

**Work Health and Safety (WHS) Report**

**Quarter 3 July to September 2023**

This report provides an overview of WHS performance and initiatives across ACU during Quarter 3 2023.

# Executive Dashboard

Table 1 below provides key WHS indicators as agreed with the CPO for Q3 2023 (July – September). These are aligned with good practice inside and outside the University sector and provide improved visibility as to WHS performance across both ACU overall and at the Portfolio level (where such data currently exists). To ensure that WHS data is contemporary and to allow the University and Portfolios to take action to “course-correct” as required to address WHS performance issues, WHS reports are now provided on a monthly basis, supplemented by quarterly reports (this report) and annual summary reports.

# WHS Performance

**2.1 Notifiable Incidents**

Notifiable incidents are defined as serious WHS incidents which require reporting to the relevant WHS Regulator under WHS/OHS legislation. During Quarter 3 there were no notifiable incidents recorded.

**2.2 Riskware Incidents**

Riskware is the online incident and hazard reporting system used by ACU for reporting safety related matters. Student reports accounted for 32 of 49 (65%) riskware incidents that were logged in Q3. Staff members reported 14 (29%) incidents, whilst 3 visitor reports (6%) were logged.

***Hazard Reports***

* + 7 hazards were logged during Q3.
	+ 6 out of the 7 hazards have been actioned and closed by P&F as at the date of this report.

***Staff Lost Time Injuries***

* + In Quarter 3, four staff members lodged workers compensation claims for psychological injuries.
	+ Each of these claimants resulted in lost time.

**Mechanisms of Injury** (Staff and Students)

* + The top three mechanisms of injury that occurred during the period were:
		- Exposure to mental health stress factors
		- Illness (excl. psychological) incl. fainting, chest pain, heart palpitations (students), and
		- Falls on the same level including slips / trips.

***Open Incidents***

* + Of the 49 incidents lodged during the period, 10 remain open in the system, requiring action in relation to completion or finalisation of the action plan.
	+ Portfolio leads are expected to raise the completion of actions and closure of riskware incidents with their teams to ensure these are addressed in a timely manner. Detailed reports on open incidents by Portfolios are available from the Safety & Wellbeing Team on request.

**Table 1 – WHS Dashboard for ACU (July to September)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COO** | **DVC Ethics** | **DVCRE** | **Provost** | **VP** | **VCP** | **ACU OVERALL** |
| **Notifiable Incidents** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Incidents** | 3 | 0 | 0 | 44 | 0 | 2 | 49 |
| **Number of Employee Incidents** | 2 | 0 | 0 | 10 | 0 | 2 | 14 |
| **Number of Student Incidents** | 1 | 0 | 0 | 31 | 0 | 0 | 32 |
| **Number of Visitor Incidents** | 0 | 0 | 0 | 3 | 0 | 0 | 3 |
| **Number of Contractor Incidents** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Hazards** | 3 | 0 | 0 | 4 | 0 | 0 | 7 |
| **Number of Employee Hazards** | 3 | 0 | 0 | 4 | 0 | 0 | 7 |
| **Number of Student Hazards** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of Visitor Hazards** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Number of Contractor Hazards** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Incidents Remaining Open** | 2 | 0 | 0 | 7 | 0 | 1 | 10 |
| **WC Claims Lodged** | 3 | 0 | 0 | 5 | 0 | 0 | 8 |
| **WC Claims Currently Open** | 4 | 1 | 0 | 11 | 0 | 1 | 17 |
| **WC Claims Closed** | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| **Total Days Lost** | 0 | 0 | 0 | 197 | 0 | 66 | 263 |
| **EAP Counselling Sessions Q3**  | N/A | N/A | N/A | N/A | N/A | N/A | 123Q3125Q2 |
| **WHS Mandatory Training Completion (New staff (2023) / All staff)**  | N/A | N/A | N/A | N/A | N/A | N/A | TBA |

**2.3 Lost Time Performance**

Figures 1 and 2 show rolling 12-month Lost Time Injury Frequency Rates (LTIFR) and Total Recordable Injury Frequency Rates (TRIFR) respectively for ACU overall, as well as each Portfolio. Note that:

* LTIFR is calculated by dividing the number of lost time injuries (where an employee sustains an injury or illness and they are unable to work their next scheduled shift) divided by the total number of hours worked in the period, multiplied by a million.
* TRIFR is likewise calculated by dividing the number of lost time injuries AND medical treatment injuries (i.e. an injury that is ‘beyond’ first aid and required intervention by a medical professional) injuries, divided by the total number of hours worked in the period.

Lost time performance and related indicators should be used with caution and do not provide a definitive view as to overall safety performance. They are best used in conjunction with a range of other lagging and leading safety indicators, such as those shown in Table 1, to provide a more comprehensive picture of WHS performance within a work area.

**Figure 1 – LTIFR for ACU (Overall and Portfolios)**

Notes to Figures 1 and 2:

* LTIFR is best viewed as a trend over time and over large employee populations.
* Rolling 12-month data for any given month takes into account WHS performance for the current month as well as that over the preceding 11 months.
* As calculations are based on hours worked, a single lost time incident in a portfolio with considerably smaller numbers of staff can have a large relative impact on LTIFR/TRIFR.

**Figure 2 – TRIFR for ACU (Overall and Portfolios)**

**2.4** **WHS Performance Commentary**

In reviewing and comparing data for Quarter 3 against the previous period, the following observations are made:

* At the end of Quarter 2, the ACU Overall LTIFR was 2.06, at the end of Quarter 3 this has increased by 58% to 3.26.
* Similarly, at the end of Quarter 2, the ACU overall TRIF was 6.18, at the end of Quarter 3 this has increased to by 15% to 7.11.
* As a result of the claims lodged, the LTIFR for Provost at the end of Q2 was 0.44, compared to Q3 which is 2.63, or almost 5 times the rate at the end of the previous quarter.
* In Quarter 3, 8 workers compensation claims were lodged: 4 of these claims are psychological and lost time injuries, whilst 4 of these claims are for physical injuries.
* Out of the 4 psychological claims that were lodged during the quarter, all four claimants remain unfit for work.
* This increase in psychological claims, coupled with the findings from the AHEAI benchmarking data (see Section 2.5), highlights the need for ACU to focus on and invest in prevention strategies which eliminate or minimise psychosocial hazards, as well as ensuring that early intervention activities are undertaken by staff and people manager to protect against issues (such as interpersonal conflicts) developing into psychological illnesses for impacted staff. Work being done on responding to psychosocial hazard requirements, as well as a staff/student mental wellbeing strategy (both referred to in Section 3 below) will greatly assist in this.

**2.5** **WHS Sector Benchmarking**

ACU participates each year in the AHEAI Universities HR Benchmarking Program. This program was established in 2004 as a result of collaboration between a number of Australian Universities who sought to compare and contrast human resource data with like institutions. The program has expanded substantially and in 2022 consisted of 30 members from Australia. This benchmarking exercises cover a broad range of HR data across the tertiary sector, including WHS and Workers Compensation data.

A summary of data from the 2023 AHEAI Benchmarking Program report is included in Table 2 below. Extracts from the report relevant to ACU’s WHS and workers compensation performance relative to the sector are included as Appendix 1 to this quarterly report.

As discussed at the September ACU WHS Management Committee meeting, the extracted WHS data suggests the following messages about ACU in comparison to other institutions:

* ACU allocates less people resources to WHS,
* More staff are injured,
* Workers compensation claims are double,
* Injured/ill staff are off work for twice as long,
* Psychological claims are double that of the sector average.

The CPO advised the WHS Management Committee that, whilst the benchmarking data is sobering, it does also allow ACU to focus on what is needed to improve its WHS performance. Health and Safety will remain a key focus and challenge for the next ACU CPO and (in addition to improvement initiatives discussed in Section 3), with the current CPO observing that leadership development for line managers as well as cultivation of psychological safety in teams are also critical.

Implementation of the full set of recommendations from the psychosocial hazard report provided recently to the CPO, plus achieving all the commitments from the EY WHS audit and the commitments in the ACU People Plan, and with the Recovery Taskforce funding, will go a long way to addressing the poor performance relative to the sector. Challenges regarding current resource constraints (both capacity and capability) will need to be addressed as part of this journey over the coming years.

**Table 2: AHEIA 2023 WHS Benchmarking Results:**

| **Measure** | **How calculated** | **ACU**  | **Sector** | **Commentary** |
| --- | --- | --- | --- | --- |
| WHS Staffing Ratio | Measured as WHS staff divided by university headcount. | **0.18%** | 0.33% | At 0.18% ACU’s ratio is almost half the sector average of 0.33% and in the first quartile, and represents a deficit of 3-4 positions. |
| WHS Claim Rate | Measured as the total number of workers compensation claims made per 100 FTE. | **0.83** | 0.75 | ACU’s ratio at 0.83 is ~10% higher than the sector average of 0.75 and puts ACU between the 50th and 75th percentiles. |
| Workers Compensation Cost | Measured as total workers compensation costs per 100 FTE employees. | **$20018** | $10526 | ACU’s cost ratio of $20018 is almost double the sector average at $10526 and puts ACU in the top quartile (and between the 75th and 90th percentiles). Based on rising premiums and an increase in numbers of complex claims, it is expected this this will rise further in future years. |
| Lost Time Rate – Days Lost | Measured as days lost involving workers compensation per 100 FTE. | **43.09** | 19.09 | ACU’s ratio of 43.09 is a dramatic escalation from previous years and is more than double the sector average of 18.09; this puts ACU in the top quartile (and between the 90th and 100th percentiles).  This is driven largely by psychological illness claims, which we know take considerably longer than physical claims to resolve. |
| Lost Time Incidence Rate  | Measured as number of LTIs per 100 FTEs (a different denominator to the calculation for LTIFR used for internal reporting). | **0.37** | 0.30 | ACU’s LTI rate of 0.37 is ~20% higher than the sector average at 0.3 and puts CU in the 3rd quartile between the 50th and 75th percentiles. |
| Musculoskeletal Claim Rate  | Measured as the number of musculoskeletal claims per 100 FTE. | 0.21 | 0.45 | AU’s ratio at 0.21 is less than half the sector average of 0.45 and puts ACU in the 1st quartile.  A steady decline in ACU’s musculoskeletal claims rate over the past 4 surveys is apparent, which may reflect a previous focus and effort by former manager Tim Bruce and the team in reducing the incidence of musculoskeletal injuries.  This is however offset by the rise in psychological illness (see below). |
| Notification Rate  | Measured as the number of notifiable incidents to WHS regulators per 100 FTEs | 0.21 | 1.09 | This is pleasingly low for ACU (0.21) compared to the sector average of 1.09. (ACU has had only a single notifiable incident YTD (where the staff member broke their foot outside TWH and was hospitalised for a considerable period)). |
| Psychological Claim Rate | Measured as the number of psychological claims per 100 FTE. | **0.33** | 0.15 | AU’s ratio at 0.33 is more than double the sector average at 0.15 and puts ACU in the top quartile and between the 75th and 90th percentiles.   |
| Injury Report Rate | Measured as the number of injury reports from staff members per 100 FTE. | 2.19 | 3.02 | ACU’s rate of 2.19 is below the sector average of 3.02.  However, the commentary in the AHEAI report notes that “Unlike the earlier indicators a high rate may indicate a high level of awareness and commitment to WH&S. An effective injury reporting program is the foundation of an effective injury prevention and management program. A low rate may reflect low levels of WH&S awareness and involvement and possibly an indifference to minor injuries in the workplace”.  Based on anecdotal feedback around reluctance to report incidents and hazards for fear of repercussions (or inaction), or even lack of awareness as to how to report these, Safety & Wellbeing suspect that injuries and hazards may be being under-reported at ACU. |
| Return to Work Time: | measured as the median time in days for employees to first return to work after a work-related injury, | 26.6 | 62.36 | ACU’s performance as reported here for 2022 at 26.6 days, is less than half the sector average (62.36) and puts ACU in the third quartile but very close to the 50th percentile.  Interestingly, the sector data is skewed by a maximum (100th) percentile measure of 465 days, possibly representing a number of long-term psychological illnesses. Certainly, for ACU this equivalent measure in 2023 will be adversely impacted by a growing number of long-term current psychological illness claims. |

**(Red bold KPIs in Table 2 indicate those where ACU’s performance is worse than the sector).**

# WHS Achievements

WHS achievements are highlighted below:

* New arrangements were put in place for ACU’s workers compensation book across all states and territories, apart from QLD and Victoria, due to withdrawal of CCI from the market at the end of June 2023.
* One WHS team members successfully completed 5-day WHS Lead Auditor training course as a precursor to the commencement of the ACU WHS Internal Audit program in 2024.
* WHS Campus Committee meetings held on each campus with the exception of Blacktown, where a committee is in the process of being established.
* A comprehensive gap analysis of ACU processes and systems against new psychosocial hazard regulations was completed and provided to the CPO for review. Immediate next steps were agreed, including conduct of a psychosocial hazards survey within People & Capability, creation of a draft psychosocial hazard risk register and mapping of the various existing ACU processes by which psychosocial hazards and psychological illness are reported.
* EAP Tender Evaluation Panel undertook vendor presentations with 4 shortlisted vendors (out of 7 who provided conforming responses) with the aim to determine a to the successful vendor during October.
* ACU marked R U OK? Day on September 14 with Staff Bulletin communications and on-demand videos on asking R U OK? for use by staff until year end.
* Two of four planned “Self-Care through Change” sessions conducted by EAP provider, attended by 26 ACU staff members.
* A Broad Rush WHS Risk Assessment (BBRA) private tender was released with a closing date of 19th October, intended to address key recommendations from the EY WHS Internal Audit.
* Training / Professional Development session held for all People and Capability staff on “Psychosocial Hazards and Organisational Change”, as a precursor to further training in psychosocial hazards planned for the organisation in 2024.
* Q3 WHS Management Committee meeting held, with a focus on: face-mask fit testing; AHEAI benchmarking results; legacy designated smoking areas; Rome Campus; and HSR Recruitment.
* Safety and Wellbeing team attended the Australian University Safety Association Conference at UNSW.
* Funding was approved for the remainder of 2023, and for 2024, to enable ACU to meet its commitments in response to the EY WHS Audit. This includes a significant upgrade and capability expansion to the riskware incident and hazard reporting system, the BBRA consultancy (see above) and assistance in developing a staff/student mental wellbeing strategy in line with the university’s mission.

# 4. Further Information

More detailed data regarding, and advice on improving, WHS performance for Portfolios, Faculties, Directorates and other work areas, is available on request from the Safety & Wellbeing team at healthsafetywellbeing@acu.edu.au.

Submitted for information by

People and Capability

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