

## Safety and Wellbeing Quarter 1 Report 2026 (January - March)

---

### **Purpose**

This report presents key Safety & Wellbeing indicators for Q1 2026 (January – March), as agreed with the Chief People Officer (CPO). The indicators provide a useful snapshot of Safety & Wellbeing performance at both the University-wide and Portfolio levels (where data is available).

To enable timely action and continuous improvement, data is recorded and reported to management monthly. This quarterly report offers a broader analysis of emerging trends and risks. An annual summary report will be provided at the end of the calendar year.

### **Executive Summary**

Quarter 1 marked the commencement of the 2026 operating year with increased planning and structure for the coming months.

- After a strong recruitment focus in Q4, further recruitment occurred in Q1 to replace WHS Officer Simon Elchaar. Alfonsus Alvin has now been appointed to the role. He brings relevant experience across complex organisations, with strengths in WHS systems, governance, compliance and safety reporting.
- Following development, testing and governance oversight through the Project Control Group, the Riskware Inspection Module is now live and operational. The module provides a more consistent and structured approach to inspections across campuses, supports mobile inspections through iPad deployment, improves visibility of actions arising from inspections, and strengthens reporting and follow-up.
- A key focus over the quarter was the Safety and Wellbeing team planning days, which were used to reset priorities, clarify role accountabilities and align the team around the key deliverables for 2026. The planning days provided a structured opportunity to step back from day-to-day operational demands and focus on how the team will deliver against its broader strategic objectives.

As part of these sessions, the team confirmed priorities across core areas including risk management and strategy, day-to-day operational safety and administration, injury management and return to work, and injury prevention and continuous improvement. They also supported clearer role definition, more consistent allocation of responsibilities across the team, and development of more meaningful planning and performance measures for each role.

Importantly, the planning days helped establish a more coordinated and deliberate approach to the year ahead. This included stronger alignment between individual roles and team priorities, better visibility of interdependencies across the function, and a clearer foundation for delivering both strategic uplift and consistent operational performance.

## **1. Regulatory Activity**

There were no notifiable incidents reported during the period

### **1.1 Provisional Improvement Notices (PIN's)**

A Provisional Improvement Notice (PIN) was issued by the Faculty of Law and Business (Health and Safety Representatives (HSR's) in March 2026 in relation to consultation on a protocol concerning moderation meetings and sessional staff.

ACU disputed the PIN and a WorkSafe inspector attended to review the matter. The inspector's view was that, while there had been a failure to consult at the point where the original change was announced, the PIN itself was directed at the later protocol, which was more in the nature of a clarification document rather than the change itself.

On that basis, the inspector indicated the PIN would be cancelled on technical grounds. WorkSafe recommended that these now be addressed through formal issue resolution rather than retrospective consultation.

### **1.2 National Code for Prevention of Gender Based Violence (GBV)**

Q1 2026 represented the first quarter of implementation under the National Higher Education Code to Prevent and Respond to Gender-Based Violence. Throughout this quarter, there has been a strong emphasis on establishing, testing and embedding the current prevention and response framework.

Within the Safety and Wellbeing team, education and prevention activities included delivery of Vicarious Trauma and Boundary Setting training as part of the Student Directorate training day and ongoing review and development of ACU's gender-based violence core training modules as part of the National Code Working Group. Awareness-raising of the Staff Safety and Wellbeing Consultant's role and National Code were also supported through informal and accessible ways, such as a speech made as part of an International Women's Day coffee cart and Viva Engage articles.

Emerging response processes, guidance and tools were also applied to initial disclosures received by the Staff Safety and Wellbeing Consultant. As a result, there has been a focus on learning from these initial cases to refine current processes, resources and support approaches. To date, all available P&C materials for disclosers and respondents have been reviewed and reworked to ensure that they are trauma-informed and plain English and are now with appropriate teams for final review. Further templates and resources for staff are now in development to address identified gaps.

As part of this work, guidelines for staff responding to gender-based violence are in development with an initial structure drafted by the Staff Safety and Wellbeing Consultant. The aim of this document is to support proportionate and consistent responses to disclosures/formal reports across ACU, noting clear pathways for navigation processes and key factors to consider. These guidelines will be further developed in collaboration with ER and Student Safeguarding in Q2.

A critical review and gap analysis of the current Advocate CRM and reporting form was also completed by the Staff Safety and Wellbeing Consultant, identifying issues with form workflow and gaps against regulator guidance. These have been provided to appropriate teams (National Code Working Group & Employee Relations) as evidence to inform further CRM redevelopment and trauma-informed best practice.

A small number of support conversations were also facilitated with staff who had been involved in supporting or managing student matters involving gender-based violence but were not directly affected. These occurred at a similar frequency to direct staff disclosures, reinforcing the importance of providing an accessible space for structured debriefing, ensuring staff were linked with appropriate support and educated around reporting pathways.

Finally, work also progressed on the KPMG Gender-based Violence Risk Assessment, with the completion of the document review phase in March. Planning is currently underway for the consultation phase, which will be designed in collaboration with Student Safeguarding.

## 2.0 Workers' Compensation Summary

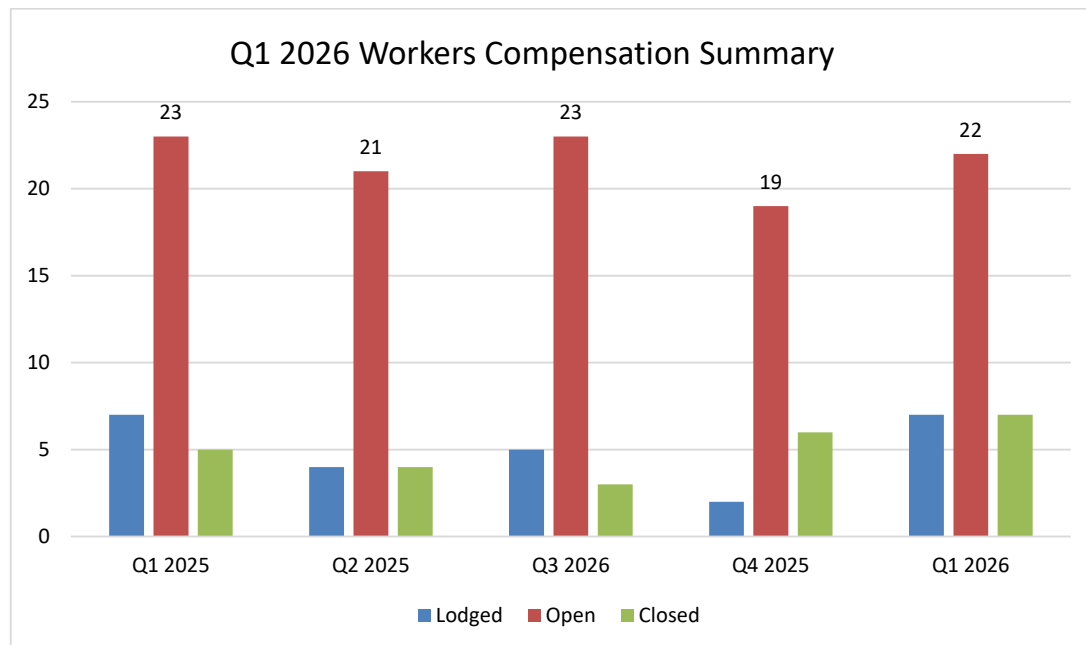
At the end of Q1 2026, there are 22 current active workers' compensation claims.

### 2.1 Workers Compensation Claims

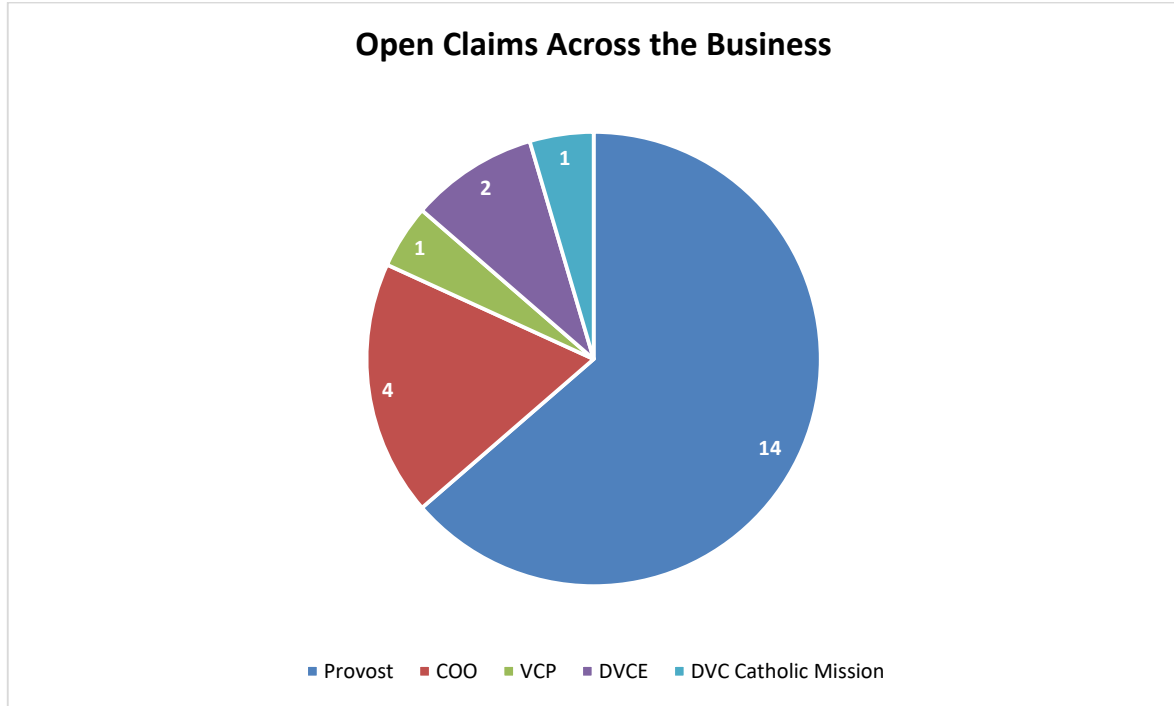
Quarter 1 resulted in the following -

- 7 claims were submitted in Quarter 1 2026
  - 5 claims were submitted as Medical Treatment only claims
  - 2 claims submitted resulted in lost time
- Liability for 2 claims was denied
- Liability for 1 claim is currently reasonably excused
- Liability for 4 claims were accepted
- 1 claim submitted resulted in a psychological injury
- 6 claims submitted resulted in a physical injury
- 7 claims were closed in Quarter 1
- Of the 22 current open claims, 14 have resulted in a psychological injury

**Graph 1 depicts ACU's performance related to worker's compensation and return to work, which includes a status breakdown of the last year for submitted open and closed claims.**



**Graph 2 – Provides a representation of the number of open workers compensation claims across the business units**



**2.3 Safety Metrics**

**2.4 Lost Time Injuries (LTIs)**

In Quarter 1 2026, 2 lost time injuries were reported. One LTI has been denied and the other is currently reasonably excused so will not be included in calculations. The LTIFR for ACU Overall at the end of Q1 2025 is 0.85 against the tertiary sector benchmark of 2.5.

**2.5 Medical Treatment Only Claims (MTIs)**

MTIs are when a staff member is injured and requires medical treatment but has not lost any time. In Quarter 1, 5 medical treatment claims were reported.

**2.6 Lost Time Injury Frequency Rate (LTIFR)**

LTIFR is the number of lost time injuries occurring in a workplace per 1 million hours worked. For example, an LTIFR of 7 shows that 7 lost time injuries occur every 1 million hours worked.

LTIFR (Lost Time Injury Frequency Rate) is recorded based on the date the injury occurred, not the date it was reported, or the claim was lodged. An incident is only included in LTIFR calculations once the claim has been accepted, and it is confirmed that the injury resulted in one or more full shifts of lost time. LTIFR figures may be retrospectively amended to reflect accepted claims from previous periods or to remove cases where claims were subsequently rejected or reclassified. This ensures the accuracy

and integrity of reported safety performance data in line with WHS best practice and reporting standards.

## 2.7 Workers Compensation Injury Frequency Rate (WCIFR)

WCIFR is the number of workers compensation claims lodged per 1 million hours worked. For example, a WCIFR of 7 shows that 7 workers compensation claims have been lodged for every 1 million hours worked.

Workers' Compensation Injury Frequency Rate (WCIFR) rolling data can only be calculated and reported once a full 12 months of data has been recorded. This is because the rolling WCIFR is based on the total number of accepted worker compensation claims over a continuous 12-month period, relative to the average number of employees during that same timeframe. **Until 12 months of data is available, only point-in-time (e.g. monthly or quarterly) WCIFR can be reported. Rolling data will be introduced once sufficient data is collected to ensure accurate and meaningful trend analysis.**

**Table 1 captures recorded lost-time injuries each month, medical treatment only claims each month, LTIFR rolling figure for ACU overall and the WCIFR for ACU overall.**

	Quarter 2 2025			Quarter 3 2025			Quarter 4 2025			Quarter 1 2026		
	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Apr 25	May 25	Jun 25	Jan 26	Feb 26	Mar 26
LTI Claims	0	1	1	0	1	1	0	1	1	0	1	1
MTI Claims	1	0	1	1	0	1	1	0	1	2	1	2
ACU Overall LTIFR	3.91	4.05	4.02	3.91	4.05	4.02	3.91	4.05	4.02	2.28	1.42	0.85
ACU Overall WCIFR	2.52	0.00	10.3	2.52	0.00	10.3	2.52	0.00	10.3	7.19	4.16	3.45

## 3.0 Incidents and Hazard Reports

### 3.1 Total Incidents

In Quarter 1, a total of **107 reports** were submitted into Riskware, comprising **80 incidents, 21 hazards, and 6 near misses.**

Of the **80 incidents reported:**

- **42 (52.5%)** involved students
- **33 (41.3%)** involved staff
- **3 (3.8%)** involved visitors
- **2 (2.5%)** involved contractors

Of the **21 hazards reported:**

- **19 (90.5%)** were reported by staff
- **1 (4.8%)** was reported by a student
- **1 (4.8%)** was reported by a visitor

Of the **6 near misses reported**:

- **5 (83.3%)** were reported by staff
- **1 (16.7%)** was reported by a student

### 3.2 Psychosocial Hazard Activity

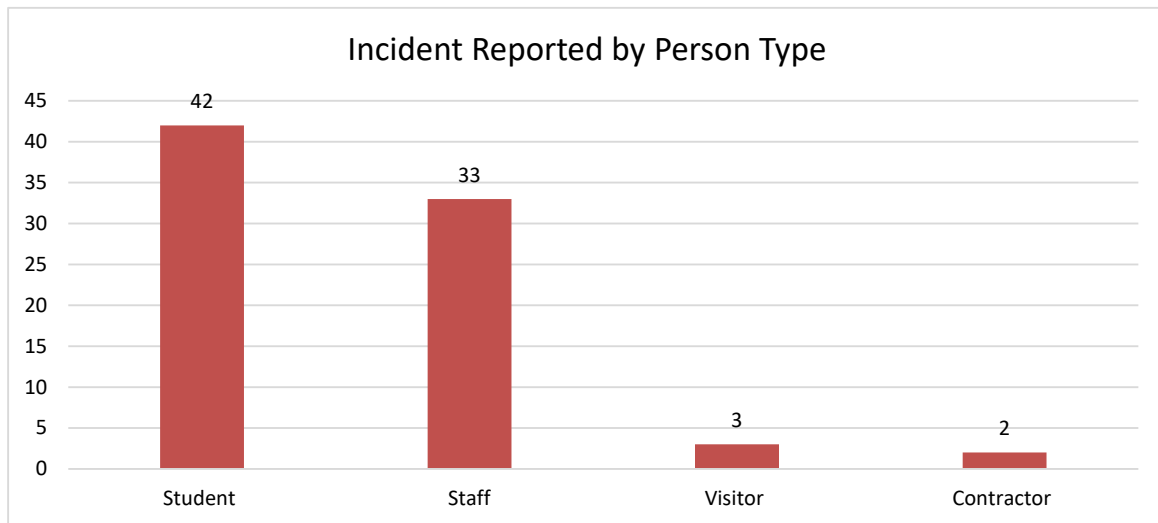
During Q1 2026, 108 incident and hazard reports were recorded, including 57 employee-related matters. Of these, 9 were clear psychosocial hazard or psychosocial injury reports involving staff. A further 2 reports raised broader psychosocial risk factors, including exposure to aggressive behaviour and workplace environmental conditions impacting wellbeing.

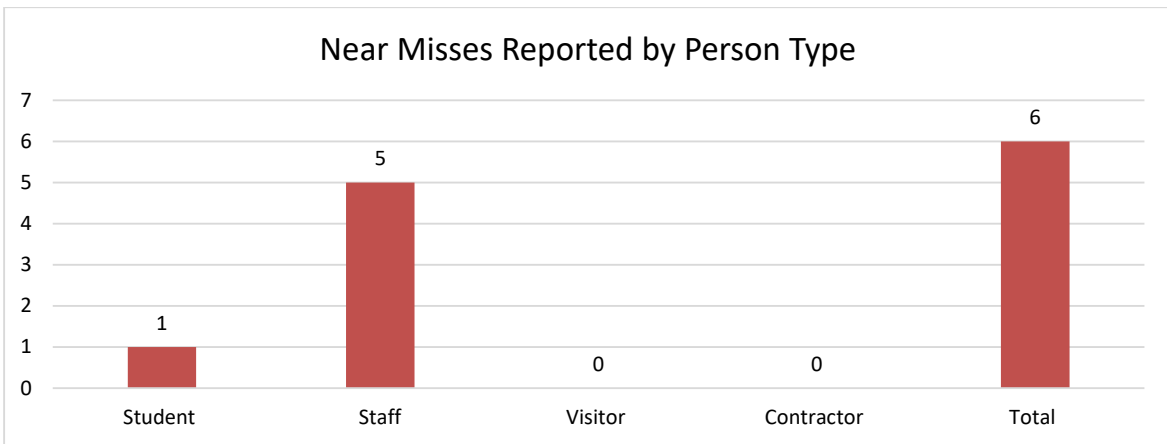
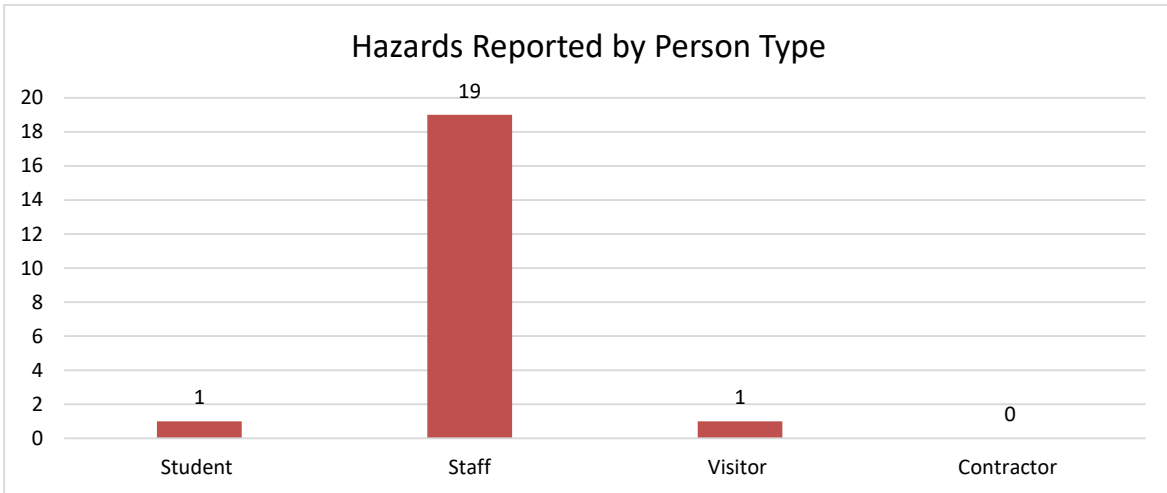
The psychosocial matters were concentrated in Melbourne, with additional reports in Strathfield and Brisbane, and increased in March.

The main issues reported were interpersonal conflict and intimidating behaviour, workload and work design concerns, lack of consultation and organisational justice, unresolved conduct matters, and psychological distress or burnout. This indicates that the psychosocial risk profile in Q1 was driven primarily by workplace relationships, management processes and work design, rather than isolated individual wellbeing issues.

These risks are currently being managed through briefings and action plans with line management, provision of targeted guidance to relevant work areas, and review of reported matters to identify patterns, areas of concern and opportunities for early intervention. This supports preventative action, strengthens management oversight, and aims to reduce the risk of further occurrences.

**Graph 3 Source of Incident Reported Q1 2026**





### 3.3 Reported Mechanism of Injury

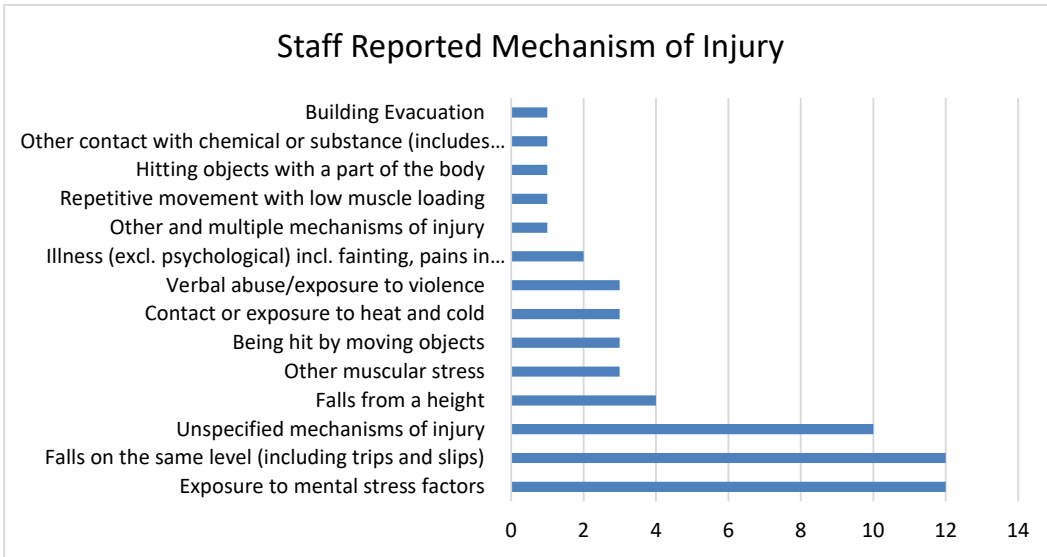
The top mechanisms of injury reported by staff in Q1 2026 are –

- Exposure to mental stress factors (12)
- Falls on the same level (including trips and slips) (12)

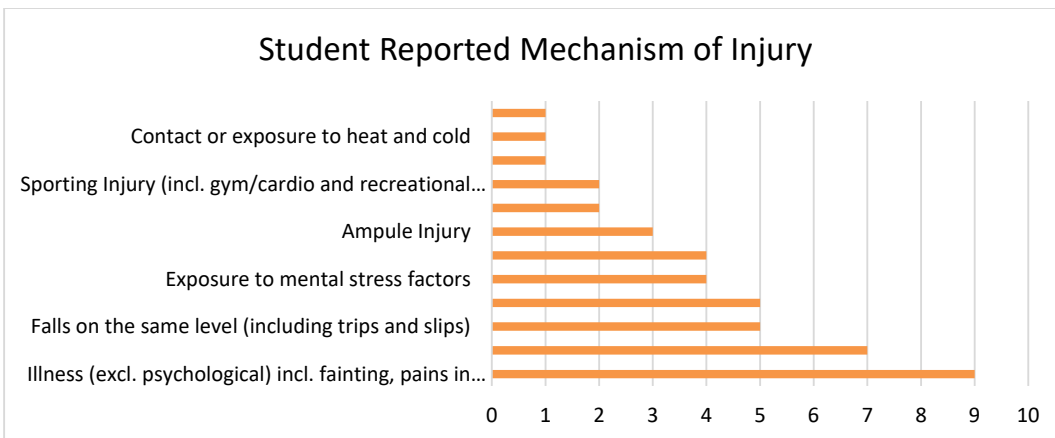
The top mechanisms of injury reported by students in Q1 2026 are –

- Illness (excl. psychological), incl. fainting, pains in chest, heart palpitations (9)
- Other muscular stress (7)

**Graph 4 outlines the mechanism of injury reported by staff in Q1 2026**



**Graph 5 outlines the mechanism of injury reported by students in Q1 2026**



### 3.4 Open Incidents and Hazards

In Quarter 1, a total of 107 reports were submitted into Riskware. Of these, 63 incidents have been closed, with 17 incidents remaining open.

A total of 21 hazard reports were submitted into Riskware. Of these, 15 hazard reports have been closed, with 6 remaining open.

Additionally, 6 near miss reports were submitted. Of these, 3 have been closed, with 3 remaining open.

**Table 2 provides an overview of the incident and hazard reports submitted across Quarter 1 along with the numbers of open**

Business Unit	Deputy Vice-Chancellor (Corporate)	Deputy Vice-Chancellor (Catholic Mission)	Deputy Vice-Chancellor (Education)	Deputy Vice-Chancellor (Research and Enterprise)	Provost	Vice-Chancellor and President	Total
Completed Hazard Reports	4	0	1	0	10	0	15
Completed Incident Reports	16	0	6	0	41	0	63
Open Hazard Reports	1	0	1	0	4	0	6
Open Incident Reports	4	0	2	0	11	0	17

## 4.0 Ongoing Safety & Wellbeing Projects

### 4.1 WHS Risk Register Project

The Risk Register Project in partnership with KPMG is moving into its final phase. During Q1, the pilot risk assessment workshops concluded, and the draft risk register, risk management procedure and learning module were completed and provided to the Senior Safety & Wellbeing Risk Manager for review.

These documents have now been reviewed by the Health and Safety Representatives as part of our consultation process.

Feedback from this consultation will be evaluated and the necessary updates and changes along with feedback from the Safety & Wellbeing Team will be made.

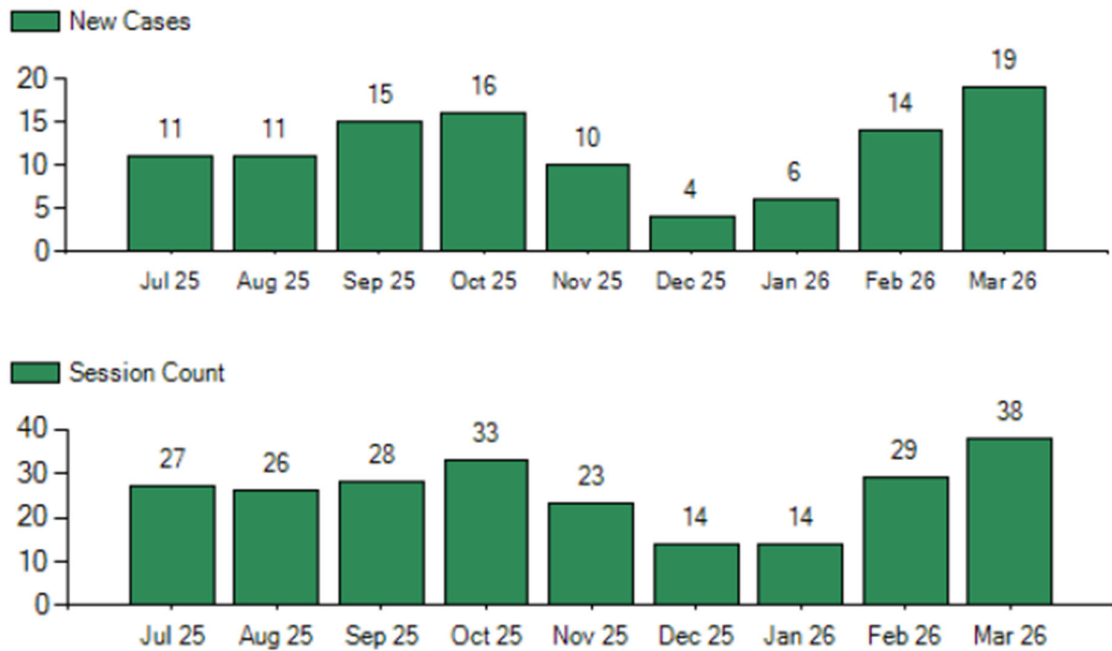
Once the report and recommendations are approved, the deliverables will be communicated, and we will commence the risk workshops with the remainder of the university to create a university-wide Safety Risk Assessment.

The **Riskware Risk Management Module** will commence in Q2 2026. The risk registers once finalised, will be uploaded into Riskware. Following this, individual risk assessments will be able to be conducted by the Safety and Wellbeing Team and individual faculties.

## 5.0 Employee Assistance Program (EAP)

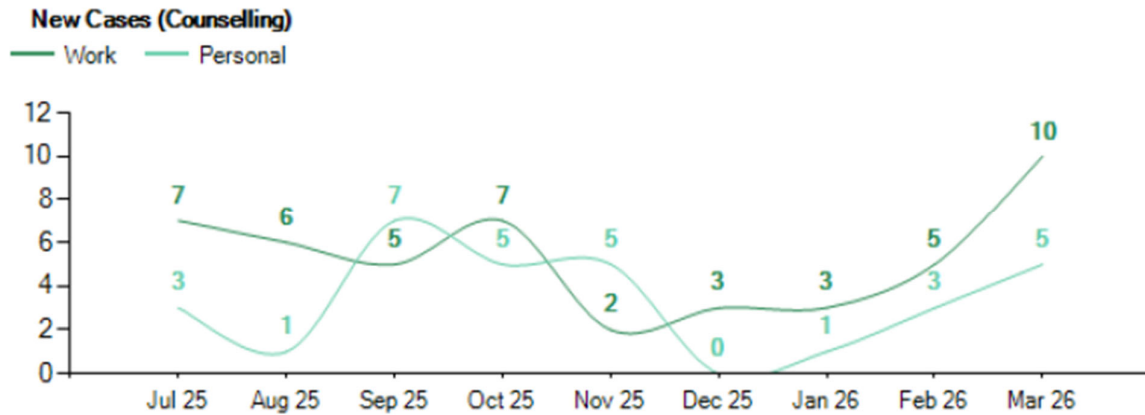
ACU's staff utilisation rate of EAP at the end of Q1 2026 was reported as 5.79% (increased from 4.47% last quarter with an average rate of 1.63 sessions).

**Graph 6** below provides data across January 2026 to March 2026 highlighting numbers of new cases each month, total session counts each month, and location data related to engagement of counselling for personal reasons compared to work related reasons.



Primary Division (Counselling)	New Cases	Total Cases	Sessions
Brisbane Campus	12	13	18
Melbourne Campus	8	12	19
North Sydney Campus	5	10	19
Strathfield Campus	4	7	9
Canberra Campus	2	2	7
Ballarat Campus	2	2	3

**Graph 7** below provides data across January 2026 to March 2026 highlighting the number of new counselling cases that are work related or personal in nature.



## 7.0 Safety & Wellbeing Governance

During Quarter 1, further steps were taken to enhance the maturity, consistency and effectiveness of Campus WHS Committees, with a focus on strengthening governance, consultation practices, and legislative alignment. This work reflects a broader commitment to continuous improvement in consultation mechanisms and due diligence oversight.

Improvements included redevelopment of the Safety & Wellbeing SharePoint site to standardise documentation, enhance visibility of committee actions, and support consistent reporting and record-keeping across campuses. These enhancements improve transparency, traceability, and follow-through of WHS matters.

Engagement with student representatives was also elevated to reinforce inclusive consultation practices, including proactive liaison with Student Association Presidents and planned participation in the ACUNSA Conference in April to strengthen student voice in WHS forums.

A comprehensive review of Committee Terms of Reference and meeting procedures has been completed to ensure clarity of roles, appropriate representation, alignment with legislative and governance obligations, and contemporary best practice in consultation and committee operations. The review strengthens consistency in meeting conduct, escalation pathways, and action monitoring. Consultation on the revised governance documents will occur in early Quarter 2 prior to formal endorsement and staged implementation.

Collectively, these initiatives represent a deliberate uplift in WHS consultation capability and governance maturity across campuses.

## 8.0 WHS Officer Activities

During Quarter 1, the WHS Officer focused on strengthening Riskware capability, improving action plan quality, and increasing engagement with key operational stakeholders.

### Riskware Action Plan Workshops (P&F and Faculties)

Targeted workshops were delivered to Properties & Facilities (P&F) teams and Responsible Officers across Business Units to improve understanding and execution of Riskware action plans.

The sessions focused on:

- End-to-end action plan completion (initial response, risk rating, and control implementation)
- Application of the hierarchy of controls, with emphasis on elimination, substitution, and engineering

- controls over administrative controls and PPE
- Assigning clear ownership and realistic timeframes for action items
- Improving the quality of evidence and documentation to support audit and regulatory requirements
- Practical walkthroughs of real incidents and hazards to demonstrate system use and expectations

**The workshops also reinforced:**

- The importance of early action plan entry within required timeframes
- Responsibility of report creators to initiate action plans where appropriate
- Use of dashboards to track open actions and ensure timely closure

These sessions have improved consistency in how risks are assessed, controlled, and managed across campuses.

**First Aid Officer (FAO) Program Review**

A review of the First Aid Officer program was undertaken, including:

- Validation of FAO coverage across campuses
- Review of training currency and certification compliance
- Updates to FAO listings and communication materials
- Identification of gaps in coverage and opportunities to improve response capability

**Incident Reporting and Action Plan Improvements**

Ongoing support was provided to staff to improve:

- Timeliness and quality of incident and hazard reporting
- Completion and closure of Riskware action plans
- Appropriate escalation of potentially notifiable incidents

**8.0 Ernst & Young Audit Actions**

**Table 3 relates to the operational action plan which outlines issues and gaps that were identified by Ernst & Young following an audit in 2023**

Action Item	Progress	Comment	Date for Completion
Develop a “Broad Brush Risk Assessment (BBRA)” Register of WHS risks at an ACU level, including risk ratings, and develop an associated “Library of Controls	Completed	The draft risk register in partnership with KPMG is complete  The consultation phases with staff that inform the final risk registers, the library of risk controls and critical risk controls, were completed August 2025	October 2025  <b>Complete and closed by EY</b>
Expand upon the current externally facilitated “limited-run” training in WHS risk management by creating an ACU-tailored WHS risk assessment training	Completed	The estimated completion of the training design will be developed and approved by 31 October 2025  Training will be conducted by 31 December 2025	December 2025  <b>Complete and closed by EY</b>

course(s) in conjunction with the external provider, to be delivered on a regularly by ACU staff			
Use the BBRA to inform the development of the organisational unit WHS Risk Registers, starting with selected Schools/Directorates on a pilot basis	In progress	<p>The estimated completion date of the risk registers based on the 3 pilot organisational units will be 30 September 2025.</p> <p>The estimated completion of all risk registers is 30 June 2026</p>	June 2026
<p>3.2 Review or explore options to co-develop training modules for risk assessment and incident investigations with external providers that is tailored to ACU's unique operating environment</p> <p>Develop, re-develop or source WHS training as required by the Training Needs Analysis and with input from the Organisational Development team, which address the diverse specific needs across ACU's broad operations</p> <p>3.3. Develop and implement, with the support of Learning and Development, an improved process for tracking WHS training completion as well as for assessing competency</p> <p>3.4. Implement a reporting process(es) to management for training completion, potentially as a lead indicator in an updated suite of safety and wellbeing metrics</p>	In progress	<p>There is a significant amount of work involved across these initiatives, particularly in ensuring that any training developed or sourced is fit for purpose and tailored to ACU's diverse needs</p> <p>This includes exploring external partnerships for co-developing risk assessment and incident investigation training, aligning training development with the Training Needs Analysis, tracking completion and competency, and establishing reporting mechanisms</p> <p>We have reviewed the WHS training module and integrated the Recovery at Work module which is currently with Learning and Development for completion, and we aim to have these initiatives fully implemented by June 2026</p>	June 2026
Implement a training schedule for each organisational unit	In progress	As above	June 2026

<p>Launch the ACU WHSMS Corrective Actions Procedure once approved, supported by a communication and training plan, outlining the connection between WHS Inspections, Service Central and riskware</p>	<p>Completed</p>	<p>The procedure is completed and will be recomunicated as part of the communication and engagement plan.</p> <p>The estimated completion date is 30 September 2025.</p>	<p>September 2026</p> <p><b>Complete and closed by EY</b></p>
<p>Consider how to best monitor the conversion of items raised in WHS Checklists for action to riskware corrective actions and implement the agreed process.</p>	<p>Completed</p>	<p>The riskware WHS inspection module is currently being built and has commenced testing in August 2025.</p> <p>Monitoring of items raised in WHS inspection checklists to riskware should be completed by 31 December 2025</p>	<p>December 2025</p> <p><b>Complete and closed by EY</b></p>
<p>Recommend improvements to WHS communication across ACU as part of an enhanced WHS Communication and Engagement Plan 2023/202</p>	<p>Completed</p>	<p>Draft Communication &amp; Engagement Plan has been completed and reviewed by Safety &amp; Wellbeing Team. It is now being reviewed by the Internal Comms team</p>	<p>September 2025</p> <p><b>Complete and closed by EY</b></p>
<p>Undertake a formal review of policies, procedures, and processes for communication of and training in WHSMS requirements to staff and students, including due diligence requirements for Officers of the University (under WHS legislation)</p>	<p>Completed</p>	<p>A formal review of policies, procedures, and processes for communicating and delivering training on WHSMS requirements and including due diligence obligations for Officers under WHS legislation is scheduled to commence shortly</p> <p>This is contingent on completion of the Communication and Engagement Plan</p> <p>We are targeting completion of this review by 31 December 2025</p>	<p>December 2025</p> <p><b>Complete and closed by EY</b></p>