPI Scorecard
- Individual Performance Objectives Worksheets 2009 (4 positions)
- Executive Reports – e.g. R12 Divisional Rehabilitation Monthly Report, Wednesday 7/10/09
- NSW Annual Planning Day minutes 11/9/09

Comment:

The three-year strategic plan has three phases for implementing goals, strategies, programs and initiatives. Examples of continuous improvement initiatives include development of the 'Streamlining Rehabilitation Processes' project, and the Standard Letters & Determination Suite.

The manager WIPM monitors the Individual Performance Objectives (which include continuous improvement goals).

Analysis of the various 'standard reports' occurs constantly, identifying trends and opportunities for improvement.

Vic/Tas and NSW have annual planning days.

An example of senior management scrutiny was when provisions increased by \$10M and an explanation was sought.

5.1.2

The licensee promotes continuous improvement strategies within its rehabilitation management system.

Finding: Conformance

Evidence:

- Licensee Improvement Program (LIP) Report 2008-09 (March 2009)
- Corporate Management Licence Improvement Program (CLIP)
- Injury Management Strategy v1.0 23/10/09
- Injury Management ‘Strategy on a Page’ 2009/10-2011/12 v4 21/9/09
- Injury Management Framework (Draft) 9/09
- Human Resources 2009/10-2011/12 ‘Strategy on a Page’ (undated)
- Workplace Injury Prevention & Management (WIPM) (Mail & Networks Division) 2009/2010 Projects Plan “In Synchronicity” (undated)
- HR KPI Scorecard
- Individual Performance Objectives Worksheets 2009 (4 positions)
- Executive Reports – e.g. R12 Divisional Rehabilitation Monthly Report, Wednesday 7/10/09
- NSW Annual Planning Day minutes 11/9/09

Comment:

See comments at 5.1.1

A good example is the Strategic Plan – Strategy 5, IM Model: “The IM model is aligned to business objectives and drives business performance” – the ‘Goal’ is that “IM systems across each IM function are reviewed, refined, modified and implemented” by 30 June 2010.

The recent SRCC Award for Rehabilitation and Return to Work shows that APC is promoting continuous improvement strategies.

