

Comcare's Regulatory/Jurisdictional Response to the Reform of Government Administration discussion paper

Comcare has proposed to make an organisational response from the twin perspectives of its role as an APS employer (both from an agency and employee perspective), and as a regulator, with jurisdictional views that may need to impact on the Government's reform agenda.

The comments below are provided in terms of Comcare's role as a service delivery agency, employer and regulator.

Citizen-centric philosophy and network model of service delivery

The APS has traditionally delivered citizen services through a number of government agencies via programs that are not directly connected to each other. However, the global trend is to develop a citizen-centric philosophy and network model of service delivery. The rapid increase in technology supports this approach to service design and delivery.

For example, the Canadian federal government's "Government On-Line" initiative, commenced in 1999, was designed to provide the community with electronic access to key federal programs and services. The initiative focused on grouping online services around citizen's needs and priorities, rather than by government structures. This evolved into the 2005 "Service Canada" initiative, which serves as the Canadian Government's service delivery vehicle to improve the interface between the federal government and the public through more integrated and innovative service offerings (e.g. online, on the phone, and in person) presenting a single face or 'one stop shop' to the public.

Strategies to inform the design and implementation of an integrated service delivery system include:

- creating a collaborative network-based governance framework;
- engaging citizens and communities in design and delivery;
- creating a common technology infrastructure; and
- agreeing on a common identity management framework.

Common approach to measuring client service delivery

Survey based instruments to gauge client service feedback have been used sporadically throughout APS agencies. The Discussion Paper on the *Reform of Australian Government Administration* suggests that while over 80% of agencies claim they use feedback from the public to improve service delivery, there is no formal mechanism in place that requires agencies to report on the feedback they receive or how they respond to it. Further, there is also no mechanism in place to

measure general citizen satisfaction with services or to compare levels of satisfaction across different service types. The Discussion Paper cites countries such as Canada and New Zealand which are adopting a benchmarking approach as a means of improving key services.

The Canadian developed Common Measurement Tool (CMT), also currently used by New Zealand and the South Australian Government provides a uniform approach to the measurement and benchmarking of client satisfaction. While the tool comprises up to eight core questions that measure key drivers of client satisfaction (e.g. timeliness, knowledge/competence, fairness, courtesy/comfort, and outcome), additional questions can be used to further understand the specific drivers. The design of the CMT is such that an individual agency can select specific non-core questions to suit the organisation's specific needs. Further detail regarding the CMT can be found on the Canadian Institute for Citizen-Centred Service (ICCS) website here <http://www.iccs-isac.org/en>

The CMT could be employed by all APS agencies, including Comcare, which are involved in the provision of citizen services. It would not only provide a basis for measuring client service satisfaction levels over time but would also facilitate benchmarking across APS agencies and internationally. Further, savings would be achieved if the Australian Government was to purchase a licence(s) to be used across all relevant APS agencies.

Research and development within APS agencies

The Discussion Paper suggests that, compared to other OECD countries, the APS has a relatively high proportion of staff engaged in support services as opposed to service delivery or other frontline operations. Data cited in the Discussion Paper indicates that one-third of APS employees are engaged in the provision of corporate services, legal advice and administrative support, with some 6% of APS employees engaged in research.

While also re-focusing on client service delivery, the Discussion Paper also suggests that each APS agency could undertake regular systematic reviews of their regulatory and administrative requirements. Essentially, this is an area where a dedicated research and development capability could identify efficiencies and be instrumental in achieving ongoing productivity improvements.

APS values aimed at promoting individual attitudes and behaviours

The Discussion Paper on the *Reform of Australian Government Administration* queries whether the APS Values should be streamlined. Elsewhere the Discussion Paper also notes that the majority of APS employees still identify more with their agency than the wider APS.

The current 15 APS Values as set out in the legislation have not been updated since 1999. If these values are to be revised then perhaps greater emphasis should be placed on the values required of the individual rather than the APS as an entity. Further, more emphasis should be placed on those individual values which the Discussion Paper identifies as characteristics of a highly performing public service including

- innovation;
- citizen centric focus; and
- whole-of-government and whole-of-public service ethos.

Other individual values that could be considered in a revised set of values focussed on individual attitudes and behaviour include:

- strategic;
- flexible and agile;
- resilient;
- efficient;
- empathetic;
- responsible and accountable;
- collaborative and outward looking; and
- capable of managing ambiguity.

Analysis of APS workers' compensation claims trends

An analysis of accepted workers' compensation claims from APS employees over recent years may be useful in identifying the nature of workplace issues that need to be considered in the current reform of the Australian Government Administration.

Provided at **Attachment 2A** is an analysis of APS workers' compensation trends over the ten year period 1999–00 through 2008–09. The key findings of the analysis are:

- the incidence of compensation claims across the APS is currently 12.1 per 1000 FTE employees, down 45% from 22.0 claims per 1000 FTE employees in 1999–00;
- despite a significant reduction in the incidence of injury claims over the past ten years, the incidence of disease claims has not improved significantly over this period. Therefore, from a prevention viewpoint, more effort will be required in coming years focussed on the prevention of disease claims;
- at an average cost average total cost per claim has across the APS is approximately \$55,000 up from \$21,000 in 1999–00;
- injury and disease claims resulting from *body stressing* have consistently accounted for approximately half of all APS accepted claims, with claims resulting from *falls, trips and slips of a person*, also being significant, accounting for approximately 20% of all accepted claims;
 - the causes of *body stressing* slow onset diseases amongst the APS centre around repetitive movement with low muscle loading (i.e. Occupational Overuse Syndrome associated with keyboard duties) and muscular stress with no objects being handled (e.g. posture);
- the proportion of total APS accepted claims associated with *mental stress* increased from 7% in 1999–00 to a peak of 14% in 2006–07;

- over the past two years, accepted *mental stress* have fallen to 11% of total APS accepted claims but this has been achieved, in part, due to legislative amendments enacted in April 2007 which required a more rigorous connection between the workplace and the compensable disease;
 - while *mental stress* claims within the APS currently account for 11% of total accepted claims they account for 32% of total claims costs;
 - programs that increase an individual's resilience have proved successful particularly given that *work pressure* is often cited by claimants as the major contributory cause of *mental stress*;
 - *bullying and harassment* is also a common contributor to *mental stress* and better education of supervisors and managers is required to address this issue;
- female APS employees have consistently experienced a higher claims incidence than males (e.g. in 2008–09, the claims incidence for females was 20% higher than for males). This suggests that when developing injury prevention strategies for the APS gender issues should be considered;
 - the incidence of claims across the APS increases with age, however, the gap between the claims incidence rate for those 50 years or older and the 40-49 year age group has closed since 1999–00;
 - all other things being equal and with an ageing APS population, it would be expected that overall claims incidence would increase over time;
 - other age related issues that need to be considered include the slower recovery time following injury for older workers which may impact on the duration (and cost) of injury as the APS population ages;
 - over the ten-year period to 2008–09, APS 1–5 and APS 6–EL 2 classifications were more likely to have an accepted claim for *mental stress* than SES officers;
 - APS 1-5 classification recorded a higher incidence of accepted claims resulting from *body stressing, falls trips and slips* and *mental stress* compared to all other employees;
 - from a prevention viewpoint, it would appear that the APS 1-5 classification should be specifically targeted in developing strategies to prevent *body stressing* claims;
 - APS *client service delivery* agencies have a consistently higher incidence of accepted claims than *policy* agencies, however, this difference is less marked in relation to disease claims compared to injury claims;
 - the proportion of injury claims amongst *client service delivery* agencies has fallen from 68% in 1999–00 to 45% in 2008-09. By comparison, the proportion of injury claims amongst *policy* agencies has fallen from 61% to 46% over the same period;

- over the past ten years, the overall incidence of claims (both injury and disease) has fallen by 33% for *client service delivery* agencies to 14.7 claims per 1000 FTE employees and by 35% for *policy* agencies to 9.5 claims per 1000 employees; and
- there would appear to be greater scope for further improvement in claims incidence across *client service delivery* agencies than *policy* agencies.

Provided at **Attachment 2B** is an analysis of APS workers' compensation trends over the ten year period 1999–00 through 2008–09 for ACT based employees compared to other State/Territory based employees. The key findings of the analysis are:

- the average total cost per *mental stress* claim in the APS has steadily increased over the period 1999–00 to 2005–06, from approximately \$70,000 to \$185,000, and has remained relatively stable since;
- the incidence of *mental stress* claims between ACT and 'all other states' was similar until 2003–04 where a variation in incidence became more significant. Over the period 2003–04 through 2008–09, the average incidence of accepted *mental stress* claims for 'all other states' has been 29% higher than the rate recorded for ACT based APS employees;
 - further analysis would be required to determine factors responsible for the higher claims incidence amongst 'all other states', however, the data suggests that in developing *mental stress* prevention strategies for the APS, location should be considered;
- in terms of average cost and average time lost per claim there are no consistent differences between employees based in the ACT compared to 'all other states'. However, there are a number of interesting observations that can be drawn from the data;
 - over the ten year period to 2008–09, the average weeks lost per claim for APS employees in 'all other states' was 14% higher than that of the ACT based employees;
 - average weeks lost per claim for APS employees in 'all other states' has fallen progressively since 2004–05;
- the incidence of accepted claims across the APS associated with *repetitive movement, low muscle loading* peaked in 2003–04 at 7.1 claims per 1000 FTE employees, and has since steadily declined to 3.3 accepted claims per 1000 FTE employees;
 - with the average total cost per claim remaining steady from 2001–02 to 2006–07 between approximately \$30,000 and \$40,000;
- the incidence of accepted claims associated with *repetitive movement, low muscle loading* has steadily declined for ACT based APS employees since 2001–02 and for APS employees in 'all other states' since 2003–04;

- the incidence of claims associated with *repetitive movement, low muscle loading* between APS employees located in the ACT and ‘all other states’ has been comparable since 2003–04. Particularly since 2003–04, there appears to be little evidence to suggest that work location increases the risk of sustaining an injury/disease associated with *repetitive movement, low muscle loading*.
- in terms of average cost and average time lost per claim there are no consistent differences between employees based in the ACT compared to ‘all other states’. However, there are a number of interesting observations that can be drawn from the data below:
 - over the ten year period, the average weeks lost per claim for ‘all other states’ was 14% higher than that of the ACT;
 - average weeks lost per claim for employees based in ‘all other states’ has fallen progressively since 2004–05;
 - since 2002–03, there has been a steady reduction in the average weeks lost time for claims associated with *repetitive movement, low muscle loading*. Over this period, there was a 57% improvement in the duration of claims for ACT based APS employees, with ‘all other states’ recording a slightly better (i.e. 66%) improvement. Notwithstanding this, over the ten year period to 2008–09, the average weeks lost per claim for ‘all other states’ has been approximately 17% higher than the average weeks lost per claim for ACT based APS employees;
- Further analysis would be required to determine factors responsible for the higher average weeks lost per claim amongst employees in ‘all other states’. However, the data suggests that when developing rehabilitation strategies for the APS in relation to claims associated with *repetitive movement, low muscle loading*, location should be considered.

A case for more widespread use of workplace based health and wellbeing programs

The foregoing analysis of APS workers’ compensation trends suggests more widespread use could be made of workplace based health and wellbeing programs, targeting the underlying causes of both *body stressing* and *mental stress* injuries/diseases.

Research conducted by Comcare found there is evidence to suggest that properly targeted health and wellbeing programs will enhance the health status of the workforce when the interventions attend to both individual and environmental influences. Other key findings of the research indicated that:

- health and wellbeing programs need to be developed within an agency’s OHS framework, with regular program evaluation being a necessary component of any successful strategy;
- employees should be actively involved in the identification of health issues, in the design of programs, and in the decisions about how, when, and by whom they are delivered;

- health and wellbeing programs are most likely to succeed if;
 - targeted groups are actually reached by the program at some pre-set level of penetration;
 - once enrolled, participants are retained to program completion at some pre-specified level;
 - it is possible to demonstrate desired outcomes at some level that is considered practically meaningful (e.g. 25% of participants lowered their diastolic blood pressure by 5%, 10%, 15%, etc); and
 - it is possible to demonstrate that desired health outcomes did translate into efficiencies such as reduced absenteeism, lower claims costs, etc.

APS workers' compensation trends 1999–00 to 2008–09

Introduction:

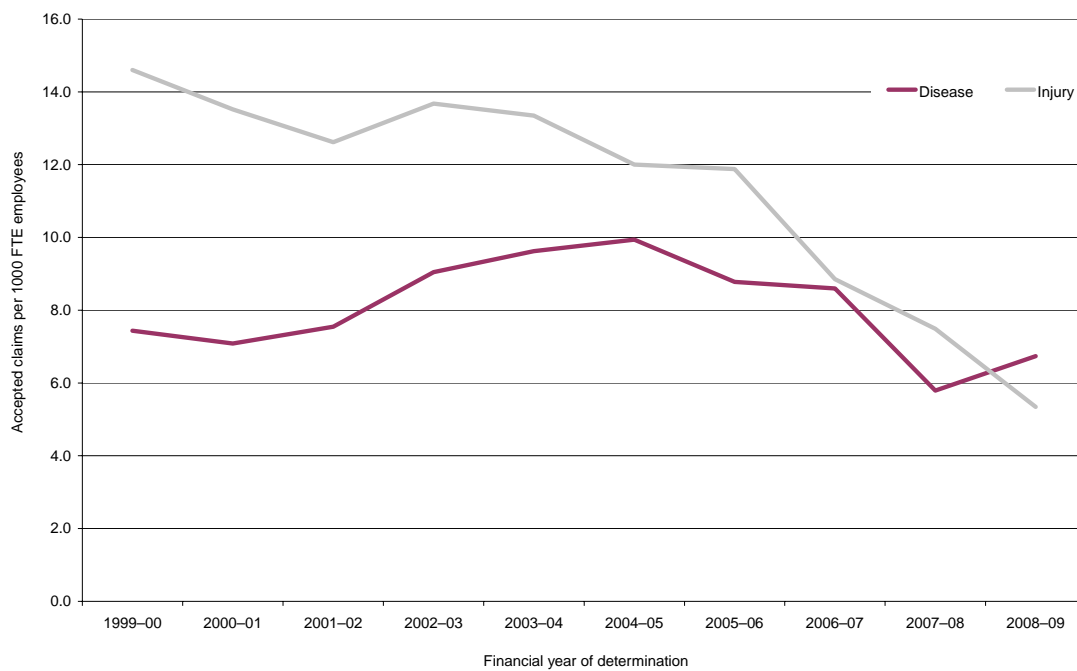
1. This report examines trends in injury and disease across the Australian Public Service (APS) during the period 1999–00 to 2008–09. Included in the analysis are details on the following areas of interest:
 - incidence of injury and disease;
 - cost and time lost of accepted claims;
 - mechanism of incident *;
 - gender;
 - age;
 - APS classification; and
 - claims experience of client service delivery and policy agencies.

* The Mechanism of Incident is based on the Type of Occurrence Classification System (TOOCS 3.1) and identifies the circumstances which led to the injury or disease.
2. The data used for analysis has been drawn from the following sources:
 - State of the Service Reports (1999–00 to 2008–09);
 - APS Statistical Bulletins (1999–00 to 2008–09); and
 - the Safety, Rehabilitation and Compensation Commission data warehouse.
3. Two mechanisms of incidents commonly cited throughout this report are *body stressing* and *mental stress*. *Body stressing* is used to classify claims involving injuries or diseases that result from stress placed on muscles, tendons, ligaments and bones. Examples include muscular stress from lifting objects or repetitive low muscle loading activities such as computer based work. *Mental stress* can arise from exposure to a traumatic event, work pressure or bullying and harassment.
4. Data presented in Figures 4–6 has been adjusted to reflect the APS population distribution for gender, age, and APS classification respectively. This allows for greater comparability of the contributions for each population group. It should be noted that population data for some periods are estimates only and care should be taken when drawing conclusions.
5. The analysis is based on accepted claims for APS employees and excludes journey claims.
6. Analysis of claims for client service delivery and policy agencies was based on the relevant agencies' core functions, as compared to the occupation of each employee. All APS agencies with 1000 FTE employees or more were included in the population data.

Incidence of Injury and Disease

7. Figure 1 below shows the incidence of accepted claims by injury and disease for the period 1999–00 through 2008–09 for all APS agencies.
8. As shown in figure 1, the incidence of accepted claims for both injury and disease has decreased since 2004–05, with the incidence of injury claims falling by 55%, and disease claims by 32%. The incidence of compensation claims across the APS is currently 12.1 per 1000 FTE employees, down 45% from 22.0 claims per 1000 FTE employees in 1999–00.
9. It is interesting to note that in 1999-00 injury claims accounted for 66% of all accepted claims compared to 44% of all claims in 2008–09. The data shows that while the incidence of disease claims has not improved significantly over the past 10 years there has been a significant reduction in the incidence of injury claims. Therefore, from a prevention viewpoint, more effort will be required in coming years focussed on the prevention of disease claims.

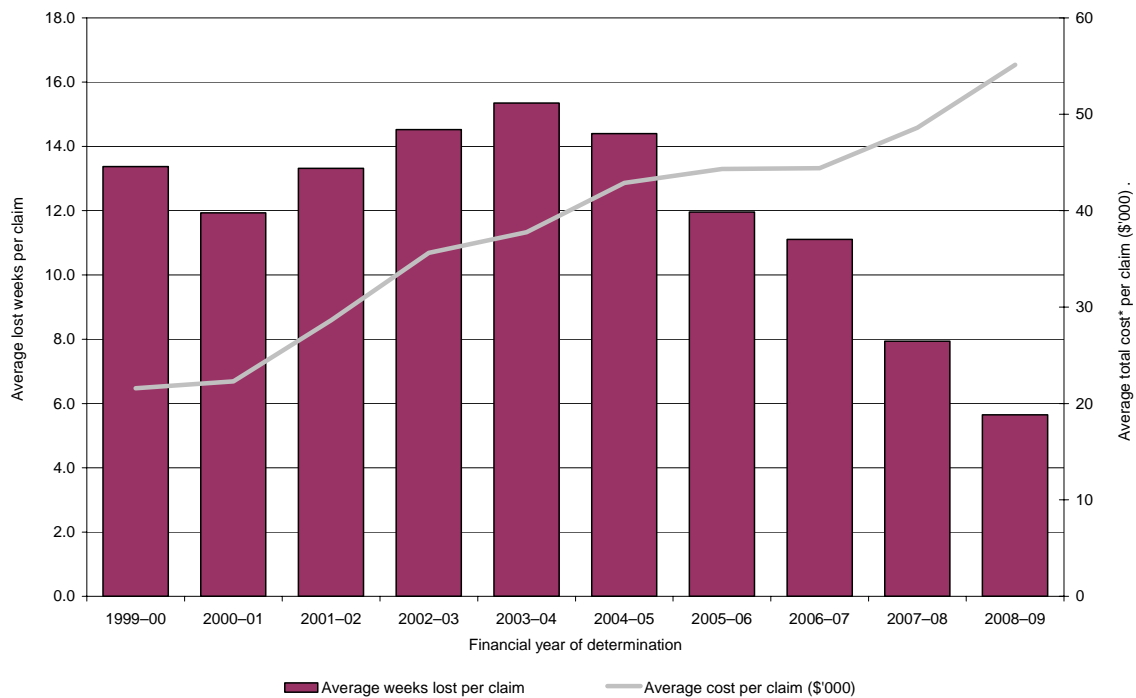
**Figure 1. Incidence of accepted claims by injury/disease
All APS agencies**



Cost and time lost of accepted claims

10. Figure 2 shows the average cost (including estimated likely future cost) and average weeks lost per claim for the period 1999–00 through 2008–09.
11. Figure 2 shows that average weeks lost per claim peaked in 2003–04. While the data suggests a progressive decline in average weeks lost since then, it should be noted that the most recent data (i.e. 2007–08 and 2008–09) is still relatively immature and average weeks lost is likely to increase over time.
12. The data below shows that the average total cost per claim has steadily increased over the past 10 years from approximately \$21,000 to \$55,000. By far, the major component of claims cost is wages/salaries for time off work, with other components including medical and other claims expenses. As no account has been made for annual increases in average wages/salaries over the period 1999–00 to 2008–09, it is difficult to determine whether there has been a real increase in average total cost of claims.

**Figure 2. Average total cost and average weeks lost per claim
All APS agencies**

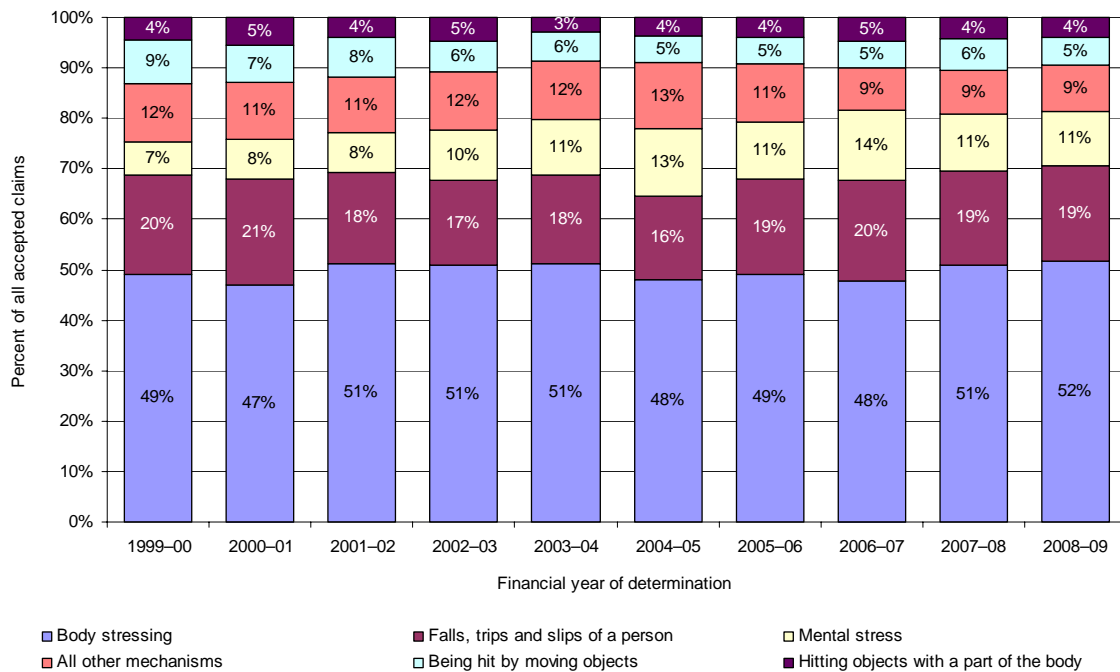


*Average cost is total cost incurred plus estimated likely future cost as at 31 August 2009

Mechanism of Incident

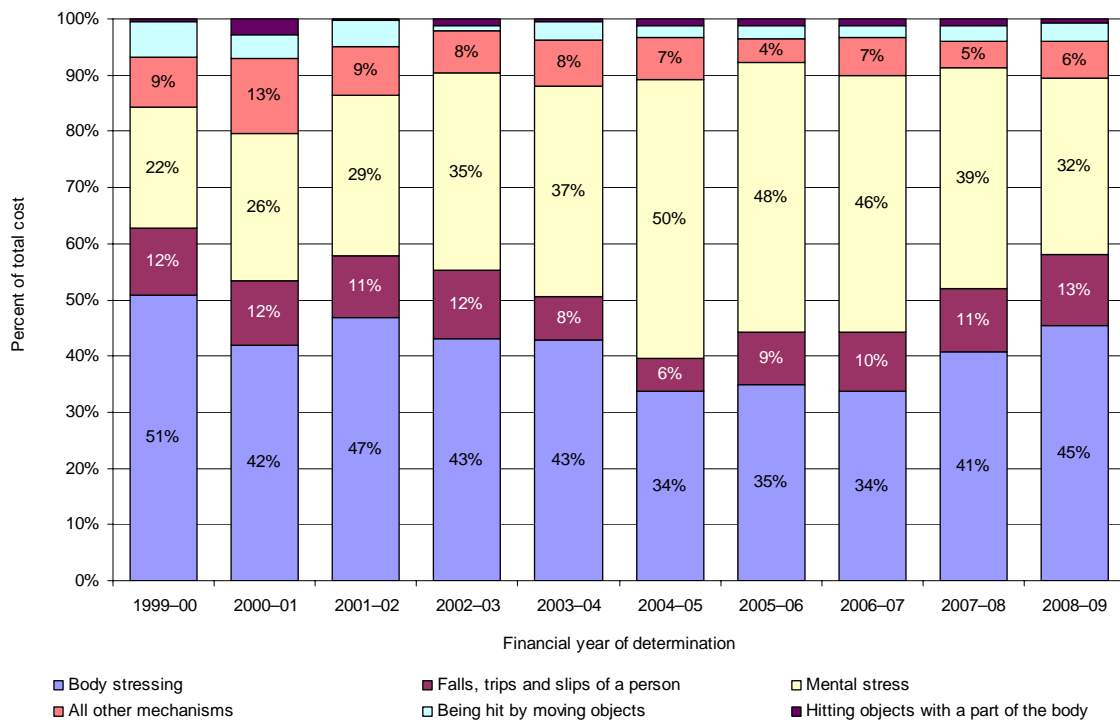
13. Figure 3 below shows the percentage of all accepted claims by mechanism of incident, for the period 1999–00 to 2008–09 for all APS agencies.
14. *Body stressing* claims have consistently accounted for approximately half of all accepted claims, with claims resulting from *falls, trips and slips of a person*, also being significant, accounting for approximately 20% of all accepted claims.
15. As shown below, the proportion of total accepted claims associated with *mental stress* increased from 7% in 1999–00 to a peak of 14% in 2006–07. While the proportion of total claims associated with *mental stress* has reduced over the past two years, *mental stress* remains a significant factor for the APS. However, while it would appear that legislative amendments introduced in April 2007 have had a positive impact in terms of reducing the proportion of mental stress claims across the APS, further effort in terms of prevention is required to minimise the number of mental stress claims.

**Figure 3. Accepted claims by mechanism of incident
All APS agencies**



16. Figure 4 below shows the percentage of total cost by mechanism of incident over the period 1999–00 to 2008–09 for all APS agencies.
17. In terms of total cost, Figure 4 shows the significant relative cost of mental stress claims to all other claims. For example, in 2008–09, *mental stress* claims accounted for 32% of total claim costs, while comprising just 11% of all accepted claims. This emphasises the complexity and long-term nature of *mental stress* claims.

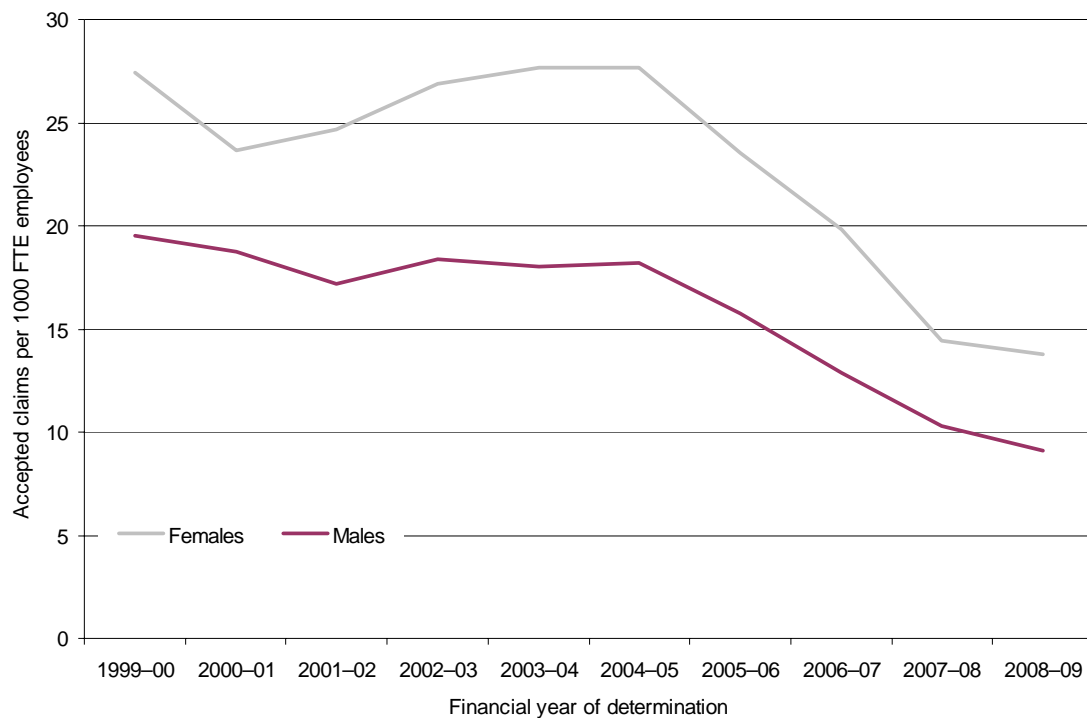
**Figure 4. Percent of total cost by mechanism of incident
All APS agencies**



Accepted claims by gender

18. Figure 5 below shows the incidence rate of accepted claims for male and female employees in the APS.
19. The data shows that females have consistently experienced a higher claims incidence than males. For example, in 2008–09, the claims incidence for females was 20% higher than for males.
20. Further analysis would be required to determine factors responsible for the higher claims incidence amongst females within the APS. However, the data does suggest that when developing injury prevention strategies for the APS gender issues should be considered.

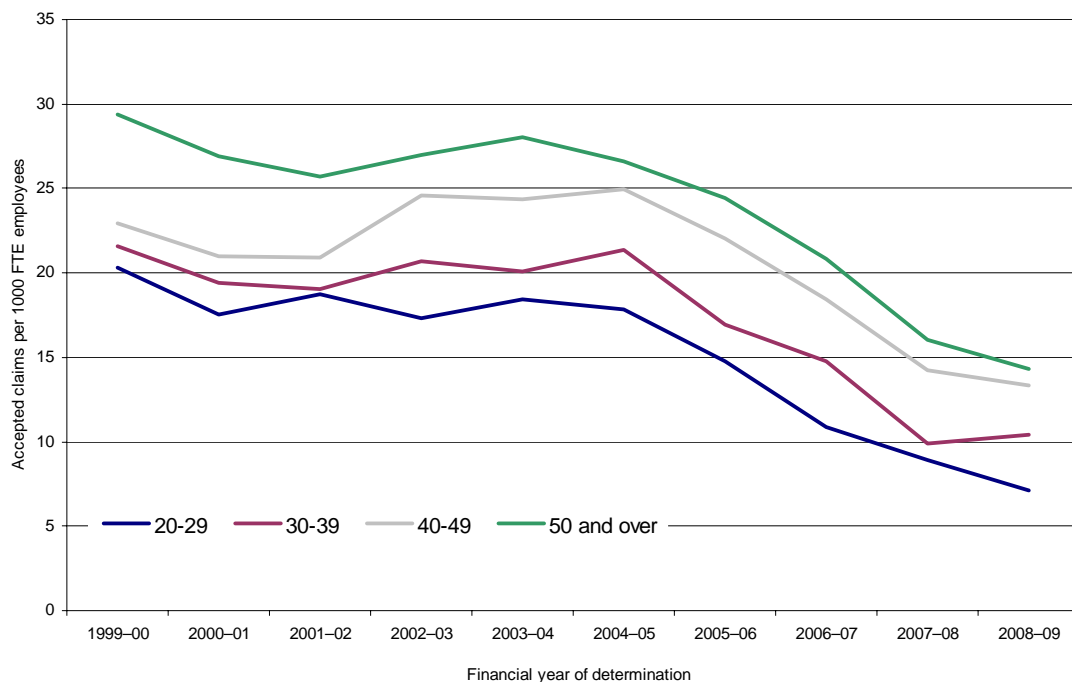
**Figure 5. Incidence of accepted claims by gender
All APS Agencies**



Accepted claims across age groups

21. Figure 6 below shows the incidence of accepted claims by age group. Due to the small population of employees in the age group below 20, they have been excluded from the analysis.
22. The data below shows that over the ten years to 2008–09 the incidence of accepted claims has decreased for each age group. Further, while the data suggests that claims incidence increases with age, the gap between the claims incidence rate for those 50 years or older and the 40-49 year age group has closed since 1999–00.
23. While the incidence of claims for the age group 40–49 has decreased over then ten year period by 42%, more significant reductions have been evident amongst all other groups (i.e. 20–29 group (65% reduction), 30–39 group (52% reduction) and 50 and over (51% reduction)).
24. All other things being equal and with an ageing APS population, it would be expected that overall claims incidence would increase over time. Other age related issues that need to be considered include the slower recovery time following injury for older workers which may impact on the duration of injury as the APS population ages.

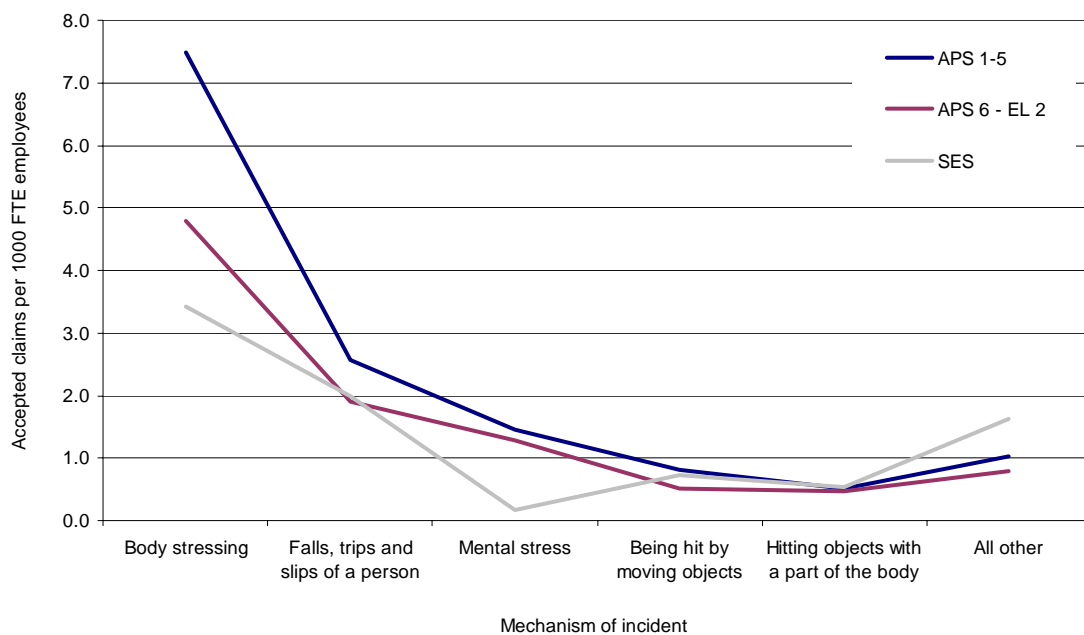
**Figure 6. Incidence of accepted claims by age group
All APS agencies**



Accepted claims by APS classification

- 25. Figure 7 below shows the incidence of accepted claims by APS classification for the period 2007–08 to 2008–09.
- 26. From the data below, it can be seen that the APS 1-5 and APS 6 – EL 2 classifications are more likely to have an accepted claim for *mental stress* than SES officers. Further, the APS 1-5 classification recorded a higher incidence of accepted claims for *body stressing, falls, trips and slips* and *mental stress* compared to all other employees.
- 27. From a prevention viewpoint, it would appear that the APS 1-5 classification should be specifically targeted in developing strategies to prevent *body stressing* claims.

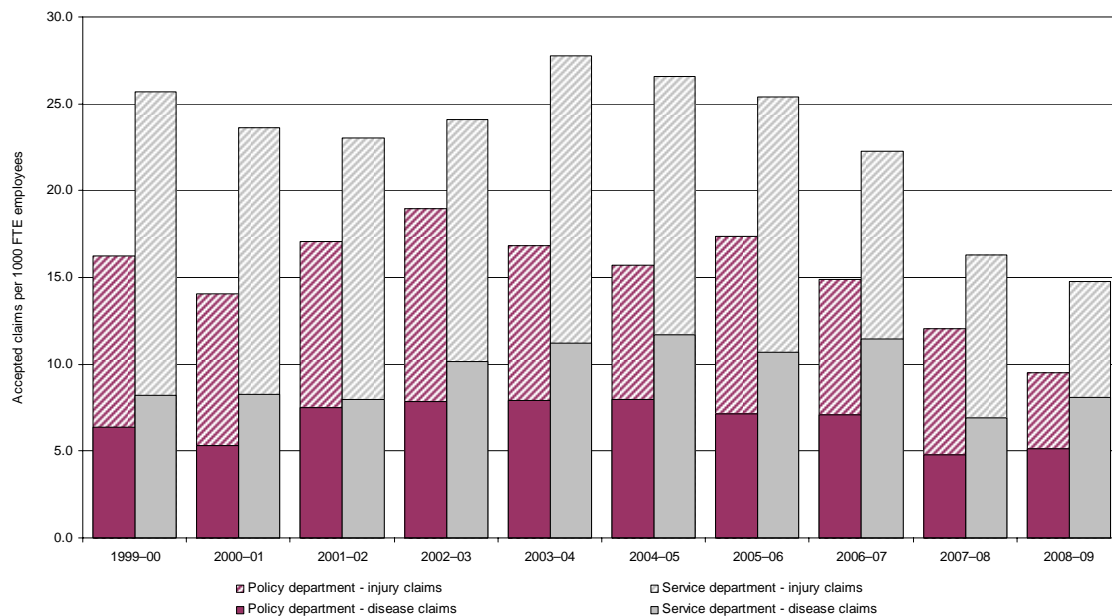
Figure 7. Incidence of accepted claims by mechanism of incident and APS classification – All APS agencies (1999–00 to 2008–09)



Differences between service delivery and policy agencies

28. Figure 8 below shows the incidence of accepted injury and disease claims from APS *client service delivery* and *policy* agencies. For the purpose of this analysis, 11 *client service delivery* agencies and 11 *policy* agencies were included each of which had 1,000 FTE employees or more.
29. The data shows that APS *client service delivery* agencies have a consistently higher incidence of accepted claims than *policy* agencies. However, this difference is less marked in relation to disease claims compared to injury claims. Over the ten year period to 2008–09, the proportion of injury claims amongst *client service delivery* agencies has fallen from 68% in 1999–00 to 45% in 2008-09. By comparison, the proportion of injury claims amongst *policy* agencies has fallen from 61% to 46% over the same period.
30. Over the past ten years, the overall incidence of claims (both injury and disease) has fallen by 33% for *client service delivery* agencies to 14.7 claims per 1000 FTE employees and by 35% for *policy* agencies to 9.5 claims per 1000 employees.
31. The analysis suggests that while similar percentage improvements have been achieved over the past ten years in terms of overall claims incidence for *client service delivery* and *policy* agencies, there would appear to be greater scope for further improvement across *client service delivery* agencies.

Figure 8. Incidence of accepted injury and disease claims from APS client service delivery and policy agencies

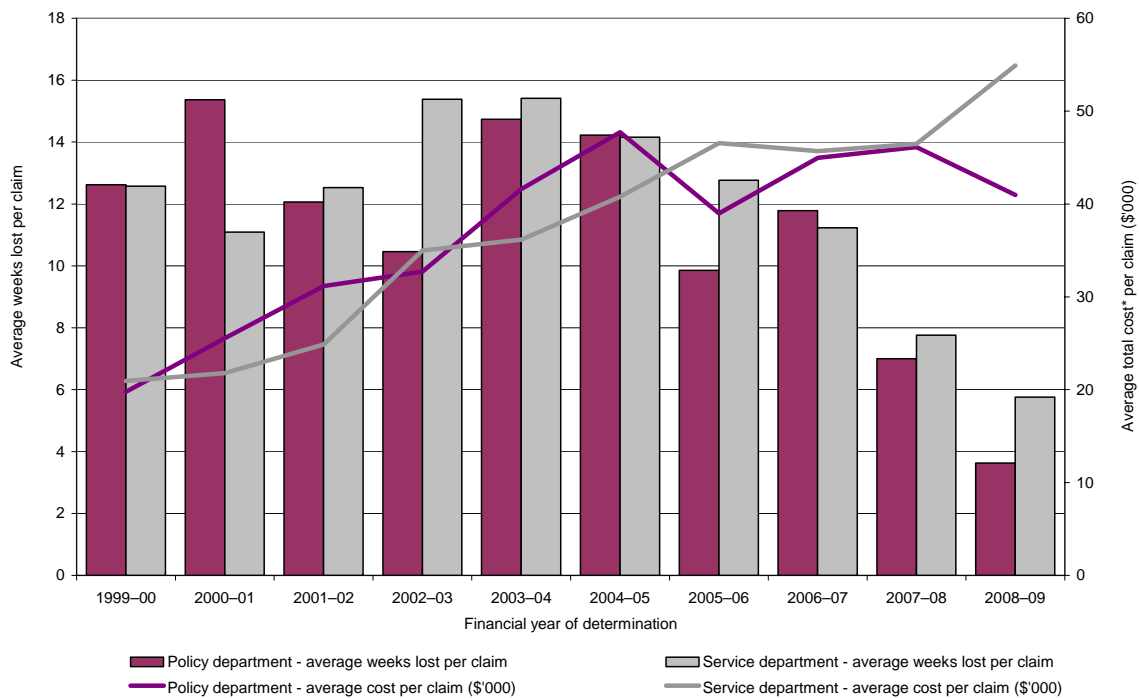


32. Figure 9 below shows the average cost and average weeks lost per claim for *client service delivery* and *policy* agencies.

33. The data shows that in terms of average cost and average time lost per claim there are no consistent differences between *client service delivery* agencies and *policy* agencies. However, there are a number of interesting observations that can be drawn from the data below:

- over the period 2000–01 through 2002–03, the average weeks lost per claim decreased for *policy* agencies but increased for *client service delivery* agencies;
- average weeks lost per claim amongst *client service delivery* agencies has fallen progressively since 2003–04; and
- the largest difference in average weeks lost per claim between *client service delivery* agencies and *policy* agencies was recorded in 2002–03.

Figure 9. Average total cost and average weeks lost per claim for APS client service delivery agencies and policy agencies



*Average cost is total cost incurred plus a remaining cost estimate as at 31 August 2009

34. Figures 10 and 11 below show the percentage of accepted claims by mechanism of incident for *client service delivery* agencies and *policy* agencies respectively.

35. The following observations can be drawn from the data presented at figures 10 and 11 below:

- over the ten year period to 2008–09, *mental stress* claims were proportionately higher amongst *policy* agencies compared to *client service delivery* agencies;
- whereas *client service delivery* agencies recorded a proportionately higher percentage of *body stressing* claims than *policy* agencies over the period 1999–00 to 2001–02, this difference has not been maintained since that period;
- over the ten year period, *client service agencies* recorded a slightly higher percentage of claims resulting from *falls, trips and slips* compared to *policy* agencies; and
- over the past two years, while the proportion of all claims resulting from *mental stress* has fallen significantly (from 12% to 6%) amongst *client service delivery* agencies, the improvement has been minimal (14% to 11%) amongst *policy* agencies.

36. While *mental stress* claims are not confined to *policy* agencies alone, the data suggests that greater scope exists for stress prevention amongst *policy* agencies relative to *client service delivery* agencies.

Figure 10. Accepted claims by mechanism of incident for APS client service delivery agencies only

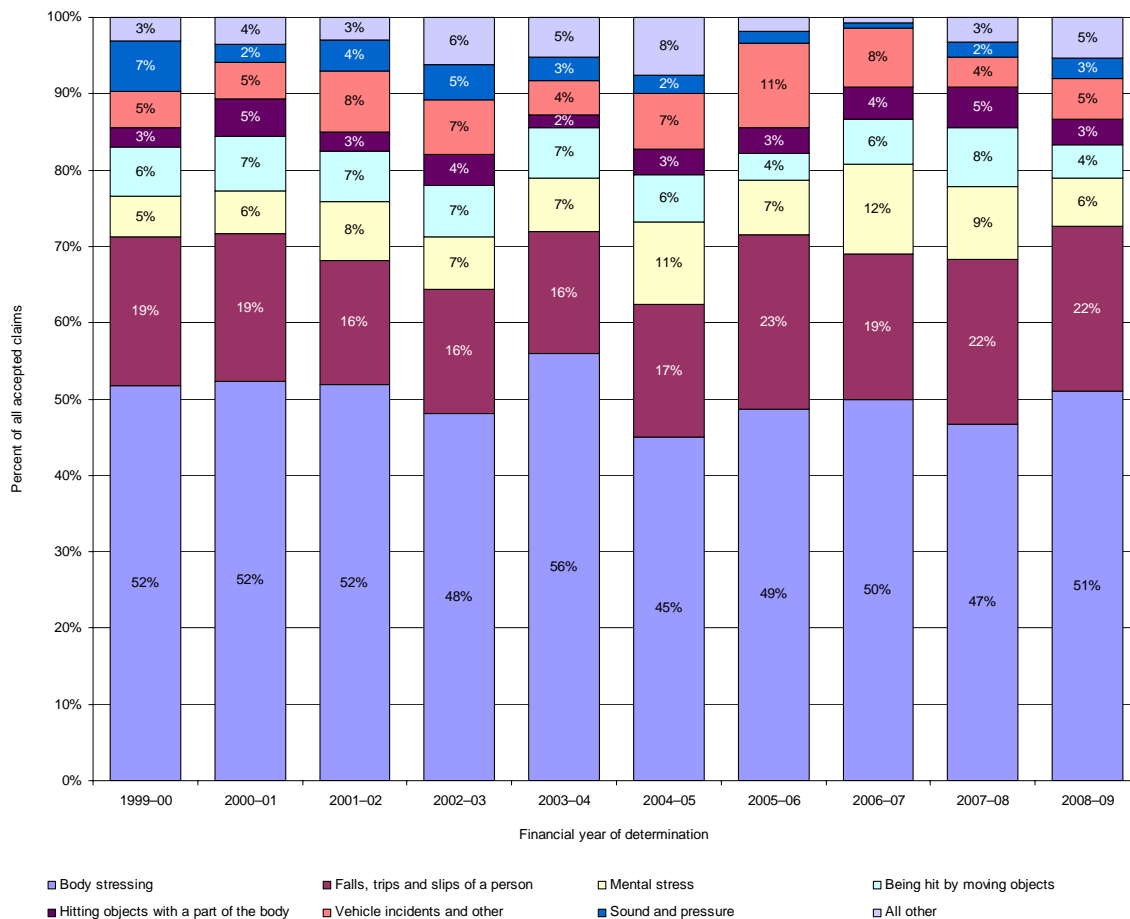
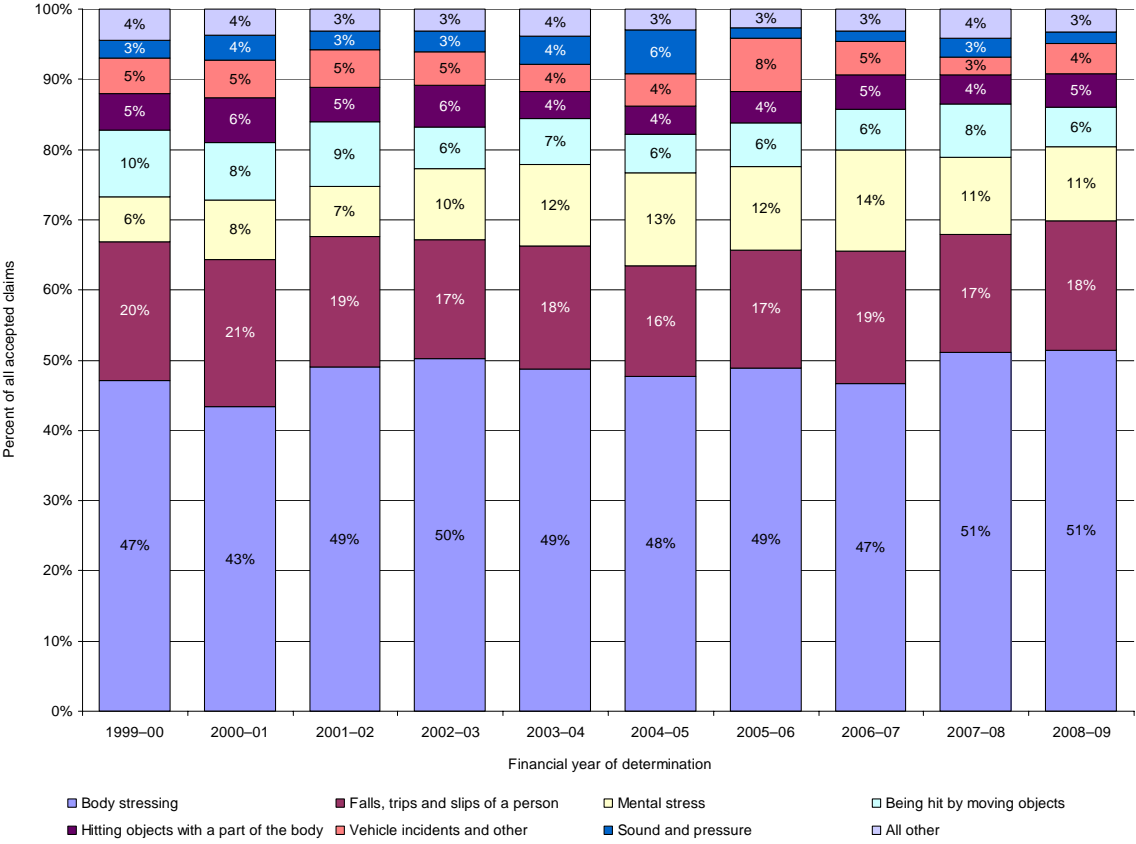


Figure 11. Accepted claims by mechanism of incident for APS policy agencies only



Analysis of mental stress and repetitive movement, low muscle loading claims

The following analysis examines claims which resulting from *mental stress* and *body stressing* (specifically those related to *repetitive movement, low muscle loading*) claims. Within this report, details of average claim cost and time lost is considered. In addition, estimated claim rates for both *mental stress* and *repetitive movement, low muscle loading* claims are included by location; that is ACT and 'all other states and the Northern Territory'.

The identification of claims in this analysis is based on the mechanism of incident, using the Type of Occurrence Classification System (TOOCS 3.1) which identifies the circumstances which led to the injury or disease.

This analysis examines trends across APS agencies only. Population data used in identifying claim rates by location was obtained from the Australian Bureau of Statistics (ABS 6248.0.55.001) and as such, should be interpreted with care.

The data used for analysis has been drawn from the following sources:

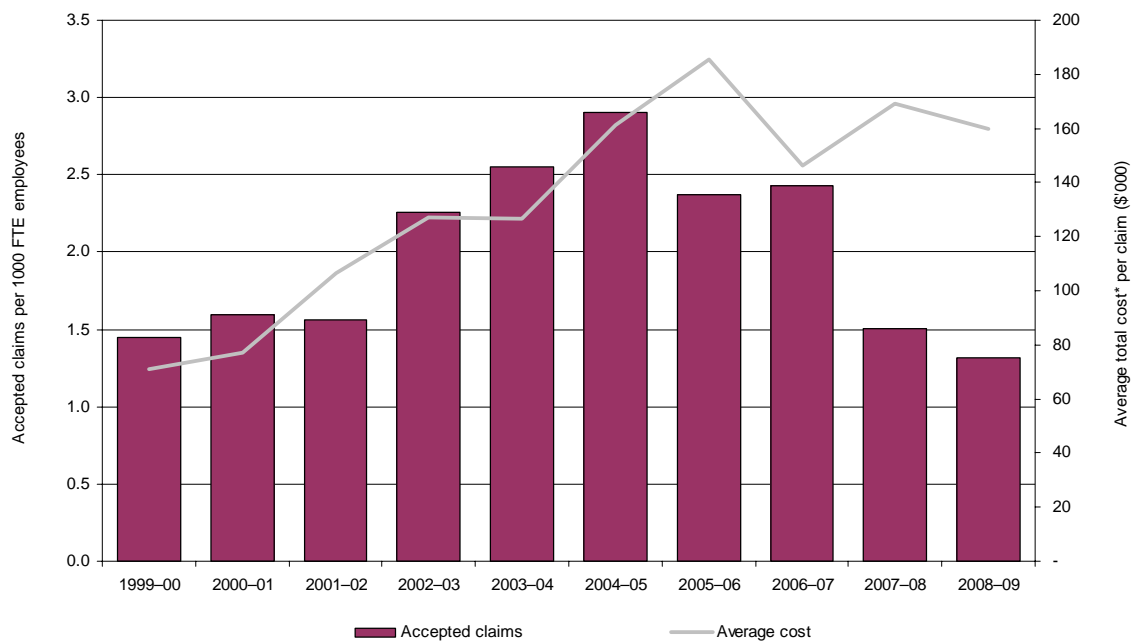
- State of the Service Reports (1999–00 to 2008–09);
- ABS Statistical publications; and
- the Safety, Rehabilitation and Compensation Commission data warehouse.

The analysis is based on accepted claims for APS employees and excludes journey claims.

Mental stress

37. Figure 1 below shows the incidence of accepted *mental stress* claims and their average cost (including estimated likely future cost) for the period 1999–00 through 2008–09 for all APS agencies.
38. As shown in figure 1, the incidence of accepted claims for *mental stress* peaked in 2005–06 at 2.8 claims per 1000 FTE employees, and has since declined to 1.6 accepted claims per 1000 FTE employees. This reduction, in part is likely due to the SRCOLA amendments introduced in March 2007 which required a more rigorous connection between the workplace and the compensable disease.
39. The data below shows that the average total cost per claim has steadily increased from 1999–00 to 2005–06 from approximately \$70,000 to \$185,000, and has remained relatively stable since. As more recent data, i.e. 2007–08 and 2008–09 relies more on estimated claim costs, it is difficult to infer that average claim costs will remain stable.

**Figure 1. Incidence and average cost* of mental stress claims
All APS agencies**



*Average cost is based on total cost incurred plus a case estimate as at 31 August 2009

40. Figure 2 below shows the incidence of accepted *mental stress* claims by location for the period 1999–00 through 2008–09 for all APS agencies.
41. As seen in figure 2, the incidence of *mental stress* claims between ACT and ‘all other states’ was similar until 2003–04 where a variation in incidence became more significant. From 2003–04 through 2008–09 the average incidence of accepted *mental stress* claims for ‘all other states’ has been 29% higher than the rate recorded for the ACT.
42. In 2007–08 and 2008–09, this variation appears to have stabilised, with ‘all other states’ recording an incidence approximately 25% higher than that compared to the ACT.
43. Further analysis would be required to determine factors responsible for the higher claims incidence amongst ‘all other states’. However, the data does suggest that when developing injury prevention strategies for the APS in relation to *mental stress* diseases, location should be considered.

**Figure 2. Estimated incidence of mental stress claims by location
All APS agencies**



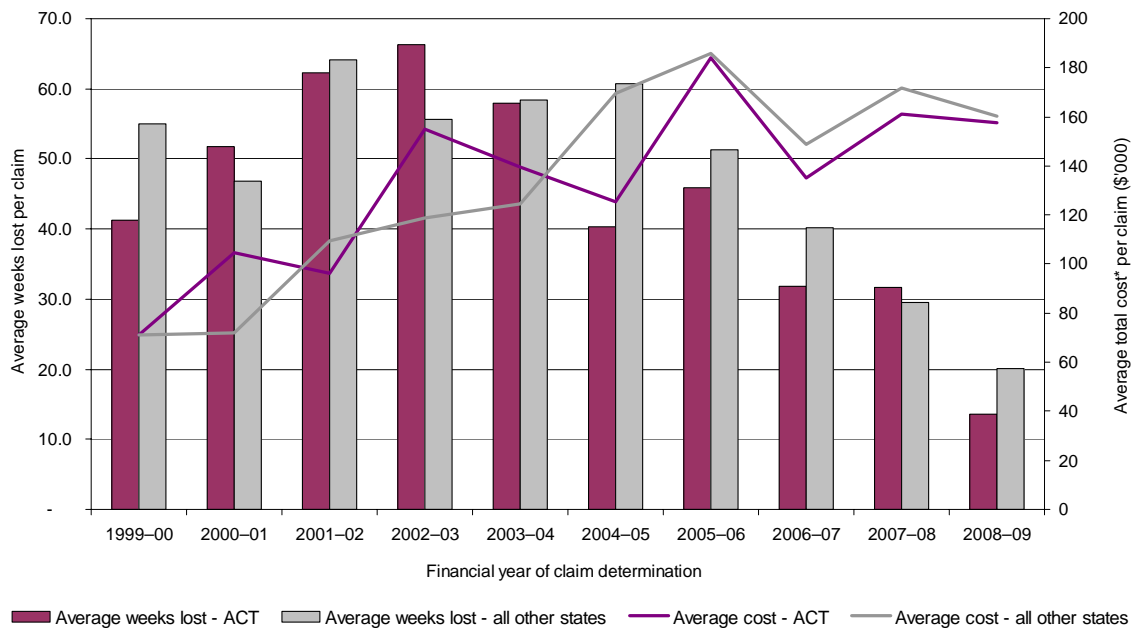
44. Figure 3 below shows the average cost and average weeks lost per claim by location for *mental stress* claims for the period 1999–00 through 2008–09 for all APS agencies.

45. It should be noted that the proportion of employees located in the ACT has been approximately 24% over the ten year period. As such, the increased volatility in the ACT data may be due to its smaller population.

46. The data shows that in terms of average cost and average time lost per claim there are no consistent differences between employees based in the ACT compared to ‘all other states’. However, there are a number of interesting observations that can be drawn from the data below:

- over the ten year period, the average weeks lost per claim for APS employees in ‘all other states’ was 14% higher than that of ACT based employees; and
- average weeks lost per claim for APS employees in ‘all other states’ has fallen progressively since 2004–05.

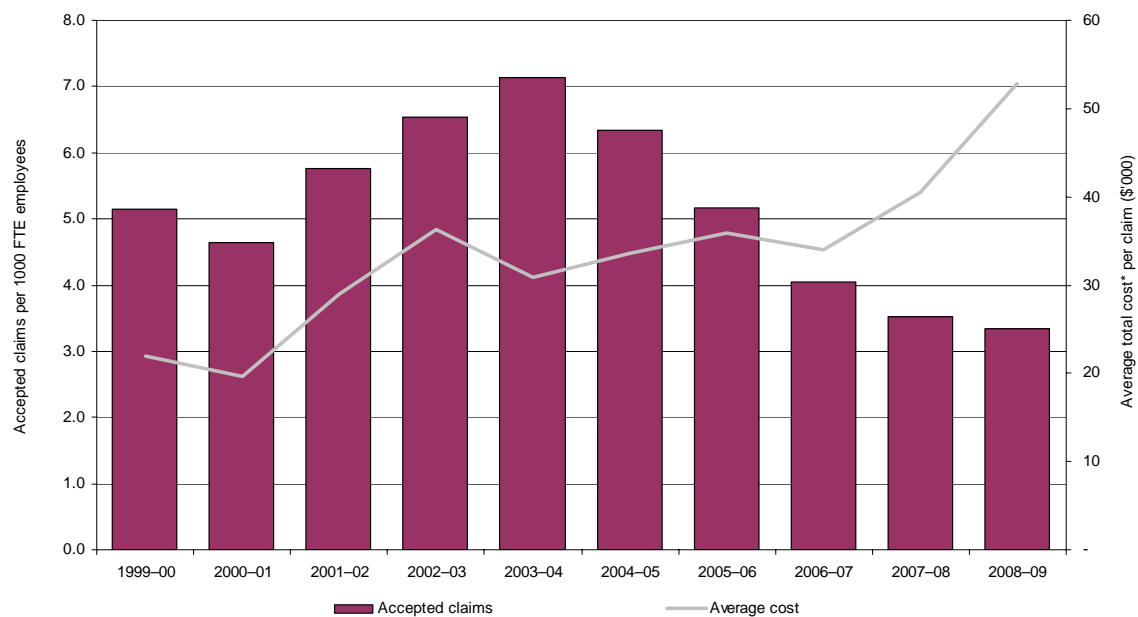
Figure 3. Average total cost and average weeks lost time by location for claims resulting from mental stress – All APS agencies



Repetitive movement, low muscle loading

47. Figure 4 below shows the incidence of accepted *repetitive movement, low muscle loading* claims and their average cost (including estimated likely future cost) for the period 1999–00 through 2008–09 for all APS agencies.
48. As shown in figure 4, the incidence of accepted claims associated with *repetitive movement, low muscle loading* peaked in 2003–04 at 7.1 claims per 1000 FTE employees, and has since steadily declined to 3.3 accepted claims per 1000 FTE employees.
49. The data below shows that the average total cost per claim remained steady from 2001–02 to 2006–07 between approximately \$30,000 and \$40,000. However, during 2007–08 and 2008–09 year-on-year increases of approximately 19% and 31% respectively have been recorded. It should be noted that more recent data, i.e. 2007–08 and 2008–09 relies more on estimated claim costs, and as such, it is difficult to infer that average claim costs will actually continue to increase.

Figure 4. Incidence and average cost of claims associated with repetitive movement, low muscle loading – All APS agencies



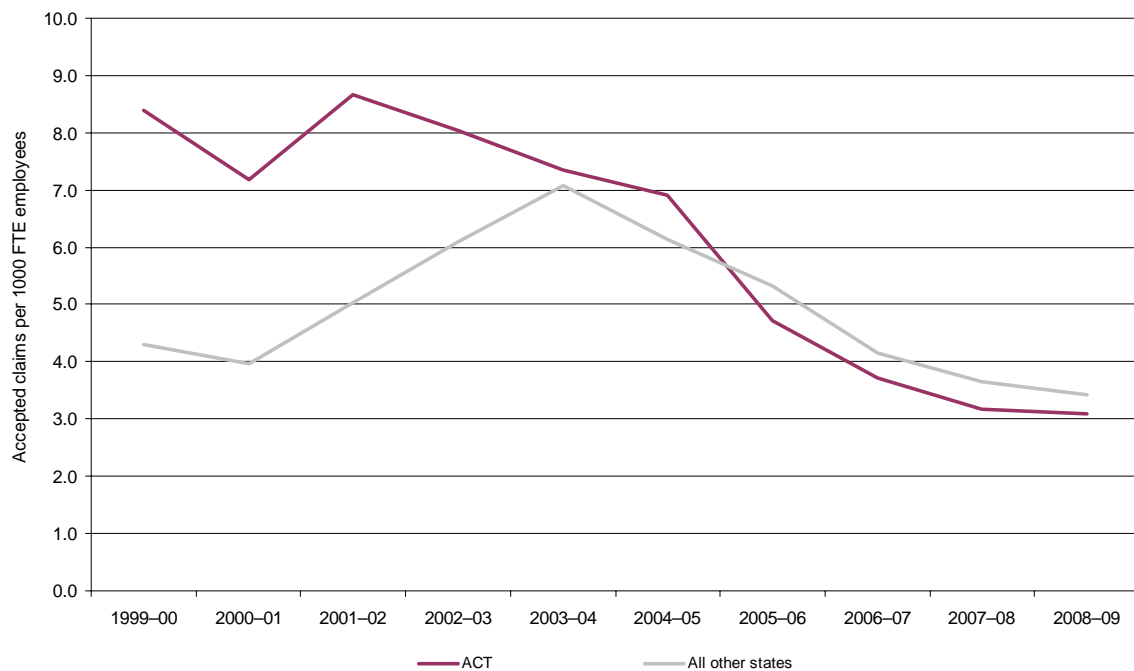
*Average cost is based on total cost incurred plus a case estimate as at 31 August 2009

50. Figure 5 below shows the incidence of accepted claims associated with *repetitive movement, low muscle loading* by location for the period 1999–00 through 2008–09 for all APS agencies.

51. As shown in figure 5, the incidence of accepted claims associated with *repetitive movement, low muscle loading* has steadily declined for the ACT since 2001–02 and for ‘all other states’ since 2003–04.

52. As seen in figure 5, the incidence of *repetitive movement, low muscle loading* claims between ACT and ‘all other states’ has been comparable since 2003–04. From the data, particularly since 2003–04, there appears to be little evidence to suggest that work location increases the risk of sustaining an injury/disease associated with *repetitive movement, low muscle loading*.

Figures 5. Estimated incidence of claims associated with repetitive movement, low muscle loading by location – All APS agencies



53. Figure 6 below shows the average cost and average weeks lost per claim by location for *repetitive movement, low muscle loading* claims for the period 1999–00 through 2008–09 for all APS agencies.

54. The data shows that, since 2002–03, there has been a steady reduction in the average weeks lost time for claims associated with *repetitive movement, low muscle loading*. Over this period, there was a 57% improvement in the duration of claims for ACT based APS employees, with ‘all other states’ recording a slightly better (i.e. 66%) improvement. Notwithstanding this, over the ten year period to 2008–09, the average weeks lost per claim for ‘all other states’ has been approximately 17% higher than the average weeks lost per claim for ACT based APS employees.

55. The data shows that in terms of average cost there are no consistent differences between employees based in the ACT compared to ‘all other states’. However, during 2007–08 there was a significant increase in the average claim cost for ACT based employees, with a similar increase for ‘all other states’ in 2008–09. It should be noted that more recent data, i.e. 2007–08 and 2008–09 relies more on estimated claim costs, as such, it is difficult to infer that average claim costs will actually continue to increase.

56. Further analysis would be required to determine factors responsible for the higher average weeks lost time per claims amongst ‘all other states’. However, the data does suggest that when developing rehabilitation strategies for the APS in relation to claims associated with *repetitive movement, low muscle loading*, location should be considered.

Figure 6. Average total cost and average weeks lost by location for claims associated with repetitive movement, low muscle loading All APS agencies

