

# ANNUAL REPORT 2022/2023



Independent  
Review Office

## Office of the Independent Review Officer

Level 8  
1 Oxford Street  
DARLINGHURST NSW 2010

**W** [www.iro.nsw.gov.au](http://www.iro.nsw.gov.au)

**E** [contact@iro.nsw.gov.au](mailto:contact@iro.nsw.gov.au)

**T** 13 94 76

Hours: 8:30am – 5pm  
Monday to Friday

**[www.iro.nsw.gov.au](http://www.iro.nsw.gov.au)**

Copies are available at  
[www.iro.nsw.gov.au](http://www.iro.nsw.gov.au)

Copyright IRO © 2023

## About this Report

---

The 2023 Annual Report of the Office of the Independent Review Officer (IRO) is prepared pursuant to Schedule 5 to the *Personal Injury Commission Act 2020*, the *Annual Reports (Statutory Bodies) Act 1984*, the *Public Finance and Audit Act 1983* and the regulations made under those Acts.

The report includes Financial Statements of the Independent Review Office of 1 July 2022 until 30 June 2023.

The total cost of producing this report was \$5835.50.



## Acknowledgement of Country

---

The Independent Review Office acknowledges, respects and values Aboriginal peoples as the Traditional Custodians of the lands on which we live, walk and work. We pay our respects to Elders past and present. We recognise and remain committed to honouring Aboriginal and Torres Strait Islander peoples' unique cultural and spiritual relationships, and continuing connection to their lands, waters and seas. We acknowledge their history here on these lands and their rich contribution to our society.

We also acknowledge Aboriginal employees who are an integral part of our diverse workforce, and recognise the knowledge embedded forever in Aboriginal and Torres Strait Islander custodianship of Country and cultures.

# CONTENTS

<b>ABOUT THIS REPORT</b>	<b>2</b>
<b>IRO FY2022/23 SNAPSHOT</b>	<b>5</b>
<b>MESSAGE FROM THE INDEPENDENT REVIEW OFFICER</b>	<b>6</b>
<b>ABOUT THE INDEPENDENT REVIEW OFFICE</b>	<b>8</b>
<hr/>	
<b>SOLUTIONS</b>	<b>11</b>
Key data	13
Solutions observations for FY2022/23	18
<hr/>	
<b>GRANTS OF LEGAL FUNDING</b>	<b>24</b>
Key data	27
Observations from Grant applications	32
ILARS Review	35
<hr/>	
<b>SYSTEM OVERVIEW</b>	<b>37</b>
Continuous improvement in the WC and CTP systems	39
IRO Inquiries	42
IRO education and publications	42
Corporate performance	44
Business Process Review	44
Fiftyfive5 user experience survey	44
Corporate Governance	46
<hr/>	
<b>APPENDIX</b>	<b>49</b>
Early Solutions	50
Grants of Legal Funding	66
Insurer Data	75
Corporate Reporting Information	79
Accessing IRO information	79
Privacy	79
Public Interest Disclosure	82
Consultants	83
Consumer Response	83
Employment and Senior Executive statistics	84
Senior Executives and salaries by band for FY2022/23	84
Employee Relations Policies and Practices	85
Human resources	85
COVID-19 related policy	85
Risk Management and Insurance Activities	89
Liability management performance	89
Account payable performance	89

Level 8  
1 Oxford Street  
DARLINGHURST NSW 2010  
T: 13 9476  
contact@iro.nsw.gov.au  
www.iro.nsw.gov.au

The Hon. Anoulack Chanthivong MP  
Minister for Better Regulation and Fair Trading  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

31 October 2023

Dear Minister,

In accordance with Schedule 5 to the *Personal Injury Commission Act 2020*, the *Annual Reports (Statutory Bodies) Act 1984*, the *Public Finance and Audit Act 1983* and the regulations made under those Acts, I have prepared and now forward to you the Annual Report of the Office of the Independent Review Officer for the period from 1 July 2022 to 30 June 2023.

I note that the Report is required to be tabled in Parliament as soon as is practicable.

Yours sincerely,



Simon Cohen  
**Independent Review Officer**

# IRO FY2022/23 SNAPSHOT

Key data to highlight IRO impact over 2022/23

## SOLUTIONS

**17,162**  
complaints and enquiries

**8% increase**  
compared to FY2021/22



**7,603**  
workers compensation (WC) complaints, 7,687 enquiries

**10% increase**  
in complaints compared to FY2021/22

**TOP ISSUE:** delay in determining liability (raised in 27% of complaints)

**890**  
CTP complaints

**4% decrease**  
compared to FY2021/22

**982**  
CTP enquiries

**108% increase**  
compared to FY2021/22

**> 90%**  
of WC complaints and CTP complaints were finalised within 15 days of receipt

**TOP ISSUE:** income support/ weekly payments (raised in 21% of complaints)

**80%** of complaints resolved with a benefit, insurer action or further information



## GRANTS OF LEGAL FUNDING

**22,642**  
new applications for ILARS funding

**12% increase**  
compared to FY2021/22

More than **4,200** psychological injury claims (increase of 12% compared to FY2021/22)

**87%** of new applications assessed within **5 business days**

ILARS grant injury types:

- 1** Physical Injury (58%)
- 2** Psychological Injury (19%)
- 3** Physical and psychological injury (5.7%)
- 4** Industrial deafness (15%)

**18,993**  
ILARS grants finalised

**15% increase**  
compared to FY2021/22

**52%** ILARS grants matters (9,837 grants) finalised with a binding agreement or decision

Where grants resulted in a final outcome, **94%** resulted in the worker improving their position

## IRO COMMUNICATION AND EDUCATION

**14** IRO Bulletins, **26** Alerts and **3** editions of IRO News published to over 2,839 subscribers

**6** IRO Regional Seminars, held in Orange, Penrith, Newcastle, Albury, Wollongong and Ballina



IRO Sydney Seminar, Current and Upcoming Issues in the Personal Injury Schemes, attended by **285 people in person**, and **359 people online**. The content has been uploaded on our website has been viewed more than 500 times.

# MESSAGE FROM THE INDEPENDENT REVIEW OFFICER

When a person is injured at work or in a motor vehicle accident, the impacts can be far-reaching and significant. The person's ability to earn may be affected. They may require extensive medical and allied health treatment. They may need assistance to maintain their home or garden.

Insurers make decisions about these matters – deciding according to law whether to make weekly payments and if so how much, whether to approve treatment and reimburse treatment costs and whether to fund other domestic assistance.

Many of these decisions are well made, timely and communicated with empathy and clarity.

Sometimes, however, the decisions are unnecessarily delayed or not fair and reasonable. Sometimes, insurer investigations are prolonged or administrative errors occur, and the best efforts of injured persons and their representatives to get a speedy outcome are unsuccessful.

The result is that the impact of the injury can be magnified: injured people are in discomfort for longer periods than they need to be, they experience unnecessary financial hardship and they become frustrated and angry about not being listened to and heard.

The Independent Review Office (IRO) serves these people.

We aim to listen to, understand and give voice to the concerns and issues of injured persons. In 2022-23, we heard more than 8,000 complaints. The recurring issues – of delayed decisions, case mismanagement and errors in payments – were raised case-by-case with insurers. To their credit, insurers mostly listened to these issues and acted where appropriate to fix the concern.

We also ensure eligible injured workers can access independent and expert legal assistance at no cost to them. The need for this assistance continues to grow, with more than 22,000 new applications by Approved Lawyers to assist workers under the Independent Legal Assistance and Review Service (ILARS) in 2022-23.

Our view is that this increased need is influenced by factors including unnecessarily complex workers compensation laws and legislated whole person impairment thresholds that determine whether a worker has ongoing access to weekly payments or treatment compensation. Another factor is the variable quality of insurer case management and decisions. The need for legal assistance is also influenced by the nature and occurrence of injuries within workplaces; this year, applications to assist workers with psychological injuries again increased – making up one in five ILARS grants.

The increasing need for legal assistance has resulted in higher costs for ILARS, and we do not anticipate this situation to resolve in the short-term. An expert external committee commissioned by IRO completed a review of Funding Guidelines this year and did not recommend reducing the scope of ILARS. The committee found the Guidelines effectively support the objectives of the workers compensation system.

Safer workplaces, a simpler and fairer scheme design and improved insurer case management are all matters that would reduce the need for workers to seek legal assistance. These steps would also reduce the impact of injuries and the need of injured workers for our services. These matters are, however, largely outside of IRO's control.

Our Annual Report – through data, case studies and other information - reflects the outstanding efforts of IRO's expert and committed officers in 2022-23. It shows how our work makes a real difference to the experience of many caught up in the personal injury compensation schemes. It demonstrates the passion of every IRO team member to deliver on our mission of helping persons injured at work or in motor accidents and insurers find fair solutions to complaints and claims.

**Simon Cohen**

Independent Review Officer



# About the Independent Review Office

The Independent Review Officer was established as an independent statutory office under Schedule 5 to the *Personal Injury Commission Act 2020* (NSW) (PIC Act) on 1 March 2021. The office replaced the Workers Compensation Independent Review Officer (WIRO), originally established in 2012 under the *Workplace Injury Management and Workers Compensation Act 1998* (NSW) (WIMA).

The functions of the Independent Review Officer, set out in clause 6 of Schedule 5 to the PIC Act, include:

- dealing with complaints by persons injured at work or in motor vehicle accidents, about the acts or omissions of insurers;
- managing and administering the Independent Legal Assistance and Review Service (ILARS), which funds Approved Lawyers to provide legal advice and assistance to injured workers about their workers compensation entitlements;
- undertaking inquiries into and reporting to the Minister for Finance on any matters arising in connection with the operation of the PIC Act, and workers compensation and motor vehicle accident legislation.

The Independent Review Officer is supported by an expert team employed under the *Government Sector Employment Act 2013* (NSW) (GSE Act). Collectively, the Independent Review Officer and team are known as the Independent Review Office or IRO.

IRO also provides information to lawyers, insurer case managers and others through proactive stakeholder engagement activities, a series of annual seminars in Sydney and regional centres, and regular publications summarising the latest cases and reforms in workers compensation and CTP.

## Our organisational structure

IRO is led by the Independent Review Officer, Simon Cohen. The work of IRO is conducted by the Independent Review Officer's own office, which provides personnel and procurement support, and three distinct Groups, each of which is led by a Director.

- The Solutions Group (Solutions) solves complaints by injured persons about the acts and omissions of workers compensation and motor accident insurers, and matters referred from the ILARS Group for early solutions. Solutions also responds to enquiries from persons injured at work or in motor accidents.
- The ILARS Group (ILARS) approves expert private lawyers and oversees grants of funding to these lawyers to assist injured workers to understand and pursue their workers compensation entitlements. ILARS also identifies matters appropriate for early solutions.
- The Strategy, Policy and Support Group (SPS) provides financial, information technology, governance and records management support for the IRO. SPS also provides policy advice to IRO, and a whole-of-system perspective for statutory personal injury schemes, including through leading IRO inquiries, analysing and publishing data and supporting community and stakeholder education and engagement.



## Senior executives

### Independent Review Officer

Simon Cohen was appointed as the Workers Compensation Independent Review Officer in February 2020, and as the Independent Review Officer from 1 March 2021. Simon was previously the Deputy Secretary, Regulation and Director, Consumer Affairs from 2015 at the Victorian Department of Justice and Community Safety. Simon was the national Telecommunications Industry Ombudsman from 2010 to 2015. His previous roles include Victorian Public Transport Ombudsman and Assistant Ombudsman at the NSW Ombudsman. Simon is a graduate in law from the University of Queensland.

### Director Solutions

Jeffrey Gabriel was appointed Director Solutions in March 2017. Jeffrey was previously employed as a Principal Lawyer at the WIRO in the ILARS Group, a role he commenced in January 2013. Prior to joining the WIRO, Jeffrey was a solicitor in private practice where he acted for both injured persons and insurers in a range of personal injury jurisdictions in NSW. Jeffrey is an accredited specialist in personal injury law and graduated with a Bachelor of Arts and Bachelor of Laws from Macquarie University.

### Director ILARS

Phil Jedlin was appointed Director ILARS in May 2021 after serving as the Director Operations. In his current role, Phil oversees the funding of Approved Lawyers to assist injured workers in the workers compensation scheme. Prior to starting at the WIRO in November 2012, Phil spent 22 years at the Commonwealth Bank of Australia in a wide range of roles. Phil holds a Bachelor of Economics and a Bachelor of Laws from Macquarie University.

### Director SPS

We experienced some movement in the SPS Director role in FY2022/23, offering several staff members the opportunity to experience and shape the role.

Melissa Hirst is the Director SPS and filled the role from November 2021 to April 2022, and again from April 2023. Melissa joined the IRO as Principal Policy Officer in May 2020, having previously worked within the Office of the Secretary at the Department of Customer Service (DCS). She has over 10 years' experience working in leadership roles across several areas and levels of government. She holds a Masters of Policy, together with a Bachelor of Laws and a Bachelor of Science.

Ellie Fogarty acted in the role of Director SPS from May 2022 until September 2022, on secondment from the Department of Communities and Justice. Tracey Cremming, on secondment from the NSW Civil and Administrative Tribunal, acted in the role from November 2022 until January 2023. Jeffrey Gabriel, who holds the role of Director Solutions, acted in the role of Director SPS from January 2023 to April 2023.



# SOLUTIONS



# Solutions

IRO provides an informal, accessible and effective complaints handling and enquiries service for people injured at work or in motor accidents. This involves:

- informal access by injured persons or their representatives (by telephone, email, mail or in-person) to expert IRO dispute resolution officers (DROs);
- fast and fair solutions for complaints;
- comprehensive information provided for general enquiries about how the workers compensation and motor vehicle accident schemes operate;
- early intervention in some ILARS-funded matters to seek quick solutions for injured workers ('early solutions');
- collection of information to identify systemic issues that may warrant review.

## Key data

### Complaints and enquiries

In FY2022/23, IRO received 8,493 workers compensation and CTP complaints and 8,669 enquiries.

7,603 complaints were received from or on behalf of injured workers, which marked an increase of 10 per cent compared to FY2021/22 – see Table 1 (6,936).

The number of enquiries from injured workers (7,687) also increased, by 2 per cent compared to last year (7,502) (see Table 1).

*Table 1: Workers compensation (WC) enquiries and complaints received by IRO FY2020/21 – FY2022/23*

Financial year	Enquiries received	Complaints received
<b>2022/23</b>	7,687	7,603
<b>2021/22</b>	7,502	6,936
<b>2020/21</b>	7,954	8,065

Note: The WC complaints data does not include early intervention matters. See data dictionary.

890 complaints were received from or on behalf of persons injured in motor accidents, a slight reduction compared to FY2021/22 (see Table 2). This is primarily due to the way in which complaints are recorded at IRO. For the FY2021/22, property damage complaints – which are outside IRO's jurisdiction – were recorded in our case management system under the case type "CTP complaints". IRO now records these matters as CTP enquiries, and provides comprehensive referral information in responses to these matters.

This change also contributed to an increased number of enquiries received from persons injured in motor accidents, which more than doubled across the financial years, with 982 enquiries this financial year compared to 472 in FY2021/22 (see Table 2).

*Table 2: CTP enquiries and complaints received by IRO 1 March – 30 June 2021, FY2021/22 and FY2022/23*

Financial year	CTP Enquiries received	CTP Complaints received
<b>2022/23</b>	982	890
<b>2021/22</b>	472	923
<b>1 Mar – 30 June 2021*</b>	135	317

\*Note: IRO commenced dealing with CTP complaints and enquiries from March 2021.

The increase in overall numbers of workers compensation and CTP complaints and enquiries may be attributed in part to increasing numbers of people returning to work and resuming motor travel in their day-to-day activities, after COVID-19 public health-related movement restrictions came to an end.

A further reason for the increase in workers compensation complaints may be related to the management of government workers compensation claims. Treasury Managed Fund (TMF) insurer increased its share of WC complaints by 24 per cent this year while other insurer types recorded steady complaint numbers (see Table 13(a) Appendix).

Most injured workers who contacted IRO were referred to us or became aware of our services after speaking to their lawyers (65 per cent of complaints and enquiries). Web searches were the next largest source of complaints and enquiries (approximately 15 per cent), followed by referral from a Government Department (approximately 5 per cent) (see Table 2(a) Appendix).

## Workers compensation (WC) common complaints

Delays by insurers in determining liability for claims and requests continues to be the most common type of WC complaint received by IRO, accounting for 2,073 (27 per cent) of all complaints received in FY2022/23 – see Table 3. This is a 13 per cent increase from FY2021/22 and consistent with the increase in overall complaints received by IRO.

Delays by insurers in making payments were the second most common cause of complaint (20 per cent, 1,484 complaints). The third most common complaint type concerned insurers' general case management (13 per cent, 970 complaints).

There was also an increase of 22 per cent in complaints about weekly benefits this year (721 complaints) compared to last year (591 complaints).

Table 3: Top 5 number and type of WC complaints received FY2020/21 – FY2022/23

Complaint type	FY2022/23		FY2021/22		FY2020/21	
	No.	%	No.	%	No.	%
Delay in determining liability	2,073	27%	1,834	26%	2,272	28%
Delay in payment	1,484	20%	1,452	21%	1,470	18%
General case management	970	13%	755	11%	829	10%
Weekly benefits	721	9%	591	9%	879	11%

Table 3 records the primary complaint issue - each complaint has only one primary issue. The Annual Report Appendix, at Table 1(a), reports on all issues raised in WC complaints.

IRO's ability to resolve complaints efficiently prevents the need for unnecessary applications to the Personal Injury Commission (PIC), reducing delays and other impacts on the injured worker and overall costs of the scheme.

WC enquiries are more likely to be of a general nature. In FY2022/23, the most common type of WC enquiry was how to make a claim (23 per cent, 1,757 enquiries), followed by general questions about case management (19 per cent, 1,474 enquiries) and WC benefits (13 per cent, 983 enquiries) (see Table 1(a) Appendix).

## CTP

The most common CTP complaint issue handled by IRO concerned income support and weekly payments (190 complaints – 21 per cent), which is up 29 per cent compared to FY2021/22 (147 complaints). When a person is injured in a motor accident and experiences a loss of earnings, they may be entitled to income support which compensates them for some of the income they have lost due to time off work. Complaints arise if payments are varied or stopped entirely without the insurer providing clear reasons to an injured person.

The second CTP complaint type (175 complaints – 20 per cent) concerned an issue with the case manager. Causes of this issue include challenges in accurately calculating pre-accident weekly earnings (PAWE) or not commencing weekly payments in a timely manner.

The third highest CTP complaint was with respect to treatment and care (142 complaints – 16 per cent). This marked a decrease of 10 per cent of this type of CTP complaint in this financial year, compared to FY2021/22 (157 complaints).

*Table 4: Top 3 number and type of CTP complaints received FY2021/22 and FY2022/23*

Complaint type	FY2022/23		FY2021/22	
	No.	%	No.	%
Income support/ weekly payments	190	21%	147	16%
Case Manager	175	20%	98	11%
Treatment and care	142	16%	157	17%

Table 4 records the primary complaint issue (each complaint has only one primary issue).

The Annual Report Appendix, at Table 1(b), reports on all issues raised in CTP complaints.

## Early solutions

In addition to finding fast and fair solutions to complaints, IRO identifies ILARS-funded matters that may be appropriate for intervention to prompt early solutions. Early interventions support just, quick and inexpensive solutions to workers compensation disputes.

*Table 5: IRO early intervention matters received in FY2020/21 – FY2022/23*

Financial year	No. IRO early intervention matters
FY2022/23	614
FY2021/22	728
FY2020/21	1,020

The most common type of early solution matter for FY2022/23 related to cases where an ILARS funding grant had been approved and the insurer had not responded to a claim or request (no response to claim (NRTC) matters). In these cases, Solutions raises the matter with the insurer to prompt a decision. The types of matters include, for example, a claim for permanent impairment compensation or a request for treatment.

Common outcomes of these matters include the insurer advising that they accept the claim (this occurred in more than 100 matters in FY2022/23), providing a formal response to dispute the claim or making a counteroffer.

In this financial year, IRO identified fewer matters suitable for early intervention and resolution compared to FY2021/22 (see Table 5). The reduction, which has occurred for two consecutive financial years, can in large part be attributed to IRO providing more information, guidance and education to Approved Lawyers over this period. This has reduced premature applications for extensions of ILARS grants to commence PIC proceedings where an insurer has not responded to a claim or dispute. This also reduces unnecessary double-handling of matters by both insurers and IRO.

The following early solutions case studies are NRTC matters where IRO was able to intervene to prompt early solutions:

### Case study: NRTC – Non-response to internal review

The injured worker's Approved Lawyer contacted IRO in December 2022, stating that the insurer had not responded to a request for internal review lodged in November 2022. The internal review had been requested following the insurer's decision to dispute both liability for an umbilical hernia injury and a request for surgery related to the hernia injury.

Following IRO enquiries, the insurer acknowledged the internal review request had not been actioned within timeframes due to an oversight on its part. The insurer confirmed the independent medical examination (IME) report provided by the injured worker's Approved Lawyer was sufficient evidence that employment had been a significant factor in the injured worker developing the hernia injury. The insurer promptly accepted liability for the injury and approved the requested hernia surgery.

This case demonstrates that early intervention by IRO assisted with the efficient resolution of the matter for the injured worker.

### Case study: NRTC – Delay in obtaining IME report

The injured worker's Approved Lawyer contacted IRO in November 2022, requesting ILARS funding to proceed to the PIC as the insurer had not responded to a request that it concede that the injured worker was a worker with high needs. The injured worker had attended an independent medical examination (IME) organised by the insurer in August 2022.

Following IRO enquiries, the insurer confirmed that the injured worker had attended the IME in August 2022 but had not yet received the IME report.

IRO provided the insurer additional time to follow up and obtain the IME report. Within five business days of IRO's initial enquiry, the insurer confirmed that it had obtained the IME report, and based on the report conceded the injured worker satisfied the relevant threshold.

This case demonstrates the significant benefit of IRO's involvement and the early intervention and resolution process which removed the need for the extension of an ILARS grant to commence PIC proceedings.



## Timely solutions

A key element of IRO's service is to find early and quick solutions to complaints and disputes.

In FY2022/23, 94 per cent of workers compensation complaints and 92 per cent of CTP complaints were finalised within 15 days of receipt, well within the 30-day period required by the PIC Act. 98 per cent of early intervention cases were also closed within 15 days.

## Fair solutions

IRO works to ensure fair solutions for injured people and insurers and assists injured people who make enquiries by providing expert information about the operation of the WC and CTP schemes. This can include providing information about making a claim and referring injured persons elsewhere when we are not the appropriate agency to assist.

For those injured workers who made complaints (including early intervention matters), 79 per cent of matters finalised were resolved in FY2022/23 – see Table 6. There were 2,021 cases (or 26 per cent) where the worker received a benefit (for example, approval of treatment or payments of compensation) and 1,154 cases (or 15 per cent) resulting in additional action by the insurer (for example, cancelling or moving a medical examination).

Table 6: Complaints WC and early intervention matters outcomes FY2022/23

Outcomes achieved	No. of matters (complaints and early intervention matters)	Per cent of all outcomes
<b>Resolved – action</b>	1,154	15%
<b>Resolved – benefit</b>	2,021	26%
<b>Resolved – information</b>	3,045	39%
<b>Referred</b>	848	11%
<b>Not resolved</b>	276	4%
<b>No action/ other</b>	502	6%
<b>Total</b>	<b>7,846</b>	<b>100%</b>

\* Percentages may not add up to 100% as they are rounded to the nearest per cent.

IRO finalised 904 CTP complaints in FY2022/23 (compared to 923 in FY2021/22). Some complaints could not be progressed as the injured person had not attempted to solve the complaint with the insurer first. Of the 803 matters (89 per cent) solved, 22 per cent (195 matters) resulted in a benefit to the injured person, and another 33 per cent in additional action by the insurer (297 matters).

## Complaints made but not finalised in FY2022/23

The PIC Act requires that we report annually on the number and type of complaints made but not dealt with in each financial year. There were 192 WC and 3 CTP complaints made during FY2022/23 that remained open as at 1 July 2023.

## Solutions observations for FY2022/23

IRO has adopted a single Complaints Handling Protocol for WC and CTP complaints, which is published on our website. This provides for consistent solution and investigation processes, and a consistent benchmark ('fair and reasonable') to assess insurer responses. A uniform approach promotes achievement of shared goals including early solutions to claims and fast and fair solutions to complaints. It also promotes flexible and tailored responses by insurers to injured persons' concerns.

IRO's case management system, Resolve, adopts a consistent approach across the WC and CTP jurisdictions to record actions. However, SIRA's terminology has been adopted for the CTP glossary of issues to assist with the transition of the CTP complaints function to IRO since 1 March 2021.

### Case study: Efficient and fair insurer response

The injured person contacted IRO in May 2023, advising he had reached retirement age and his weekly wage entitlements were to finish at the end of the month. The injured person advised he had received his final weekly benefit payment in March 2023, as the insurer had told him his payments had been made in advance. He had applied for an aged pension but said this was not due to start until the end of May 2023 and he was experiencing financial hardship until the pension commenced.

Following IRO enquiries, the insurer confirmed the information in the complaint and that the injured worker was a worker with highest needs, confirming he had lifelong medical entitlements and that his claim would not be closed. The insurer noted the injured worker had not claimed any reimbursement of travel expenses for some years, and in order to financially assist the worker would be processing a travel expense reimbursement for all appointments attended by him. A travel reimbursement was paid to the injured worker in the amount of more than \$800.

The injured worker was grateful to IRO for assisting in facilitating the payment from the insurer.

## Workers compensation observations

### Delay in determining liability

Delays by insurers in determining liability for workers' claims for compensation are consistently the most common issues of complaints to IRO. In June 2021, IRO released a report into its inquiry into delays in determining liability, which is published on our website.

This financial year, delay in determining liability complaints continued to be the most common type of workers compensation complaint received by IRO, with a 13 per cent increase from FY2021/22.

IRO will continue to monitor this issue to determine if a further inquiry may be required, given delay in determining whether to accept or dispute liability can result in poorer outcomes for workers and the workers compensation scheme generally.

### Case Study: Claim still reasonably excused despite excuse being resolved

The injured person contacted IRO in January 2023 following an injury in November 2022. While the injured person had fulfilled all obligations to the insurer in the claim process, including providing a Certificate of Capacity, wage details and participating in a factual investigation, the insurer had only covered medical expenses. The insurer had reasonably excused provisional payments citing insufficient medical information.

IRO asked the insurer if the reasonable excuse had now resolved given that a Certificate of Capacity was provided. The insurer agreed the reasonable excuse had been resolved and allowed for weekly benefits from November 2022. Wages were paid to the injured person on the back of IRO's actions through to January 2023 totalling almost \$1,300.

### Case study: Insurers inappropriately applying reasonable excuse

When a worker notifies an insurer of an injury, the insurer is to commence provisional weekly payments unless they have a reasonable excuse. The injured worker complained to IRO in April 2023 that the insurer had applied a reasonable excuse to her claim following a psychological injury at work, but she did not receive a letter to indicate the reasonable excuse had been applied or reasons for the decision. The injured worker said she was in severe financial hardship without receiving entitlements under her claim.

IRO raised a complaint with the insurer. The insurer stated that a reasonable excuse had been applied to the claim and a letter outlining the reasonable excuse had been sent to the injured worker, which the insurer also provided to IRO.

On IRO's review of the reasonable excuse notice, it appeared that the insurer had applied the reasonable excuse for reasons including that the injury was not work-related, although significant evidence had been provided showing the claim was a direct result of the injured worker being performance managed in her job. IRO was concerned that the real reason for reasonably excusing the claim was that the insurer had information that a defence provided for in section 11A of the Workers Compensation Act 1987, which is to the effect that no compensation is payable where a psychological injury is wholly or mainly caused by the reasonable actions of the employer, may apply. The insurer had relied on this information to reasonably excuse the worker's claim. The PIC has previously determined that an insurer cannot rely on this reason to reasonably excuse provisional payments.

IRO again contacted the insurer, highlighting this caselaw and suggesting the excuse was not valid. Following IRO's intervention, the claim was provisionally accepted, and benefit payments were commenced by the insurer.

### Case study: Domestic assistance

The injured worker contacted IRO in April 2023, advising that he was a worker with highest needs and was entitled to ongoing gardening services on his large regional property. The worker requested to increase gardening services from every three weeks to fortnightly during some periods of the year. The insurer disputed all future gardening services on the basis that the injured person had moved into the regional property after his injury occurred.

Following the complaint lodged by IRO, the insurer acknowledged that while the gardening services were required by the injured worker as a result of the injury, the insurer did not consider the requested increase to be reasonably necessary as the injured worker had relocated post-injury.

IRO raised an escalated complaint, challenging the insurer's reasoning, given the worker had provided evidence to the insurer that the sale process for the land was underway before his injury. IRO suggested the insurer withdraw the dispute notice, and if the insurer continued to disagree with the increase in gardening services, to raise a new dispute citing reasonably necessary criteria, rather than disputing all gardening services previously approved.

The insurer responded to IRO advising that they would withdraw the dispute regarding the gardening services, and confirmed that services would continue to be approved and paid until the injured worker's work injury damages claim is determined.

## Weekly benefits complaints

The percentage of complaints about weekly benefits remained consistent at 9 per cent, with 721 complaints in FY2022/23. There were 281 complaints finalised about weekly benefits where the payment had changed, and 246 complaints finalised where payment had stopped.

### Case study: Indexation of weekly benefits after Personal Injury Commission award

The injured person complained to IRO that their insurer case manager had advised they were not entitled to indexation in October 2022 as their claim was in dispute at the time. This dispute was overturned, and weekly benefits reinstated without indexation.

IRO raised a complaint with the insurer, who conceded that indexation was overlooked for October 2022 when payments were reinstated. Following IRO's intervention the injured person received a back payment of around \$600, and ongoing payments were indexed.

## Recovery of overpayments

A recovery of overpayment occurs when an insurer has overpaid weekly payments to the injured worker and the insurer takes action to recover the additional payments that have been made.

IRO finalised 34 complaints about overpayments in FY2022/23. Although this is a small number of complaints, the impact on a worker can be very significant when recovery of overpayment is pursued.

IRO identified instances where insurers were recovering overpayments from injured workers in a manner that appears inconsistent with the expectations set out in the State Insurance Regulatory Authority's Standard 23: Recovery of payments due to insurer error (SOP 23), as demonstrated by the case study below.

### Case Study: Recovery of overpayments

The injured worker's lawyer complained to IRO in April 2023 because the worker received a recovery letter from the insurer advising that an overpayment of weekly benefits had occurred, to the sum of around \$6,000. The lawyer claimed that the insurer had not followed SOP 23 as they had not described the error or considered potential impacts that recovery would have on the worker. The recovery letter simply provided a breakdown of the weeks where an overpayment occurred and gave the worker just over one month to make the repayment. No repayment plan or alternative options were provided to the worker.

Following IRO's intervention, the insurer explained that the overpayment occurred as the employer and the insurer both paid the worker weekly benefits for the same period. The worker had raised this with the employer and his rehabilitation provider at the time, because he did not think he was being paid correctly, and was raising the issue as he did not want an overpayment. The insurer acknowledged that they had not followed SOP 23 as there was no negotiation of a repayment plan or discussion around the error and its impact. To address the requirements of SOP 23, the insurer said they would contact the worker to explain the reasons for the overpayment and to advise that they can offer a repayment plan and obtain written consent.

IRO again contacted the insurer to highlight that the management of the overpayment had not been handled in a fair and transparent manner before issuing the recovery letter. The worker had told the insurer that they were not in a position to repay this amount, and that the matter has caused a lot of stress and anxiety. In response, the insurer confirmed they would be ceasing the recovery actions. This demonstrates that IRO intervention resulted in a fast and fair solution for the worker.

IRO notified SIRA of this complaint as a significant matter.

## CTP observations

The types of complaints raised by persons injured in motor accidents are similar to those raised by injured workers. Common topics are insurer delay in deciding claims and requests, errors in weekly payments, and case management concerns, each of which have potential to significantly affect injured people's wellbeing, financial position and recovery from injury.

IRO has observed a higher proportion of complaints about delays commencing weekly payments in CTP matters compared to workers compensation matters, noting the complexity arising due to the absence of a direct employer and insurer relationship in the CTP context. Delays by insurers in commencing weekly payments or failing to accurately assess weekly payments conflicts with the purpose of significant reforms to CTP compensation in

2017, which was aimed at providing early and ongoing financial assistance.

IRO has, where a complaint raises a significant concern, notified SIRA of the complaint so that SIRA can consider if regulatory action is appropriate, and we are aware that a number of these notifications have resulted in investigations. This demonstrates the additional value of the work that Solutions undertakes and the impact of this work in ensuring that issues which arise with the management of complaints are reviewed and where appropriate addressed at a more systemic level.

The following case studies demonstrate common concerns raised by persons injured in motor accidents or by their representatives, and IRO's interventions to achieve fair and speedy solutions.

### Case study: CTP insurer classes post-traumatic stress disorder as minor injury

Where an injury following a motor accident is classified as a minor or threshold injury, there are significant limits on the payment of compensation.

The lawyer of a person injured in a motor accident complained to IRO regarding the classification of minor (or threshold) injury. The insurer deemed the injured person's injuries to be minor despite diagnoses of post-traumatic stress disorder (PTSD) and disc herniation. The lawyer had tried to raise this with the insurer without success.

IRO asked the insurer to review its decision and asked how they determined the injuries

were minor (below threshold). IRO also requested an update to the decline notice individually listing each diagnosed injury including how the insurer deemed the injury to be minor or non-compensable.

Through the actions of IRO, the insurer agreed the person's claim for PTSD resulting from the accident should be accepted and issued a notice confirming continuation of compensation for weekly payments and medical treatment. The insurer also advised they would continue to review the person's physical injuries to determine if they should be classified as non-minor.

IRO notified SIRA of this complaint as a significant matter.

### Case study: Income support and weekly payments

The injured person's legal representative contacted IRO in September 2022 advising that weekly benefit payments had not been received since the lodgement of the claim two years earlier, despite the insurer accepting liability for the claim in 2020. The injured person's legal representative told IRO that attempts to follow up payment of the injured person's weekly benefit payments had been made since July 2022, but the insurer had not responded.

Following enquiries by IRO, the insurer confirmed that it had received relevant information to calculate the person's pre-accident weekly earnings (PAWE) in May 2021 and calculated their PAWE in July 2022. It advised that the delays in calculating and paying weekly benefit to the injured person had been due to administrative oversights on the part of the insurer.

The insurer told IRO that before weekly benefit payments could commence and back payment of outstanding benefits processed, notification and reimbursement to Centrelink would be required.

Following completion of the notification and reimbursement to Centrelink by the insurer, back payment of outstanding weekly benefit payments was processed and paid to the injured person in the amount of around \$41,000 in October 2022. The insurer also confirmed that ongoing weekly benefit payments would continue to be made to the injured person. Through the intervention of IRO, the injured person was able to receive their benefits after a delay of some two years.

IRO notified SIRA of this complaint as a significant matter.







# GRANTS OF LEGAL FUNDING



# Grants Of Legal Funding

IRO administers the Independent Legal Assistance Review Service (ILARS) to ensure injured workers have access to Approved Lawyers with expertise in workers compensation (WC) law and practice, who can advise, assist and represent them in accessing entitlements. From 1 March 2021, ILARS became a legislated IRO function under Schedule 5 to the PIC Act.

IRO's ILARS function, is unique in workers compensation schemes in Australia. ILARS enables the informal resolution of claims without the need for Personal Injury Commission (PIC) applications. We achieve this through actions including:

- ensuring reasonable steps have been taken by workers to achieve early resolution of a matter with an insurer (such as through an internal review request) before granting funding to commence proceedings in the PIC;
- seeking a response from insurers where no response to a claim has been provided to the worker and the legislated timeframe has expired prior to granting funding to commence proceedings in the PIC;
- enabling workers to have the benefit of advice and assistance at an early stage – meaning that many potential disputes are solved through an Approved Lawyer's investigation and negotiation.

Where a dispute cannot be resolved, ILARS Grants extend to funding lawyers to act on behalf of workers before the PIC where there is an arguable claim, ensuring a final and binding decision.

ILARS also:

- provides simple, clear and accessible processes for lawyers to be approved to make applications for grants of funding to assist injured workers;
- enables the collection of information to identify systems issues that may warrant review.

## Key data

### Approved Lawyers

Approved Lawyers may apply to IRO for ILARS funding to assist injured workers. In accordance with IRO's *Guidelines for approval as an Approved Lawyer*, to become an Approved Lawyer, a person must:

- be an Australian legal practitioner who is and has been certified to practice as a solicitor for a period of at least 12 months
- demonstrate competence, diligence, knowledge, skill and familiarity with NSW WC law and practice, and
- satisfy several criteria that demonstrate experience in assisting injured workers accessing statutory compensation entitlements.

As at 30 June 2023, there were 989 lawyers approved to apply for grants of funding under ILARS. In addition, there were 193 barristers approved by IRO to undertake advocacy for injured workers. We maintain a geo-mapped list of Approved Lawyers on our website so that injured workers can identify a lawyer to approach for assistance in a location convenient for them.

### Applications for grants of funding

IRO deals with applications for an ILARS Grant of Funding under the ILARS Funding Guidelines, which are authorised by the PIC Act, subject to Parliamentary scrutiny and published on the NSW Legislation website.

IRO received 22,642 grant applications from Approved Lawyers in FY2022/23. This represents a 12 per cent increase in demand, with almost 2500 more grant applications received by IRO than in FY2021/22 (see Table 7).

Table 7: Number of new ILARS grant applications FY2020/21 – FY2022/23

Financial Year	No. ILARS grant applications
2022/23	22,642
2021/22	20,153
2020/21	21,352

The majority of approved grants are for a primary physical injury, making up around 60 per cent (or 13,215) of all applications approved

(see Table 8). This includes traumatic injuries to workers' backs, shoulders and limbs.

The number of approved grants where the primary injury is psychological continues to rise, making up 19 per cent of applications approved (or a total of 4,293 in FY2022/23). This was an increase of 469 approved grants on the previous financial year and continues an upward trend over several years.

In FY2022/23, 2,874 grants were approved for workers to pursue an industrial deafness claim, for permanent impairment lump sum compensation and/or for the initial provision of hearing aids.

Table 8: ILARS grants approved by year by primary injury (claim) type FY2020/21 – FY2022/23

Primary injury type	FY2022/23	FY2021/22	FY2020/21
Physical	13,215	11,571	11,557
Psychological	4,293	3,824	3,757
Industrial deafness (hearing loss)	2,874	2,849	3,824
Physical and psychological	1,257	883	886
Death	282	197	230

## Timely decisions

Provided the application is made by an Approved Lawyer, and the injured worker is one whose rights and entitlements to benefits under NSW workers compensation legislation are affected by the 2012 legislative reforms,<sup>1</sup> initial funding to obtain instructions, provide comprehensive advice and conduct early enquiries for the worker's claim (Stage 1 funding) will generally be approved. This reflects that it is in the interest of workers and the workers compensation system as a whole that people who are injured at work are able to seek professional and expert advice on the process for making a claim, as well as their rights and obligations.

In FY2022/23, 97 per cent of all grant applications for an initial grant of funding were approved. When funding was not approved, the

most common reason was that the application concerned a matter where funding was already in place for the worker.

More than 87 per cent of initial applications for a grant of funding were decided within five (5) business days, with the average assessment being completed within 3.8 days of receipt.

Approved Lawyers must request an extension of an ILARS grant of funding to further investigate a claim (Stage 2), to pursue dispute resolution proceedings in the PIC (Stage 3) and to appeal PIC decisions (stage 4). These requests and relevant evidence are assessed against criteria that consider matters such as the merit of the claim or whether there have been reasonable steps taken to achieve early resolution of the matter with the insurer. Where the criteria are met, an extension will be granted.

## Review of funding decisions

Where an Approved Lawyer is dissatisfied with a funding decision, they may seek a review of the decision by the Director ILARS. Where the Approved Lawyer remains dissatisfied with the decision of the Director ILARS, the Approved Lawyer may seek a review of the Director's decision by the Independent Review Officer.

In FY2022/23, we received 56 applications for reviews by the Director ILARS of funding decisions, of which 59 per cent were upheld (no change in decision), and 41 per cent resulted in a new decision. In addition, we had three applications for reviews of decisions of the Director ILARS by the Independent Review Officer. Of those reviews, one decision was upheld and two reviews resulted in a new decision being issued.

## Fair outcomes

In FY2022/23, 18,993 ILARS grants were finalised, an increase of 15 per cent (or 2,521 matters) from the previous year. The reason for this is the increasing number of applications for grants of funding received by IRO in recent years.

Most grants are finalised with a decision or agreement – in FY2022/23, 9,837 or 52 per cent of all ILARS grants were finalised in this way (see Table 9).

In 9,156 grants finalised in FY2022/23 (48 per cent) there was no final outcome. In these matters the worker may have received comprehensive legal advice about their workers compensation injury and entitlements, have been assisted to lodge a claim or internal review request with the insurer, or had their claim investigated and no further action could be taken.

Table 9: Outcome type for all finalised ILARS grants FY2020/21 – FY2022/23

Financial Year	2022/23		2021/22		2020/21	
	Final outcome	No Final outcome	Final outcome	No final outcome	Final outcome	No final outcome
	9,837	9,156	8,875	7,597	8,389	7,167
	52%	48%	54%	46%	54%	46%
<b>Grants finalised</b>	<b>18,993</b>		<b>16,472</b>		<b>15,556</b>	

1. Since 2012, section 341 of the WIMA is to the effect that each party is to bear their own costs in relation to a claim for compensation and the Commission has no power to order the payment of costs.

Where grants resulted in a final outcome, the clear majority (94 per cent) resulted in the worker improving their position – see Table 10.

Most grants with a final outcome (5,304 grants or 54 per cent) were finalised without the need for the injured worker to refer a dispute to the PIC. This includes matters resolved by direct negotiation after investigation of a worker's claim, as well as those matters where IRO successfully intervened at an early stage to prompt a solution or resolution of a dispute.

In total, 4,526 grants were finalised in FY2022/23 after a decision of the PIC (or a Court where the matter is appealed); the injured worker improved their position in 3,987 of these matters (or 88 per cent).

IRO records that the worker improved their position in workers compensation matters in circumstances where, following the assistance of an Approved Lawyer, the worker has achieved an additional benefit or entitlement, including where the worker:

- has liability for their injury accepted by an insurer
- receives a monetary payment or reimbursement
- has requested treatment approved
- is awarded a lump sum compensation payment
- exceeds a whole person impairment (WPI) threshold for a benefit.

An example of such an ILARS Grant is provided below.

Some of the most complex claims funded through ILARS are those where a worker has died. Dependents of the worker, including partners, children and parents, may be entitled to lump sum and other compensation. Where there is a dispute about whether the death is related to a workplace injury, difficult investigative and legal issues can arise. An example of one of these matters is set out below.

### Case Study: Whole person impairment where worker has high needs

An injured worker had two previous workers compensation claims accepted for each of her shoulder injuries. In 2018, a Medical Assessment Certificate was issued for 19 per cent whole person impairment (WPI). A consequence of this WPI assessment, which was less than 21 per cent, was that the worker's entitlements to weekly payments for periods of incapacity and ongoing access to compensation for treatment were time-limited.

The worker made a further claim following bilateral shoulder replacement surgeries, which were paid for by the insurer, as she was concerned that she would have ongoing medical treatment expenses after the statutory time limit was reached. The IRO granted funding to the Approved Lawyer representing the worker so she could obtain advice and assistance.

The lawyer's investigations included obtaining relevant medical records and scans, and requesting a medical report from an independent medical examiner, who assessed the worker's WPI at 39 per cent. The lawyer put this report and other information to the insurer, and as a consequence the insurer agreed the worker's WPI to be at least 21 per cent, which meant that compensation for medical expenses did not cease.

### Case study: Claim with respect to the death of a worker

IRO funded Approved Lawyers through ILARS to assist dependants of a deceased worker (their spouse and two children) to make a claim for compensation. The deceased worker, who had been with their employer for a number of years, became concerned about their workload and system failures in the workplace following a restructure. After a period of psychiatric treatment, the worker was involved in a fatal accident.

IRO granted ILARS funding to the lawyers representing each of the worker's dependants, to provide advice and assistance in claiming lump sum compensation and weekly payments

for the dependent children. As the case was complex, IRO agreed to fund early advice from counsel to ensure the claim was prepared in a way that adequately addressed all the issues. In addition, records from medical practices and doctors, the worker's employer and the Coroner's Court were obtained, and statements sought from the worker's colleagues.

The PIC ultimately determined that the deceased worker died as a result of injuries sustained in the course of their employment, in that events at work were a main contributing factor to the deceased's psychological condition, and that the psychological injury caused the accident. As a result, the employer was required to pay compensation to the dependants.

Table 10: Finalised ILARS grants by result achieved FY2020/21 – FY2022/23

Year		2022/23			2021/22			2020/21		
Resolution achieved		Position improved	Position not improved	Total	Position improved	Position not improved	Total	Position improved	Position not improved	Total
Pre- Proceedings	No.	5,304	-	5,304	4,967	-	4,967	4,525	-	4,525
	% of Total	100%	-	54%	100%	-	56%	100%	-	54%
Other outcome	No.	-	7	7	-	-	-	-	-	-
	% of Total	-	100%	100%	-	-	-	-	-	-
Commission/ Court	No.	3,987	539	4,526	3,344	564	3,908	3,395	469	3,864
	% of Total	88%	12%	100%	86%	14%	100%	88%	12%	100%
	% of Total	-	-	<b>46%</b>	-	-	<b>44%</b>	-	-	<b>46%</b>
		-	-	<b>9,837</b>	-	-	<b>8,875</b>	-	-	<b>8,389</b>

Note: Table 10 shows the results where a grant has concluded with a final resolution and outcome.

## Observations from grant applications

### Increase in ILARS applications

Applications for ILARS grants exceeded 20,000 for the third year in a row in FY2022/23.

This financial year also marked broader increases across the ILARS scheme compared to FY2021/22, including:

- 12 per cent increase in grant applications received
- 16 per cent increase in psychological injuries as the primary injury type
- 15 per cent increase in grants closed.

Workers' need for legal assistance is substantially influenced by what is occurring in the broader WC system and demand is strongly influenced by external factors. Examples of this include the following:

- The growing incidence of mental health issues in the community and in workplaces results in an increase in new and active psychological injury claims. IRO's experience is that psychological claims tend to be more complex and more contested. This results in a proportionately higher number of workers with a psychological injury requiring legal assistance, which is often required earlier in the process compared to injured workers with a physical injury.
- The NSW WC system design is complex, with four separate laws, multiple regulations and rules, guidelines and standards of practice. Many injured workers may need assistance to navigate or interpret the laws in order to fully understand their rights and obligations.
- Following the 2012 amendments, the system has multiple thresholds to establish continued entitlements, which requires expert legal and medical assistance to determine, as well as complexity around the calculation of benefits which depend on matters such as the injured worker's occupation, the nature of the injury and when it occurred, the degree of whole person impairment and the number of weeks paid.

- The quality of insurer case management and decision making will impact on how the worker recovers from an injury. It will also affect injured workers' confidence in insurer decisions. These and related matters will impact on the need or otherwise for a worker to seek legal assistance and review.

Reforms to the ILARS funding policy that commenced in September 2019 have also resulted in earlier applications from Approved Lawyers to assist injured workers – with consequences including that more ILARS applications have been received, and accepted ILARS grants remain open for longer periods.

### Increasing ILARS demand and expense

The consequence of increased demand for ILARS is that the cost of ILARS is also increasing. As our Financial Statements note, IRO paid approximately \$51.3M in professional fees and \$36.7M in disbursements during FY2022/23. ILARS grants generally are paid at finalisation. The 15 per cent increase in ILARS expenses (from \$76.5M in FY2021/22 to \$88M in FY2022/23) reflects the substantial increase in ILARS grants finalised during FY2022/23 (also an increase of 15 per cent from the number of grants closed in FY2021/22).

A significant additional reason in FY2022/23 is that a significant proportion of these increased closures were matters where an application had been made to the PIC, and the dispute is now resolved. In FY2022/23, 4,252 ILARS grants were finalised after applications having been made to the PIC, as against 3,470 matters in FY2021/22. We think this increase is attributable, at least in part, to PIC operations returning to a more normal footing after the impacts of COVID-19. The average cost of ILARS grants for matters resolved at the PIC (including for lawyers' professional fees and disbursement costs such as medical report fees, interpreter fees and barrister costs) is more than \$10,000, over double the average cost of all ILARS Grants finalised. The increase in the finalisation of these matters in FY2022/23 has resulted in an additional \$7.9M in ILARS costs.

In 2021, to assist us to forecast demand and expenditure on ILARS grants, we developed a Demand and Forecast model with the assistance of KPMG. The model has identified increasing ILARS expenditure in future years. Expense forecast is based on demand forecasts



and historical cost profile for injury types and resolutions. The forecast demand and expenditure above budget was shared with stakeholders, including fund managers SIRA.

## Clarifying the law through funding appeals

IRO provides grants of funding to enable injured workers to challenge or defend decisions of the PIC. Where the worker is defending a decision in their favour, grants are generally provided without condition.

Where the worker seeks to challenge a decision (which is unfavourable to them), payment of

legal costs will generally only be made in the event of a successful outcome. Where the advice of an Approved Barrister is that the matter has a reasonable prospect of success and the matter raises an important question of law, full funding may be granted.

Funding to support appeals in appropriate circumstances is not only important to the individual worker concerned but can also be necessary to test the scope and application of new or amended provisions, or to clarify contentious legal issues that arise due to the complexity of the workers compensation legislation.

### Case study: Industrial deafness

In *Holcim (Australia) Pty Ltd v Thomas* [2022] NSWCA 183 (20 September 2022), the Court of Appeal considered a claim for replacement hearing aids that the worker brought against an employer (the appellant) who was not his last employer.

The worker had worked with the appellant until 2009. In June 1999, he claimed lump sum compensation under section 66 of the *Workers Compensation Act 1987* (WCA) against the appellant and the dispute resolved on the basis that he suffered 14.87% permanent hearing loss. In 2010 and 2016, the worker claimed the cost of hearing aids from the appellant and the appellant paid the claims. On 14 September 2020, the worker claimed the cost of further hearing aids from the appellant, but it disputed the claim. An Approved Lawyer requested and was approved for a grant of funding under ILARS to assist the worker.

At first instance the PIC noted the history of the claim, and found the appellant was the last employer who employed the worker in employment to the nature of which the injury was due when he gave notice of injury to the appellant in 1999. This meant the injury was deemed to have happened then as a result of the operation of section 17 WCA. The PIC found the provision of hearing aids was reasonably necessary as a consequence of that injury.

The appellant appealed, but Deputy President Wood, a Presidential Member of the PIC, dismissed the appeal.

The appellant sought leave to appeal to the Court of Appeal. As the worker was the respondent in the appeal, IRO agreed to provide funding for the worker's legal costs under the ILARS Funding Guidelines.

The appellant argued that the relevant issues were:

- (1) Whether a limited injury deemed to occur in 1999 can operate to enable recovery of medical expense in 2020 in the presence of a significant increase in the hearing loss and subsequent work in employment to the nature of which industrial deafness is due
- (2) Whether section 17(3) WCA (which is to the effect that compensation is payable by an employer even if the worker, before claiming or receiving that compensation, commences other employment to the nature of which a hearing loss injury can be due) applies when the factual elements of a further and more substantial injury have supervened after the giving of notice of injury completing the existence of a deemed injury.

The worker argued that the question was whether liability to pay for the hearing aids imposed upon the employer ceased if the worker engaged in further employment that aggravated the hearing loss.

The Court of Appeal refused to grant leave to appeal and dismissed the application. The Court found that neither party accurately identified a point of law arising from the PIC's decision and, if there was an error in the decisions below, it was an error of fact and not law.

The Court stated that Deputy President Wood was correct in saying that "there is no requirement in the legislation that compels the worker to give a notice of injury to a later employer...". The Court noted that in June 1999, the worker suffered an injury (loss of hearing) and the parties agreed that this resulted in 14.8% permanent loss of hearing.

Section 17 WCA provides that further hearing loss is a further and separate injury, and if the worker gave notice of such an injury to his later employer, then that employer would be liable for the consequences of the further hearing loss, but not the total hearing loss. In the same way, the appellant is liable for the consequences of the 1999 hearing loss.

The Court held that the question for the PIC to determine was whether the hearing aids were reasonably necessary as a result of the 1999 injury. The appeal papers did not include any evidence relevant to this question, presumably because, at least prima facie, the question is one of fact rather than law. The Presidential appeal lay if the determination at first instance was affected by an error of fact, law or discretion, to correct any such error. It was not a review, or a new hearing.

Ultimately, and despite the fact the insurer resisted the claim by lodging an appeal to the Court of Appeal, IRO's grant of funding meant the worker was successful in maintaining the original decision of the PIC to order the insurer pay the costs of replacement hearing aids. The Court's decision more generally clarifies the ongoing liability of employers and insurers to compensate workers with hearing loss for hearing aids, including in circumstances where a worker has subsequent employment with a 'noisy employer'.

## Review of the Independent Legal Assistance and Review Service (ILARS)

2023 marks the eleventh year of operation of ILARS, which was established in 2012 in response to legislative reforms that required workers to bear their own costs in relation to a claim for compensation. In 2021, ILARS was given a clear statutory basis in the PIC Act, with the stated purpose *'to provide funding for legal and associated costs for workers under the Workers Compensation Acts seeking advice regarding decisions of insurers for those Acts and to provide assistance in finding solutions for disputes between workers and insurers.'*

To assess how effectively ILARS is meeting its statutory purpose and contributing to broader workers compensation scheme objectives, the Independent Review Officer commissioned a review, undertaken by an expert Committee external to IRO in 2022. The Review examined how effectively current arrangements, and in particular the ILARS Funding Guidelines and Approved Lawyer Guidelines (collectively, the Guidelines), enabled the effective achievement of the statutory purposes of ILARS. IRO received the Review Committee's report in December 2022.

The Committee found the Guidelines enabled the effective achievement of ILARS' statutory purpose and effectively supported the objectives of the workers compensation system by:

- authorising a body of capable legal professionals (Approved Lawyers) to assist injured workers
- setting fees that achieve the balance of being fair to Approved Lawyers and the workers compensation system, and
- providing processes and incentives for early resolution of matters.

The Committee reported the overwhelming feedback from users and participants was that the Guidelines support the scheme objectives, enable the efficient and effective operation of ILARS and are fair to participants.

The Committee found that an area where stakeholders have contrasting views is in respect of the amount of fees payable to lawyers for work performed under ILARS. The Review noted IRO must strike a balance between providing fair remuneration to the

lawyers assisting workers under the ILARS scheme and the overall financial sustainability of the workers compensation system. While the financial sustainability of the workers compensation system was beyond the scope of the Review, the Committee noted legal costs are only one component of system costs, and any reduction in ILARS legal costs must ensure there is no adverse impact on the other aspects of the system. The Committee also noted that reduction of ILARS legal costs can be achieved by reducing demand for ILARS assistance, including through ensuring claims are triaged so that only substantive issues are disallowed or disputed, claims managers are experienced and decisions are made promptly, matters that are within the control of workers compensation insurers.

The Committee made 31 recommendations to improve the operation of ILARS, including:

- to increase the transparency and consistency of ILARS decision-making by creating a user group and developing Practice Notes
- to improve the public information about and continuing professional development of Approved Lawyers
- to improve the internal administration of ILARS, and
- to regularly review the ILARS Funding Guidelines and associated schedule of fees.

IRO reviewed the recommendations closely and proposes to:

- accept 17 recommendations in full – these recommendations primarily relate to improving the consistency of IRO decision-making, the accessibility of information about Approved Lawyers and internal IRO processes
- accept 13 recommendations in principle – these recommendations primarily relate to the ongoing review of the ILARS Funding Guidelines and associated fees, and ongoing requirements of lawyers to retain approval
- take one recommendation – concerning reducing the requirements for some lawyers to be approved under ILARS – under consideration.

IRO is establishing a project to progress the recommendations. We have briefed key stakeholders on the Review. The report was published on our website in July 2023.



# SYSTEM OVERVIEW



# System Overview

## Continuous improvement in the WC and CTP systems

IRO has a role in contributing to improvements in the workers compensation and CTP schemes. IRO draws on its complaints, enquiries and applications for ILARS grant funding data to identify trends, patterns and possible systemic issues, as well as opportunities to promote continuous improvement.

### System impact

In FY2022/23, IRO regularly participated in bilateral meetings with Insurance and Care NSW (icare) and the State Insurance Regulatory Authority (SIRA). The Independent Review Officer regularly met with the heads of SIRA and the Personal Injury Commission (PIC) to discuss system-wide issues.

In FY2022/23, IRO has been consulted on, or provided input into, various activities led by other stakeholders in the NSW workers compensation and CTP systems, with a view of system improvement. This has been summarised below.

### 10 years of impact

In October 2022 IRO marked 10 years of helping injured persons and workers since the statutory role of the WorkCover Workers Compensation Independent Review Officer was first established.

Over these 10 years, through our work in solving complaints or administering grants of legal funding, IRO or WIRO have helped tens of thousands of persons injured at work (and more recently those injured in motor accidents) and insurers find fair solutions to complaints and claims. During this time, we have also made substantial recommendations to improve the personal injury statutory compensation schemes.

## Submissions

### *Standing Committee on Law and Justice (SCLJ) Review of the Workers Compensation Scheme*

The theme of the 2022 Review of the Workers Compensation Scheme was the increase in psychological injury claims. IRO lodged a submission with the SCLJ and the Independent Review Officer gave evidence to the Committee on 8 September 2022.

IRO's submission identified the steady increase in the number of workers making claims for psychological injuries. We noted that the claims are more likely than physical injuries to be disputed by the insurer, to be disputed early and for disputes to be more protracted, even though overall outcomes are comparable to physical injury matters.

We provided information about the issues identified in complaints by workers with psychological injuries, including delayed decisions by insurers, excessive requests for IMEs and other assessments, distress resulting from attendance at IMEs and assessments, and case management that fails to meet acceptable standards of consistency, empathy, flexibility and courtesy.

We reflected that the outcome, for some workers, is that the manner in which their claim is managed exacerbates their psychological injury. They report feeling distressed and (re) traumatised, and that case management issues adversely affect their recovery.

Our suggestions for improvement included providing workers with psychological injuries with access for a limited time to treatment without the worker having to prove a condition is work related, implementing a single IME assessment rather than multiple examinations, and continued improvement to insurer case management with a focus on key decisions – such as applying reasonable excuse and requesting a worker undergo an IME – with the biggest impact on injured workers. We also

recommended that where the manner in which an insurer manages an injured worker's claim results in the worker being seriously adversely affected, that act of grace payments or some other restitution action be considered.

### ***SCLJ Review of the CTP scheme***

The 2022 review of the CTP scheme did not have a theme, but the SCLJ was required by Clause 12 of Schedule 5 to the PIC Act, to enquire and report on whether ILARS should be extended to claimants in the CTP scheme. IRO lodged a submission with the SCLJ and the Independent Review Officer gave evidence to the Committee on 18 November 2022.

IRO's submission reflected that complaints from injured persons demonstrated the management of some claims is impacting on access to required treatment and financial support. Examples included delays in accessing treatment caused by review and dispute processes, the prolonged time taken to assess pre-accident weekly earnings (PAWE) and inadequate information provided to injured persons about decisions and review rights.

Our suggestions for improvement included making exceptions to time-limits for treatment and care where delays to access treatment are the result of resolving a dispute, and improving the quality of information provided to injured persons where any aspect of a claim is denied by the insurer. We also suggested changes to speed up payments where there are delays in calculating PAWE.

In addition, we provided information about legal assistance for claimants in CTP matters, noting previous reviews of the scheme found it to be complex and difficult to navigate for some injured persons. In summary, the reviews reflected many persons may benefit from access to legal assistance and *'the need to ensure there is comprehensive, efficient and affordable support available to claimants in the CTP scheme, including effective legal support'*.<sup>2</sup>

We provided information about the operation of ILARS, and noted that subject to appropriate modification, it is a model for the provision of legal assistance which can address unmet needs for legal assistance in the CTP scheme in an effective manner.

### ***SCLJ Review of the Lifetime Care and Support Scheme (LCSS)***

The SCLJ 2022 review of the LCSS ran in tandem with the review of the CTP scheme, also hearing evidence on 18 November 2022.

In its submission IRO noted it had assumed responsibility for dealing with complaints and enquiries about CTP Care, which is administered by the Lifetime Care and Support Authority (LCSA), in June 2022. The complaints received by IRO, albeit small in number, tended to raise issues common to other CTP complaints handled by IRO, including delays in decision-making and case management.

IRO noted there was some uncertainty about IRO's power to deal with CTP Care and LCSA complaints which would benefit from legislative clarification.

The Government response published in June clarifies the current position with the jurisdiction of IRO to hear complaints about CTP Care (as the relevant insurer under MAIA) and the Lifetime Care and support Scheme.<sup>3</sup>

### ***Statutory Review of the Personal Injury Commission Act 2020 (NSW)***

The State Insurance Regulatory Authority was appointed to conduct a review of the Personal Injury Commission Act 2020 (NSW) (PIC Act) required by section 68 of the legislation. The purpose of the review was to determine whether the policy objectives of the PIC Act remain valid and whether the terms of the Act remain appropriate for securing those objectives.

IRO lodged a submission focused on Schedule 5 of the PIC Act, which established the Office of the Independent Review Officer. In particular, the submission noted that the PIC Act did not contain specific policy objectives relating to IRO and recommended the Act be amended to do so.

In addition, IRO's submission recommended clarifying IRO's role with respect to dealing with complaints about the acts and omissions of the Lifetime Care and Support Authority, as well as improving arrangements to protect people who complain to us, to protect workers who are assisted through ILARS, to protect IRO staff and to support information sharing.

2. Report No 82 - Standing Committee on Law and Justice - 2022 Review of the Compulsory Third Party insurance scheme, page 34, accessed at: <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2896/Report%20no.%2082%20-%202022%20Review%20of%20the%20Compulsory%20Third%20Party%20insurance%20scheme.pdf>

3. Government Response to the Report of the Legislative Council Standing Committee on Law and Justice on 2022 Review of the Lifetime Care and Support Scheme, accessed at: [www.parliament.nsw.gov.au/lcdocs/inquiries/2895/Report%20no.%2083%20-%202022%20Review%20of%20the%20Lifetime%20Care%20and%20Support%20scheme.pdf](https://www.parliament.nsw.gov.au/lcdocs/inquiries/2895/Report%20no.%2083%20-%202022%20Review%20of%20the%20Lifetime%20Care%20and%20Support%20scheme.pdf)



## Engagement with the Personal Injury Commission

In early 2023, the PIC conducted a consultation process for two proposed changes to its Rules, concerning the admission of late documents for Medical Assessments and limiting the number and format of documents attached to Applications to Resolve a Dispute and Replies.

IRO made submissions regarding both proposed amendments, which focused on the need to ensure that implementing limits to document numbers and imposing a numbering and indexing requirement would not disadvantage unrepresented litigants or impose significant costs on lawyers who lacked the technology to do this work in-house.

In addition, IRO welcomed the move to simplify the interlocutory process for the lodgement of late documents and encouraged the PIC's Rules Committee to consider further refinement.

On 15 March 2023, the PIC's Rules Committee made a unanimous resolution to implement the proposed changes, with some minor amendments. The PIC intends the rule changes to commence once its new Single Digital Platform is operating in both the workers compensation and motor accidents divisions.

The PIC launched its single digital dispute resolution platform called 'Pathway' for Motor Accidents staff, decision makers and users in mid-June 2023, with claimants, insurers and legal representatives in Motor Accidents disputes commencing to use the new portal from 20 June 2023.

## Engagement with insurers and law firms

We have also provided specific insurers with data about the nature of complaints IRO has received about their service provision, continued our engagement with leading personal injury plaintiff law firms, and closely considered the policy and practice implications of draft bills and regulations for amendment of the enabling legislation.

## Contributing to the COVID-19 response

Since March 2020, IRO (or previously WIRO) has recorded details of every complaint, enquiry and ILARS funding application with a COVID-19 related issue to track the impact of the virus on injured workers and inform policy and system responses to COVID-19.

IRO received 93 complaints (down from 123 complaints in FY2021/22), 34 enquiries (down from 220 enquiries in FY2021/22) and 224 grant applications for matters with a COVID-19 issue between 1 July 2022 and 30 June 2023 (see Table [xx]).

Emerging issues in ILARS grant applications include claims for weekly payments, treatment expenses and whole person impairment compensation where a worker has contracted COVID-19 in the workplace, and is suffering the effects of long-COVID. In addition, some workers have claimed compensation following an adverse reaction of a COVID-19 vaccine, and where being vaccinated was a mandated requirement for their workplace. Other workers have claimed compensation following psychological injuries caused by the implementation by employers of mandatory vaccination requirements.

Table [11]: IRO matters with a COVID-19 issue for FY2021/22 and FY2022/23

Type of matter	FY2022/23	FY2021/22
Complaints	93	123
Enquiries	34	220
Grant applications	224	242

## IRO inquiries

Clause 6 of Schedule 5 to the PIC Act provides for the Independent Review Officer to inquire into and report to the Minister on matters arising in connection with the operation of the workers compensation and CTP schemes. In FY2022/23, we continued to build our inquiry function, looking into systemic issues with a view to strengthening and improving the system for injured persons.

### Errors in weekly payments

Employers and insurers making errors when paying weekly benefits to injured workers (such as delayed payments, payment amounts changed without explanation or payments stopped without reason) are a common issue of complaint to IRO. More than 900 complaints about errors in weekly payments were received by IRO between 1 July 2022 and 31 December 2023.

Given the prevalence of the issue, we commenced an Inquiry that included a detailed analysis of 100 complaints and consultation with insurers, industry bodies, unions and SIRA. IRO completed the Inquiry Report into Errors in Weekly Payments in May 2023.

We established that common causes of these complaints include employers not fully understanding their obligations to pass on payments to injured workers, and case management errors by insurers. The Inquiry also highlighted the adverse impacts on injured workers – financial, physical and psychological – as a result of these errors. Examples from complaints handled by IRO include workers potentially being exposed to loss of housing, inability to afford medications and being unable to meet regular payments, potentially impacting on credit ratings.

Our report makes several observations and recommendations intended to reduce the incidence and impact of errors in weekly payments. These include recommendations focused on improving how insurers collect and analyse data and act to address any root causes of errors in weekly payments. We also recommended SIRA consider common causes of errors in weekly payments and act on improvement opportunities, such as that all

workers with capacity restrictions should have the benefit of a PIAWE calculation, even where the employer does not report a wage loss, to ensure that workers are paid correctly. We also recommend insurers reach faster solutions when errors in weekly payments occur and ensure that complaints by injured workers about payment errors are remediated as a high priority.

We will monitor the response of insurers and SIRA to our recommendations.

The report is available on our website.

## IRO education and publications

### Education for workers compensation practitioners

In the second half of 2022 and first quarter of 2023, IRO conducted Approved Lawyer and Paralegal Training Courses. These were presented via IRO's online platform (Microsoft Teams) and were well subscribed with 247 enrolments. The courses included significant presentations from the Solutions Group, in relation to its complaints management processes, and the ILARS Group, focussed on providing information to legal practitioners about how to apply for grants of funding and efficient invoicing upon the resolution and determination of disputes.

In March 2023, IRO held six regional seminars in Ballina, Newcastle, Wollongong, Albury, Orange and Penrith. These seminars included substantive law presentations from IRO Approved Lawyers and IRO's Manager Legal Education focussed upon issues of importance in workers compensation, including the developing area of Federal Diversity Jurisdiction. IRO's Solutions and ILARS Groups also presented papers regarding the most effective ways to make and resolve complaints, and to apply for and progress an ILARS grant of funding. Registration numbers varied between locations, with over 100 delegates attending the seminars in Newcastle and Penrith.

IRO held its annual Sydney Seminar on 14 June 2023. This was the eleventh Sydney Seminar in IRO/WIRO history, titled this year, *'Current*

and *Upcoming Issues in the Personal Injury Schemes*:

- 285 delegates attended the event in person at the UTS Aerial Conference Centre;
- 359 delegates accessed the Seminar online via live stream
- more than 500 accesses were made in the three months following the seminar to online papers and recordings.

The Seminar involved a mix of presentations and panel discussions with experts and practitioners from a range of fields, including insurers, legal and medical professionals and senior representatives from icare and SIRA, each offering their expertise and professional perspectives on the topics including:

- Presenting matters effectively at the Personal Injury Commission
- Meeting the challenge of challenging conduct
- icare's Nominal Insurer Improvement Program and SIRA's focus on driving better compliance with the regulatory scheme
- Improving understanding of medicolegal reports
- Opportunities for early solutions in disputed workers compensation claims.

Feedback from the seminars was overwhelmingly positive, with most survey respondents strongly agreeing or agreeing that the seminar met expectations as a useful learning experience.

## **Publications with updates on cases and reforms**

Fourteen issues of the *IRO Bulletin* were published this year. The *Bulletin* provides an analysis of recent and relevant decisions from the PIC and Courts, and information about amendments to legislation, regulations and Fees Orders. The *Bulletin* is an important resource for professionals who are engaged in determining or advising upon injurer workers' rights and entitlements.

*IRO Alerts* are newsletters with up-to-date information for practitioners in the personal injury system. Twenty-six *IRO Alerts* were published in FY2022/23.

In addition, in FY2022/23, IRO published three *IRO News* publications.

## Corporate performance

### Business Process Review

As previously reported, IRO commenced an in-depth, end-to-end Business Process Review in July 2021. The Review examined all aspects of our work and identified opportunities to improve our efficiency and effectiveness, including recommendations to improve the quality and efficiency of our case and grant management processes with the use of templates to enhance efficiency and promote consistency.

As part of this work, several updates were made to IRO's case management system, Resolve, to improve the efficiency and speed of its operations, and to allow our staff to more easily navigate case files and data.

In early 2023, the Review transitioned into the continuous improvement phase, with a Central Email Manager being launched in March 2023, adding automation functionality for incoming and outgoing emails to IRO. Through continuous improvement work, we will continue to examine our systems and processes and adjust our practices to ensure we can continue to deliver fast, efficient and cost effective services.

### Fiftyfive5 user experience survey

Last financial year, IRO commissioned independent marketing research consultants, Fiftyfive5, to conduct a benchmark survey of the user experience (UX) of those relying on IRO services. The survey responded to recommendations made by the Nous Group in their external assessment of IRO/WIRO services in 2020. It was undertaken to obtain a clear baseline measurement of key stakeholders' experiences and satisfaction with services provided by the IRO or Approved Lawyers funded under ILARS.

Since this initial survey, IRO has commenced regular UX surveys on complaints and enquiries finalised by the Solutions Group.

In the first quarter of 2023, 224 responses were received for workers compensation complaints, with 66 per cent of respondents

agreeing that the outcome to their complaint was achieved in a timely manner, with 65 per cent of respondents being clear about what the outcome meant and next steps. Responses were received from 24 CTP complainants, with 50 per cent of respondents feeling that the outcome was communicated clearly.

IRO also commenced measuring the user experience of people who access our Enquiry Service. Of the 131 people who provided feedback on the service in the first quarter of 2023, the majority felt that IRO clearly understood their enquiry (69 per cent) and two-thirds believed that they received the right level of information for their needs (66 per cent).

The survey results offered useful insights into where there may be opportunities for improvement, including to further explore what impacts on the perception of fairness of the outcome of a complaint. IRO will continue to monitor the UX survey data each quarter and provide a full report in next year's annual report.

### Our effectiveness and efficiency

To continue to increase our effectiveness, and as part of work to consolidate the establishment of IRO, we have been implementing improvements to IRO's governance and performance management systems (see Corporate Governance).

### IRO Direction 2023-25

The IRO Direction 2023-25 identifies the priorities and strategies which will be our focus to ensure that we can continue to deliver our services and recommend improvements to the statutory compensation schemes for workers compensation and motor accident injuries. The IRO Direction is published on our website and the priorities and strategies are outlined below.

### IRO priorities and strategies

Achieving fair and quick solutions for injured persons' complaints and claims

- increasing IRO's capacity and capability to deal with motor accident injury complaints
- identifying more opportunities to implement early solutions in ILARS matters

### ***Enabling injured workers' access to appropriate legal assistance***

- acting on the recommendations of the ILARS Review conducted in 2022
- completing the review of medical report provider arrangements and appeal costings, and acting on the outcomes
- reviewing matters where workers' outcomes are not improved to identify any opportunities to refine ILARS Funding Guidelines

### ***Offering insights that improve the operation of the injury compensation schemes***

- making suggestions to improve the complaint and claim handling processes of insurers
- contributing to external reviews of the injury compensation schemes
- improving the experience of injured persons who are dissatisfied with the compensation schemes

### ***Fostering the wellbeing and expertise of IRO's team***

- enhancing the connection and effectiveness of IRO teams and team members in a hybrid work environment
- responding to the results of IRO's People Matter Employee Surveys
- making ongoing development of IRO's team a hallmark of our culture, and supporting the training and development of every IRO team member

### ***Improving how we work***

- embedding continuous improvement as a way of working at IRO
- improving how we engage with those who rely on us
- increasing the quality and value of our data, and improving the use of data in all our functions
- embedding good practice in our financial, governance, ICT, and risk management arrangements

Work is already underway to progress the priorities, including building CTP capability and capacity, working to implement changes to Medical Report Provider arrangements, developing a plan to deliver on the ILARS Report recommendations, launching a new IRO website and ongoing review and improvement of business processes to support continuous improvement.

# Management and Accountability

## Corporate governance

The Independent Review Officer is appointed by the Governor. IRO is a public sector agency established under Clause 5 of Schedule 5 to the PIC Act and Part 3 of Schedule 1 to the *Government Sector Employment Act 2013*. The Independent Review Officer is responsible for ensuring that IRO and its staff operate in accordance with all legislative and government sector requirements.

IRO has in place an Executive Committee (including IRO Directors and the Executive Officer) and a People Leaders Group (PLG, including IRO Executives and Managers) to oversee the activities of the agency.

Over the current reporting period, IRO has continued its uplift work to ensure we have suitable governance and operational arrangements in place to support our work. Building on the work conducted in FY2021/22, we have:

- commenced a Wellbeing/Work Health and Safety Internal Audit
- improved the way we identify and report ILARS grant accruals
- implemented a register for the ILARS Director to document judgement applied when approving ILARS expenditures not covered by the Funding Guidelines
- introduced a Cash Funding Management Policy
- reviewed and published an updated IRO Complaints and Compliments Policy and IRO Unreasonable Conduct Policy and Procedure
- raised organisational awareness of governance across the IRO, with presentations to staff as well as staff attendance at external training to build governance capability and knowledge

- worked with our Audit and Risk Committee, chaired by Bruce Turner AM, to ensure we continue build and maintain trust in our activities, with a focus on financial reporting and risk identification and management strategies
- agreed on an internal audit program for FY2023/24 with the Department of Customer Service (DCS).

For the current reporting period:

### • **Internal Audit and Risk Management –**

IRO has accepted recommendations in the Enterprise Risk Management Maturity and Audit Report commissioned by DCS and conducted by PricewaterhouseCoopers to lift DCS risk maturity.

Work undertaken by IRO to uplift risk maturity has included a Risk Workshop attended by DCS Business Partners and the PLG, and commencement of a review and update of the Risk Register. We participate in the DCS Risk and Compliance Community of Practice and have also implemented a risk management fundamentals training package for key IRO staff. See Internal Audit and Risk Management Attestation Statement for 2022/23 for the IRO (see Appendix)

- **Cyber security** – IRO relies on the DCS cyber incident response plan and Information Security Management System (ISMS) of DCS. We manage cyber security risks, in conjunction with DCS, in a manner consistent with the Mandatory Requirements set out in the NSW Cyber Security Policy.

In May 2023, IRO experienced a denial-of-service attack through an IRO online form on the website. Immediate action was taken to mitigate the risk under our Business Continuity Plan (BCP), with the current website host updating various security features. Security was a continuing focus for IRO as we launched our new website in August 2023.

IRO has undertaken significant governance uplift work as part of DCS's Project Trust. This includes recognising IRO's Resolve case management system as a 'Crown Jewel' information system, undertaking a Personal Information Control Uplift, Sensitivity Classification and labelling and adopting Essential Eight Security Maturity Controls as part of our Information Security Management System (ISMS).

IRO has adopted the DCS Risk Assessment Framework and completed a review and update of the Business Impact Analysis (BIA), BCP and Disaster Recovery Plan (DRP). The Resolve application is on Amazon (AWS) cloud servers behind the DCS Firewall and has been upgraded to version 12.

IRO has completed Cyber Security Maturity reporting for the annual attestation for FY2022/23, which will be consolidated with the DCS-led cluster wide attestation, to be submitted to Cyber Security NSW by 31 October 2023.

The Cyber Security Annual Attestation Statement for the 2022-2023 Financial Year for the Department of Customer Service (Secretary – NSW Department of Customer Service) see Appendix.





# APPENDIX

# Appendix

## Additional IRO Data FY2022/23

Data from the following tables is extracted from our Resolve case management system.

Percentages may not add up to 100%, as in most tables they are rounded to the nearest percent.

### Early Solutions

Table 1(a): Workers Compensation (WC) complaint and enquiry issues for matters opened during FY2022/23

Issue	Complaint Number	%	Enquiry Number	%
Complaint about Service Provider	-	0%	57	1%
Delay in determining liability	2073	27%	274	4%
Delay in payment	1484	20%	193	3%
Denial of liability	724	10%	954	12%
Employer Complaint	-	0%	224	3%
Escalation or Investigation - Secondary Issue Only	1	0%	-	0%
General Case Management	970	13%	1474	19%
How to make a Claim	-	0%	1757	23%
Independent Legal Assistance and Review Service (ILARS) Lawyer Complaint	-	0%	251	3%
Independent medical examiner (IME)/ injury management consultant (IMC)	192	3%	256	3%
Non-Insurer Complaint	216	3%	-	0%
Privacy Surveillance	-	0%	7	0%
Query about leave entitlements	-	0%	57	1%
Query about workers compensation (WC) benefits	-	0%	983	13%
Request for Documents	730	10%	95	1%
Weekly Benefits	721	9%	502	7%
Who is the insurer?	-	0%	189	2%
Work Capacity Decision	391	5%	254	3%
Workplace Injury Management (WIM)	101	1%	160	2%
<b>Total</b>	<b>7603</b>	<b>100%</b>	<b>7687</b>	<b>100%</b>

Note: A case may have more than one issue.

Table 1(b): Compulsory Third Party (CTP) complaint and enquiry issues for matters opened in FY2022/23

Issue	Complaint Number	%	Enquiry Number	%
Complaint about Service Provider	-	0.0%	3	0.3%
Delay in determining liability	-	0.0%	11	1.1%
Denial of liability	-	0.0%	78	7.9%
General Case Management	-	0.0%	471	48.0%
How to make a Claim	-	0.0%	224	22.8%
Non-Insurer Complaint	-	0.0%	29	3.0%
Request for Documents	-	0.0%	3	0.3%
Weekly Benefits	-	0.0%	30	3.1%
Who is the insurer?	-	0.0%	3	0.3%
Investigations	2	0.2%	-	0.0%
Income support/weekly payments	190	21.3%	-	0.0%
Claim Payments	71	8.0%	-	0.0%
Claim Liability	61	6.9%	-	0.0%
Treatment and care	142	16.0%	-	0.0%
Minor Injury	33	3.7%	30	3.1%
Query About Compulsory Third Party (CTP) Benefits	-	0.0%	85	8.7%
Domestic Assistance	31	3.5%	-	0.0%
Settlement	14	1.6%	1	0.1%
Case Manager	175	19.7%	-	0.0%
Examination	18	2.0%	-	0.0%
Claim Lodgement	20	2.2%	-	0.0%
Insurer internal reviews	18	2.0%	-	0.0%
Common Law	51	5.7%	-	0.0%
Dispute Handling	12	1.3%	-	0.0%
Report	6	0.7%	-	0.0%
Fees	15	1.7%	-	0.0%
Third Party/Service Provider management	4	0.4%	-	0.0%
Earning Capacity decisions	1	0.1%	-	0.0%
Certificate of Capacity/Fitness	4	0.4%	-	0.0%
Fault	-	0.0%	4	0.4%
Fault Status	12	1.3%	-	0.0%
Return to work assistance benefits	2	0.2%	-	0.0%
Recovery Plan	1	0.1%	-	0.0%
Privacy Surveillance	-	0.0%	3	0.3%
Lifetime Care and Support (LTCS)	1	0.1%	-	0.0%
Fraud	4	0.4%	-	0.0%
Death Benefits	1	0.1%	-	0.0%

Delay in payment	-	0.0%	4	0.4%
Injury management		0.0%	3	0.3%
Injury Management Plan	1	0.1%	-	0.0%
<b>Total</b>	<b>890</b>	<b>100%</b>	<b>982</b>	<b>100%</b>

Note: A case may have more than one issue.

Table 2(a): Source of workers compensation complaints and enquiries in FY2022/23

Issue	Number	%
Lawyer	9874	64.6%
Web search	2350	15.4%
Government Department	790	5.2%
Word of Mouth	573	3.7%
Other source	551	3.6%
Insurer	339	2.2%
Doctor	220	1.4%
Union	87	0.6%
Rehabilitation Provider	28	0.2%
Employer	42	0.3%
Personal Injury Commission	14	0.1%
Advertising	12	0.1%
Advertisement	4	0.0%
ILARS Case	1	0.0%
IRO Campaign	2	0.0%
Not Recorded	2	0.0%
IRO Campaign	1	0.0%
SafeWork	400	2.6%
<b>Total</b>	<b>15290</b>	<b>100%</b>

Note: The IRO records the source of complaints and enquiries as reported by the injured person or their representative. The high incidence of 'lawyer' sourced complaints reflects that many complaints and enquiries come to IRO after an Approved Lawyer has obtained ILARS grants.

Table 2(b): Source of CTP complaints and enquiries in FY2022/23

Issue	Number	%
Doctor	10	0.5%
Government Department	124	6.6%
Insurer	34	1.8%
Lawyer	294	15.7%
Other source	361	19.3%
Union	4	0.2%
Web search	945	50.5%

Word of Mouth	66	3.5%
SafeWork	27	1.4%
Rehabilitation Provider	1	0.1%
ILARS Case	1	0.1%
Advertising	1	0.1%
Personal Injury Commission	4	0.2%
<b>Total</b>	<b>1872</b>	<b>100%</b>

Table 3(a): How workers compensation complaints and enquiries were received in FY2022/2023

Format that complaints and enquiries were received	Number of Cases
<b>Workers Compensation (WC) complaints and enquiries</b>	<b>15,290</b>
<b>Complaints</b>	<b>7603</b>
Email	3084
ILARS	203
In person	3
Letter	3
Telephone	2884
Website	1426
<b>Enquiries</b>	<b>7687</b>
Email	812
ILARS	11
In Person	4
Letter	2
Telephone	6430
Website	428

Table 3(b): How CTP complaints and enquiries were received in FY2022/23

Format that complaints and enquiries were received	Number of Cases
<b>Compulsory Third Party (CTP) complaints and enquiries</b>	<b>1,872</b>
<b>Complaints</b>	<b>890</b>
Email	317
Letter	1
Telephone	446
Website	126
<b>Enquiries</b>	<b>982</b>
Email	276
Telephone	692
Website	14

Table 4(a): Workers compensation complaint timeliness – How long to close a workers compensation complaint in FY2022/2023

Issue	Same day	Next day	2 to 7 days	8 to 15 days	16 to 30 days	More than 30 days	Total
Delay in determining liability	178	153	1,210	383	82	9	<b>2,015</b>
Delay in payment	107	94	890	244	71	4	<b>1,410</b>
Denial of liability	303	55	224	75	24	4	<b>685</b>
General Case Management	237	66	381	165	48	5	<b>902</b>
Independent medical examiner (IME)/injury management consultant (IMC)	26	12	98	41	8	2	<b>187</b>
Non-Insurer Complaint	141	10	36	8	3	1	<b>199</b>
Request for Documents	111	99	421	70	15	-	<b>716</b>
Weekly Benefits	70	39	341	151	74	11	<b>686</b>
Work Capacity Decision	68	23	145	91	32	4	<b>363</b>
Workplace Injury Management (WIM)	16	3	47	19	7	1	<b>93</b>
Escalation or Investigation - Secondary Issue Only	-	-	-	-	1	-	<b>1</b>
<b>Total</b>	<b>1,257</b>	<b>554</b>	<b>3,793</b>	<b>1,247</b>	<b>365</b>	<b>41</b>	<b>7,257</b>

Table 4(b): CTP complaint timeliness – How long to close a CTP complaint in FY2022/23

Issue	Same day	Next day	2 to 7 days	8 to 15 days	16 to 30 days	Over 30 days
Case Manager	22	14	98	35	8	2
Certificate of Capacity/ Fitness	1	-	3	1	-	-
Claim Liability	13	6	22	13	6	-
Claim Lodgement	4	1	11	4	-	-
Claim Payments	7	3	45	12	5	-
Common Law	14	2	22	10	3	-
Death Benefits	-	-	-	1	-	-
Dispute Handling	6	-	4	1	-	1
Domestic Assistance	5	1	12	10	4	-
Fault Status	6	-	2	3	1	-
Fees	3	4	6	1	-	-
Fraud	1	-	1	2	-	-
Income support/weekly payments	27	7	79	57	17	2
Injury Management Plan	-	-	1	-	-	-
Insurer internal reviews	-	-	10	3	4	-
Investigations	-	-	-	1	1	-
Lifetime Care and Support (LTCS)	-	-	1	-	-	-
Minor Injury	8	3	17	9	-	-
Recovery Plan	-	-	1	-	-	-
Report	1	1	2	2	-	-
Return to work assistance benefits	-	-	1	1	-	-
Return to work management	-	-	-	1	-	-
Settlement	2	3	8	1	1	-
Third Party/Service Provider management	1	-	2	1	-	-
Treatment and care	30	8	71	26	13	-
Earning Capacity decisions (78 week)	1	-	-	-	-	-
<b>Total</b>	<b>156</b>	<b>53</b>	<b>425</b>	<b>201</b>	<b>64</b>	<b>5</b>

Table 5(a): Workers compensation complaints outcomes for complaints finalised in FY2022/2023

Outcome	Other Insurer including Not Provided	Scheme agent	Self-insured	Specialised insurer	TMF	Total
<b>Delay in determining liability</b>	<b>10</b>	<b>1300</b>	<b>172</b>	<b>109</b>	<b>345</b>	<b>1936</b>
<b>Domestic assistance</b>	<b>2</b>	<b>97</b>	<b>10</b>	<b>4</b>	<b>22</b>	<b>135</b>
Accepted after IRO Complaint	1	35	3	3	4	46
ADL approved	1	41	4	1	10	57
Claim not made in accordance with 60AA	-	5		-	4	9
Declined after IRO Complaint	-	9	2	-	3	14
Entitlement exhausted	-	7	1	-	1	9
<b>Initial Notification</b>	<b>1</b>	<b>80</b>	<b>3</b>	<b>4</b>	<b>16</b>	<b>104</b>
Initial notification incomplete	1	5	1	-	2	9
Initial notification not received	-	7		-	5	12
No response provided and outside timeframes	-	8	-	-	-	8
Provisional liability inside timeframes	-	3	1	1	3	8
Provisional liability outside timeframes	-	14				14
Reasonable excuse applied in time	-	40	1	3	5	49
Reasonable excuse defective	-	3	-	-	1	4
<b>Recurrence / Whole claim</b>	<b>2</b>	<b>114</b>	<b>29</b>	<b>8</b>	<b>21</b>	<b>174</b>
Claim accepted inside timeframes	-	7	1	-	2	10
Claim accepted outside timeframes	-	20	7	3	3	33
Claim denied inside timeframes	-	16	1	1	3	21
Claim denied outside timeframes	-	26	7	1	1	35
Insurer not on risk	1	9	3	-	3	16
No decision and inside timeframes	-	19	2	3	5	29



Outcome	Other Insurer including Not Provided	Scheme agent	Self-insured	Specialised insurer	TMF	Total
No decision and outside timeframes	-	11	2	-	2	15
Recurrence not determined	-	4	-	-	1	5
Request not received	1	2	6	-	1	10
<b>Section 287A</b>	<b>-</b>	<b>50</b>	<b>14</b>	<b>8</b>	<b>16</b>	<b>88</b>
Claim accepted inside timeframes	-	5	-	-	-	5
Claim accepted outside timeframes	-	6	2	1	3	12
Claim denied inside timeframes	-	3	1	-	1	5
Claim denied outside timeframes	-	11	7	2	7	27
No decision and inside timeframes	-	5	1	1	1	8
No decision and outside timeframes	-	17	3	2	3	25
Request not received	-	3	-	2	1	6
<b>Section 66</b>	<b>1</b>	<b>81</b>	<b>15</b>	<b>6</b>	<b>23</b>	<b>126</b>
Claim accepted inside timeframes	-	3	-	-	1	4
Claim accepted outside timeframes	-	21	4	1	5	31
Claim denied inside timeframes	-	6	-	2	2	10
Claim denied outside timeframes	-	9	1	1	5	16
Claim not duly made	-	1	-	-	1	2
Insurer not on risk	-	3	-	-	1	4
No decision and inside timeframes	-	21	3	-	2	26
No decision and outside timeframes	-	15	4	2	5	26
Request not received	1	2	3	-	1	7
<b>Weekly Benefits / Medical Treatment</b>	<b>4</b>	<b>878</b>	<b>101</b>	<b>79</b>	<b>247</b>	<b>1309</b>
Claim accepted inside timeframes	-	112	15	14	28	169
Claim accepted outside timeframes	-	265	25	15	100	405

Outcome	Other Insurer including Not Provided	Scheme agent	Self-insured	Specialised insurer	TMF	Total
Claim denied inside timeframes	-	97	8	13	16	134
Claim denied outside timeframes	1	162	18	19	41	241
Insurer not on risk	1	16	2	-	2	21
No decision and inside timeframes	1	95	7	8	27	138
No decision and outside timeframes	-	63	14	5	16	98
Request not received	1	68	12	5	17	103
<b>Delay in payment</b>	<b>1</b>	<b>849</b>	<b>131</b>	<b>98</b>	<b>268</b>	<b>1347</b>
<b>Certificate of determination COD / Settlement</b>	<b>-</b>	<b>165</b>	<b>50</b>	<b>28</b>	<b>57</b>	<b>300</b>
Centrelink and/or Medicare delay	-	65	9	9	22	105
Correct amount paid after IRO Complaint	-	54	14	7	21	96
Decision being appealed	-	-	3	-	-	3
Insurer admin error	-	24	13	8	7	52
Insurer within timeframes and not paid	-	7	1	-	-	8
Interpretation of terms dispute	-	5	2	1	4	12
Lawyer hasn't provided all documents required	-	10	7	3	2	22
Leave re-credited	-	-	1	-	1	2
<b>Medical/Travel</b>	<b>1</b>	<b>247</b>	<b>38</b>	<b>25</b>	<b>120</b>	<b>431</b>
Claim already paid	-	25	5	2	6	38
Claim disputed	-	14	1	2	6	23
Claim not received	-	9	1	2	1	13
Correct amount paid after IRO Complaint	-	146	24	15	85	270
Insufficient information / Invoices not provided	-	34	3	2	12	51
Insurer not on risk	1	5	-	-	-	6

Outcome	Other Insurer including Not Provided	Scheme agent	Self-insured	Specialised insurer	TMF	Total
Insurer within timeframes	-	14	4	2	10	30
<b>Weekly benefits</b>	<b>-</b>	<b>437</b>	<b>43</b>	<b>45</b>	<b>91</b>	<b>616</b>
Employer error making payments	-	75	11	8	5	99
Employer error where insurer takes over payments	-	45	1	2	2	50
Insurer admin error	-	154	12	22	53	241
Irregular payments	-	30	-	6	7	43
No apparent error with payments	-	82	13	3	10	108
No COC	-	38	4	2	9	53
No EFT/TFN details	-	9	1	2	4	16
PID Certificate - no entitlement	-	4	1		1	6
<b>Denial of liability</b>	<b>5</b>	<b>443</b>	<b>71</b>	<b>31</b>	<b>109</b>	<b>659</b>
<b>Defective form changed and reissued</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>1</b>	<b>4</b>
<b>Defective form withdrawn</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3</b>
<b>Insurer maintain denial on review</b>	<b>-</b>	<b>38</b>	<b>11</b>	<b>5</b>	<b>6</b>	<b>60</b>
<b>Insurer overturns decision after PI</b>	<b>-</b>	<b>28</b>	<b>3</b>	<b>-</b>	<b>6</b>	<b>37</b>
<b>Matter referred for review or legal</b>	<b>5</b>	<b>358</b>	<b>54</b>	<b>25</b>	<b>93</b>	<b>535</b>
<b>Section 59A Applied</b>	<b>-</b>	<b>13</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>18</b>
<b>Section 59A Overturned</b>	<b>-</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2</b>
<b>General Case Management</b>	<b>14</b>	<b>576</b>	<b>47</b>	<b>58</b>	<b>153</b>	<b>848</b>
<b>Insurer notified of complaint</b>	<b>1</b>	<b>328</b>	<b>24</b>	<b>27</b>	<b>89</b>	<b>469</b>
<b>Referred to insurer</b>	<b>9</b>	<b>172</b>	<b>20</b>	<b>23</b>	<b>46</b>	<b>270</b>
<b>Referred to SIRA, icare or other</b>	<b>4</b>	<b>76</b>	<b>3</b>	<b>8</b>	<b>18</b>	<b>109</b>

Outcome	Other Insurer including Not Provided	Scheme agent	Self-insured	Specialised insurer	TMF	Total
<b>IME/IMC</b>	<b>1</b>	<b>120</b>	<b>19</b>	<b>10</b>	<b>19</b>	<b>169</b>
Appointment cancelled-information from treating doctors received	-	8	-	-	1	9
Appointment cancelled-referral procedure not followed	-	17	-	3	-	20
Appointment maintained	-	56	13	5	10	84
Appointment rescheduled	-	23	4	2	5	34
Choice of 3 IMEs provided after IRO Complaint	-	9	-	-	1	10
Location changed	-	6	-	-	2	8
Travel organised	1	1	2	-	-	4
<b>No Action</b>	<b>20</b>	<b>224</b>	<b>27</b>	<b>20</b>	<b>53</b>	<b>344</b>
<b>Non-insurer complaints</b>	<b>22</b>	<b>105</b>	<b>14</b>	<b>10</b>	<b>36</b>	<b>187</b>
<b>Employer Complaint</b>	<b>18</b>	<b>39</b>	<b>8</b>	<b>1</b>	<b>19</b>	<b>85</b>
Referred to Fair Work or IRC	3	13	2	-	5	23
Referred to Other	10	8	3	-	10	31
Referred to SIRA/ SafeWork	5	18	3	1	4	31
<b>ILARS Lawyer Complaint</b>	<b>2</b>	<b>30</b>	<b>2</b>	<b>2</b>	<b>10</b>	<b>46</b>
Refer worker to OLSC, Law Firm or Other	2	17	2	-	7	28
Updated the IRO Principal Lawyer	-	13	-	2	3	18
<b>Privacy/Surveillance</b>	<b>-</b>	<b>5</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>8</b>
Referred to IPC	-	3	-	1	-	4
Referred to Other	-	2	-	2	-	4
<b>Service Provider</b>	<b>2</b>	<b>31</b>	<b>4</b>	<b>4</b>	<b>7</b>	<b>48</b>
Referred to Other	1	21	3	3	6	34
Referred to SIRA	1	10	1	1	1	14

Outcome	Other Insurer including Not Provided	Scheme agent	Self-insured	Specialised insurer	TMF	Total
<b>Request for Documents</b>	<b>5</b>	<b>469</b>	<b>74</b>	<b>32</b>	<b>110</b>	<b>690</b>
<b>Liability Accepted</b>	<b>4</b>	<b>359</b>	<b>56</b>	<b>19</b>	<b>73</b>	<b>511</b>
Docs not provided	-	21	7	1	9	38
Docs provided after PI	-	287	35	17	45	384
Docs provided to third party	-	23	4	-	5	32
Request not received	4	28	10	1	14	57
<b>Liability Disputed</b>	<b>1</b>	<b>110</b>	<b>18</b>	<b>13</b>	<b>37</b>	<b>179</b>
Docs not provided	1	19	5	2	10	37
Docs provided after IRO Complaint	-	91	9	11	25	136
Docs provided to third party only	-	-	2	-	1	3
Privilege Claimed	-	-	2	-	1	3
<b>Weekly Benefits</b>	<b>2</b>	<b>421</b>	<b>62</b>	<b>40</b>	<b>115</b>	<b>640</b>
<b>Overpayment</b>	<b>-</b>	<b>25</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>34</b>
Insurer or employer presses with recovery	-	11	1	2	2	16
Insurer stops recovery	-	14	1	1	2	18
<b>Payments changed</b>	<b>1</b>	<b>177</b>	<b>27</b>	<b>21</b>	<b>55</b>	<b>281</b>
Change of entitlement period	-	17	-	-	6	23
Employer error where insurer takes over payments	-	7	-	1	-	8
Employer not passing on correct payment	-	45	7	3	13	68
Indexation applied after PI	-	13	6	1	-	20
Legislative reduction in PIAWE	-	5	1	-	2	8
No apparent error with payments	1	67	12	10	25	115
Payments increased after PI (stat rate or 95%)	-	18	1	5	4	28
WCD or Section 40 assessment	-	5	-	1	5	11

Outcome	Other Insurer including Not Provided	Scheme agent	Self-insured	Specialised insurer	TMF	Total
<b>Payments have not started</b>	-	<b>50</b>	<b>13</b>	<b>5</b>	<b>11</b>	<b>79</b>
Employer error where insurer takes over payments	-	2	1	-	2	5
Employer not passing on weekly payments	-	9	1	1	3	14
Insurer maintains reasonable excuse	-	9	4	4	1	18
Reasonable excuse applied within time	-	13	2	-	1	16
Reasonable excuse withdrawn after IRO Complaint	-	17	5	-	4	26
<b>Payments stopped</b>	<b>1</b>	<b>169</b>	<b>20</b>	<b>11</b>	<b>45</b>	<b>246</b>
Correct rate applied	-	6	1	1	4	12
Employer not passing on weekly payments	-	16	-	1	3	20
Insurer admin error	-	50	8	2	18	78
No apparent error with payments	1	23	6	3	7	40
Non-attendance at IME	-	-	-	1	-	1
Section 119 non-attendance IME applied	-	8	-	-	-	8
Section 119 non-attendance IME overturned	-	2	-	1	-	3
Section 39 limit applied	-	22	1	1	3	27
Section 39 overturned	-	5	-	-	1	6
Section 48A / 57 suspension applied	-	11	2	-	2	15
Section 48A / 57 suspension overturned	-	8	1	1	-	10
Section 52 retirement age applied	-	2	-	-	4	6
Section 52 retirement age overturned	-	2	-	-	-	2

Outcome	Other Insurer including Not Provided	Scheme agent	Self-insured	Specialised insurer	TMF	Total
WCD or Section 40 assessment	-	6	-	-	1	7
Weekly benefits declined	-	8	1	-	2	11
<b>Work Capacity Decision</b>	<b>1</b>	<b>269</b>	<b>19</b>	<b>12</b>	<b>50</b>	<b>351</b>
<b>Pre-Injury average weekly earnings (PIAWE)</b>	<b>1</b>	<b>117</b>	<b>5</b>	<b>6</b>	<b>32</b>	<b>161</b>
Insurer maintains decision	-	25	1	-	2	28
Not obvious error referred for review	1	54	2	3	14	74
PIAWE increased and back payment provided	-	33	2	3	14	52
PIAWE reduced where notice provided	-	5	-	-	2	7
<b>Work Capacity Decisions (non-PIAWE)</b>	<b>-</b>	<b>152</b>	<b>14</b>	<b>6</b>	<b>18</b>	<b>190</b>
Incorrect notice provided	-	3	1	-	-	4
IW referred to ALSP	-	119	10	5	14	148
New WCD issued	-	12	-	-	1	13
WCD under review	-	4	1	-	1	6
WCD withdrawn	--	14	2	1	2	19
<b>Workplace Injury Management (WIM)</b>	<b>-</b>	<b>46</b>	<b>7</b>	<b>6</b>	<b>27</b>	<b>86</b>
<b>Injury management program (IMP)</b>	<b>-</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>6</b>
IMP amended after IRO Complaint	-	1	1	1	2	5
No current IMP	-	1	-	-	-	1
<b>Rehabilitation</b>	<b>-</b>	<b>20</b>	<b>2</b>	<b>1</b>	<b>11</b>	<b>34</b>
Case conference cancelled	-	-	-	1	-	1
Case conference organised	-	-	1	-	2	3
Referred to IMC	-	-	-	-	1	1
Rehab not required	-	5	-	-	2	7
Rehab provided s41A	-	3	-	-	1	4

Outcome	Other Insurer including Not Provided	Scheme agent	Self-insured	Specialised insurer	TMF	Total
Rehab provider changed	-	12	1	-	5	18
<b>Return to Work</b>	<b>-</b>	<b>24</b>	<b>4</b>	<b>4</b>	<b>14</b>	<b>46</b>
Duties not provided by employer	-	3	2	-	7	12
Duties not suitable	-	1	1	1	1	4
Duties provided by employer after IRO Complaint	-	1	-	1	1	3
Rehabilitation Allocated	-	5	-	-	1	6
RTW plan amended	-	5	1	1	3	10
Section 53 / JCPP Approved	-	2	-	-	-	2
Section 53 / JCPP Declined	-	4	-	1	-	5
Vocational Program Approved	-	-	-	-	1	1
Workplace assessment required	-	3	-	-	-	3
<b>Total</b>	<b>81</b>	<b>4822</b>	<b>643</b>	<b>426</b>	<b>1285</b>	<b>7257</b>

Table 5(b): CTP complaints outcomes for FY2022/23

Outcomes	CTP Insurer	Other Insurer including Not Provided	Total
No action	95	6	101
Resolved action	297		297
Resolved benefit	195		195
Resolved information	160		160
Resolved referred elsewhere	144	7	151
<b>Total</b>	<b>891</b>	<b>13</b>	<b>904</b>



Table 6(a): Number and type of workers compensation complaints finalised after 30 June 2023

Issues	Number of cases
Delay in determining liability	37
Delay in payment	37
Denial of liability	11
General Case Management	15
IME/IMC	5
Request for Documents	11
Weekly Benefits	25
Work Capacity Decision	5
Workplace Injury Management	7
<b>Total</b>	<b>153</b>

Table 6(b): Number and type of CTP complaints finalised after 30 June 2023

Issues	Number of cases
Case Manager	1
Claim Liability	1
Income support/weekly payments	1
<b>Total</b>	<b>3</b>

## Grants of legal funding

Table 7(a): Amounts paid in FY2022/23

Payment Type	Total Amount (\$)	Number of Payments	% of Disbursements	Average Amount (\$)
Professional fees	\$51,874,358	19,118	-	2,713
Complexity Uplift	\$454,906	359	-	1,267
Appeal	\$401,578	210	-	1,912
Medico-legal	\$23,005,510	17,061	64%	1,348
Barrister Fees	\$4,279,570	2,777	12%	1,541
Clinical Notes	\$3,847,178	33,623	10%	104
Medical Report Provider Service Fee	\$2,601,341	30859	7%	84
Treating Specialist Report	\$1,175,725	2,184	3%	538
Nominated Treating Doctor (NTD) Report	\$450,591	1108	1%	407
Travel	\$383,798	1679	1%	229
Interpreter	\$259,521	1,703	1%	152
Other*	\$172,734	541	0%	319
Non-attendance fee	\$99,182	223	0%	445
Barrister Country Loading	\$18,618	24	0%	776
Meal Allowance	\$4,816	89	0%	54
Solicitor Loading	\$2,095	3	0%	698
<b>Total</b>	<b>\$88,671,521</b>	<b>111,561</b>	<b>100%</b>	
Total Professional Fees	\$52,730,842	-	59%	-
Total Disbursements	\$35,940,679	-	41%	-

Note: \*Other includes Court filing fees, ancillary expenses associated with court proceedings or unregulated expenses. The amounts paid are for the grants approved and processed for period 1 Jul 2021 - 30 Jun 2022, and are extracted from the IRO case management system, Resolve. There may be discrepancies between financial management system data (SAP) and case management system due to time lag.

Table 8(a): Types of body system for ILARS grants applications received in FY2022/23

Injury location	Percentage
Cardiovascular system	0.4%
Chronic Pain	0.0%
Digestive systems	0.3%
Ear, nose, throat and related structures	0.3%
Haematopoietic system	0.1%
Hearing	14.6%
Lower extremity	14.8%
Nervous system	0.5%
Psychiatric and psychological disorders	20.7%
Respiratory system	1.3%
Endocrine system	0.0%
Skin	0.4%
Spine	18.4%
Upper extremity	27.1%
Urinary and reproductive systems	0.2%
Visual system	0.6%
Not Recorded	0.4%
<b>Total</b>	<b>100%</b>

\*Note: percentages are rounded to nearest 1 decimal place.

Table 9(a): Types of injury for ILARS grants applications received in FY2022/2023

Injury location	Percentage
Psychological system	20.6%
Ear	14.6%
Back	15.7%
Shoulder	7.1%
Multiple -Trunk and limbs	3.7%
Knee	5.6%
Hand, fingers and thumb	3.6%
Upper limb - multiple locations	3.7%
Neck	1.8%
Ankle	1.8%
Multiple -Other	0.2%
Wrist	1.9%
Multiple -Neck and shoulder	2.0%
Lower limb - multiple locations	2.1%
Foot and toes	1.1%
Death	1.3%
Multiple -Upper and lower limbs	2.6%
Lower leg	1.0%
Hip	0.7%
Trunk - multiple locations	0.8%
Elbow	0.9%
Head - multiple locations	0.7%
Abdomen and pelvic region	0.8%
Upper arm	0.5%
Multiple -Neck and Trunk	0.6%
Eye	0.6%
Cranium	0.3%
Forearm	0.5%
Respiratory system	0.8%
Multiple -Head and other	0.9%
Unspecified locations	0.2%
Face	0.3%
Mouth	0.1%
Ribs	0.2%
Upper leg	0.2%
Genitourinary system	0.0%

Injury location	Percentage
Nervous system	0.0%
Nose	0.1%
Circulatory system	0.2%
Digestive system	0.1%
Other and multiple systemic conditions	0.0%
Unspecified systemic conditions	0.0%
<b>Total</b>	<b>100%</b>

\*Note: percentages are rounded to nearest 1 decimal place.

Table 10(a): Nature of injury for ILARS grant applications received in FY2022/23

Nature of Injury	Percentage
Intracranial injuries	0.6%
Fractures	2.7%
Wounds, lacerations, amputations and internal organ damage	3.8%
Burn	0.4%
Injury to nerves and spinal cord	7.6%
Trauma to joints and ligaments	33.8%
Trauma to muscles and tendons	12.3%
Other injuries –Poisoning, Electrocutation, heat stress etc	0.3%
Joint diseases (arthropathies) and other articular cartilage diseases	0.0%
Spinal vertebrae and intervertebral disc diseases	0.2%
Diseases involving the synovium and related tissue	0.0%
Diseases of muscle, tendon and related tissue	0.0%
Other soft tissue diseases	0.1%
Mental disorders	20.5%
Digestive system diseases	0.1%
Skin and subcutaneous tissue diseases	0.2%
Nervous system and sense organ diseases	14.9%
Respiratory system diseases	0.7%
Circulatory system diseases	0.2%
Infectious and parasitic diseases	0.1%
Neoplasms (cancer)	0.1%
Other diseases	0.1%
Other claims	0.1%
Death	1.3%
<b>Total</b>	<b>100%</b>

\*Note: percentages are rounded to nearest 1 decimal place.

Table 11(a): ILARS outcomes for ILARS grant applications received in FY2022/23

Outcome	Other outcome	Grant achieved desired outcome
<b>ILARS Funding Withdrawn</b>	<b>661</b>	-
Administrative reason	19	-
Consolidated with other grant	177	-
Duplicate grant	136	-
Lawyer request	220	-
Matter resolved in other jurisdiction	6	-
No Response to ILARS Follow Up	74	-
Not eligible for funding	29	-
<b>Instructions withdrawn</b>	<b>1241</b>	-
Instructions withdrawn	324	-
Worker retained new Lawyer	917	-
<b>Not proceeding after preliminary grant</b>	<b>3636</b>	<b>3620</b>
Below Threshold (Threshold issue)	51	-
Commutation negotiations failed	10	-
Lawyer Advice to Worker	-	3620
Lost contact with Worker	390	-
Medical evidence not supportive	391	-
Not Maximum Medical Improvement (MMI)	88	-
Not viable	137	-
Section 66 (WCA)Below WPI threshold	1173	-
Worker instructions	1396	-
<b>Resolved prior to Commission</b>	<b>10</b>	<b>5307</b>
Advice given not to proceed	9	-
Agreement with Insurer	-	107
Insurer Accepts Claim	-	1722
Insurer withdraws Notice	-	156
Not Recorded	1	-
Over threshold by agreement	-	16
<b>Resolved after IRO enquiry or Internal Review</b>	<b>-</b>	<b>449</b>
<b>Resolved by complying agreement after claim made</b>	<b>-</b>	<b>2857</b>
<b>Commutation</b>	<b>-</b>	<b>36</b>
Registered	-	36

Outcome	Other outcome	Grant achieved desired outcome
<b>Expedited Assessment</b>	<b>7</b>	<b>204</b>
Consent Direction	-	132
Direction made	-	67
Direction not made	6	-
Not Recorded	-	1
Recommendation made	-	4
<b>Medical Assessment</b>	<b>391</b>	<b>1180</b>
Above threshold	-	27
Certificate of Determination (COD) Section 66 Table of Disabilities (TOD)	-	50
COD Section 66 (WCA) WPI	-	1058
Discontinued post MAC no COD	4	-
MAC Below Threshold Hearing Aids only	-	29
Not MMI MAC (section 66 claim)	-	12
Not MMI MAC (threshold issue)	-	2
Not MMI MAC refused (threshold issue)	2	-
Not reached threshold (threshold issue)	12	-
Not Recorded	-	2
Section 66 (WCA) Not reached threshold	373	-
<b>Conference</b>	<b>-</b>	<b>1096</b>
Closed Period	-	33
Death Benefits	-	21
Medicals	-	253
Not Recorded	-	1
Weeklies	-	104
Weeklies & Medicals	-	318
WPI	-	190
WPI & Medicals	-	35
WPI & Weeklies	-	28
WPI, Weeklies & Medicals	-	80
Wrap Up	-	33
<b>Following Hearing – COD SOR Employer</b>	<b>43</b>	<b>-</b>
<b>Following Hearing – COD SOR worker</b>	<b>-</b>	<b>367</b>
Death Benefits	-	74
Medicals	-	102
Weeklies	-	38

Outcome	Other outcome	Grant achieved desired outcome
Weeklies & Medicals	-	66
WPI	-	58
WPI & Medicals	-	7
WPI & Weeklies	-	7
WPI, Weeklies & Medicals	-	15
<b>Resolved TC - settled by consent</b>	<b>-</b>	<b>821</b>
Closed Period	-	16
Death Benefits	-	42
Medicals	-	247
Not Recorded	-	2
Weeklies	-	80
Weeklies & Medicals	-	131
WPI	-	209
WPI & Medicals	-	32
WPI & Weeklies	-	21
WPI, Weeklies & Medicals	-	29
Wrap Up	-	12
<b>Settlement during Hearing</b>	<b>-</b>	<b>107</b>
Death Benefits	-	7
Medicals	-	17
Not Recorded	-	2
Weeklies	-	12
Weeklies & Medicals	-	23
WPI	-	27
WPI & Medicals	-	5
WPI & Weeklies	-	4
WPI, Weeklies & Medicals	-	10
<b>Appeals</b>		
<b>Court of Appeal</b>	<b>1</b>	<b>1</b>
By the employer in favour of Employer	1	-
By the worker in favour of Worker	-	1
<b>Supreme Court</b>	<b>2</b>	<b>7</b>
By the employer in favour of Worker	-	2



Outcome	Other outcome	Grant achieved desired outcome
By the worker in favour of Employer	2	-
By the worker in favour of Worker	-	5
<b>Medical Appeal Panel</b>	<b>88</b>	<b>111</b>
By the employer in favour of Employer	28	-
By the employer in favour of Worker	-	40
By the worker in favour of Employer	60	-
By the worker in favour of Worker	-	71
<b>Non-presidential member to President</b>	<b>10</b>	<b>27</b>
By the employer in favour of Employer	1	-
By the employer in favour of Worker	-	14
By the worker in favour of Employer	9	-
By the worker in favour of Worker	-	13
<b>High Court</b>	<b>-</b>	<b>1</b>
By the employer in favour of Worker	-	1
<b>Discontinued from Commission - No result</b>	<b>203</b>	<b>-</b>
<b>Grant application declined</b>	<b>1</b>	<b>-</b>
<b>Resolved in Commission</b>	<b>441</b>	<b>3811</b>
<b>Resolved in common law claim</b>	<b>-</b>	<b>32</b>
<b>Total</b>	<b>6294</b>	<b>12917</b>

Table 12: No response to claim (NRTC) outcomes for matters closed in FY2022/23

Outcome	Former NSW Insurer	Scheme agent	Self-insured	Specialised insurer	TMF	Total
<b>Section 287A (WIMA)</b>	<b>-</b>	<b>76</b>	<b>30</b>	<b>15</b>	<b>31</b>	<b>152</b>
Claim accepted after enquiry	-	11	3	2	2	18
Claim accepted before enquiry	-	-	-	1	1	2
Claim denied after enquiry	-	18	19	6	10	53
Claim denied before enquiry	-	17	6	2	1	26
Insurer inside timeframes	-	1	-	-	-	1
Insurer outside timeframes	-	26	2	4	16	48
Request not received	-	3	-	-	1	4

<b>Section 60 (WCA)/ Weekly Benefits</b>	<b>1</b>	<b>97</b>	<b>17</b>	<b>9</b>	<b>16</b>	<b>140</b>
Claim accepted after enquiry	-	26	6	5	4	41
Claim accepted before enquiry	-	9	-	1	-	10
Claim denied after enquiry	-	26	6	1	6	39
Claim denied before enquiry	-	10	-	1		11
Insurer inside timeframes	-	3	-	-	1	4
Insurer not on risk	1	4	3	-	2	10
Insurer outside timeframes	-	19	1	1	2	23
Request not received	-	-	1	-	1	2
<b>Section 66 (WCA)</b>	<b>2</b>	<b>186</b>	<b>40</b>	<b>22</b>	<b>47</b>	<b>297</b>
Claim accepted after enquiry	-	29	2	1	8	40
Claim accepted before enquiry	-	3	-	-	-	3
Claim denied after enquiry	-	29	14	4	8	55
Claim denied before enquiry	-	18	2	1	1	22
Counter offer issued after enquiry	-	23	3	6	7	39
Counter offer issued before enquiry	-	14	-	2	-	16
Insurer inside timeframes	-	24	2	1	5	32
Insurer not on risk	-	3	-	-	1	4
Insurer outside timeframes	-	38	14	3	14	69
Request not received	2	5	3	4	3	17
<b>Total</b>	<b>3</b>	<b>359</b>	<b>87</b>	<b>46</b>	<b>94</b>	<b>589</b>

Note: NRTC matters are claims where the insurer has not responded within the required time frame. WCA; WIMA.

## Insurer data

Table 13a: WC matters received by insurer in FY2022/23

Insurer	Complaint	Enquiry	ILARS	NRTC	Total
<b>Scheme agent</b>	<b>5045</b>	<b>3629</b>	<b>13283</b>	<b>368</b>	<b>22325</b>
Allianz 701	289	107	384	28	808
Allianz Australia Workers Compensation (NSW) Ltd	244	142	408	9	803
CGU Workers Compensation (NSW) Ltd	-	3	17	1	21
EML 701	2807	2133	9387	184	14511
EML 702	417	340	563	27	1347
Employers Mutual NSW Limited	45	50	277	2	374
Gallagher Bassett Services Pty Ltd	-	2	65	-	67
GIO 701	167	104	637	11	919
GIO General Limited	858	631	927	87	2503
Insurance and Care NSW (icare)	1	2	303	-	306
QBE 701	163	66	235	13	477
QBE Workers Compensation	2	5	52	-	59
Uninsured Liabilities	52	44	26	6	128
Xchanging	-	-	2	-	2
<b>Self-insured</b>	<b>665</b>	<b>512</b>	<b>1483</b>	<b>84</b>	<b>2744</b>
Adecco Holdings Pty Ltd	-	-	1	-	1
Aldi Stores	15	19	36	4	74
ANZ Banking Group Limited	-	-	1	-	1
Ausgrid Management Pty Ltd	3	4	15	-	22
Australian Unity Limited	6	12	30	1	49
BHP Group Limited	6	-	5	1	12
BIC Services Pty Limited	1	-	-	-	1
Blacktown City Council	7	16	34	4	61
Bluescope Steel Ltd	6	2	65	1	74
BOC Limited	1	5	-	-	6
Boral Limited	7	4	23	3	37
Brambles Industries Limited	1	1	5	1	8
Brickworks Ltd	3	-	1	-	4
Campbelltown City Council	1	2	6	2	11
Canterbury Bankstown Council	4	5	12	1	22

Insurer	Complaint	Enquiry	ILARS	NRTC	Total
Central Coast Council	1	9	21	-	31
City of Sydney Council	5	7	27	-	39
Coca-Cola Amatil	6	3	5	2	16
Coles Group Ltd	73	59	145	13	290
Colin Joss & Co Pty Limited	2	9	22	-	33
ComfortDelGro Corporation Australia Pty Ltd	9	8	3	1	21
Commonwealth Steel (Molycop)	8	2	5	1	16
CSR Limited	-	1	9	-	10
DAC Finance Pty Ltd (trading as Opal Aged Care)	3	1	12	1	17
Endeavour Energy	-	-	9	-	9
Estia Investments Pty Ltd	2	5	10	1	18
Fairfield City Council	2	-	5	-	7
Fletcher International Exports Pty Ltd.	4	1	2	-	7
Food Investments Pty Ltd (George Weston Foods)	-	1	-	-	1
Hawkesbury City Council	-	-	2	-	2
Hays Specialist Recruitment (Australia) Pty Limited	-	-	1	-	1
Healius Limited	6	12	19	2	39
Holcim (Aust) Holdings Pty Limited	3	1	8	-	12
Infrabuild (Manufacturing) Pty Limited (Formerly GFG Alliance OneSteel Liberty or Arrium)	12	4	12	1	29
Infrabuild (Manufacturing) Pty Limited (Formerly GFG Alliance, OneSteel, Liberty or Arrium)	-	1	-	-	1
Inghams Enterprises Pty Ltd	-	-	9	-	9
ISS Property Services Pty Ltd	10	13	28	-	51
JELD-WEN Australia Pty Ltd	1	-	2	1	4
Lake Macquarie City Council	1	1	14	-	16
Life Without Barriers	12	17	10	-	39
Liverpool City Council	4	1	11	-	16
MARS Australia Pty Ltd	-	-	3	-	3
McDonald's Australia Holdings Limited	2	1	6	-	9
Myer Holdings Ltd	2	3	9	-	14

Insurer	Complaint	Enquiry	ILARS	NRTC	Total
Newcastle City Council	-	3	16	-	19
Northern Beaches Council	4	6	7	1	18
Northern Co-Operative Meat Company Limited	-	1	5	-	6
NSW Trains	9	4	8	-	21
Pacific National (NSW) Pty Ltd	2	1	-	-	3
Persol Australia Pty Ltd	15	11	13	1	40
Qantas Airways Limited	15	8	90	3	116
Rail Corporation NSW	4	9	3	-	16
Randstad	5	6	3	-	14
RGF Staffing Melbourne One Pty Ltd	22	10	1	1	34
Shoalhaven City Council	3	3	15	-	21
Sonic Healthcare Limited	9	5	2	-	16
Sutherland Shire Council	1	-	12	1	14
Sydney Trains	34	32	16	5	87
The Star Entertainment Group Ltd	9	11	8	3	31
Thomas Foods International Consolidated Pty Ltd	-	-	1	-	1
Toll Holdings Ltd	54	23	71	2	150
Tomago Aluminium	3	2	7	1	13
Transport for NSW Workers Compensation Services	24	17	106	4	151
Transport Service of NSW (State Transit Group)	2	8	21	-	31
UGL Rail Services Pty Limited	2	3	1	1	7
Unilever Australia (Holdings) Pty Limited	2	-	6	-	8
University of New South Wales	-	3	3	-	6
University of Wollongong	4	3	3	-	10
Ventia Australia Pty Ltd - formerly Broadspectrum (Australia) Pty Ltd	47	10	23	8	88
Veolia Environmental Services (Australia) Pty Ltd	3	3	8	-	14
Wesfarmers Limited	28	15	70	2	115
Westpac Banking Corporation Ltd	12	14	23	-	49
Wollongong City Council	2	2	15	1	20
Woolworths Group Ltd	121	68	283	9	481

Insurer	Complaint	Enquiry	ILARS	NRTC	Total
<b>Specialised insurer</b>	<b>452</b>	<b>326</b>	<b>731</b>	<b>45</b>	<b>1554</b>
Catholic Church Insurance Limited	180	131	180	18	509
Coal Mines Insurance Pty Limited	44	28	12	2	86
Guild Insurance Ltd	15	11	58	3	87
Hospitality Industry Insurance	88	67	183	3	341
Racing NSW Insurance Fund	27	16	27	3	73
StateCover Mutual Ltd	98	73	271	16	458
<b>TMF</b>	<b>1356</b>	<b>925</b>	<b>2051</b>	<b>115</b>	<b>4447</b>
Allianz TMF	312	286	667	55	1320
Employers Mutual NSW Ltd - TMF	355	240	420	13	1028
QBE TMF	689	399	964	47	2099
<b>Other Insurer including Not Provided*</b>	<b>85</b>	<b>2295</b>	<b>4375</b>	<b>2</b>	<b>6757</b>
<b>Total</b>	<b>7603</b>	<b>7687</b>	<b>21923</b>	<b>614</b>	<b>37827</b>

\* These cases include ILARS hearing loss claims and advice only matters where the insurer has not been identified

Note: Former NSW insurers and non-NSW insurers have been excluded

Table 13(b): CTP Complaints and enquiries received by insurer FY2022/23

Insurer	CTP Complaint	CTP Enquiry	Total
<b>Other Insurer including Not Provided</b>	<b>13</b>	<b>482</b>	<b>495</b>
<b>CTP Insurer</b>	<b>877</b>	<b>500</b>	<b>1,377</b>
AAMI	82	81	163
Allianz	107	66	173
GIO	162	82	244
Gordian Runoff Limited (ex-Zurich Matters)	1	1	2
Lifetime Care	1	-	1
NRMA	341	193	534
QBE	163	64	227
Youi	20	13	33
<b>Total</b>	<b>890</b>	<b>982</b>	<b>1,872</b>

## Corporate reporting information

### Accessing IRO information

#### Privacy

There were no internal reviews conducted by IRO under the *Privacy and Personal Information Protection Act 1998* (NSW) (PPIPA) in FY2022/23.

During the reporting period, we participated in 2023 Privacy Awareness Week, provided staff with training on privacy awareness, and continued to have privacy champions across IRO. The IRO Privacy Management Plan and Agency Information Guide is available on the IRO website. Following amendments to the PPIPA, IRO is preparing for the upcoming Mandatory Notification of Data Breach Scheme which will come into effect in NSW on 28 November 2023.

#### Right to Information

IRO adopts a proactive approach to the release of information where possible, consistent with the principles of and its obligations under the Government Information (Public Access) Act 2009 (NSW) (GIPA Act). During FY2022/23, IRO proactively released information, including performance reports and statistical information about business operations and performance.

During the FY2022/23 reporting period, we received one formal GIPA application. We also facilitated access to information requested informally from a number of members of the community (principally in relation to information about their own matters or complaints).

The details of the formal application we received under the GIPA Act during this reporting period are set out below.

Table A: Number of applications by type of applicant and outcome FY2022/23

Applicant type	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm / deny information held	Application withdrawn
Media	-	-	-	-	-	-	-	-
Member of Parliament	-	-	-	-	-	-	-	-
Private sector business	-	-	-	-	-	-	-	-
Non-for-profit organisation or community group	-	-	-	-	-	-	-	-
Member of the public (application by legal representative)	-	-	-	-	-	-	-	-
Member of the public (other)	1	-	-	-	-	-	-	-

Note: More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B: Number of applications by type of application and outcome FY2022/23

Application type	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm / deny information held	Application withdrawn
Personal information applications	1	-	-	-	-	-	-	-
Access applications (other than personal information applications)	-	-	-	-	-	-	-	-
Applications that are partly personal information applications and partly other applications)	-	-	-	-	-	-	-	-

Note: A personal information application is an access application for personal information (as defined in section 4 of the GIPA Act) about the applicant (the applicant being an individual).

Table C: Invalid applications FY2022/23

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of GIPA Act)	0
Application is for excluded information of the agency (section 43 of GIPA Act)	0
Application contravenes restraint order (section 110 of GIPA Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

Table D: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 to the GIPA Act FY2022/23

Reason	Number of times consideration used
Overriding secrecy laws	0
Cabinet information	0
Executive Council information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0



Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0
Information about complaints to Judicial Commission	0
Information about authorised transactions under <i>Electricity Network Assets (Authorised Transactions) Act 2015 (NSW)</i>	0
Information about authorised transactions under <i>Land and Property Information NSW (Authorised Transaction) Act 2016 (NSW)</i>	0

Note: More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies in relation to Table E.

Table E: Other public interest considerations against disclosure: matters listed in table to section 14 of GIPA Act FY2022/23

Reason	Number of occasions when application not successful
Responsible and effective government	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	0
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F: Timelines FY2022/23

Timeframe	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	1
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
<b>Total</b>	<b>1</b>

Table G: Number of applications reviewed under Part 5 of the GIPA Act (by type of review and outcome) FY2022/23

Review type	Decision varied	Decision upheld	Total
Internal review	0	0	0
Review by Information Commissioner	0	0	0
Internal review following recommendation under section 93 of GIPA Act	0	0	0
Review by NSW Civil and Administrative Tribunal	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

Note: The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H: Applications for review under Part 5 of the GIPA Act (by type of applicant) FY2022/23

Applicant	Number of applications for review
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the GIPA Act)	0

Table I: Applications transferred to other agencies under Division 2 of Part 4 of the GIPA Act (by type of transfer) FY2022/23

Type of transfer	Number of applications transferred
Agency initiated transfers	0
Applicant initiated transfers	0

## Public interest disclosure

IRO has adopted the DCS Fraud and Corruption Internal Reporting Policy which is available on the DCS intranet. It includes details of nominated officers who are authorised to receive Public Interest Disclosures (PIDs).

In 2021, IRO developed the IRO Report Wrongdoing and Public Interest Disclosures Policy. This Policy provides guidance for staff on the process for making public interest disclosures, as well as advice on the support and protections available to them under the Public Interest Disclosures Act 1994 (NSW) (PID Act) when making a PID.

There were no PIDs made by IRO staff during the FY2022/23 reporting year.

Following amendments, the Public Interest Disclosures Act 2022 (NSW) will commence on 1 October 2023. IRO will be preparing for the changes and utilising the resources which will be developed by the Ombudsman NSW and DCS.

## Consultants

Table J: Use of consultants FY2022/23

Consultant	Business Unit	Category	Purpose	Amount (\$)
Business Process Review (BPR)	Office of the IRO	Management Service	Business process review project management, business analysis, solution development and deployment	\$419,755
Fiftyfive5	Solutions	Management Service	User experience surveys	\$46,726
PwC	Office of the IRO	Management Service	IRO wellbeing audit	\$53,874
KPMG	ILARS	Management Service	Medical report provider procurement review	\$57,450
Thomson Geer	ILARS	Management Service	Medical report provider procurement review	\$2,533
ILARS Review	ILARS	Management Service		\$13,380
<b>Total</b>	-	-	-	<b>\$593,718</b>

## Consumer response

The best source of information about the quality of our services is from the people who use them. Further to gathering feedback through the ongoing user experience surveys discussed earlier in this Annual Report, we also gathered insights in the form of complaints, feedback or compliments. The receipt and management of complaints, feedback and compliments is informed by the IRO Complaints and Compliments Policy and the IRO Unreasonable Conduct Policy and Procedure. Both were reviewed in consultation with stakeholders in 2022. An updated version of the policies was published on our website in October 2022.

IRO received 15 complaints, and 102 compliments, from 1 July 2022 to 30 June 2023. The continuous improvement in the quality of our services is reflected in the increase of 24 per cent in the number of compliments received (compared to 82 in FY2021/22).

Complaints and compliments received in this financial year have assisted us in identifying areas for further improvement in our procedures and service delivery, as well as in identifying systemic issues more broadly. The circumstances giving rise to IRO complaints are reviewed and analysed and key themes and learning opportunities shared with staff to promote ongoing improvement. IRO is committed to maintaining, and where possible, continuing to improve the quality of the services we provide to the people who use them.

Table K: IRO complaints received by outcome and type for FY2022/23

		Complaint type			
		Practice, policy or procedure	Aspect of our service	Staff behaviour or conduct	Total
<b>Complaint outcome</b>	Complaint sustained	1	1	-	2
	Complaint sustained in part	1	4	-	5
	Complaint not sustained	2	3	3	8
	<b>Total</b>	<b>4</b>	<b>8</b>	<b>3</b>	<b>15</b>

## Employment and senior executive statistics

### Senior executives and salaries by band for FY2022/23

During the reporting period, IRO had three senior executive positions, one of which is held by a woman. The details of the levels of IRO executive positions and corresponding remuneration are shown below.

The Independent Review Officer is paid in accordance with determinations of the Statutory and Other Officers Remuneration Tribunal.

Table L: Senior executive salaries FY2022/23

Employment Category	Female	Male	Range \$	Average Range \$
Band 3	0	0	\$361,301-\$509,250	-
Band 2	0	0	\$287,201-\$361,300	-
Band 1	1	2	\$201,350-\$287,200	\$244,724
<b>Total</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>-</b>

## Employee relations policies and practices

### Human resources

As at 30 June 2023, there were 68 people below the senior executive level working for IRO on an ongoing basis in either a full time or part time capacity.

Table M: Number of employees by employment category

Employment Category	Number of Employees
Grade 11/12	31
Grade 9/10	5
Grade 7/8	11
Grade 5/6	19
Grade 3/4	1
Grade 1/2	0

No exceptional movements in wages, salaries or allowances were made in 2022/23. A personnel service arrangement between DCS and the IRO has been established under a Memorandum of Understanding.

The IRO has adopted the DCS employee relations policies and practices, including the DCS Positive and Productive Workplace policy, which assists employees to manage conflicts and grievances in the workplace. The policy focuses on maintaining a harmonious workplace by addressing conflicts as quickly and as close to the source as possible. The policy adopted by the IRO is under review at the date of publication.

### COVID-19 related policy

IRO adopted the Public Sector Policy and Principles to apply pandemic special leave during the COVID-19 response.

During the pandemic, the Flexible Working Hours Agreement was varied to provide for extended bandwidth and suspension of core working hours. This change allowed for staff to work their hours in a more flexible pattern over a longer bandwidth, to help balance working remotely. IRO has its own COVID-19 Safety Plan which is published on the internal Knowledge Portal for staff. It has been updated in line with the DCS Crisis Controller's updates to the DCS COVID-19 Safety Plan.

# Sustainability

---

## Our people

### Work Health and Safety (WHS)

IRO is committed to providing a safe, equitable and productive working environment for our staff which supports the requirements of the Work Health and Safety Act 2011 (NSW). During the reporting year, IRO undertook the following activities to strengthen WHS arrangements:

- worked to maintain and build on our flexible working arrangements and to support the well being of our team during this period. More flexible working hours were provided where possible.
- commenced a two-tranche program provided by Benestar. This program included a general wellbeing check-in and the second component offered to staff who wished to take it up, was a counselling service.
- delivered or made available new learning and development opportunities, including the completion of the five module Leadership Engagement and Action Program (LEAP) for our people leaders, Plain English training, and training delivered to our Solutions Group by the Customer Service Institute of Australia.
- continued a program to make available high-value courses that would support team members to develop their careers. Several team members were funded to undertake courses in public sector leadership, mediation and process improvement methods.
- developed and launched an Induction Pack for new starters, which is also published on the Knowledge Portal.
- sponsored attendance by team members at various stakeholder conferences, and online seminars on topics broaching managing psychological injury and psychosocial hazards.
- ran events to promote wellbeing and keeping staff connected, including face-to-face and online catch ups. The feedback received from staff indicated they enjoyed the opportunity to engage with their colleagues.
- commenced a Wellbeing/WHS Internal Audit.

No workers' compensation claims were reported in 2021, 2022 and 2023. IRO will continue to actively monitor WHS and staff wellbeing.

## Disability Inclusion Action Plan and Multicultural Action Plan

IRO recognises that an inclusive workplace and workforce that reflects the diversity of the people of NSW enables us to deliver better services and outcomes for the community.

While IRO is not required to have our own Disability Inclusion Action Plan (DIAP) and Multicultural Action Plan (MP), we are committed to leveraging off Department of Customer Service (DCS) DIAP and MP and leveraging our position within the Customer Service Cluster.

We have closely reviewed the DIAP and MP, and in addition to participating as a Cluster agency, we have identified additional specific steps, aligned to commitments in the DIAP and MP, that IRO will take. Through these steps and other actions outlined in the DIAP and MP, we intend that IRO is accessible and inclusive to all team members, and that IRO is a safe and inclusive workplace that meets the needs of all community members who uses our services.

Table N: Trends in the representation of Workforce Diversity groups as at 30 June 2023

Trends in the representation of workforce diversity groups*				
Workforce diversity group	Benchmark	2021	2022	2023
Women <sup>1</sup>	50%	75.4%	71.0%	70.4%
Aboriginal and/or Torres Strait Islander people <sup>2</sup>	3.3%	0.0%	0.0%	4.3%
People whose first language spoken as a child was not English <sup>3</sup>	23.2%	16.4%	16.1%	34.3%
People with a disability <sup>4</sup>	5.6%	1.6%	1.6%	7.1%
People with a disability requiring work-related adjustment <sup>4</sup>	N/A	0.0%	0.0%	3.5%

\*Disclosure is optional.

Note 1: The benchmark of 50% for representation of women across the sector is intended to reflect the gender composition of the NSW community.

Note 2: The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8% by 2021 for each of the sector's salary bands. If the aspirational target of 1.8% is achieved in salary bands not currently at or above 1.8%, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3%.

Note 3: A benchmark from the Australian Bureau of Statistics (ABS) Census of Population and Housing has been included for people whose first language spoken as a child was not English. The ABS Census does not provide information about first language, but does provide information about country of birth. The benchmark of 23.2% is the percentage of the NSW population born in a country where English is not the predominant language.

Note 4: In December 2017, the NSW Government announced the target of doubling the representation of people with disability in the NSW public sector from an estimated 2.7% to 5.6% by 2027. More information can be found in: Jobs for People with Disability: A plan for the NSW public sector. The benchmark for 'People with Disability Requiring Work-Related Adjustment' was not updated.

3. Disability Inclusion Action Plan 2020-2025 (nsw.gov.au)

4. Multicultural Plan 2023-2025 | NSW Government

Table O: Trends in the Distribution Index for Workforce Diversity Groups

Trends in the distribution index for workforce diversity groups				
Workforce diversity group	Benchmark <sup>1,2</sup>	2021 <sup>3</sup>	2022 <sup>3</sup>	2023 <sup>3</sup>
Women	100	N/A	N/A	102
Aboriginal and/or Torres Strait Islander people	100	N/A	N/A	N/A
People whose first language spoken as a child was not English	100	N/A	N/A	101
People with a disability	100	N/A	N/A	N/A
People with a disability requiring work-related adjustment	100	N/A	N/A	N/A

\*Disclosure is optional.

Note 1: A Distribution Index score of 100 indicates that the distribution of members of the Workforce Diversity group across salary bands is equivalent to that of the rest of the workforce. A score less than 100 means that members of the Workforce Diversity group tend to be more concentrated at lower salary bands than is the case for other staff. The more pronounced this tendency, the lower the score will be. In some cases, the index may be more than 100, indicating that members of the Workforce Diversity group tend to be more concentrated at higher salary bands than is the case for other staff.

Note 2: The Distribution Index is not calculated when the number of employees in the Workforce Diversity group is less than 20 or when the number of other employees is less than 20.



## Risk management and insurance activities

### Business risk insurance

During FY2022/23, IRO insurance coverage was provided through icare.

### Liability management performance

IRO's demand and expenditure forecast model for ILARS, developed in 2021 with the assistance of KPMG, and includes a calculation of the contingent liability for all open ILARS grants. The model has been run at the end of each quarter of the reporting period.

The model run for quarter 4 of FY2022/23 shows that the contingent liability amount is \$134,949,000 and the total open cases was 31,976 as at 30 June 2023.

### Account payable performance

IRO aims to pay all its invoices within 30 days unless legislatively required to pay sooner.

IRO uses purchase cards (PCards) for the payment of low dollar-value transactions. PCards are also used for a number of other IRO expense categories where transactions are \$10,000 or less in value and are not subject to a contractual requirement for a Purchase Order.

IRO aims to pay law firms and medical report providers for legal grants and disbursements managed by ILARS within 30 days. Law firms are not designated as small businesses in the payments system by IRO.

During FY2022/23, there were zero instances where penalty interest was paid for the late payment of invoices.

Table P: Aged analysis at the end of each quarter (for FY2022/23):

Quarter	Current	Less than 30 days overdue	Between 30 and 60 days overdue	Between 61 and 90 days overdue	More than 90 days overdue	Total
<b>All vendors</b>						
Sep 22	\$20,079,775	\$11,553	-	-	-	\$20,091,328
Dec 22	\$25,448,128	\$124,834	\$4,051	\$18,475	-	\$25,595,488
Mar 23	\$24,524,331	\$382,893	-	-	-	\$24,907,224
Jun 23	\$29,275,544	\$29,419	\$1,651	-	-	\$29,306,614
<b>Small business vendors</b>						
Sep 22	\$214,588	\$10,318	-	-	-	\$224,906
Dec 22	\$398,937	\$67,778	-	-	-	\$466,715
Mar 23	\$447,744	\$204,624	-	-	-	\$652,368
Jun 23	\$503,394	\$10,835	\$1,651	-	-	\$515,880

Note: A small business is defined as a NSW business with less than 20 employees that supply to participating NSW Government agencies ([www.smallbusiness.nsw.gov.au/what-we-do/our-work/faster-payment-terms](http://www.smallbusiness.nsw.gov.au/what-we-do/our-work/faster-payment-terms)). IRO's payment system does not distinguish law firms that are small businesses when making payments on approved invoices to acquit ILARS Grants of Funding, and invoices from the law firms are therefore not included in the 'small business vendors' report.

## Accounts due or paid within each quarter

Table Q: Accounts due or paid by per quarter (in FY2022/23); all vendors

Measure	Sep 22	Dec 22	Mar 23	Jun 23
Number of invoices due for payment	4166	5031	4914	5770
Number of invoices paid on time	4163	5025	4907	5765
Percentage of invoices paid on time (based on number of invoices)	99.93%	99.88%	99.86%	99.91%
Amount due for payment	\$20,091,328	\$25,595,488	\$24,907,224	\$29,306,614
Amount paid on time	\$20,079,775	\$25,448,128	\$24,524,331	\$29,275,544
Actual percentage of accounts paid on time (based on \$)	99.94%	99.42%	98.46%	99.89%
Number of payments for interest on overdue accounts	-	-	-	-
Interest paid on late accounts	-	-	-	-

## Small business vendors

Table Q(i): Small business vendors

Measure	Sep 22	Dec 22	Mar 23	Jun 23
Number of invoices due for payment	12	21	31	16
Number of invoices paid on time	10	18	26	13
Percentage of invoices paid on time (based on number of invoices)	83.33%	85.71%	83.87%	81.25%
Amount due for payment	\$224,906	\$466,715	\$652,368	\$515,880
Amount paid on time	\$214,588	\$398,937	\$447,744	\$503,394
Actual percentage of accounts paid on time (based on \$)	95.41%	85.48%	68.63%	97.58%
Number of payments for interest on overdue accounts	-	-	-	-

Note: The report does not include payments made to employees, payments related to payroll and superannuation. All numbers are reported as at 30 days from receipt of a correctly rendered invoice. IRO's payment system does not distinguish law firms that are small businesses when making payments on approved invoices to acquit ILARS Grants of Funding, and invoices from the law firms are therefore not included in the 'small business vendors' report.

# Cyber security Annual Attestation Statement for the 2022-2023 Financial Year for the Department of Customer Service (Secretary – NSW Department of Customer Service)

OFFICIAL: Sensitive - NSW Government

## Department of Customer Service



### Cyber security Annual Attestation Statement for the 2022-2023 Financial Year for the Department of Customer Service (Secretary – NSW Department of Customer Service)

I, Emma Hogan, am of the opinion that the Department of Customer Service (DCS) has managed cyber security risks in a manner consistent with the Mandatory Requirements set out in the NSW Government Cyber Security Policy. The evidence presented to me as a part of this attestation gives me confidence that the aggressive and comprehensive cyber security resilience strategy DCS has been implementing has delivered extensive maturity improvements which will strengthen our ability to keep the trust of our clients.

Risks to the information and systems of DCS have been identified and assessed. DCS is continuously improving cyber risk management processes and operations to effectively manage cyber risks.

Governance is in place to manage cyber security maturity and related initiatives, including uplift of the ACSC Essential Eight. Independent audits on cyber security have been conducted, commitment and processes are in place to treat any opportunities for improvement. DCS has designed and operates a contemporary cyber incident response plan, which has been tested during the reporting period.

DCS will continue to harden its technology environments and increase awareness of cyber security risks for all staff. Through an aggressive and comprehensive cyber security resilience strategy, the DCS will continue to ensure that the security of citizen information and trust in the services of government are maintained to the best of its abilities against increasingly complex and prevalent threats.

DCS has defined target maturity scores to achieve for the 2023-2024 financial year. The uplift to target maturity scores requires collective direction and ongoing engagement to ensure consistency and effectiveness of controls across DCS to achieve the agreed shared target ratings. Key to achieving these targets is alignment and coordination of the various technology environments across DCS. The strategy is focused on long-term, sustainable processes and solutions. DCS acknowledges and accepts the risk until target maturity levels are met.

This attestation covers, in addition to the DCS core agencies, the following agencies:

- Independent Review Office
- Long Service Corporation
- State Insurance Regulatory Authority.

Yours sincerely

**Emma Hogan**  
Secretary, NSW Department of Customer Service

## Internal Audit and Risk Management Attestation Statement for the 2022-2023 Financial Year for the Independent Review Office

I, Simon Cohen, Independent Review Officer, am of the opinion that the Independent Review Office as internal audit and risk management processes in operation that are, excluding the exemptions or transitional arrangements described below, compliant with the seven (7) Core Requirements set out in the *Internal Audit and Risk Management Policy for the General Government Sector*, specifically:

Core Requirements		For each requirement, please specify whether compliant, non-compliant, or in transition
<b>Risk Management Framework</b>		
1.1	The Accountable Authority shall accept ultimate responsibility and accountability for risk management in the agency.	Compliant
1.2	The Accountable Authority shall establish and maintain a risk management framework that is appropriate for the agency. The Accountable Authority shall ensure the framework is consistent with AS ISO 31000:2018.	Compliant
<b>Internal Audit Function</b>		
2.1	The Accountable Authority shall establish and maintain an internal audit function that is appropriate for the agency and fit for purpose.	Compliant
2.2	The Accountable Authority shall ensure the internal audit function operates consistent with the International Standards for Professional Practice for Internal Auditing.	Compliant
2.3	The Accountable Authority shall ensure the agency has an Internal Audit Charter that is consistent with the content of the 'model charter'.	Compliant
<b>Audit and Risk Committee</b>		
3.1	The Accountable Authority shall establish and maintain efficient and effective arrangements for independent Audit and Risk Committee oversight to provide advice and guidance to the Accountable Authority on the agency's governance processes, risk management and control frameworks, and its external accountability obligations.	Compliant
3.2	The Accountable Authority shall ensure the Audit and Risk Committee has a Charter that is consistent with the content of the 'model charter'.	Compliant

## Membership

The independent chair and members of the Audit and Risk Committee are:

- Independent Chair, Bruce Turner AM, 1 March 2021 to 19 February 2024
- Independent Member, Elizabeth Gavey, 20 April 2021 to 19 April 2024
- Independent Member, Lee Sullivan, 20 April 2021 to 19 April 2024

---

Simon Cohen  
Independent Review Officer  
IRO



Date: \_\_30 August 2023\_\_

Agency Contact Officer  
Tracy Piscipo  
DCS Chief Audit Executive  
[cae@customerservice.nsw.gov.au](mailto:cae@customerservice.nsw.gov.au)

## INDEPENDENT AUDITOR'S REPORT

---



### INDEPENDENT AUDITOR'S REPORT

Office of the Independent Review Officer

To Members of the New South Wales Parliament

#### Opinion

I have audited the accompanying financial statements of Office of the Independent Review Officer (the Office), which comprise the Statement by Independent Review Officer, the Statement of Comprehensive Income for the year ended 30 June 2023, the Statement of Financial Position as at 30 June 2023, the Statement of Changes in Equity and the Statement of Cash Flows, for the year then ended, notes comprising a Statement of Significant Accounting Policies, and other explanatory information.

In my opinion, the financial statements:

- have been prepared in accordance with Australian Accounting Standards and the applicable financial reporting requirements of the *Government Sector Finance Act 2018* (GSF Act), the *Government Sector Finance Regulation 2018* (GSF Regulation) and the Treasurer's Directions
- presents fairly the Office's financial position, financial performance and cash flows.

My opinion should be read in conjunction with the rest of this report.

#### Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under the standards are described in the 'Auditor's Responsibilities for the Audit of the Financial Statements' section of my report.

I am independent of the Office in accordance with the requirements of the:

- Australian Auditing Standards
- Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants (including Independence Standards)' (APES 110).

Parliament promotes independence by ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies
- precluding the Auditor-General from providing non-audit services.

I have fulfilled my other ethical responsibilities in accordance with APES 110.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

## Independent Review Officer's Responsibilities for the Financial Statements

The Independent Review Officer is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, the GSF Act, GSF Regulation and Treasurer's Directions. The Independent Review Officer's responsibility also includes such internal control as the Independent Review Officer determines is necessary to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Independent Review Officer is responsible for assessing the Office's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting.

## Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to:

- obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error
- issue an Independent Auditor's Report including my opinion.

Reasonable assurance is a high level of assurance, but does not guarantee an audit conducted in accordance with Australian Auditing Standards will always detect material misstatements. Misstatements can arise from fraud or error. Misstatements are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions users take based on the financial statements.

A description of my responsibilities for the audit of the financial statements is located at the Auditing and Assurance Standards Board website at: [www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). The description forms part of my auditor's report.

The scope of my audit does not include, nor provide assurance:

- that the Office carried out its activities effectively, efficiently and economically
- about the assumptions used in formulating the budget figures disclosed in the financial statements
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about any other information which may have been hyperlinked to/from the financial statements.



Weini Liao  
Director, Financial Audit Services

Delegate of the Auditor-General for New South Wales

26 October 2023  
SYDNEY

## STATEMENT BY INDEPENDENT REVIEW OFFICER

---

Pursuant to Section 7.6 (4) of the *Government Sector Finance Act 2018* ('the Act'), I state that these financial statements:

- have been prepared in accordance with the Australian Accounting Standards and the applicable requirements of the Act, the *Government Sector Finance Regulation 2018* and the Treasurer's directions, and
- present fairly the Office of the Independent Review Officer's financial position, financial performance and cashflows as at 30 June 2023.



Jeffrey Gabriel  
**Acting Independent Review Officer**

Date: 26 October 2023



## Office of the Independent Review Officer STATEMENT OF COMPREHENSIVE INCOME

For the year ended 30 June 2023

		Budget 2023	Actual 2023	Actual 2022
	Notes	\$	\$	\$
<b>Expenses Excluding losses</b>				
Employee related expenses	2(a)	11,887,000	10,110,998	8,928,629
Operating expenses	2(b)	3,311,000	4,892,287	4,700,876
Grants and subsidies	2(c)	69,311,000	88,009,799	76,474,176
Other expenses		1,593,000	-	-
<b>Total expenses excluding losses</b>		<b>86,102,000</b>	<b>103,013,084</b>	<b>90,103,681</b>
<b>Revenue</b>				
Grants and other contributions	3(a)	85,881,000	103,045,123	90,282,758
Acceptance by the Crown of employee benefits and other liabilities	3(b)	-	(32,064)	(179,077)
Other income		-	25	-
<b>Total revenue</b>		<b>85,881,000</b>	<b>103,013,084</b>	<b>90,103,681</b>
<b>Operating result</b>		<b>(221,000)</b>	<b>-</b>	<b>-</b>
<b>Net result</b>		<b>(221,000)</b>	<b>-</b>	<b>-</b>
Total other comprehensive income		-	-	-
<b>TOTAL COMPREHENSIVE INCOME</b>		<b>(221,000)</b>	<b>-</b>	<b>-</b>

## Office of the Independent Review Officer STATEMENT OF FINANCIAL POSITION

As at 30 June 2023

	Notes	Budget 2023 \$	Actual 2023 \$	Actual 2022 \$
<b>ASSETS</b>				
<b>Current assets</b>				
Cash and cash equivalents	4	3,768,000	5,984,163	1,380,780
Receivables	5	68,000	2,688,383	7,198,517
<b>Total current assets</b>		<b>3,836,000</b>	<b>8,672,546</b>	<b>8,579,297</b>
<b>Non-current assets</b>				
<b>Total non-current assets</b>		-	-	-
<b>Total assets</b>		<b>3,836,000</b>	<b>8,672,546</b>	<b>8,579,297</b>
<b>LIABILITIES</b>				
<b>Current liabilities</b>				
Payables	6	3,018,000	4,648,954	5,641,793
Provisions - Employee	7(a)	1,039,000	1,108,148	1,062,616
Provisions - Other	7(b)	-	2,901,951	1,863,592
<b>Total current liabilities</b>		<b>4,057,000</b>	<b>8,659,053</b>	<b>8,568,001</b>
<b>Non-current liabilities</b>				
Provisions - Employee	7(a)	-	13,493	11,296
<b>Total non-current liabilities</b>		-	<b>13,493</b>	<b>11,296</b>
<b>Total liabilities</b>		<b>4,057,000</b>	<b>8,672,546</b>	<b>8,579,297</b>
<b>Net assets</b>		<b>(221,000)</b>	-	-
<b>EQUITY</b>				
Accumulated funds		(221,000)	-	-
<b>Total equity</b>		<b>(221,000)</b>	-	-

The accompanying notes form part of these financial statements.

**Office of the Independent Review Officer**  
**STATEMENT OF CHANGES IN EQUITY**

For the year ended 30 June 2023

	Accumulated funds	Total Equity
	\$	\$
<b>Balance at 1 July 2022</b>	-	-
<b>Net result for the year</b>	-	-
Other comprehensive income	-	-
<b>Total comprehensive income for the year</b>	-	-
<b>Balance at 30 June 2023</b>	-	-

	Accumulated funds	Total Equity
	\$	\$
<b>Balance at 1 July 2021</b>	-	-
<b>Net result for the year</b>	-	-
Other comprehensive income	-	-
<b>Total comprehensive income for the year</b>	-	-
<b>Balance at 30 June 2022</b>	-	-

## Office of the Independent Review Officer STATEMENT OF CASH FLOWS

For the year ended 30 June 2023

	Notes	Budget 2023	Actual 2023	Actual 2022
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>		\$	\$	\$
<b>Payments</b>				
Employee related		11,887,000	10,136,809	8,990,332
Suppliers for goods and services		-	4,038,026	5,707,566
Grants & Subsidies		69,311,000	88,831,820	73,567,032
Other		4,904,000	115,720	-
<b>Total payments</b>		<b>86,102,000</b>	<b>103,122,375</b>	<b>88,264,930</b>
<b>Receipts</b>				
Grants and contributions		85,881,000	107,725,758	86,572,253
Other		-	-	364,724
<b>Total receipts</b>		<b>85,881,000</b>	<b>107,725,758</b>	<b>86,936,977</b>
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	8	<b>(221,000)</b>	<b>4,603,383</b>	<b>(1,327,953)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		-	-	-
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		-	-	-
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		-	-	-
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>		-	-	-
<b>NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS</b>		<b>(221,000)</b>	<b>4,603,383</b>	<b>(1,327,953)</b>
Opening cash and cash equivalents		3,989,000	1,380,780	2,708,733
<b>CLOSING CASH AND CASH EQUIVALENTS</b>	4	<b>3,768,000</b>	<b>5,984,163</b>	<b>1,380,780</b>

The accompanying notes form part of these financial statements.

# Office of the Independent Review Officer

## NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

---

### 1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

#### (a) Reporting entity

The Office of the Independent Review Officer (OIRO) is a NSW Government agency and is controlled by the State of New South Wales, which is the ultimate parent entity. OIRO is a not-for-profit entity (as profit is not its principal objective) and it has no cash generating units.

These financial statements for the year ended 30 June 2023 have been authorised for issue by the Independent Review Officer on 26 October 2023.

#### (b) Basis of Preparation

OIRO financial statements are general purpose financial statements which have been prepared on an accrual basis and in accordance with:

- Applicable Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations).
- The requirements of the *Government Sector Finance Act 2018* (GSF Act) and the *Government Sector Finance Regulation 2018* and in Treasurer's Directions issued under the GSF Act.

Financial statement items are prepared in accordance with the historical cost convention except where specified otherwise.

The financial statements are prepared on the assumption that OIRO is a going concern as of 30 June 2023 and will continue its normal operating activity for the foreseeable future. Reasons for this include:

- The OIRO's functions are prescribed by legislation (under Schedule 5 to the *Personal Injury Commission Act 2020*).
- Section 35 of the the *Workplace Injury Management and Workers Compensation Act 1998* (WIMA) provides for payments from the Workers Compensation Operational Fund (WCOF), including:
  - The remuneration of the Independent Review Officer and OIRO staff, and the costs incurred in connection with the exercise of the functions of the Officer arising under the Workers Compensation Acts.
- Management has considered and discussed the possibility of a full realisation of contingent liabilities on any given date and notes that the Exchange of Letters between the OIRO and the State Insurance Regulatory Authority (SIRA) detail that the liability will be funded in accordance with legislative requirements.

Judgements, key assumptions, and estimations that management have made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest dollar and are expressed in Australian currency, which is the OIRO's presentation and functional currency.

## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

---

### (c) Statement of compliance

The financial statements and notes comply with the AAS, which include Australian Accounting Interpretations.

### (d) Accounting for Goods and Services Tax

Income, expenses, and assets are recognised net of the amount of goods and services tax (GST), except that the:

- amount of GST incurred by OIRO as a purchaser that is not recoverable from the Australian Taxation Office (ATO) is recognised as part of an asset's cost of acquisition or as part of an item of expense; and
- receivables and payables are stated with the amount of GST included.

Cash flows are included in the Statement of Cash Flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

### (e) Equity - Accumulated Funds

The category 'Accumulated Funds' includes all current retained funds. There is no prior year retained funds as OIRO is a Zero Net Cost of Service business.

### (f) Comparative Information

Except when an AAS permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements.

### (g) Changes in accounting policies, including new or revised Australian Accounting Standards

#### i. Effective for the first time in financial year 2023:

The accounting policies applied in FY2023 are consistent with those of the previous financial year. Several other amendments and interpretations apply for the first time in FY2023, but do not have an impact on the financial statements of OIRO.

#### ii. Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards unless Treasury determines otherwise. Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2023 reporting period.

OIRO has assessed the potential impact of the new standards and interpretations issued but not yet effective and determined they are unlikely to have a material impact on the financial statements.

## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

### (c) Statement of compliance

The financial statements and notes comply with the AAS, which include Australian Accounting Interpretations.

### (d) Accounting for Goods and Services Tax

Income, expenses, and assets are recognised net of the amount of goods and services tax (GST), except that the:

- amount of GST incurred by OIRO as a purchaser that is not recoverable from the Australian Taxation Office (ATO) is recognised as part of an asset's cost of acquisition or as part of an item of expense; and
- receivables and payables are stated with the amount of GST included.

Cash flows are included in the Statement of Cash Flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

### (e) Equity - Accumulated Funds

The category 'Accumulated Funds' includes all current retained funds. There is no prior year retained funds as OIRO is a Zero Net Cost of Service business.

### (f) Comparative Information

Except when an AAS permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements.

### (g) Changes in accounting policies, including new or revised Australian Accounting Standards

#### i. Effective for the first time in financial year 2023:

The accounting policies applied in FY2023 are consistent with those of the previous financial year. Several other amendments and interpretations apply for the first time in FY2023, but do not have an impact on the financial statements of OIRO.

#### ii. Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards unless Treasury determines otherwise. Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2023 reporting period.

OIRO has assessed the potential impact of the new standards and interpretations issued but not yet effective and determined they are unlikely to have a material impact on the financial statements.

## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

### 2. EXPENSES EXCLUDING LOSSES

#### (a) Employee related expenses

	2023	2022
	\$	\$
Salaries and wages (including annual leave)	8,727,901	7,961,553
Payroll Tax & Fringe Benefit Tax	476,031	405,395
Superannuation - defined contribution plans	826,988	694,389
Superannuation - defined benefit plans	936	(857)
Worker's compensation insurance	87,728	68,252
Long service leave <sup>1</sup>	(33,000)	(178,220)
Other Long Service Leave on costs	24,414	(21,883)
<b>Total</b>	<b>10,110,998</b>	<b>8,928,629</b>

#### (b) Other operating expenses

	2023	2022
	\$	\$
Advertising	80,664	3,804
Auditors Remuneration <sup>2</sup>	128,000	149,500
Books & Periodicals	20,616	4,350
Computer Expenses	889,750	652,808
Conference	80,644	82,148
Consultants	593,718	1,093,462
Contractors	1,153,241	1,137,326
Corporate Cost Allocation	471,000	778,354
Fees & Charges	203,644	179,149
Host fees	42,301	36,604
Legal	10,000	11,345
Maintenance	1,390	590
Minor equipment	9,005	6,779
Network Operating Costs	36,554	57,512
Occupancy <sup>3</sup>	972,218	344,271
Other operating expenses	9,843	2,842
Postage & Telephone	59,976	39,167
Printing & Stationery Stores	4,575	2,680
Training	107,752	111,921
Travel & MV Expenses	17,396	6,264
<b>Total</b>	<b>4,892,287</b>	<b>4,700,876</b>

<sup>1</sup> Long service leave assumed by Crown. The negative balances reflect NSW Treasury's year end present value, discount factor calculations resulted in the movement adjustments from last financial year.

<sup>2</sup>The Audit fee for FY2023 of \$128,000 represents \$113,000 for FY2023 and the additional fees of \$15,000 for FY2022. Similarly, the Audit fee for FY2022 of \$149,500 represents \$94,900 for FY2022 and the balance of \$54,600 for FY2021.

<sup>3</sup> Occupancy cost charged by DCS under the new tenancy agreement for FY2023 of \$972,218.



## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

### Recognition and Measurement

#### Insurance

The OIRO's insurance activity is conducted through the NSW Treasury Management Fund Scheme of self-insurance for Government entities. The expense (premium) is determined by the Fund Manager based on past claims experience.

#### Corporate Allocation

This includes corporate services provided to OIRO by the Department of Customer Service (DCS). Some of the functions provided include finance, procurement, workplace & facilities, governance, risk & performance, information security, cluster ICT, people & culture, and the Office of the Secretary.

#### In FY2022, the Corporate Costs Allocation model was made up of the following components

- Direct costs
  - Outposted roles, roles that are directly attributable to an agency, or any other directly attributable other operating costs.
- Indirect costs
  - Calculated as total Corporate Services, plus People and Culture, plus Office of the Secretary budgets, less Direct Costs
  - The remaining labour costs and other operating costs (for Corporate Finance, People and Culture, Chief Information Security Officer (CISO), Workplace Services, Governance, Risks and Performance, Procurement, Office of the Chief Operating Officer and Office of the Secretary) are then apportioned across the Customer Service cluster on a percentage of Full Time Equivalent (FTE) basis.

In FY2023, DCS has changed their corporate cost allocation model which is based on the service catalogue for direct cost and the indirect allocation is based on the head count and project basis.

#### Consultants

Consultants cost is 46% lower than last year, mainly due to the business process review project, which was completed last year therefore the cost has reduced. The current year cost relates to the invoices for the business process consulting team and the consulting fees from Resolve vendor (RSG) and Fiftyfive5 vendor for user experience survey.

#### Contractors

This includes the fees for current contract employees. An 'other contractor' expense is any individual or organisation (other than a consultant) who is engaged to undertake work that would or could be regarded as normally undertaken by an employee, but internal expertise is not available.

#### Fees & Charges

This includes fees for interpreting, GovConnect NSW recovery fees and the employee assistance program fees. GovConnect NSW is a partnership between the NSW Government and shared service providers. GovConnect NSW provides support for Human Resources, Payroll, Finance, and ICT services.

#### Occupancy

This includes the internal accommodation charge from DCS to OIRO. The DCS is responsible for adhering to the tenancy schedule in place with Property NSW (PNSW). As a result, DCS settles occupancy charges and seeks reimbursement from OIRO. In FY2023 the Occupancy cost has increased compared to prior year mainly due to the Office refurbishment depreciation.

## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

### (c) Independent Legal Assistance and Review Service (ILARS) Grants

	2023	2022
	\$	\$
Disbursements	36,687,187	32,187,894
Approved Lawyer Professional Fees	51,322,612	44,286,282
<b>Total</b>	<b>88,009,799</b>	<b>76,474,176</b>

### ILARS Grants

ILARS grants managed and administered by the OIRO, allows Approved Lawyers (ALs) to apply for funding (grants) to provide injured eligible workers legal advice about, and assistance to pursue, workers compensation rights and entitlements. Grants of funding cover professional fees, counsel's fees, medical report fees and the cost of other disbursements and incidental expenses reasonably necessary to investigate a claim or pursue a dispute about a claim, including where a claim progresses to the Personal Injury Commission or higher courts, where appropriate.

ALs make applications to OIRO for grants of funding to assist injured eligible worker clients. In FY2023 OIRO received 22,642 applications for ILARS grants from ALs (20,148 in FY2022).

OIRO recognises grant expenditure when invoices are received, and grant payments are approved by OIRO.

OIRO recognises grant accruals based on invoices received but not entered into the accounting system. In FY2023 OIRO recognised accruals for AL professional fees and disbursements (\$1.182m in FY2023) and Medical Report Provider (MRP) disbursements (\$1.385m in FY2023) (note 6).

OIRO estimates grant provisions based on the estimates for the MRP services rendered but not invoiced (\$2.877m in FY2023) (note 7(b)). Where a grant is open at the end of a period, OIRO estimates a contingent liability for the grant calculated using a forecasting model. To support funding requests to SIRA from the WCOF, OIRO estimates the contingent liability for open ILARS Grants on a quarterly basis. The quarterly demand and expenditure forecasting model outputs are shared with SIRA and discussed to understand if further funding is required. The Contingent Liability is noted in the Financial Statements (note 11).

## 3. REVENUE

### (a) Grants and contributions

	2023	2022
	\$	\$
Grants from WCOF	102,344,101	89,747,758
Grants from Motor Accident Operational Fund (MAOF)	701,022	535,000
<b>Total</b>	<b>103,045,123</b>	<b>90,282,758</b>

The operations of OIRO are funded by the WCOF and the MAOF. These funds are administered by SIRA.

### Recognition and Measurement

Income is recognised in accordance with the requirements of AASB 1058 Income of Not-for-Profit Entities.

## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

### (b) Acceptance by the Crown of employee benefits and other liabilities

The following liabilities have been assumed by Crown Entity:

	2023	2022
	\$	\$
Long Service Leave - Crown accepted <sup>4</sup>	(33,000)	(178,220)
Superannuation - Crown accepted	936	(857)
<b>Total</b>	<b>(32,064)</b>	<b>(179,077)</b>

### 4. CURRENT ASSETS - CASH AND CASH EQUIVALENTS

	2023	2022
	\$	\$
Cash at bank	5,984,163	1,380,780
<b>Closing Cash</b>	<b>5,984,163</b>	<b>1,380,780</b>

### 5. CURRENT ASSETS - RECEIVABLES

	2023	2022
	\$	\$
Debtors	51,000	13,001
GST Receivable	623,164	507,444
Prepayments	71,096	51,184
Supplementary ILARS Funding (funded from the WCOF) <sup>5</sup>	1,943,123	6,626,888
<b>Total</b>	<b>2,688,383</b>	<b>7,198,517</b>

For supplementary ILARS funding, section 35 of the WIMA provides for the costs incurred in connection with the exercise of functions by the Independent Review Officer arising under the Workers Compensation Acts to be paid from the WCOF. The Exchange of Letters between the OIRO and SIRA ensures that the OIRO is funded to effectively manage its operations. Any variances between the funds received from SIRA and OIRO expenses are reported in the Statement of Financial Position as either a payable or receivable, such that any surplus funds may have to be returned to SIRA, or additional funding may be requested by OIRO and advanced by SIRA to meet any deficit.

Details regarding credit risk of trade receivables that are neither past due nor impaired, are disclosed in Note 10.

### Recognition and Measurement

All 'regular way' purchases or sales of financial asset are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

Receivables are initially recognised at fair value plus any directly attributable transaction costs. Trade receivables that do not contain a significant financing component are measured at the transaction price.

<sup>4</sup> The Long Service Leave adjustment is based on the present value calculation provided by NSW Treasury. The negative balances in long service leave expenses is the result of Treasury's end of year Present Value Long Service Leave top-up process, based on actuarial review. Movements in present value discount factor is adjusted back to the profit and loss as a debit/(credit) depending on whether the discount factor is higher or lower than prior year.

<sup>5</sup> OIRO is a Net Cost of Service (NCOS) Zero entity. At 30 June 2023, the OIRO required a budget supplementation of \$1,943,123 (FY22: \$6,626,888) from SIRA to bring the NCOS to Zero. similar to FY2022.

## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

Expected Credit Loss (ECL) is not relevant to the operations of OIRO as the entity is funded by SIRA, which administers the MAOF and WCOF, as administered by SIRA.

### Subsequent measurement

The entity holds receivables with the objective to collect the contractual cash flows and therefore measures them at amortised cost using the effective interest method, less any impairment. Changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

### Budget Supplementation (Grants and Other contributions)

As at 30 June 2023, OIRO's actual expenditure was greater than the agreed budget amount from SIRA. Therefore, a budget supplementation of \$15m received in May and June 2023. Additional funds amounting to \$1,943,123 will be required from SIRA to cover the expenditure gap and to bring the Net Cost of Service to zero. The OIRO will notify SIRA of the additional funding requirements from the WCOF, consistent with the funding agreements between OIRO and SIRA (see Note 1(b)). OIRO has taken up this amount as revenue receivable on the Statement of Financial Position.

Conversely, in instances where actual expenditure is less than the funding advanced by SIRA, OIRO will release surplus revenue to the Statement of Financial Position i.e. as an amount repayable to SIRA (unearned income). Any unearned income is offset against a budget supplementation.

## 6. CURRENT LIABILITIES - PAYABLES

	2023	2022
	\$	\$
Accrued Salaries Wages & On Costs	236,464	277,964
Unearned Income	-	3,130
Corporate credit card	3,822	13,245
Trade payables <sup>6</sup>	1,618,059	340,302
ILARS - Professional fees and Disbursements accruals	1,182,368	3,223,747
ILARS - Medical Report Provider (MRP) accruals	1,385,086	1,410,260
Sundry accruals	223,155	373,145
<b>Total</b>	<b>4,648,954</b>	<b>5,641,793</b>

### Recognition and Measurement

Payables represent liabilities for goods and services provided to OIRO. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Payables are financial liabilities at amortised cost, initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised net result when the liabilities are derecognised as well as through the amortisation process.

OIRO recognises ILARS approved grant Professional fees and Disbursements as accruals based on invoices received but not entered into the accounting system. Similarly, MRP invoices received but not processed prior to 30 June 2023 are accrued.

<sup>6</sup> Trade payables of \$1.6m (variance of \$1.2m from last year) is mainly comprise of the DCS cash settlement intercompany journal related to the occupancy \$972k and the balance of \$628k related to ILARS invoices as at 30 June 2023

# Office of the Independent Review Officer

## NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

### 7. CURRENT / NON-CURRENT LIABILITIES

(a) EMPLOYEE PROVISIONS	2023	2022
	\$	\$
<b>Current</b>		
Annual Leave provision on-costs	971,714	948,399
Long Service Leave provision on-costs <sup>7</sup>	136,434	114,217
<b>Total</b>	<b>1,108,148</b>	<b>1,062,616</b>
<b>Non-current</b>		
Long Service Leave provision on-costs	13,493	11,296
<b>Total</b>	<b>13,493</b>	<b>11,296</b>
<b>Aggregate employee benefits on-costs</b>		
Provisions – current	1,108,148	1,062,616
Provisions – non-current	13,493	11,296
<b>Total</b>	<b>1,121,641</b>	<b>1,073,912</b>
<b>Provisions expected to be settled within 12 months from reporting date</b>		
Annual leave provision on-costs	721,597	693,760
Long service leave provision on costs	-	-
<b>Total</b>	<b>721,597</b>	<b>693,760</b>
<b>Provisions expected to be settled in more than 12 months from reporting date</b>		
Annual leave provision on-costs	250,117	254,638
Long service leave provision on costs	149,927	125,513
<b>Total</b>	<b>400,044</b>	<b>380,151</b>
<b>(b) OTHER PROVISIONS</b>	<b>2023</b>	<b>2022</b>
	\$	\$
<b>Current</b>		
ILARS - MRP Provision	2,876,810	1,632,278
Resolve Software Provision	-	111,314
Resolve re-architecture project Provision	-	120,000
Genesys Contact Centre Service Charges Provision	25,141	-
<b>Total</b>	<b>2,901,951</b>	<b>1,863,592</b>
Other Provisions are expected to be settled within 12 months from reporting date		

<sup>7</sup> Long service leave (LSL) provision is calculated annually as per NSW Treasury communication during the hard close in June 2023.

## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

### Employee benefits and related on-costs

#### Salaries and wages, annual leave, and sick leave

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave is not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 Employee Benefits (although short-cut methods are permitted).

Actuarial advice obtained by Treasury has confirmed that using the nominal annual leave balance plus the annual leave entitlements accrued while taking annual leave (calculated using 8.4% of the nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The entity has assessed the actuarial advice based on the entity's circumstances and has determined that the effect of discounting is immaterial to annual leave. All annual leave is classified as a current liability even where the entity does not expect to settle the liability within 12 months as the entity does not have an unconditional right to defer settlement.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax.

#### Long service leave

The Agency's liabilities for long service leave are assumed by the Crown. The Agency accounts for the liability as having been extinguished, resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown of employee benefits and other liabilities".

Long service leave is measured at present value in accordance with AASB 119 Employee Benefits. This is based on the application of certain factors (specified in NSWTC 21-03) to employees with five or more years of service, using current rates of pay. These factors were determined based on an actuarial review to approximate present value.

#### Other provisions

The MRP provisions (ILARS Disbursements) are estimated based on the calculation using invoice averages over the last three months. However, in instances, where data was not available, management has taken other approaches to ensure a reliable estimate were established. These calculations were either based on 10 months historical data or on actual confirmation from service providers.

Unified Healthcare Group Pty Ltd (UHG), a MRP vendor bills the OIRO for the medical reports, clinical notes and charges a services fee on behalf of Approved Lawyers acting for the injured workers. UHG has advised that a total of \$1.138m has not been invoiced. OIRO has considered the uncertainty, timing and the amount and recognised as a provision based on the available information as at 30 June 2023 year end.

The Genesys call centre solution was implemented since December 2022. The charges from January to June 2023 were taken up as provision. At year end, it was only one month invoice was available for December 2022 and the invoice or the breakdown of service provided for the rest of the months was not available to accrue.

## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

### 8. RECONCILIATION OF CASH FLOWS FROM OPERATING ACTIVITIES TO NET RESULT

	2023	2022
	\$	\$
<b>Net cash flows from operating activities</b>	4,603,383	(1,327,953)
Increase / (decrease) in prepayments and other assets	(4,510,133)	3,931,966
Decrease / (increase) in provisions	(1,086,088)	(91,696)
Decrease / (increase) in payables	992,838	(2,512,317)
<b>Net result</b>	<b>-</b>	<b>-</b>

### 9. CAPITAL COMMITMENT

OIRO has no outstanding capital commitments at balance date.

### 10. FINANCIAL INSTRUMENTS

OIRO's principal financial instruments are outlined below. These financial instruments arise directly from OIRO's operations or are required to finance OIRO's operations. OIRO does not enter or trade financial instruments, including derivative financial instruments, for speculative purposes.

OIRO's main risks arising from financial instruments are outlined below, together with OIRO's objectives, policies, and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout the financial statements.

OIRO has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by OIRO, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed by OIRO on a continuous basis.

#### As at 30 June 2023

Class	Note	Category	Carrying amount \$
<b>Financial Assets</b>			
Cash and cash equivalents	4	Amortised cost	5,984,163
Receivables <sup>8</sup>	5	Amortised cost	1,994,123
<b>Financial Liabilities</b>			
Payables <sup>9</sup>	6	Financial liabilities measured at amortised cost	4,594,987

#### As at 30 June 2022

Class	Note	Category	Carrying amount \$
<b>Financial Assets</b>			
Cash and cash equivalents	4	Amortised cost	1,380,780
Receivables	5	Amortised cost	6,639,889
<b>Financial Liabilities</b>			
Payables	6	Financial liabilities measured at amortised cost	5,437,160

<sup>8</sup> Excludes statutory receivables and prepayments (i.e., not within scope of AASB 7)

<sup>9</sup> Excludes statutory payables and unearned revenue (i.e., not within scope of AASB 7)

## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

### Derecognition of financial assets and financial liabilities

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the entity transfers its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a 'pass-through' arrangement; and either:

- the entity has transferred substantially all the risks and rewards of the asset; or
- the entity has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control.

When the entity has transferred its rights to receive cash flows from an asset or has entered a passthrough arrangement, it evaluates if, and to what extent, it has retained the risks and rewards of ownership. Where the entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset continues to be recognised to the extent of the entity's continuing involvement in the asset. In that case, the entity also recognises an associated liability.

The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the entity has retained.

Continuing involvement that takes the form of a guarantee over the transferred asset is measured at the lower of the original carrying amount of the asset and the maximum amount of consideration that the entity could be required to repay.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the net result.

#### (a) Credit risk

Credit risk arises when there is the possibility that the counterparty will default on their contractual obligations, resulting in a financial loss to OIRO. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of OIRO, including cash at bank and receivables. No collateral is held by OIRO. OIRO has not granted any financial guarantees.

OIRO considers a financial asset in default when contractual payments are 90 days past due. However, in certain cases, OIRO may also consider a financial asset to be in default when internal or external information indicates that OIRO is unlikely to receive the outstanding contractual amounts in full before considering any credit enhancements held by OIRO.

#### (b) Cash and cash equivalents

Cash comprises bank balances. OIRO does not earn interest on its daily bank balances.

#### (c) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices.

There was no effect on OIRO's results due to possible change in market variables.



## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

---

### (d) Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

In 2015-16, Treasury introduced cash management reforms that now apply to OIRO. Under the reforms, OIRO will not earn interest from Treasury on its financial assets.

OIRO did not have exposure to interest rate risk as it did not have funds invested earning interest.

### (e) Liquidity risk

Liquidity risk is the risk that an organisation will be unable to meet its payment obligations when they fall due.

OIRO manages its risk by obtaining funds from SIRA to support its operations and working to ensure, wherever possible, that expenses are contained within budget.

OIRO has exchanged letters with SIRA outlining funding arrangements for OIRO. Where OIRO has insufficient cashflow to meet its expenditure during the financial year:

- OIRO may seek a cash advance where the insufficient cashflow arises from a timing issue, and OIRO is otherwise within budget, by writing to SIRA seeking the advance. SIRA will advance the funding, subject to funding availability and will adjust the remaining budget, in consultation with OIRO.
- OIRO may seek a budget supplementation where the insufficient cashflow is a budgetary issue, by writing to SIRA seeking budget supplementation. This request will be considered by the SIRA Board and upon their approval, SIRA will advance the funding.

In addition, OIRO had developed a Cash Funding Management Policy in March 2023.

As at 30 June 2023, there were no default or breaches on any loans payable. No assets have been pledged as collateral. OIRO does not have any loans or assets that could be pledged as collateral.

OIRO's exposure to liquidity risk is deemed insignificant based on current assessment of risk.

The table below summarises the maturity profile of the entity's financial liabilities based on contractual undiscounted payments, together with the interest rate exposure.

## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

	Weighted Average Effective Int. Rate %	Nominal Amount <sup>10</sup>	Interest rate exposure			Maturity dates		
			Fixed Interest Rate	Variable Interest Rate	Non-interest bearing	< 1 year	1 to 5 years	> 5 years
2023 Payables <sup>11</sup>	N/A	\$4,594,987	-	-	\$4,594,987	\$4,594,987	-	-
2022 Payables <sup>12</sup>	N/A	\$5,437,160	-	-	\$5,437,160	\$5,437,160	-	-

### (f) Fair Value Measurement

#### i. Fair value compared to carrying amount

OIRO does not hold financial assets and financial liabilities where the fair value differs from the carrying amount.

### 11. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

	2023	2022
	\$	\$
Contingent Liabilities - ILARS Grants	<b>134,949,000</b>	<b>127,713,000</b>

As at the 30 June 2023 there were 31,976 open cases, and a contingent liability of \$134,949,000 was estimated excluding any accruals and provisions recognised in the financial statements.

According to AASB 137- Provisions, Contingent Liabilities and Contingent Assets, a contingent liability must be disclosed on OIRO's financial statement rather than a provision because the economic outflow is not "probable" or cannot be reliably quantified until the court proceedings has occurred.

The contingent liability has been estimated utilising a demand and expenditure forecasting model developed by OIRO utilising case management data from FY2013 onwards. The contingent liability estimation has been based on historical ILARS grant data from 2019-2023 financial years grouped by the high-level primary injury category and outcome mix. The cost estimate is based on the historical proportions between different outcomes. The model uses the average cost to finalise per outcome less average cost already spent based on the case mix of open cases. An indexation rate of 3.5% for FY2024 was based on NSW Treasury economic forecast rate applied for disbursements only. The professional fees indexation of 10% will be applied every 3-4 years (not applied until FY2025), together with a discount rate of 3.84% was applied to the model based on 3 years Commonwealth bond rate. The SIRA funding arrangements for contingent liabilities were explained in detail at Note 1(b).

<sup>10</sup> The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the entity can be required to pay. The amounts include both interest and principal cashflows and therefore will not reconcile to the amounts disclosed in the statement of financial position.

<sup>11</sup> The amounts disclosed here exclude statutory payables and unearned revenue (not within scope of AASB 7).

<sup>12</sup> The amounts disclosed here exclude statutory payables and unearned revenue (not within scope of AASB 7).

# Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

## 12. RELATED PARTY DISCLOSURES

### Key management personnel

	2023	2022
	\$	\$
Short-term employee benefits:		
Salaries	1,461,000	989,000
Post-employment benefits	148,000	93,000
<b>Total remuneration<sup>13</sup></b>	<b>1,609,000</b>	<b>1,082,000</b>

OIRO did not enter any transactions with key management personnel, their close family members, and controlled or jointly controlled entities of key management personnel.

### Other related party transactions

OIRO has entered transactions with other entities that are controlled/jointly controlled/significantly influenced by the NSW Government. These transactions in aggregate are a significant portion of OIRO's activities.

As at 30 June 2023, the transactions include:

- Grants and contributions received from SIRA, \$103,045m (2022, \$90,282m).
- Long Service Leave assumed by Crown, \$32,064 (2022, \$179,077).
- Payments for the provision corporate services to DCS, \$471,000 (2022, \$778,354).
- Payments for iCare workers' compensation insurance and other liability and miscellaneous, \$87,728 (2022, \$68,252).
- Payments for rental charges and other Customer Services support charges, \$972,218 (2022, \$344,271).
- Payments for DCS pass through charges mainly related to the Fee for service, Software and Hardware, GovConnect charges, \$1,013,282 (2022, \$639,358).

## 13. EVENTS AFTER THE REPORTING PERIOD

There are no known events after the reporting period which would give rise to a material impact on the reported results or financial position of OIRO as at 30 June 2023.

## 14. BUDGET REVIEW

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament in respect of the reporting period. Subsequent amendments to the original budget (e.g., adjustment for transfer of functions between entities as a result of Administrative Arrangements Orders) are not reflected in the budgeted amounts. Major variances between the original budgeted amounts and the actual amounts disclosed in the financial statements are explained below.

Employee related expenses report a favourable variance to Budget as the full complement of staff has not been recruited throughout the financial year. The favourable variance is offset to some extent by Contractor expenses incurred and not budgeted for to support the workforce needs of the OIRO.

<sup>13</sup> Key management personnel (KMP) – 2 extra KMP included in FY23 compared to FY22 resulted in increase in cost.

## Office of the Independent Review Officer NOTES TO THE FINANCIAL STATEMENTS

For the year ended 30 June 2023

---

Grants and subsidies expense consisting of Disbursements and Approved Lawyer Professional Fees, collectively known as ILARS Grants continued to exceed the expected budgeted value with a negative variance. The reasons for this include an increase in the past several years in applications for ILARS grants from ALs, and a steadily increasing numbers of ILARS grants being finalised by OIRO. Factors that impact the demand for ILARS (such as the performance of workers compensation insurers, the design of the workers compensation scheme and the nature of injuries to workers) are largely outside the control of OIRO and reflect events and trends in the workers compensation system.

The increase in ILARS expenditure has resulted in a receivable of \$16.943m of which \$15m received in May and June 2023 and the balance of \$1.943m will be required from SIRA post finalisation of the financial year 2022-23 end reporting (see Note 5).

### Net result

The approved budget net result for 2022-2023 was (\$221,000). The actual net result is equal to zero as OIRO is a Zero Net Cost of Service Agency. A budget adjustment was processed to correct the approved net result of (\$221,000).

### Assets and liabilities

The approved budget net assets of (\$221,000) consisted of \$3.836m total assets and \$4.057m total liabilities. The net assets as at 30 June 2023 is equal to zero. The OIRO is a Zero Net Cost of Service Agency and does not hold any retained funds or equity in the entity.

### Cash flows

The approved budget cash flow of \$3.768m was lower than actual cash flows of \$5.984m due to budget supplementation \$15m received in May and June 2023 for ILARS for 2022-2023.

END OF AUDITED FINANCIAL STATEMENTS



## Compliance Checklist

Table P: Compliance checklist

Compliance requirement	Section in the annual report
Access	Cover page
Aims and objectives	About IRO
	Corporate performance – Strategic priorities
Annual report production cost and online availability	<b>About this report</b>
Charter	About IRO
Consultants	Consultants
Consumer response	Consumer response
Cyber Security Policy attestation	Corporate governance
Disability inclusion action plans	N/A
Disclosure of controlled entities	N/A
Disclosure of subsidiaries	N/A
Financial statements	Financial statements
Funds granted to non-government community organisations	N/A
<i>Government Information (Public Access) Act 2009</i>	Accessing IRO information
Human resources	Employment and senior executive statistics
	Employee relations policies and practices
Identification of audited financial statements	Financial statements
Internal audit and risk management policy attestation	Risk management, attestation and insurance activities
Land disposal	N/A
Legal change	Legislative changes
Letter of submission	Letter of submission
Management and activities	About IRO
	IRO Snapshot 2022/23
	Solutions
	Grants of Legal Funding
	System Overview
	Corporate performance
	Corporate governance
Management and structure	About IRO
Multicultural policies and services program	Corporate Reporting - triennial reporting

Compliance requirement	Section in the annual report
Numbers and remuneration of senior executives	Employment and senior executive statistics
Payment of accounts	Accounts payable performance
Privacy and Personal Information Protection Act 1998 (PPIPA)	Accessing IRO information
Promotion	N/A
Public interest disclosures (PID)	Public interest disclosures
Requirements arising from employment arrangements	Corporate governance
	Employment and senior executive statistics
Research and development	N/A
Risk management and insurance activities	Corporate governance
	Risk management and insurance activities
Summary review of operations	IRO Snapshot
	Corporate performance
Work health and safety (WHS)	Corporate Reporting
Workforce diversity	Corporate Reporting - triennial reporting

## Data Dictionary

### Commission, WCC, PIC

Commission in this report refers either to the Workers Compensation Commission (WCC) for proceedings and decisions prior to 1 March 2021 or the Personal Injury Commission (PIC) for proceedings and decisions on or after 1 March 2021.

### Complaint

A complaint is an expression of dissatisfaction or grievance made to IRO about an insurer where a response or resolution is explicitly or implicitly expected.

Clauses 6 and 8 of Schedule 5 to the PIC Act are to the effect that one of the functions of the Independent Review Officer is to deal with complaints about the acts or omissions of insurers that affect a claimant's rights, entitlements or obligations under workers compensation or CTP legislation.

### Enquiry

An enquiry is a request for information which does not usually require referral to an insurer.

Early intervention or early solutions matter

An early intervention or early solutions matter is one that is the subject of an ILARS grant of funding, where the injured worker has legal representation and where it may be appropriate for IRO to intervene to prompt an early solution.

### Final outcome

Includes matters finalised after proceedings have been commenced in the Commission by the worker and the Commission decides the dispute; and matters resolved with the agreement of the injured worker and insurer before proceedings are commenced or during proceedings in the Commission (including where early solutions are achieved with the assistance of IRO).

### No final outcome

Includes all matters where the worker does not advance a claim or dispute to a final resolution, including where comprehensive legal advice is provided, where the worker ceases to instruct a lawyer, where a lawyer advises a worker not to proceed, where a lawyer has lost contact with a worker or where a claim is investigated (including by obtaining specialist medical evidence) but the relevant impairment threshold or pre-requisites to pursue a claim are not met. In these grants the 'matter' does not proceed to a final outcome.

### Number and type of complaint

For the purposes of Table 3 and Table 4, data is categorised as one issue per complaint. Where a complaint involves multiple issues, the primary issue only is recorded. This is consistent with SIRA practice.

### Outcomes of complaints and early intervention matters:

#### ***Resolved - Benefit***

to prompt the acceptance of a claim which had not previously been determined, an increase in the value of an existing benefit (for example, increased weekly payments) or the insurer to overturn a decision to dispute liability.

#### ***Resolved - Action***



to prompt the insurer to take action to progress a claim, for example to amend an injury management plan or to arrange a medical examination.

### **Resolved - Information**

to provide information to the injured person, for example to confirm correct advice was provided by the insurer after independent examination by IRO or ensure access to information the person is entitled to.

### **Referred**

to refer the injured person to another entity (such as a lawyer) or organisation who is best able to assist them.

### **Position improved**

Finalised grants where the worker's claim:

- is resolved by direct negotiation and agreement between the worker and insurer after investigation
- is resolved by a Commission decision and the worker improves their position (the worker's dispute before the Commission is determined wholly or partly in favour of the worker)
- is resolved after the IRO successfully intervenes at an early stage to prompt a solution or resolution of a dispute.

### **Position not improved**

Finalised grants where the injured worker does not improve their position (i.e. the worker's dispute before the Commission is determined in favour of the insurer or employer, and the worker receives no compensation).

### **Resolved pre-proceedings**

Matters resolved pre-proceedings with the agreement of the injured worker and insurer. Matters resolved at pre-proceedings represent an improved position. Where the parties cannot agree, the matter either proceeds to the Commission and a final outcome will be recorded, or the matter is not continued by the worker and the grant is recorded as having no final outcome.

### **WC complaints**

For the purposes of Table 1, 'WC complaints' data does not include early intervention matters.

### **All tables**

Percentages may not add up to 100%, as they are rounded to the nearest percent.







Independent  
Review Office

**Office of the Independent  
Review Officer**

Level 8  
1 Oxford Street  
DARLINGHURST NSW 2010

**T** 13 94 76

**E** [contact@iro.nsw.gov.au](mailto:contact@iro.nsw.gov.au)

Hours: 8.30am – 5pm  
Monday to Friday

**[www.iro.nsw.gov.au](http://www.iro.nsw.gov.au)**