

## Health Safety and Wellbeing Quarter 2 Report 2025 (April - June)

---

### Purpose

This report presents key Safety & Wellbeing indicators for Q2 2025 (April–June), 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). While the current data set includes a mix of lead and lag indicators, there is ongoing work required to strengthen the suite of measures to better align with leading best practice.

To enable timely action and continuous improvement, data is recorded and reported to management on a monthly basis. 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 2 saw continued momentum in safety reporting and system improvements. Key highlights are as follows:

- In Quarter 2 2025, there has been a reduction in claims, with four being submitted, 1 for a psychological injury and 3 for physical injuries. In comparison, in Quarter 2, 2024, there were six claims submitted, 2 for psychological injuries and 4 for physical injuries.
- A comprehensive review of psychological workers' compensation claims over the past five years has highlighted key areas for improvement in managing psychosocial risks. These insights will assist in the development of the Psychosocial Hazard Management Framework, currently being designed in collaboration with KPMG. The findings indicate that implementing this framework alongside targeted staff education will play a critical role in the ongoing effective management of psychological claims.
- Over the past 12 months, there has been an increase in disclosures from staff regarding non-work-related injuries, illnesses, or disabilities, with 53 cases reported during this period. While percentage comparisons are not yet available due to the recent commencement of formal tracking, this trend underscores the importance of early intervention. In response P&C Business Partners / WHS & Wellbeing and Employment Relations are collaborating with work areas to provide education and support to assist in the proactive management of these cases.
- ACU's Lost Time Injury Frequency Rate (LTIFR) has reduced in the Q2 2025 period to 3.45 approaching the industry benchmarking average of 2.5.

### Workers Compensation Data Review

A recent analysis of psychological workers compensation claims submitted from 2020 through to June 2025 was recently conducted to review trends. While the number of psychological claims has remained relatively consistent with an average of 5.2 claims submitted per year, key patterns have emerged. The most common mechanism of injury relates to allegations of bullying and harassment from a supervisor.

At the end of 2024, our workers' compensation agents provided detailed data on claim costs, including wages and treatment expenses. For physical injury claims, the average wage cost was \$60,000, while the average cost for medical and rehabilitation treatment was \$53,000.

In comparison, psychological injury claims had a significantly higher average wage cost of \$174,000, with average medical and rehabilitation costs of \$52,000.

In 2024, a total of 874 days were lost due to accepted worker compensation claims. The median duration of time lost before an employee returned to work was 40 days.

### **WCIFR introduction as Key Safety Metric**

In line with updated guidance from Safe Work Australia, ACU will commence reporting on Workers Compensation Injury Frequency Rate (WCIFR) as a key health and safety performance indicator along with Lost Time Injury Frequency Rate (LTIFR).

Unlike LTIFR, WCIFR includes both lost-time and medical-only claims, providing a more comprehensive picture of injury trends and workplace risks.

The WCIFR is calculated by dividing the number of workers' compensation claims by the total hours worked (in millions). Over time we will be able to demonstrate a rolling WCIFR rate similar to how we currently measure LTIFR.

### **ARC Actions**

The CPO undertook to respond to the Committee in regard to the reporting of 14 incidents during January 2025 which was a period of non-teaching and staff leave.

Due to some hazards and incidents not being reported in Riskware until the quarter 2 period, A total of 19 incidents and hazards are now recorded in Riskware for January 2025. January is a period with annual leave taken and study break, however there are still many people at work and students on placement making up the 19 notifications.

### **Key Themes**

- Medical episodes (fainting, illness, pre-existing health conditions)
- Slips, trips, and falls (car park, stairs, lift entry)
- Manual handling and ergonomic injuries (lifting furniture, repetitive mouse use)
- Vehicle and travel-related incidents (rear-end collision, rolled ankle in car park)
- Placement/clinical setting incidents (patient interaction, needle/syringe injury)
- Behavioural and conduct issues (security guard complaint)

### **Campus Distribution**

- North Sydney Campus: 6 incidents
- Melbourne Campus: 4 incidents
- Strathfield Campus: 3 incidents
- Brisbane Campus: 3 incidents
- Canberra Campus: 2 incidents

Regarding the Employee Assistance Program (EAP), a concern was raised regarding the low utilisation rates of the service as per the quarter report with an average of fewer than two sessions per staff member (using the service) which was below the industry benchmark of four sessions.

Australia has guidance and evaluation frameworks for EAPs (e.g., Comcare), which recommend tracking metrics such as average sessions per case, but they do not set a mandated benchmark for education (or any sector).

The Employee Assistance Professionals Association of Australasia (EAPAA) promotes an Engagement Rate metric for benchmarking overall reach, again not a sessions-per-user standard and not education-specific.

Sector examples (universities, education departments) typically publish service design details (e.g., how

many funded sessions are allowed) or usage counts, not a normative benchmark.

In Australia, typical EAP utilisation rates range between 3 - 5% annually across industries. Some high-performing organisations or sectors with strong promotion and low stigma reach 8–12%.

At 4.17%, ACU's rate is within the “average” band but toward the lower middle of what is considered effective engagement.

We are currently actively promoting EAP usage through our Viva Engage portal, staff bulletin and upcoming National Mental Health Awareness Month in conjunction with activities run by Acacia EAP.

## **1. Regulatory Activity**

There were no notifiable incidents reported during the period

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

In May 2025, a Provisional Improvement Notice (PIN) was issued not by the Regulator but internal to the University by a Health and Safety Representative (HSR) from the Faculty of Law and Business Designated Work Group. The PIN addressed psychosocial risks linked to the Research Workload Allocation (RWA) process and included a two-week compliance timeframe.

The Chief People Officer and National Manager Safety and Wellbeing proactively contacted and met with the regulator to ensure that the regulator understood the nature of the PIN lodged and the active engagement underway to resolve the PIN as quickly as possible.

The National Manager Safety and Wellbeing worked closely with the HSR's and regulator on this matter.

WorkSafe Victoria conducted an inspection in response to the PIN.

Key observations from the inspection included-

- The action plan which had been developed in Q4 2024 in consultation with the University and HSRs, was not fully implemented as the psychosocial hazards identified with the Research Work Allocation (RWA) process were still present.
- Since then, the RWA process which was already underway to introduce significant reform requiring both Union and Management agreement has been completed. The subsequent changes were announced in July 2025 that directly addressed the original concerns. These developments are expected to support satisfactory closure and compliance with the regulator by the Deputy HSR who lodged the original PIN.

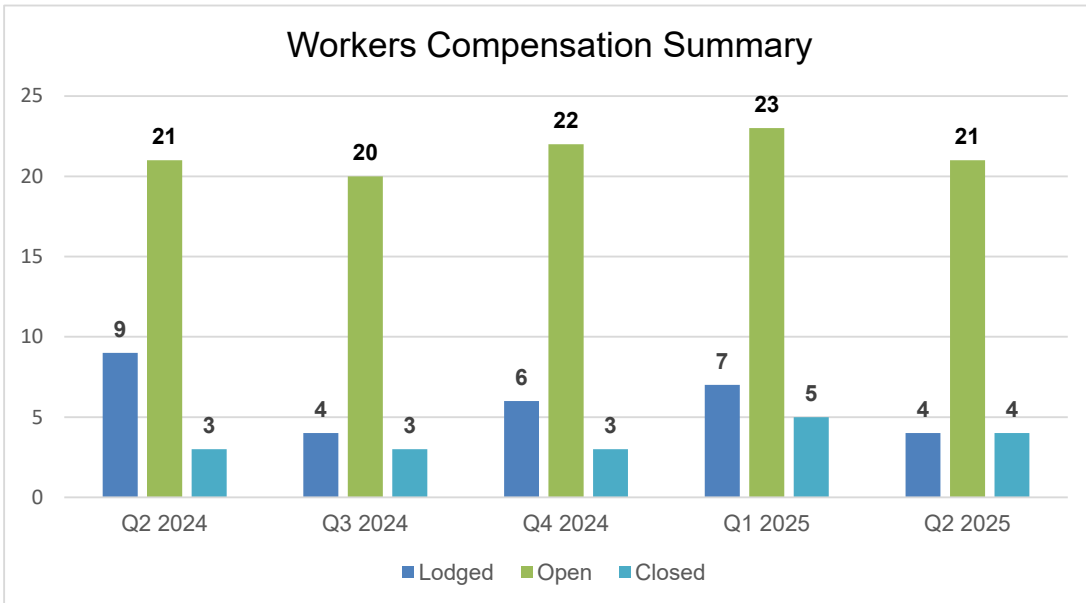
## **2.0 Workers Compensation Summary**

### **2.1 Workers Compensation Claims**

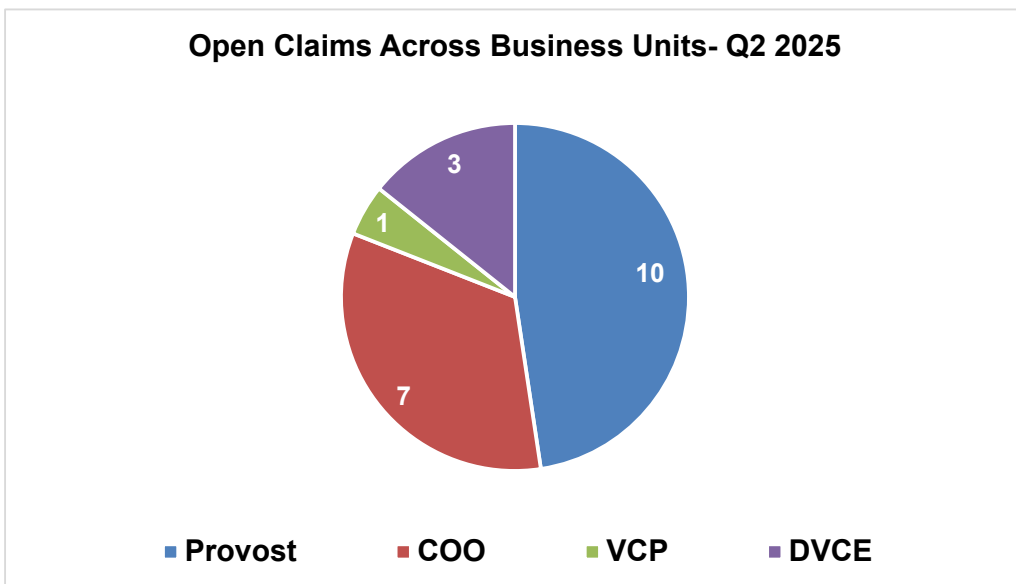
Quarter 2 resulted in the following -

- Open worker compensation claims have increased from Q2 2024 (15) compared to Q2 2025 (21)
- 4 workers' compensation claims were submitted in Q2 2025
- 3 of the claims submitted resulted in a physical injury
- 1 of the claims submitted resulted in a psychological injury
- 4 claims were closed in Quarter 2

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 Workers Compensation Claim Type and Data**

### **2.4 Lost Time Injuries (LTIs)**

LTI is an injury which has resulted in the worker missing the next shift or days' work because of the injury. In Quarter 2 2025, 2 lost time injuries were reported.

### **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 2, 2 medical treatment injuries 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.**

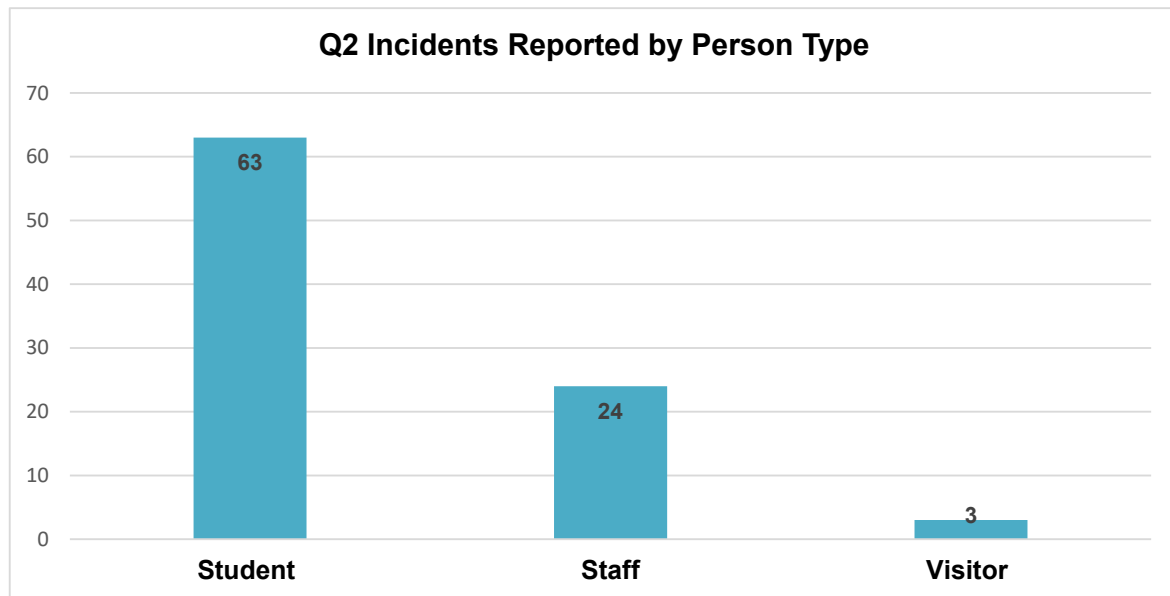
	Quarter 3 2024			Quarter 4 2024			Quarter 1 2025			Quarter 2 2025		
	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
Lost Time Injuries Recorded	0	3	0	0	2	1	2	1	2	0	1	1
Medical Treatment Only Claims Recorded	1	1	0	0	1	0	0	0	0	1	0	1
ACU (overall) LTIFR (rolling) by month	4.07	4.06	3.20	2.78	3.49	3.47	3.47	3.18	3.77	3.35	3.47	3.45
ACU (overall) Worker's Compensation Injury Frequency Rate (WCIFR)	3.8	13.7	0.00	0.00	10.65	3.76	14.5	4.30	7.33	2.52	0.00	10.3

### 3.0 Incidents and Hazard Reports

#### 3.1 Total Incidents

In Quarter 2 90 incidents were submitted into Riskware. 63 (70%) incidents were reported by students, 24 (26%) were reported by staff members and 3 (4%) incidents were reported by visitors.

**Graph 3 Source of Incident Reported Q2 2025**



#### 3.2 Reported Mechanism of Injury

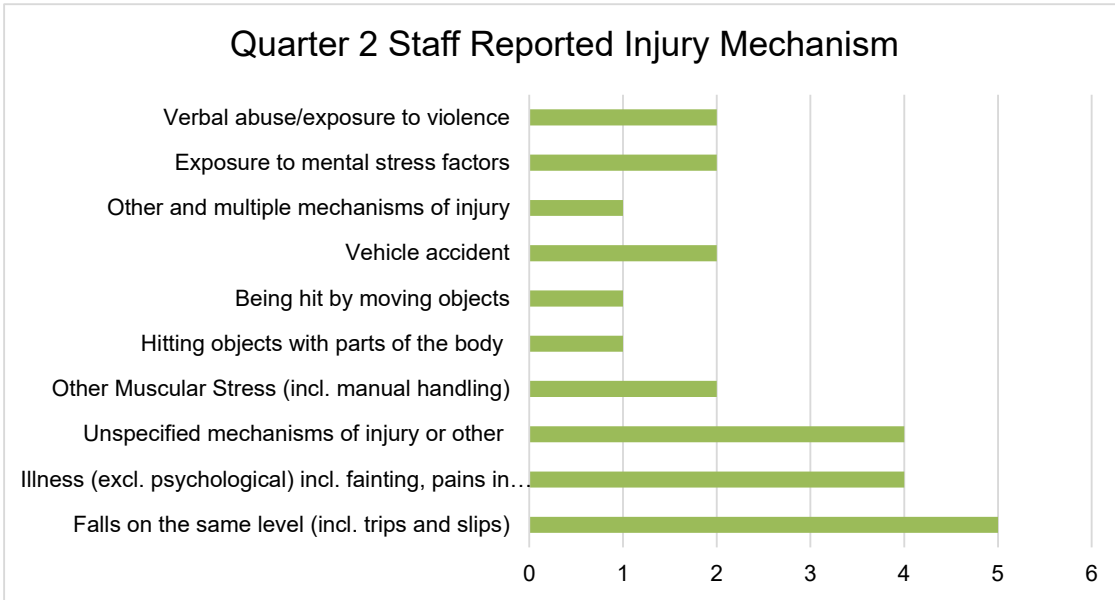
The top three mechanism of injury reported by staff in Q2 2025 are –

- Falls on the same level (incl. slips and trips)
- Illness (excl. psychological), incl. fainting, pains in chest, heart palpitations
- Unspecified mechanisms of injury or other

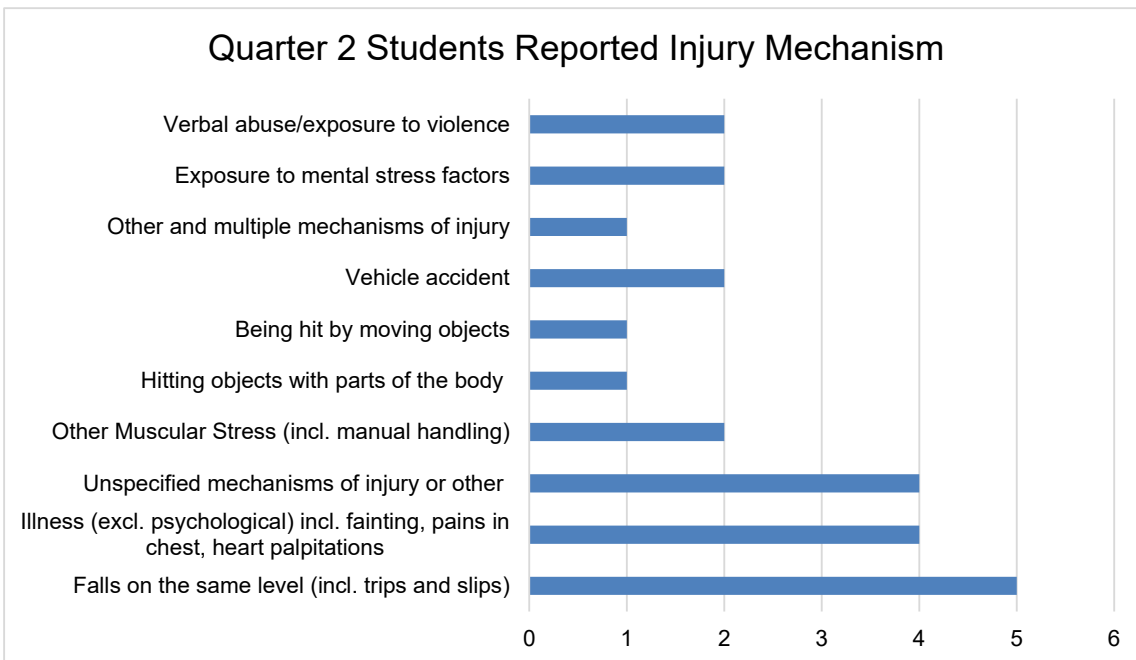
The top three mechanism of injury reported by students in Q2 2025 are –

- Verbal abuse / exposure to violence
- Illness (excl. psychological), incl. fainting, pains in chest, heart palpitations
- Falls on the same level (incl. slips and trips)

**Graph 4 outlines the mechanism of injury reported by staff in Q2 2025**



**Graph 5 outlines the mechanism of injury reported by students in Q2 2025**



### 3.3 Open Incidents and Hazards

In Quarter 2, 8 hazard reports were submitted into Riskware. All 8 hazard reports were submitted by staff members. 4 of these reports are now closed with a completed action plan. The remaining 4 required further action prior to being closed.

Of the 90 reports submitted into Riskware in Quarter 2 only 19 remain open and still requiring an action plan.

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

Business Unit	COO	DVCE	DVCRE	Provost	VP	VCP	Total
Completed Hazard Reports	0	1	0	7	0	0	8
Completed Incident Reports	2	1	2	85	0	0	90
Open Hazard Reports	0	1	0	3	0	0	4
Open Incident Reports	0	1	0	18	0	0	19

## 4.0 Ongoing Safety & Wellbeing Projects

### 4.1 WHS Risk Register Project

The Risk & Compliance Consultant (Karen Glover) has built on the desk top review undertaken in partnership with KPMG and progressed the development of the draft Risk Registers. The final registers will contain ACU specific information on both physical and psychosocial hazards and potential risks present within the business. This data has been obtained from Riskware reports and directly from staff via consultation involving individual online interviews, site visits and online group workshops.

The site visit and group workshop phases with operational teams are due for completion in Q3, following which a consultation phase with senior leaders will be developed and commenced.

Site visits and workshops in Q3 will be held in Brisbane with People & Capability, Student Administration, and Student Experience teams, and in Melbourne with the Property and Facilities team and Strathfield with the Faculty of Arts and Humanities.

### 5.0 Riskware Upgrade Project

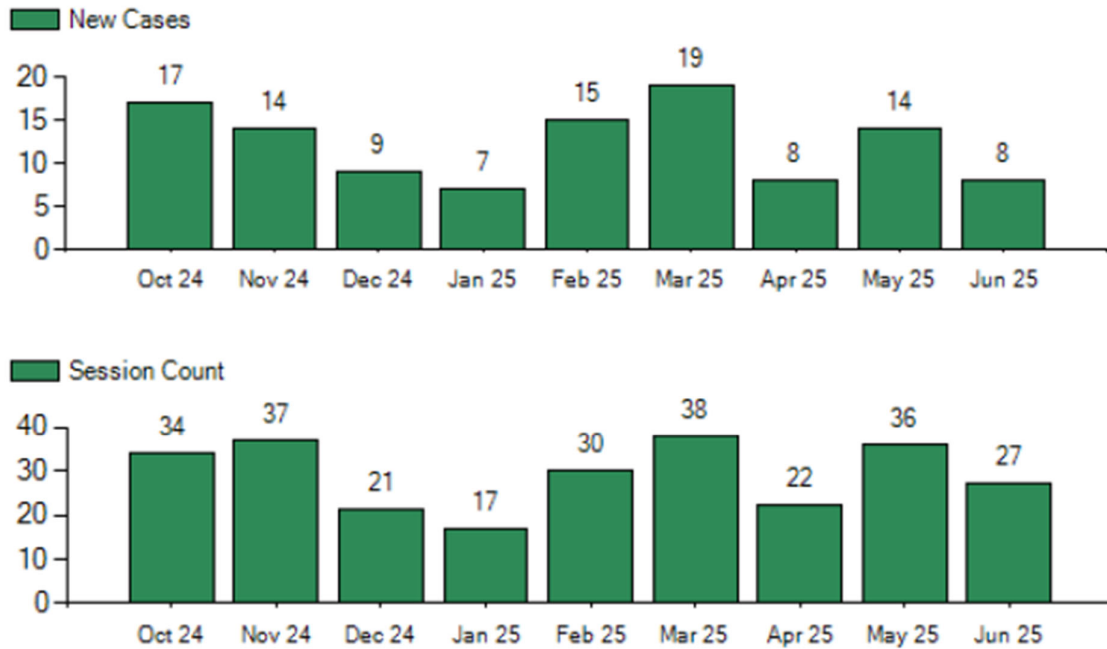
The upgrade of our Incident and Hazard reporting system, Riskware, from version 2 to version 3 successfully went live on **17 June 2025**. Sejal Desai, WHS Systems and Assurance Consultant, led the project to upgrade Riskware to its latest version. The upgrade progressed well, with all key project milestones now completed:

User Acceptance Testing (UAT) was successfully completed, with final feedback incorporated to refine the production setup. The system was then deployed to production and became fully operational. Post-implementation support is now underway, with a focus on assisting users and monitoring system performance.

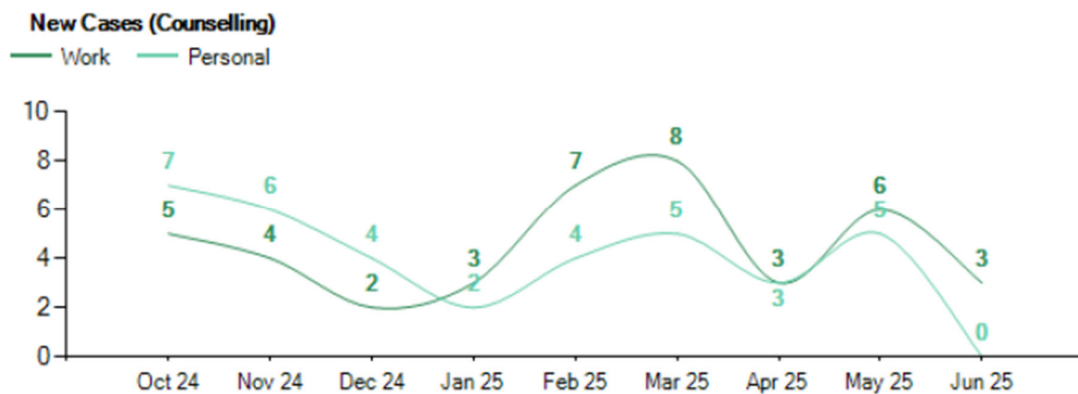
## 6.0 Employee Assistance Program (EAP)

ACU's staff utilisation rate of EAP at the end of Q2 2025 was reported as 4.17% (reduced from 5.97% last quarter with an average rate of 1.93 sessions).

**Graph 6** below provides data across October 2024 to June 2025 highlighting numbers of new cases each month, total session counts each month and clinical data related to engagement of counselling for personal reasons compared to work related reasons.



**Graph 7** below provides data across October 2024 to June 2025 highlighting the number of new counselling cases that are work related or personal in nature.



## 6.0 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 / Update
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”	In progress (October 2025)	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, are due for completion in August 2025.  The project is on track and due for completion by October 2025
Expand upon the current externally facilitated “limited-run” training in WHS risk management by creating an ACU-tailored WHS risk assessment training course(s) in conjunction with the external provider, to be delivered on a regularly by ACU staff	In Progress (December 25)	The estimated completion of the training design will be developed and approved by 31 October 2025  Training will be conducted by 31 December 2025.
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 (June 2026)	The estimated completion date of the risk registers based on the 3 pilot organisational units will be 30 September 2025. The estimated completion of all risk registers is 30 June 2026.
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. a. 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	In progress (June 2026)	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. 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. 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>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>		
<p>Implement a training schedule for each organisational unit</p>	<p><b>In progress</b> (June 2026)</p>	<p>As above</p>
<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><b>In progress</b> (September 2025)</p>	<p>The procedure is completed and will be recomunicated as part of the communication and engagement plan. The estimated completion date is 30 September 2025.</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><b>In progress</b> (December 2025)</p>	<p>The riskware WHS inspection module is currently being built and should commence testing in August 2025. Monitoring of items raised in WHS inspection checklists to riskware should be completed by 31 December 2025</p>
<p>Recommend improvements to WHS communication across ACU as part of an enhanced WHS Communication and Engagement Plan 2023/2024.</p>	<p><b>In progress</b> (September 2025)</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 The estimated completion date for this item is 30 September 2025.</p>
<p>Undertake a formal review of policies, procedures, and processes for</p>	<p><b>In progress</b> (December 2025)</p>	<p>A formal review of policies, procedures, and processes for communicating and delivering training on WHSMS requirements to staff and including due diligence obligations for Officers under WHS legislation is scheduled to commence shortly. This is contingent on completion of the</p>

<p>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>Communication and Engagement Plan. We are targeting completion of this review by 31 December 2025.</p>
--	--	---