

08/09 STATISTICS REPORT

Raising the bar higher



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INTRODUCTION

THIS IS THE TENTH ANNUAL STATISTICAL REPORT PUBLISHED BY Q-COMP TO CIRCULATE QUEENSLAND WORKERS' COMPENSATION SCHEME-WIDE DATA.

This report covers all aspects of the Queensland workers' compensation scheme, including:

- claims information reported by WorkCover Queensland and self-insured employers (numbers, average costs and payments) for statutory claims and common law claims
- scheme-wide information about the major regulatory services provided by Q-COMP for insurer and medical issues:
 - administrative review of insurers' decisions
 - appeals to the Industrial Magistrate and Queensland Industrial Relations Commission (QIRC)
 - medical assessment tribunals (MAT).

All figures reported are as at 30 June of the relevant financial year. The only exception to this is fatalities which are reported as at 30 June 09.

ABOUT Q-COMP

Q-COMP regulates Queensland's workers' compensation scheme, working with stakeholders to balance the needs of workers and employers and ensuring a fair and efficient scheme for all. Q-COMP provides a range of services, including:

- monitoring insurer performance and compliance with the *Workers' Compensation and Rehabilitation Act 2003 (the Act)*
- deciding self-insurance applications
- reviewing insurer decisions
- managing appeals of review decisions
- monitoring employer rehabilitation compliance and providing advice
- supporting the MAT
- maintaining and analysing statistics and reporting on the scheme
- providing workers' compensation information and education
- administering grants.

The Act established Q-COMP as an independent regulatory authority from 1 July 03. Q-COMP receives no funding from the Government's consolidated revenue and is primarily funded through contributions from insurers. As at 30 June 09, there were 24 insurers in the scheme – WorkCover Queensland and 23 self-insured employers (visit www.qcomp.com.au for a list of self-insurer licences and the individual companies listed under each licence).

THE OVERALL SCHEME

- The majority of employers (almost 9 in 10) covered by the scheme in 08/09 did not have a claim for workers' compensation.
- Claim rates have decreased due to the stability in intimations.
- The manufacturing industry has the highest claim rate.
- Payments have increased by 13.5% driven by an increase in common law payments of 20.1%.

The Queensland workers' compensation scheme covers approximately 171,000 employers and an estimated 2.2 million workers.

01 Number of claims intimated by insurance type 08/09

Insurance type	07/08	08/09	% variance
Employed people	102,651	102,420	-0.2%
Volunteers, industry placement/work experience, contracts of insurance (Act: section 26)	272	276	1.5%
Workplace personal injury insurance (self employed, working directors)	131	127	-3.1%
Household workers	17	25	47.1%
TOTAL INTIMATIONS	103,071	102,848	-0.2%

The majority of claims (99.6%) are for 'workers' (as defined in the Act).

02 Number of claims per employer by declared wages 07/08

Number of claims	Declared wages 07/08						Total employers
	\$1M or less	\$1.01M to \$2.5M	\$2.51M to \$5M	\$5.01M to \$10M	\$10.01M to \$50M	Over \$50M	
No claims	148,830	2,274	356	108	35	1	151,604
1 claim	9,455	1,146	286	77	44	0	11,008
2 to 5 claims	3,281	1,571	687	272	112	6	5,929
6 to 10 claims	206	368	332	196	108	3	1,213
11 to 20 claims	35	105	195	216	157	13	721
Over 20 claims	16	14	47	142	341	139	699
Total with claims	12,993	3,204	1,547	903	762	161	19,570
TOTAL	161,823	5,478	1,903	1,011	797	162	171,174
% without claims	92.0%	41.5%	18.7%	10.7%	4.4%	0.6%	88.6%

The above table is based on claims intimated by insurance type 'employed people' and excluding claims which have been intimated by uninsured policies.

The majority of employers (88.6%) did not have a claim for workers' compensation in 08/09. Smaller employers (less than \$1 million in declared wages or approximately 20 staff) were the most likely to have no claims (92.0%).

In 08/09, 102,848 claims were intimated scheme-wide (excluding cancelled and withdrawn claims). The estimated rates per 1,000 employees are detailed below.

03 Claim rates (per 1,000 employees covered by the scheme) 04/05 to 08/09

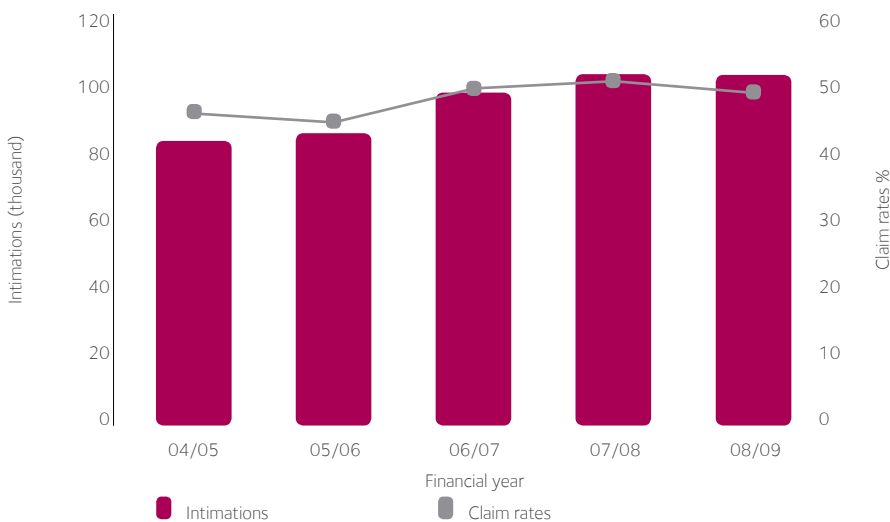
Queensland labour force	Annual comparison				
	04/05	05/06	06/07	07/08	08/09
Average number of employed people ('000) ^a	1,917.7	2,009.7	2,095.2	2,164.5	2,219.9
Change from previous year	4.6%	4.8%	4.3%	3.3%	2.6%
Average number of employees covered ('000) ^b	1,840.3	1,934.7	2,023.3	2,091.2	2,147.1
Change from previous year	4.9%	5.1%	4.6%	3.4%	2.7%
Queensland workers' compensation scheme					
Intimated claims					
Number	83,485	85,751	97,660	103,071	102,848
Change from previous year	-0.4%	2.7%	13.9%	5.5%	-0.2%
Claim rate					
Number per 1,000 employees covered	45.4	44.3	48.3	49.3	47.9
Change from previous year	-5.0%	-2.3%	8.9%	2.1%	-2.8%

^a Australian Bureau of Statistics, Labour Force, Queensland Average of May Quarter to February Quarter – for each of the above years, Cat No 6201.3. Australian Bureau of Statistics has adjusted past figures due to change in methodology. The above table has been amended to include these adjustments.

^b 'Employees covered' is a subset of all employed persons depending on the legislation in place (see definitions).

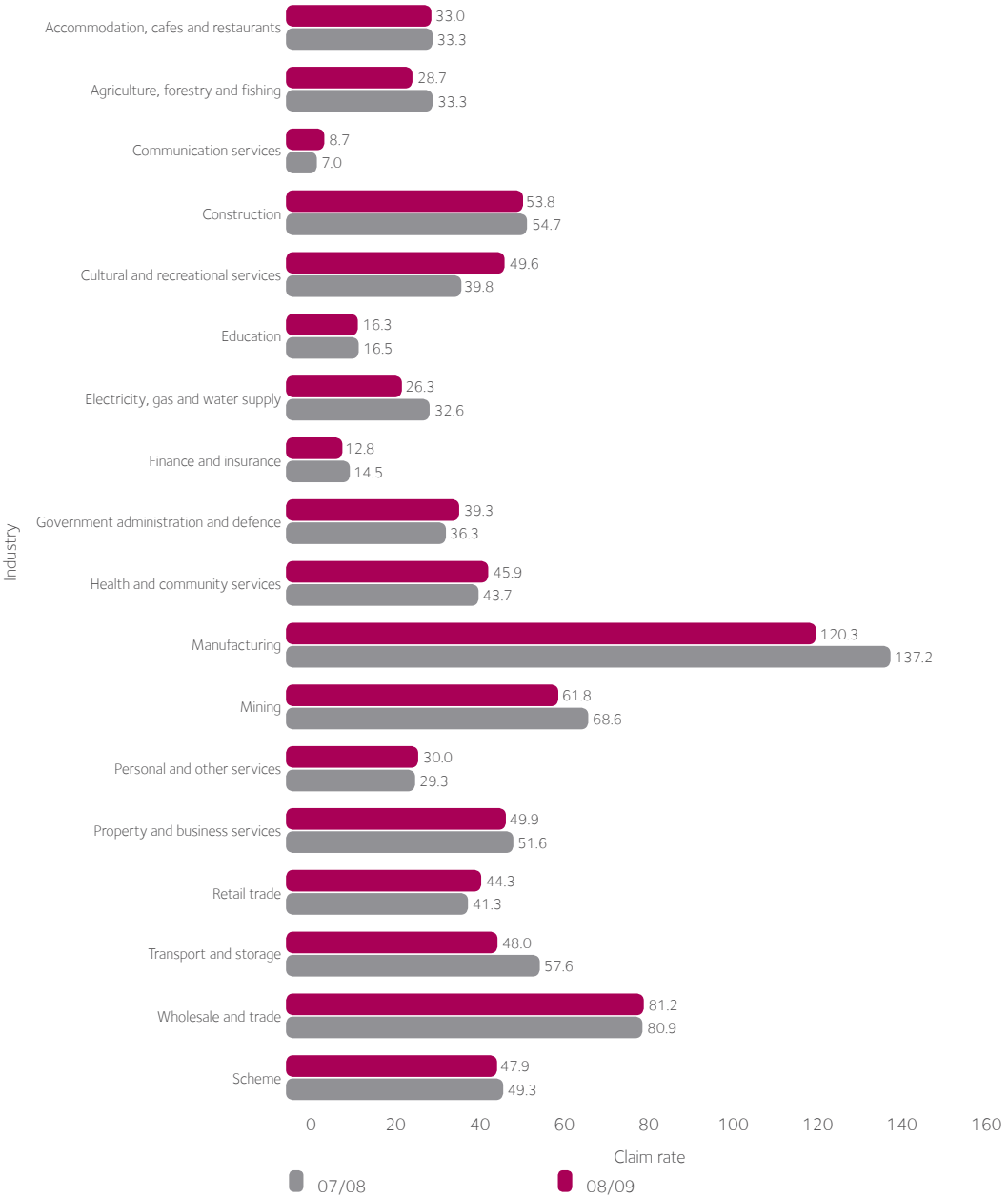
The following figure shows claim rates and claim intimations in the scheme for the past five years. Since 03/04, the average annual growth rate for intimations has been 4.2%.

04 Claim rates (per 1,000 employees covered by the scheme) and intimations 04/05 to 08/09



Manufacturing had the highest claim rate in the scheme, with 120.3 claim intimations per 1,000 persons covered in the industry. Other industries where the claim rate was larger than the scheme rate of 47.9 include wholesale trade (81.2), mining (61.8), construction (53.8), property and business services (49.9), cultural and recreational services (49.6) and transport and storage (48.0).

05 Claim rates (per 1,000 employees covered by the scheme) by industry 07/08 and 08/09

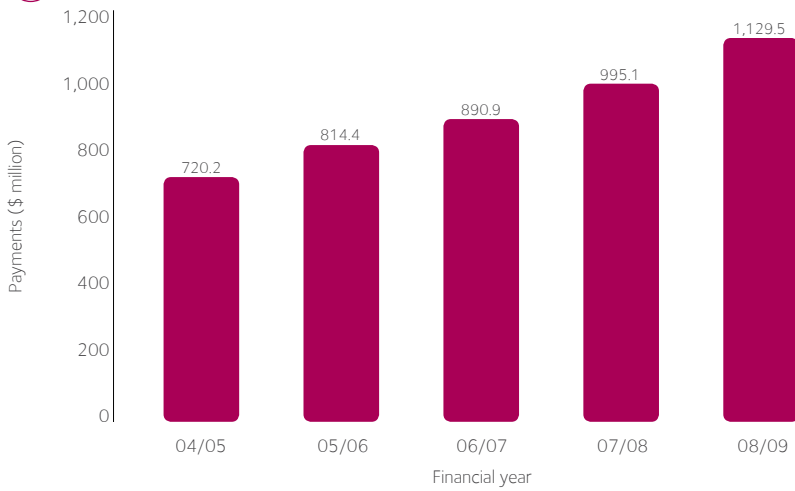


Australian Bureau of Statistics has adjusted past figures due to change in methodology. The above table has been amended to include these adjustments.

Workers' compensation payments

The total scheme payments increased by 13.5% and the statutory payments increased by 9.4%. Total payments for workers' compensation claims in 08/09 were \$1,129.5 million. Common law payments made up 40.9% (\$461.7 million) and statutory claim payments made up 59.1% (\$667.8 million).

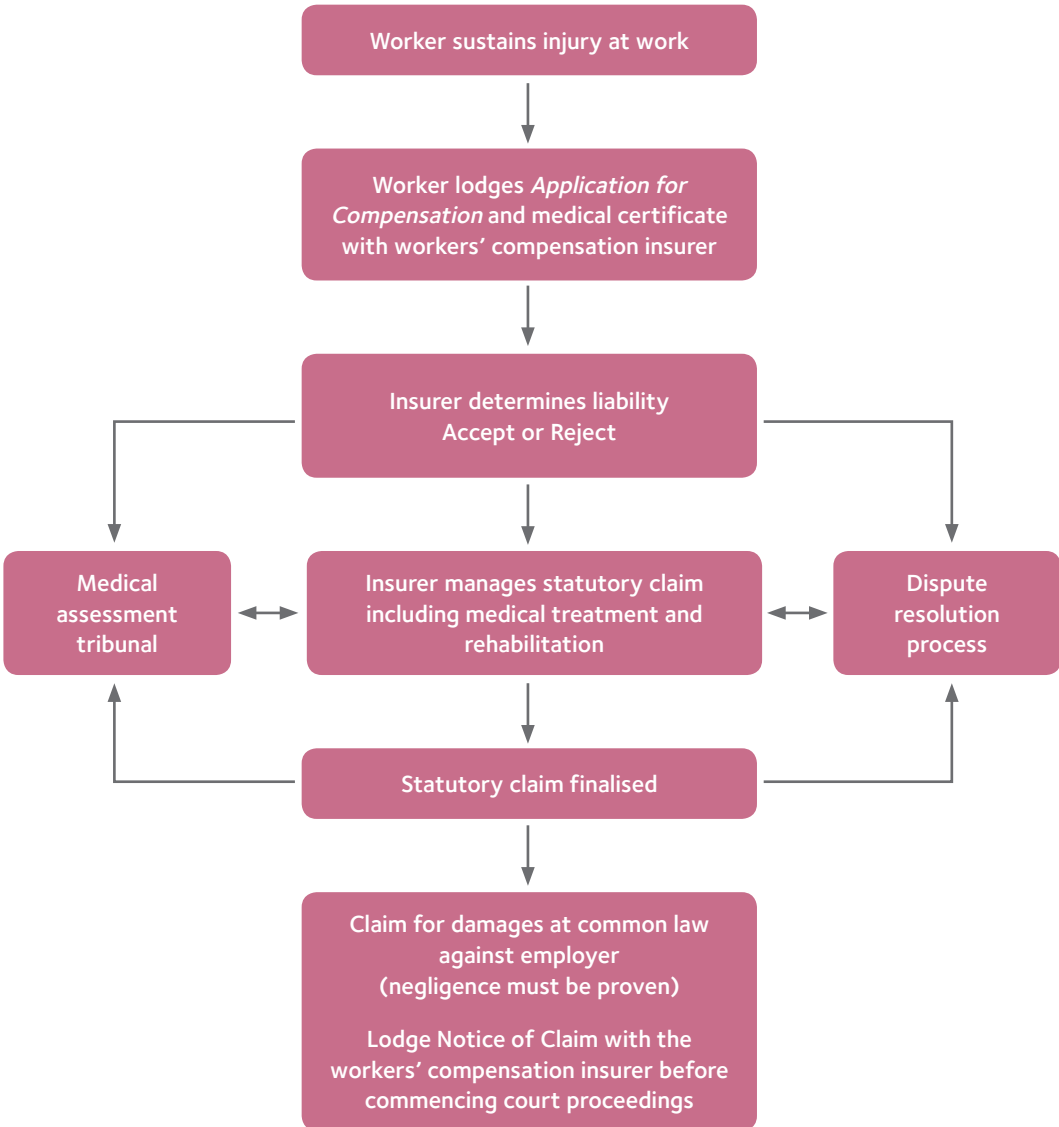
06 Scheme payments 04/05 to 08/09



WORKERS' COMPENSATION CLAIMS

In Queensland, workers have access to a no fault statutory workers' compensation scheme and where negligence exists, injured workers may be able to access damages at common law. The following figure illustrates the progression of a workers' compensation claim through the statutory claims process and on to common law. Each of the key phases of the claim is examined in more detail through this publication.

07 Workers' compensation claims process



CLAIM INTIMATIONS

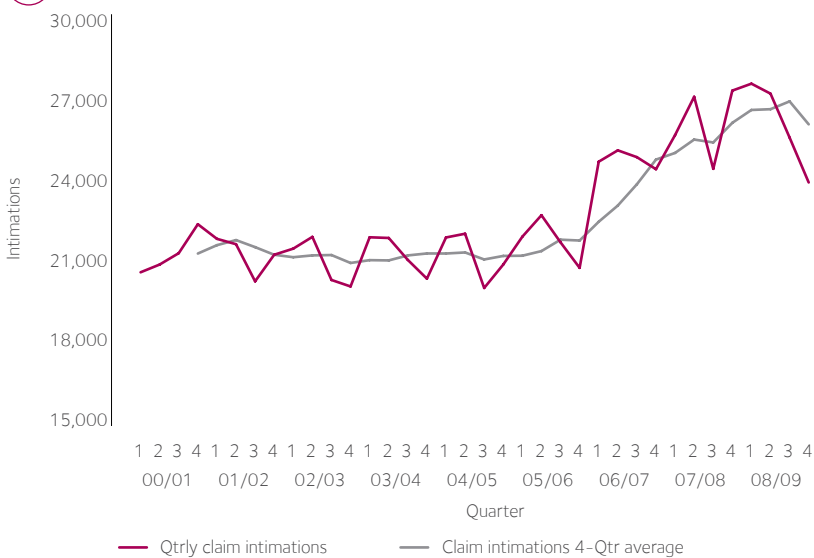
- Intimations decreased by 0.2% in 08/09. WorkCover Queensland implemented a fax fee initiative in July 06 to encourage shorter timeframes between the time of injury and access to both compensation and appropriate rehabilitation services. The potential impact of the fax fee initiative on intimations was to increase reporting of shorter duration or medical expense only claims which may have previously gone unreported.
- **Note:** cancelled and withdrawn claims have been excluded from the intimations reported.
- There were 106 fatal claims intimated in 08/09.

Many factors influence the number of claims intimated in the Queensland workers' compensation scheme. Some of the factors which may have contributed to changes in numbers of intimations over the years include:

- changing industry economics
- variations in the overall numbers in the workforce
- work process changes within industry – for example, automation, improved workplace health and safety practices
- changes in insurer practices – for example, the fax fee initiative by WorkCover Queensland.

In 08/09, there were 102,848 claims intimated (excluding cancelled and withdrawn claims), representing a 0.2% decrease from 07/08. The figure below illustrates claim intimations per quarter from 00/01 to 08/09.

08 Claim intimations, quarterly 00/01 to 08/09

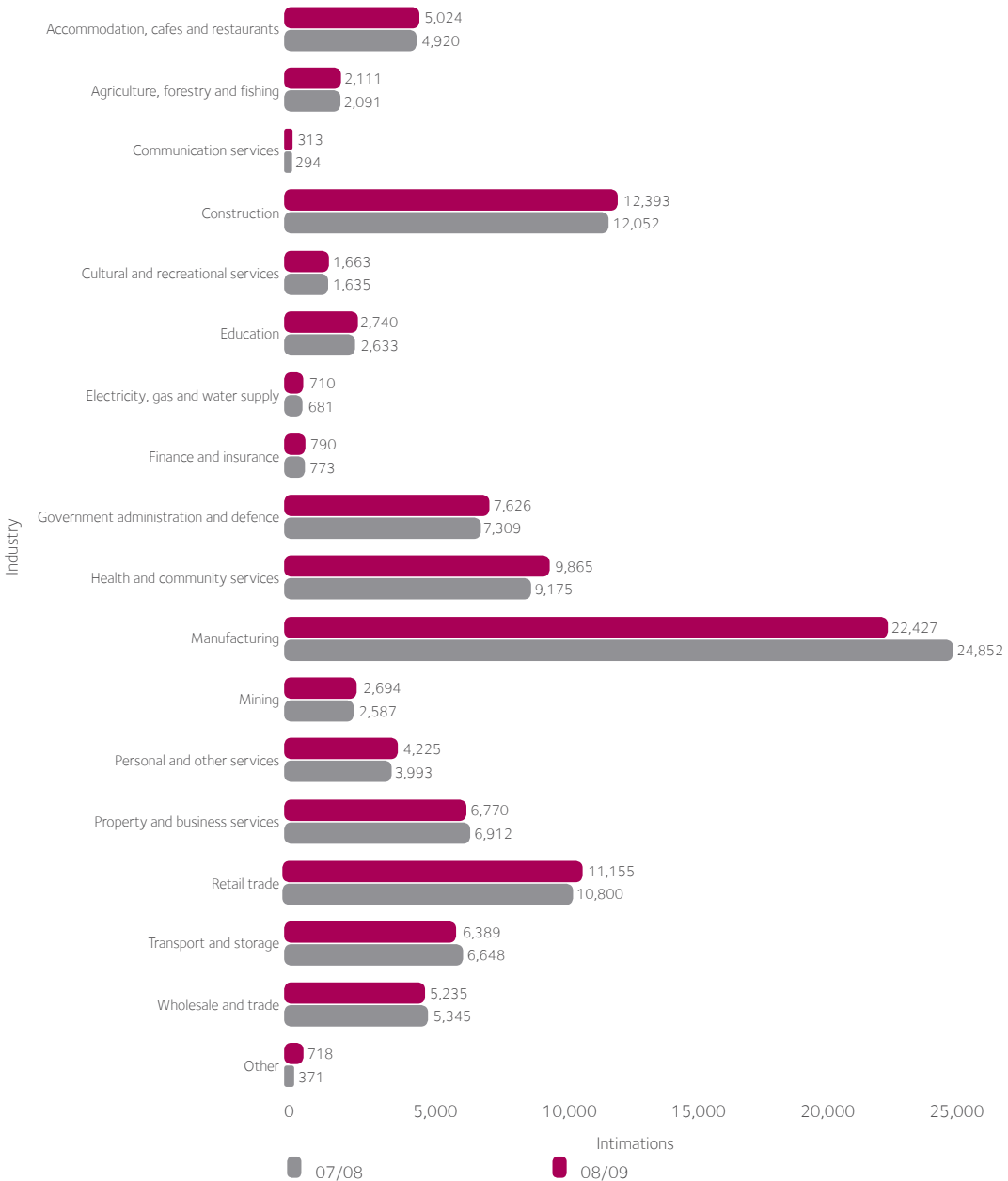


Industry

The manufacturing industry accounted for the largest proportion of claim intimations with 21.8% of all scheme intimations.

The largest percentage increase in claim intimations was for health and community services (up 7.5%), communication services (up 6.5%) and personal and other services (up 5.8%). The largest percentage decrease in claim intimations was for manufacturing (down 9.8%).

09 Statutory claim intimations by industry 07/08 and 08/09



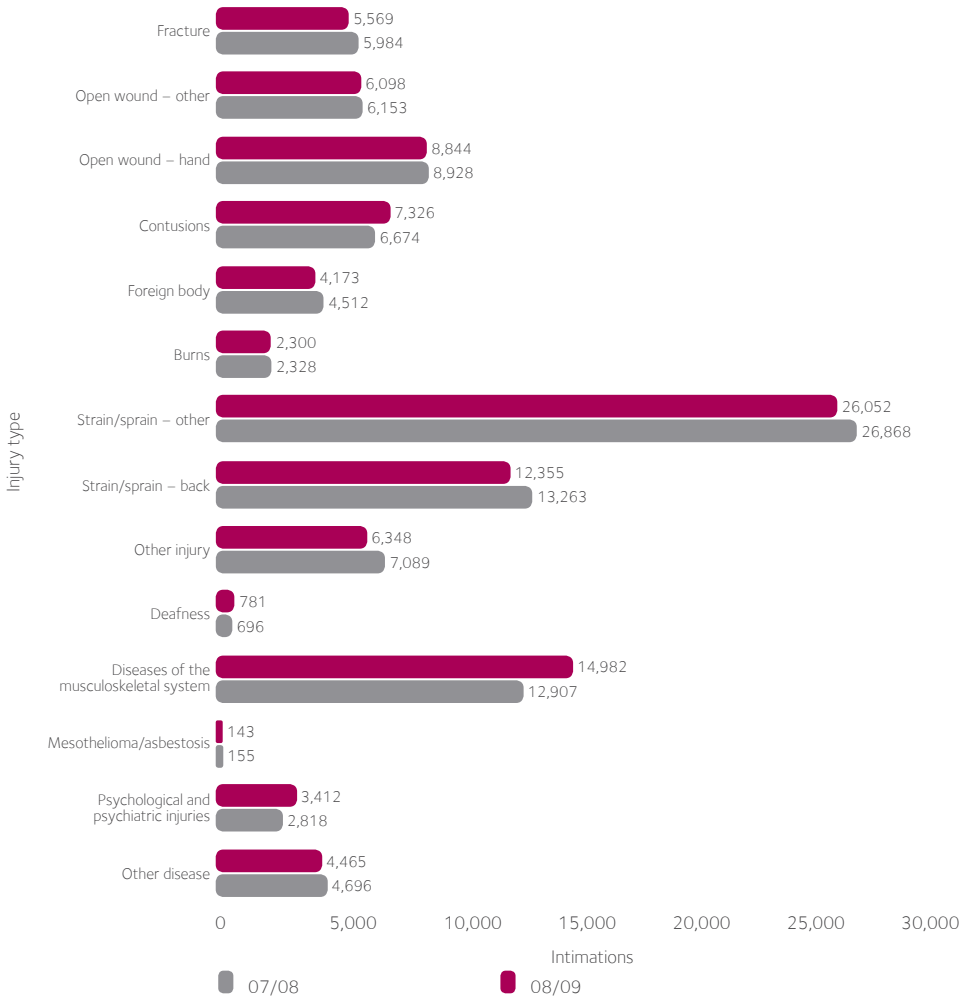
For industry 'Other', this includes injuries pre 1 July 97 (pre ANZSIC classifications), household workers, workplace personal injury insurance (self employed, working directors) and volunteers (for 08/09, but within ANZSIC classification for 07/08).

Injury type

Strain or sprain injury claims accounted for over a third (37.3%) of all injuries intimated in 08/09. Of these, the back was the major body location (accounting for over one tenth or 12.0% of all intimations).

Psychological and psychiatric injuries experienced a large increase (up 21.1%) from 2,818 in 07/08 to 3,412 in 08/09. Diseases of the musculoskeletal system experienced an increase (up 16.1%) from 12,907 in 07/08 to 14,982 in 08/09. Mesothelioma or asbestosis claims experienced a decrease of 7.7% (down from 155 in 07/08 to 143 in 08/09). Other injuries which experienced a decrease in intimations include fractures 6.9% and foreign body 7.5%.

10 Statutory claim intimations by injury type 07/08 and 08/09

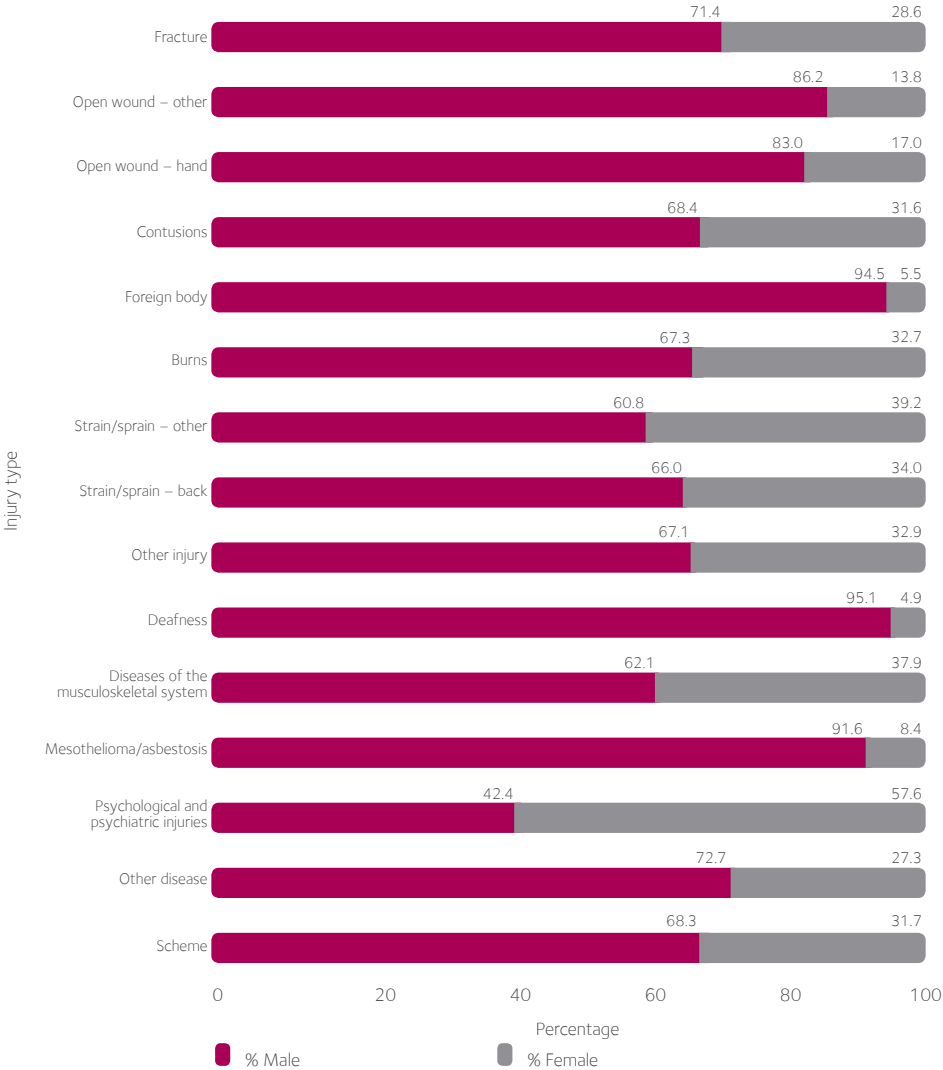


Gender

In 08/09, males represented 68.3% (n = 70,211) of the 102,848 claims intimated in the Queensland workers' compensation scheme. Injuries where males represented a much higher proportion of claims than females were deafness (95.1%), mesothelioma or asbestosis (91.6%), foreign body (94.5%) and open wound to both the hand (83.0%) and other locations (86.2%).

The only injury type where females were represented more than males was psychiatric or psychological injury, where females accounted for 57.6% of claims.

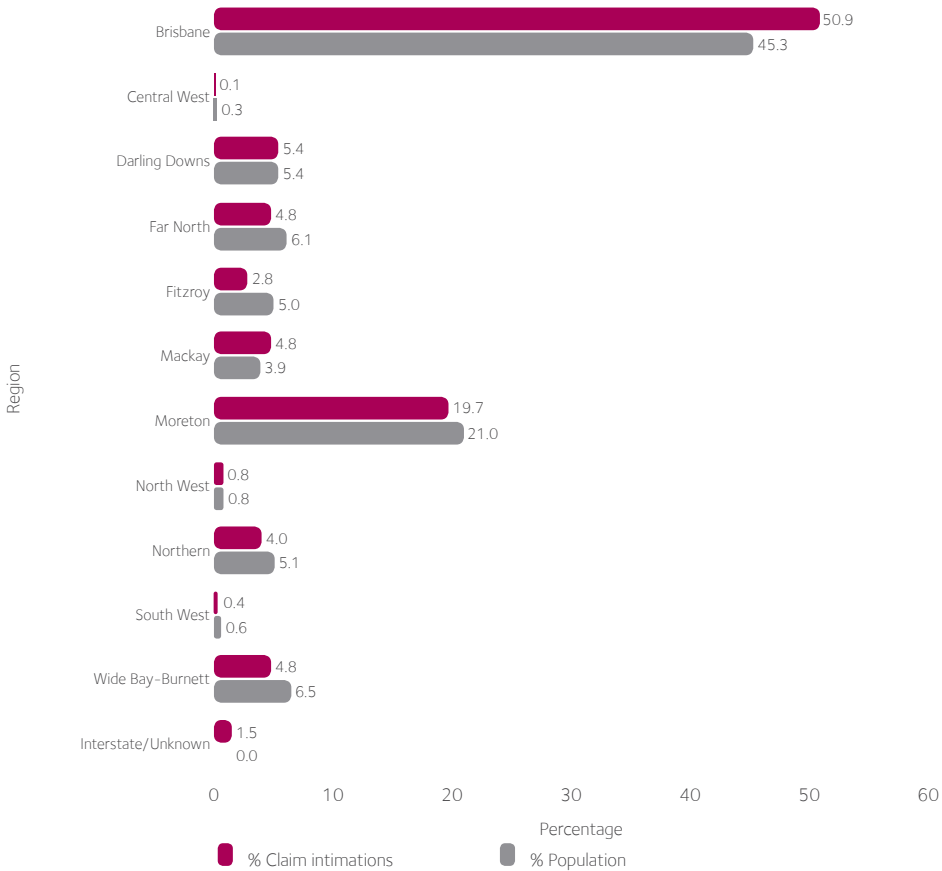
11 Proportion of statutory claim intimations by injury type and gender 08/09



Geographical region

In 08/09, the Brisbane region represented more than half (50.9%) of the 102,848 claims intimated in the Queensland workers' compensation scheme, based on the address of the injured worker (compared to 45.3% of the Queensland population). The next largest region was Moreton, representing 19.7% of intimations (21.0% of the Queensland population).

12 Proportion of statutory claim intimations and population by region 08/09



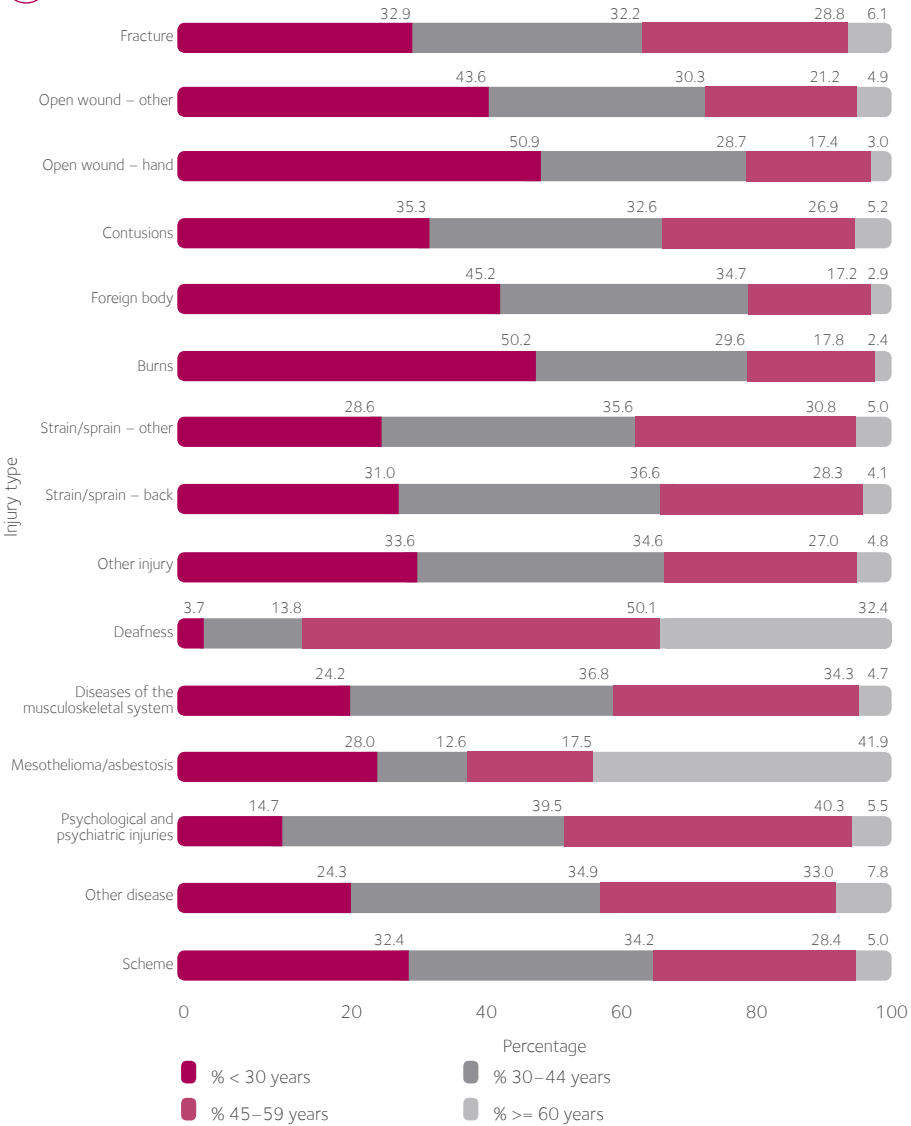
Source: Population figures are based on Australian Bureau of Statistics, Regional population Growth for Queensland, 2007-08, Cat No. 3218.0. Table 3 – Estimated resident population, statistical local areas, Queensland.

Age

While older workers (60 years +) represented only 5.0% of all claims intimations, they have a high representation for injuries such as deafness and mesothelioma or asbestosis.

Injury types where younger workers (< 30 years) represented a greater proportion include open wound, burns and foreign body.

13 Proportion of statutory claim intimations by injury type and age group 08/09



Fatalities

Compensated fatalities are included in the year a workers' compensation claim is lodged, not the year the worker died. Considerable time can, therefore, elapse between claim lodgement and the death of the injured worker.

Because these figures are subject to development over time, comparisons between years have not been made.

There were 106 fatalities intimated in 08/09.

14 Fatal claim intimations (excluding cancelled and withdrawn claims) 04/05 to 08/09



In 08/09:

- 28.3% of fatalities intimated were due to **injuries at work**
- 32.1% of fatalities resulted from **journeys to or from work**
- 18.9% of fatalities resulted from **work related journeys** – that is, journeys which occur as a part of the person's work
- 15.1% of fatalities intimated were due to **disease** related (excluding mesothelioma or asbestosis)
- 5.6% of fatalities intimated were due to **mesothelioma or asbestosis**.

The industries recording the highest number of fatal injury intimations in 08/09 were transport and storage (16.0%, n = 17), manufacturing (15.1%, n = 16) and construction (14.2%, n = 15).

CLAIM DECISION-MAKING PROCESS

- Decision timeframes have decreased by over 30% for the 08/09 year.
- Rejections and claims for psychiatric or psychological injuries take longer to decide.
- Claims for psychiatric or psychological injuries and mesothelioma or asbestosis have a higher chance of rejection.
- 75.8% of rejections are due to the injury not meeting the definition under the Act.
- Claims which are lodged with the insurer early are determined quicker, on average.

Once the insurer receives a complete application for compensation, they will determine whether or not the claim is compensable under the *Workers' Compensation and Rehabilitation Act 2003* (the Act). Insurers have 20 business days to determine liability for both physical injuries and psychiatric or psychological injuries, lodged after 1 January 08. Prior to this, insurers had 40 business days for physical injuries and 60 business days for psychiatric or psychological injuries.

Where injuries are difficult to determine due to medical complexities, they may be referred to a medical assessment tribunal (MAT) to determine whether the medical matters alleged in the application for compensation constitute an injury.

If parties (either the worker or the employer) are dissatisfied with the insurer's decision, a dispute resolution process is available. The process involves an initial independent administrative review of the insurer's decision by Q-COMP, followed by an appeal to either the Industrial Magistrate or Queensland Industrial Relations Commission (QIRC) if the parties are dissatisfied with Q-COMP's review decision. The court or QIRC decision may be appealed in the Industrial Court.

The following figure demonstrates the decision-making process for new claims.

15 Claims decision-making process



The following figure illustrates the change in decision-making timeframes in 07/08 and 08/09.

16 Average time to decide by injury type 07/08 and 08/09

Injury type	Average decision time (days)	
	07/08	08/09
Fracture	7.3	4.6
Open wound – other	6.1	3.6
Open wound – hand	5.9	3.5
Contusions	6.6	4.3
Foreign body	5.9	3.5
Burns	6.5	3.8
Strain/sprain – other	9.2	6.8
Strain/sprain – back	9.6	7.1
Other injury	10.7	7.1
Deafness	39.9	21.4
Diseases of the musculoskeletal system	11.5	8.6
Mesothelioma/asbestosis	87.0	31.8
Psychological and psychiatric injuries	53.2	35.0
Other disease	18.3	12.7
TOTAL AVERAGE	10.5	7.3

Overall, average decision-making timeframes decreased to 7.3 days in 08/09 from 10.5 days in 07/08. This followed a decrease in timeframes between 06/07 (10.9) and 07/08 (10.5).

All injury types experienced a reduction in average time frames to make a decision. The injury type with the highest decrease in decision times was mesothelioma/asbestosis from 87.0 days to 31.8 days (63.4% decrease). The next highest reduction was deafness claims where average timeframes dropped from 39.9 days to 21.4 days (46.4% decrease).

The following figure illustrates decision-making timeframes and outcomes for claims determined in 08/09.

17 Decisions made and average time to decide by decision type and injury type 08/09

Injury type	Number of decisions	Proportion of decisions		Average decision time		
		Admitted %	Rejected %	Admitted days	Rejected days	Total days
Fracture	5,411	97.5	2.5	4.3	16.1	4.6
Open wound – other	5,892	98.8	1.2	3.4	18.8	3.6
Open wound – hand	8,613	99.2	0.8	3.4	22.8	3.5
Contusions	7,018	99.1	0.9	4.1	27.7	4.3
Foreign body	4,035	99.1	0.9	3.3	23.0	3.5
Burns	2,213	98.9	1.1	3.7	15.0	3.8
Strain/sprain – other	25,196	97.8	2.2	6.4	26.0	6.8
Strain/sprain – back	11,922	97.5	2.5	6.7	25.0	7.1
Other injury	5,902	96.3	3.7	6.2	29.4	7.1
Deafness	690	90.0	10.0	20.2	31.9	21.4
Diseases of the musculoskeletal system	14,467	96.3	3.7	7.8	28.8	8.6
Mesothelioma/asbestosis	54	88.9	11.1	31.8	31.8	31.8
Psychological and psychiatric injuries	2,792	42.6	57.4	22.9	43.9	35.0
Other disease	4,167	92.5	7.5	10.6	39.2	12.7
TOTAL	98,372	95.9	4.1	6.2	34.3	7.3

Most claims (95.9%) were accepted by insurers with an average determination time of 6.2 days. On average, decision timeframes tended to be longer for:

- rejected claims – determined in 34.3 days on average compared to 6.2 days on average for accepted claims
- diseases, particularly psychiatric or psychological injury claims (average 35.0 days to determine) and mesothelioma or asbestosis claims (average 31.8 days to determine).

Diseases tended to have higher rejection rates than injuries – 57.4% of psychiatric or psychological injury claims and 11.1% of mesothelioma or asbestosis claims were rejected.

Reasons for claim rejection

Insurers reject claims where, for some reason, the event or the person is not covered under the Act. For 75.8% of rejected claims, the reason for rejection was that the injury did not meet the definition under the Act.

The following figure details the main reasons claims were rejected.

18 Rejected claims by reason for rejection 07/08 and 08/09

Reason for rejection	07/08		08/09	
	Number of rejections	% of rejections	Number of rejections	% of rejections
Not an injury – s.32	3,090	83.3	3,030	75.8
Not a worker – s.11	131	3.5	186	4.7
Out of time – excluded under s.131	93	2.5	90	2.2
Journey – subsequent delay, interruption or deviation – s.36(2)(B)	58	1.6	40	1.0
Invalid application – s.132	168	4.5	135	3.4
Industrial deafness – excluded under s.125 – initial application	31	0.8	31	0.8
Not a journey – s.35	41	1.1	43	1.1
Other	99	2.7	440	11.0
TOTAL	3,711	100	3,995	100

Determination of medically complex claims

Where an insurer is unable to determine a claim due to complex medical issues, the matter may be referred to a medical assessment tribunal to determine whether the medical matters alleged in the application for compensation constitute an injury.

For 08/09, only 69 claims were referred to a medical assessment tribunal for determination of the worker's injury for an application for compensation. In these cases, 43 (62.3%) were accepted and the remaining 26 (37.7%) cases were rejected.

Disputation of insurer claim determination decisions

Both the injured worker and employer are able to dispute an insurer's claim determination decision. While only a small percentage of accepted claims are disputed by employers (0.5%), over one third (35.0%) of rejected claims are disputed by either the employer or the injured worker.

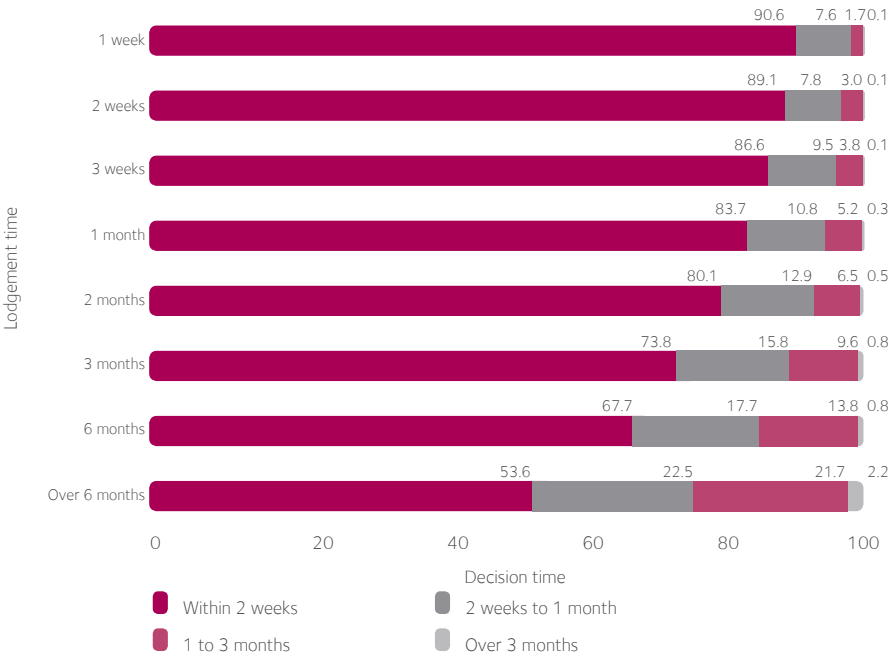
Impact of lodgement time on determination time

Delays in the time from injury to the lodgement of a claim may lead to delays in the decision-making process and, ultimately, additional costs for the claim.

Almost 90% of claims lodged within the first month of the injury are determined by the insurer within two weeks. The proportion decided within two weeks decreases as the time to lodge the claim increases. For claims lodged more than six months after an injury, the proportion determined in less than two weeks drops to 53.6%.

The following figure illustrates the link between lodgement and decision-making timeframes.

19 Decision-making timeframes for claims decided in 08/09 by the time taken to lodge the claim



CLAIM MANAGEMENT

Open claims

The number of claims open at the end of the financial year increased by 11.1%, while the duration of these claims decreased by 3.4%.

The following figure illustrates the breakdown of open claims within the scheme.

20 Number of claims and average duration for claims open as at 30 June 09 by claim type, duration and injury nature

Claim type and duration	Open claims				Average workdays lost		
	Psych	Other	Total	%	Psych	Other	Total
Medical expenses only	104	17,761	17,865	35.9	N/A	N/A	N/A
Time lost claims (TLC) (by workdays lost)							
1-5 days	65	10,109	10,174	20.5	3.1	2.4	2.4
6-10 days	72	3,549	3,621	7.3	7.9	7.8	7.8
11-20 days	74	3,538	3,612	7.3	14.8	15.0	15.0
21-40 days	106	3,892	3,998	8.0	29.7	29.5	29.5
41-65 days	120	2,773	2,893	5.8	52.4	51.8	51.9
66-130 days	179	3,525	3,704	7.4	97.1	93.0	93.2
131-260 days	233	2,472	2,705	5.4	185.6	180.0	180.5
260+ days	180	1,006	1,186	2.4	404.9	398.0	399.1
TCL sub-total	1,029	30,864	31,893	64.1	140.7	49.8	52.7
TOTAL	1,133	48,625	49,758	100			

There were 17.5% (180 out of 1,029) open time lost claims as at 30th June 09 for psychiatric or psychological injuries where the worker involved has had more than a year off work compared to 3.3% open time lost physical claims.

21 Number of claims and average duration for open time lost claims as at 30 June 08 and 30 June 09

Open time lost claims as at:	Claims			Average workdays lost		
	Psych	Other	Total	Psych	Other	Total
As at 30 June 08	819	27,266	28,085	147.7	51.8	54.6
As at 30 June 09	1,029	30,864	31,893	140.7	49.8	52.7
Variance %	25.6	13.2	13.6	-4.7	-3.9	-3.4

The number of time lost claims increased from 28,085 as at 30 June 08 to 31,893 as at 30 June 09 and the average duration of open claims decreased slightly from 54.6 days to 52.7 days.

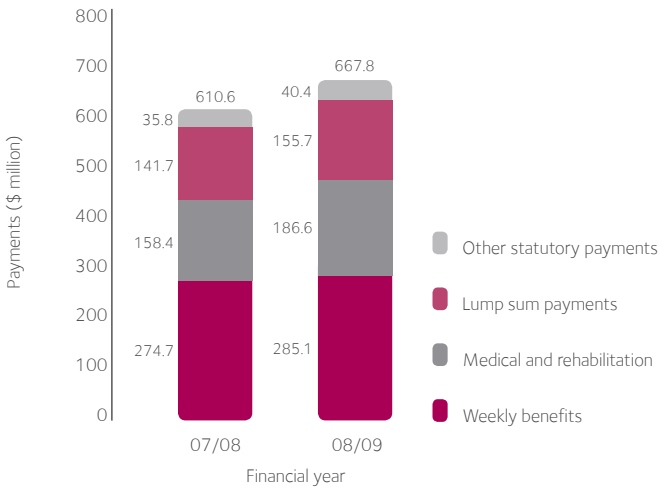
CLAIM PAYMENTS

- There was a 9.4% increase in statutory payments made in 08/09.
- Medical and rehabilitation increased by 17.8%.

During the management of a claim, payments are made to the worker for weekly compensation to replace wages, lump sums for permanent impairment (PI) and a broad range of services such as medical treatment and rehabilitation.

The following figure illustrates the amount paid on statutory claims in 07/08 and 08/09.

22 Statutory claim payments by payment type 07/08 and 08/09

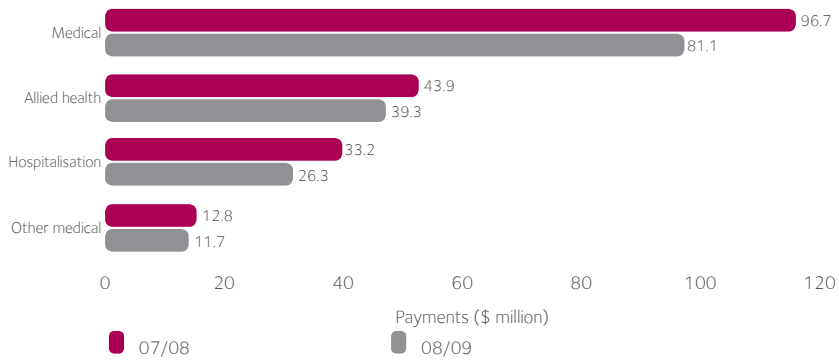


The total amount spent on claims for the year has increased by 9.4% from \$610.6 million in 07/08 to \$667.8 million in 08/09.

The category showing the largest increase was medical and rehabilitation payments (up 17.8%) followed by other statutory payments (up 12.7%).

There was also a 9.9% increase in lump sum payments while weekly benefits payments increased by 3.8%.

23 Medical and rehabilitation payments 07/08 and 08/09



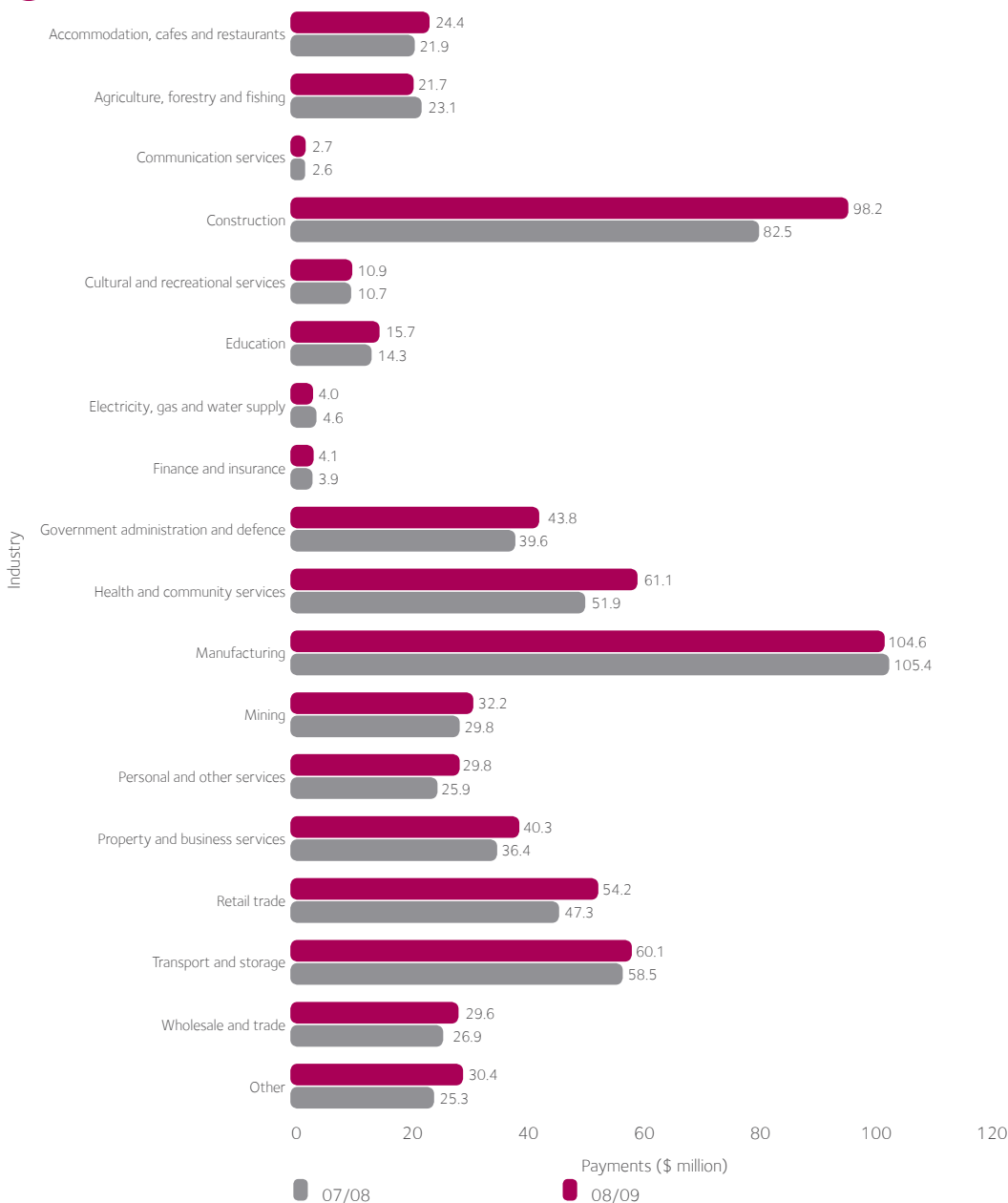
Payments for medical treatment accounted for more than half (51.8%) of all payments for medical and rehabilitation fees paid in the scheme in 08/09.

Payments by industry

Claims from the manufacturing industry accounted for the largest proportion (15.7%) of statutory claim payments in 08/09.

While claim intimations for construction increased by 2.8%, it experienced one of the largest percentage increases in statutory claim payments (up 19.0%) from \$82.5 million in 07/08 to \$98.2 million in 08/09.

24 Statutory claim payments by industry 07/08 and 08/09

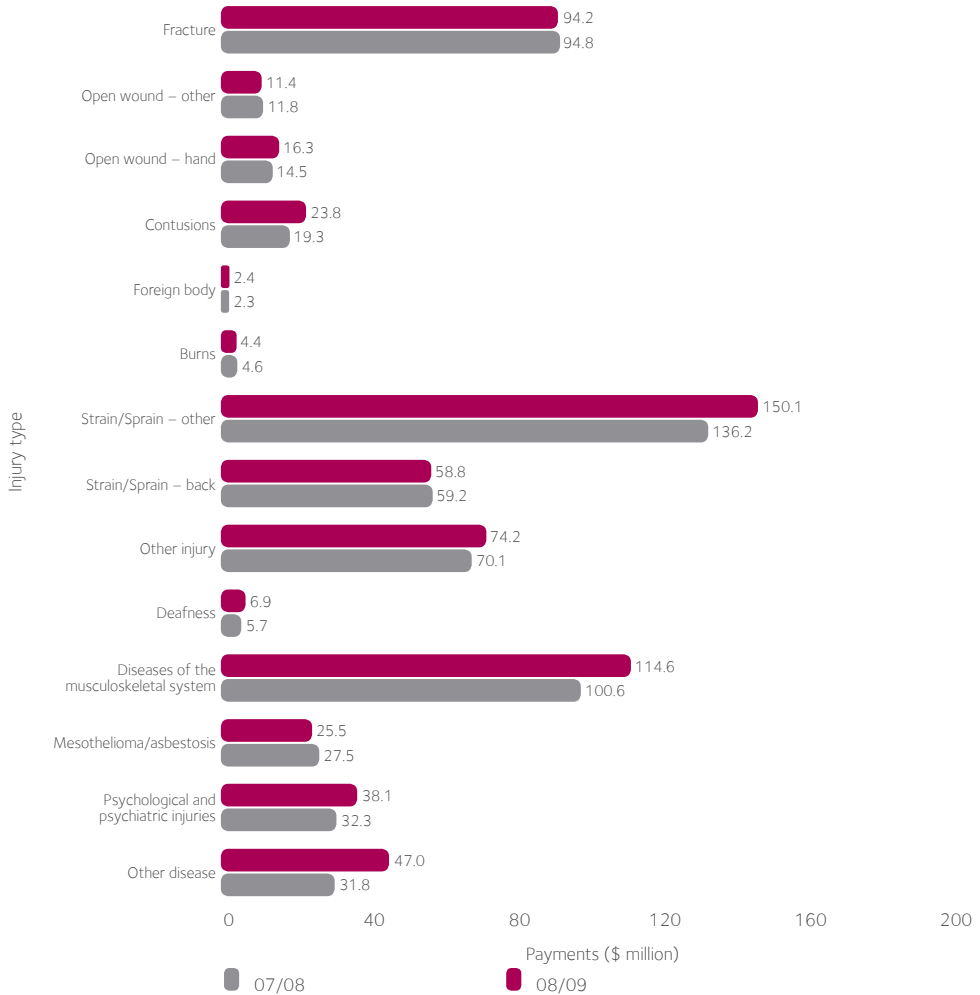


For industry 'Other', this includes injuries pre 1 July 97 (pre ANZSIC classifications), household workers, workplace personal injury insurance (self employed, working directors) and volunteers (for 08/09, but within ANZSIC classification for 07/08).

Claims from strain or sprain to a location other than the back accounted for the largest proportion (22.5%) of statutory claim payments in 08/09. Disease of the musculoskeletal system claims accounted for 17.2% of statutory claim payments made in 08/09.

Injury types that experienced the largest percentage increase in statutory claim payments were contusions (up 23.3%) and deafness (up 21.1%).

25 Statutory claim payments by injury type 07/08 and 08/09



Ongoing incapacity

- Psychiatric or psychological injury cases are more likely than physical injury cases to proceed to a medical assessment tribunal (MAT) for determination of ongoing incapacity.
- Less than 13% of cases referred for an ongoing incapacity decision are denied.
- Over a quarter (26.1%) of psychiatric or psychological injury cases received no permanent impairment (PI) at the tribunal.
- Over half (62.7%) of cases referred for a disputed PI assessment are unchanged by the MAT.

Insurers are able to manage and cease claims administratively under the *Workers' Compensation and Rehabilitation Act 2003* and did so for 1,409 claims in 08/09. Where conflicting medical information means an insurer is unable to determine whether the worker is incapacitated for work because of the injury, the insurer may refer the worker to a MAT.

In 08/09, 668 cases were referred to a MAT to determine ongoing incapacity for work. The following figure illustrates the number of cases determined at a MAT for ongoing incapacity and the outcomes.

26 Cases heard in 08/09 for ongoing incapacity and the outcomes by tribunal type

	Psychiatric Tribunal (N=511) %	Orthopaedic Tribunal (N=110) %	Other (N=47) %	Total (N=668) %
No ongoing incapacity for work from the injury	4.7	44.5	25.5	12.7
Ongoing incapacity (requires further treatment)	13.1	19.1	10.7	13.9
Ongoing incapacity (stable and stationary)	82.2	36.4	63.8	73.4
TOTAL	100	100	100	100

Psychiatric or psychological injury cases are more likely to have an ongoing incapacity (95.3%) with 13.1% of all cases requiring ongoing treatment.

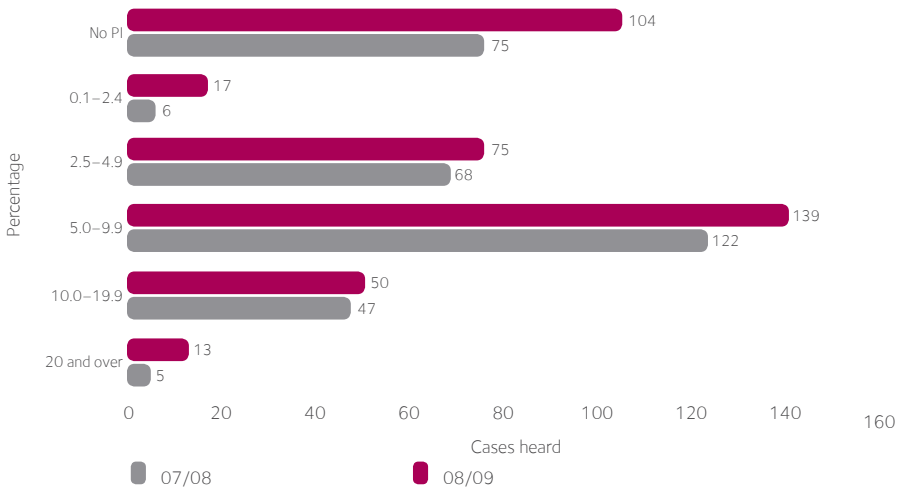
Permanent impairment (PI)

This section looks at claims that have been assessed for PI. An assessment for PI is taken when the injury is stable and stationary and not likely to improve with further medical or surgical treatment.

Psychiatric or psychological PI

Psychiatric or psychological injury claims can only be assessed for PI by a medical assessment tribunal. The following figure shows the level of impairment determined for psychiatric or psychological PI cases heard in 07/08 and 08/09.

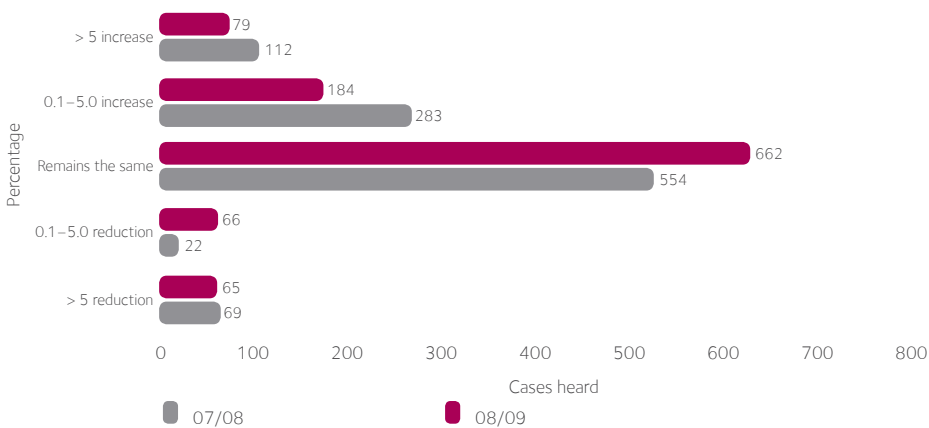
27 Psychiatric or psychological permanent impairment cases heard by the MAT by level of impairment 07/08 and 08/09



Disputed PI

Where an injured worker does not agree with the assessed level of PI they may be referred to a MAT to determine the final level of PI. In 08/09, 1,056 cases were heard by a MAT where the PI assessment had been disputed. The following figure illustrates the outcome of disputed PI referred to a MAT.

28 Outcomes of disputed permanent impairment cases heard by a MAT 07/08 and 08/09



Work related impairment (WRI)

Where a worker has a permanent impairment assessed, the degree of work related impairment (WRI) is calculated.

While a person may have multiple permanent impairments, only one physical and one psychiatric or psychological WRI is calculated as 'whole of person' impairment for the purposes of calculating lump sum payments.

The figure below shows the number of claims finalised and those that had a WRI in 07/08 and 08/09.

29 Finalised claims with a work related impairment 07/08 and 08/09

	07/08	08/09	% variance
Finalised claims	98,036	99,537	1.5
Work related impairment	8,592	8,382	(2.4)
Proportion of finalised with work related impairment	8.8%	8.4%	
Work related impairment range			
0%	1,749	1,465	(16.2)
0.1%–19.9%	6,408	6,374	(0.5)
20%–49.9%	349	435	24.6
50%–99.9%	42	68	61.9
100%	44	40	(9.1)

For 08/09, 8.4% of claims were finalised with a WRI calculated. Of these, the majority of claims (93.5%) had a WRI of less than 20% and 17.5% were calculated as having no WRI.

FINALISED CLAIMS AND OUTCOMES

- 86.0% of workers with claims finalised in 08/09 returned to their same job with the same employer.
- Average costs of finalised medical expense only claims remained the same.
- Average costs of finalised time lost claims increased 14.4% while their durations increased 4.3%.

Return to work (RTW) outcomes

Returning an injured worker to the same job with the same employer is the best outcome which can be achieved on a claim. The following figure analyses the RTW outcome of claims reported at the time the claim closed. As the following figure illustrates, this is the outcome achieved in most cases, with 86.0% of injured workers who had time off work returning to the same job and the same employer.

30 Return to work status of finalised time lost claims 07/08 and 08/09

	07/08		08/09	
	Number	% of time lost claims	Number	% of time lost claims
Fit for work: same job/tasks with same employer	47,346	87.2	46,780	86.0
Fit for work: same job/tasks with different employer	966	1.8	851	1.6
Fit for work: different job/tasks with same employer	655	1.2	630	1.2
Fit for work: different job/tasks with different employer	1,555	2.9	1,245	2.3
Fit for work: no job	735	1.3	677	1.2
Fit for work: worker does not return	1,678	3.1	1,482	2.7
Not fit for work	769	1.4	980	1.8
Alternative outcome not claim related	604	1.1	1,726	3.2
TOTAL	54,308	100	54,371	100

Nine out of ten claimants return to some type of employment. In a small number of cases, the worker is deemed fit to return to work but there is no job for the worker to return to (1.2% of time lost claims) or the worker chooses not to return (2.7% of claims).

One of the factors which influence the RTW outcome on a claim is the severity of the injury. The following figure compares claims which have had a permanent impairment assessed as an indicator of the impact of severity of injury on RTW outcomes.

31 Return to work status of finalised time lost claims with/without a permanent impairment assessed 07/08 and 08/09

	07/08 PI assessed			08/09 PI assessed		
	% no	% yes	Number	% no	% yes	Number
Fit for work: same job/tasks with same employer	91.4	8.6	47,346	91.3	8.7	46,780
Fit for work: same job/tasks with different employer	72.6	27.4	966	75.8	24.2	851
Fit for work: different job/tasks with same employer	51.6	48.4	655	52.7	47.3	630
Fit for work: different job/tasks with different employer	56.1	43.9	1,555	59.2	40.8	1,245
Fit for work: no job	51.4	48.6	735	54.2	45.8	677
Fit for work: worker does not return	58.9	41.1	1,678	58.9	41.1	1,482
Not fit for work	23.0	77.0	769	20.6	79.4	980
Alternative outcome not claim related	70.2	29.8	604	84.5	15.5	1,726
TOTAL	86.9	13.1	54,308	87.1	12.9	54,371

Workers with claims assessed for permanent impairment are less likely to return to the same job with the same employer. Only 8.7% of workers returning to the same job with the same employer had a permanent impairment assessed.

Another factor which influences the RTW outcome on claims is the existence of a psychiatric or psychological injury. The following figure illustrates the impact of the injury type on RTW outcomes.

32 Return to work status of finalised time lost claims by injury nature 07/08 and 08/09

	07/08			08/09		
	Physical only %	Psych only %	Psych & Phys %	Physical only %	Psych only %	Psych & Phys %
Fit for work: same job/tasks with same employer	89.2	58.3	46.1	87.8	65.9	50.5
Fit for work: same job/tasks with different employer	1.7	4.0	3.7	1.5	2.8	3.0
Fit for work: different job/tasks with same employer	1.0	4.7	5.1	1.0	3.6	4.4
Fit for work: different job/tasks with different employer	2.4	9.5	12.9	1.9	7.6	9.5
Fit for work: no job	1.2	2.5	6.2	1.1	2.6	5.0
Fit for work: worker does not return	2.7	7.4	11.0	2.3	6.0	10.2
Not fit for work	0.8	10.4	12.5	1.3	8.0	12.7
Alternative outcome not claim related	1.0	3.2	2.5	3.1	3.5	4.7
TOTAL	100	100	100	100	100	100
Number	51,477	1,027	1,804	51,385	1,044	1,942

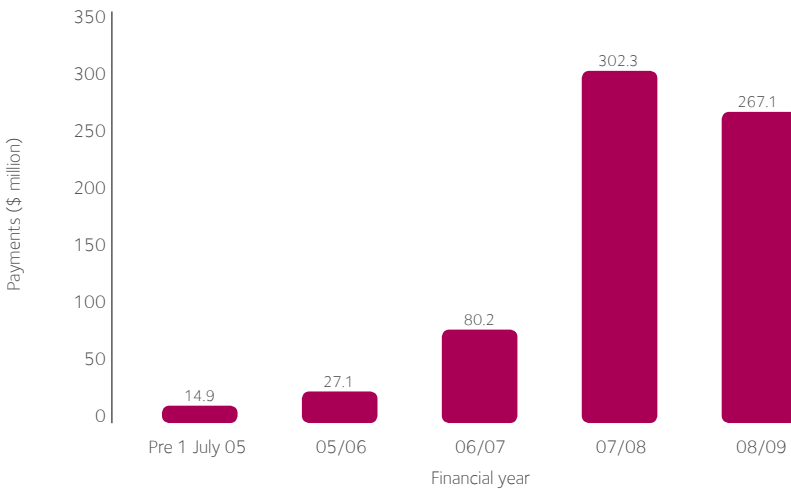
Workers having claims with both a physical and psychiatric or psychological component are the least likely to return to employment and more than one in ten are not fit for work at the end of the claim.

Average claim costs

The average finalised claim cost is calculated using statutory claim payments made on a claim that was ceased or finalised within the financial year – the payments made on these claims may have occurred over several years.

The figure below illustrates the payments made on claims finalised in 08/09. Over half of the payments for these claims occurred in previous years. Only 38.6% of the statutory payments made on claims finalised in 08/09 were also paid in that financial year. A further 43.7% of payments were made in the 07/08 financial year. The remaining 17.7% of the payments were made in 06/07 or earlier.

33 Payments by payment year for claims finalised in 08/09



The claims that cost more to the scheme tend to be those that have longer durations. These usually occur over several years and therefore would not impact on the average finalised claim cost until the year the claim is ceased or finalised.

The average cost has increased for the financial year (up 11.9% from \$5,768 in 07/08 to \$6,453 in 08/09), however one of the reasons for this has been a change in the mix of claims finalised in the scheme. The main increase in finalised claims has been in time lost claims (up 14.4%).

The figure below shows the number of claims finalised in the past two years, and the average claim costs by claim type for time lost claims and medical expense only claims. These two claims types represent 96.6% of all finalised claims during 08/09.

34 Finalised claims and average claim costs by claim type 07/08 and 08/09

Claim type	Number of claims			Average claim cost (\$)		
	07/08	08/09	% variance	07/08	08/09	% variance
Time lost claim	54,308	54,371	0.1	9,379	10,726	14.4
Medical expenses only claim	40,177	41,736	3.9	887	887	0.0
TOTAL	94,485	96,107	1.7	5,768	6,453	11.9

The average finalised claim cost increased by 11.9% from \$5,768 in 07/08 to \$6,453 in 08/09.

This cost may vary depending on factors such as:

- the duration of claims – the longer an injured worker is away from work, the more weekly compensation payments and medical expenses the claim will incur, impacting on the time lost claims costs and the level of medical and other expenses required for the injury
- changes in industry claim rates and the average wages paid in industry
- the mix of injuries intimated scheme-wide (the severity of injury can impact on the average finalised time lost claim duration and cost) changes in practices by insurers can have an impact on claim finalisation and average costs
- changes to legislation to provide increased or additional benefits to claimants.

The following figure compares the variance in finalised claim costs to other indicators.

35 Changes in average finalised claim costs and economic indices 08/09

Indicator	% change from previous year
Average finalised claim lost	11.9
Average finalised time lost claim cost	14.4
Average finalised medical expense only claim cost	0.0
Consumer price index	
Average of all groups, Brisbane (excluding GST) ^a	3.1
Health, Brisbane (excluding GST) ^b	5.6
Full time adult ordinary earnings ^c	8.0

^a Australian Bureau of Statistics, consumer price index, Australia cat No.6401.0 – Consumer Price Index, Australia, March 2009, Tables 1 and 2 CPI – all groups, index numbers and percentages changes, Index Numbers; All groups; Brisbane. (Percentage change from March 2008 to March 2009).

^b Australian Bureau of Statistics, Australia Cat No. 6401.0 – Consumer Price Index, Australia, March 2009, Table 5 CPI – groups, index numbers by capital city, Index Numbers; Health; Brisbane. (Percentage change from March 2008 to March 2009).

^c Australian Bureau of Statistics, average weekly earnings, Australia Cat No. 6302.0 – Average weekly earnings Australia, February 2009, Table 11C Average weekly earnings Queensland (dollars) – trend, Earnings; Queensland; Persons; Full time; Adult; Ordinary time earnings. (Percentage change from February 2008 to February 2009).

Average finalised medical expense only claim costs

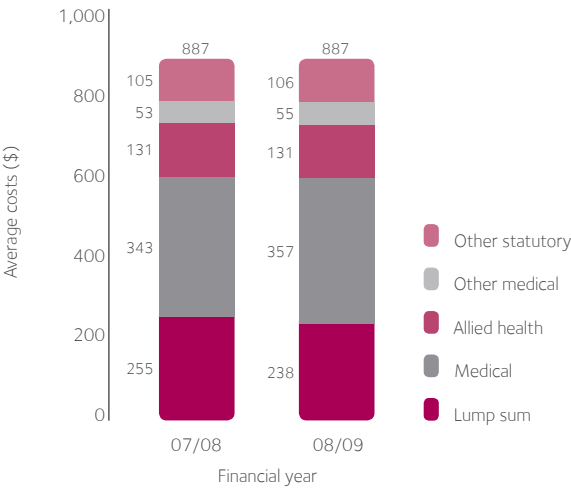
This section looks at a further breakdown of the average costs of finalised medical expense only claims.

The average cost of finalised medical expense only claims has not increased, remaining the same at \$887 in 08/09.

The breakdown of the average cost for 08/09 shows 40.2% of the cost is made up of medical and rehabilitation payments followed by lump sum payments of 26.9%. Allied health accounted for 14.8% and other statutory payments account for 11.9%. The remaining 6.2% of the average cost is made up of other medical payments (including hospitalisation).

The largest increase in average costs was other medical payments (up 4.1%). Lump sum was the only decrease in costs (down 6.4%).

36 Average finalised medical expense only claim costs by payment type 07/08 and 08/09



Average finalised time lost claim durations

Average finalised time lost claim durations are calculated using finalised time lost claims over a financial year. The number of finalised time lost claims increased marginally by 0.1% from 54,308 in 07/08 to 54,371 in 08/09.

While durations for finalised time lost claims including the excess paid by the employer (where applicable) have increased by 4.4%, from 36.2 days in 07/08 to 37.8 days in 08/09.

More than three-quarters of time lost claims have 40 or less workdays lost (77.1%), while the median workdays lost for all time lost claims is nine days. This illustrates how the small number of long term claims impact on the average duration. Only 7.4% of time lost claims has more than 130 workdays lost. It is at the 26 week point that the level of compensation benefits payable first begins to decrease (section 150, the Act).

37 Number of time lost claims by workdays lost time band 07/08 and 08/09

Workdays lost	07/08		08/09	
	Number of claims	% of claims	Number of claims	% of claims
1-5 days	21,840	40.2	21,092	38.8
6-10 days	7,871	14.4	7,714	14.2
11-20 days	6,556	12.1	6,656	12.2
21-40 days	6,078	11.2	6,458	11.9
41-65 days	3,791	7.0	4,049	7.5
66-130 days	4,247	7.8	4,363	8.0
131-260 days	2,642	4.9	2,665	4.9
>260 days	1,283	2.4	1,374	2.5
TOTAL TIME LOST CLAIMS	54,308	100	54,371	100

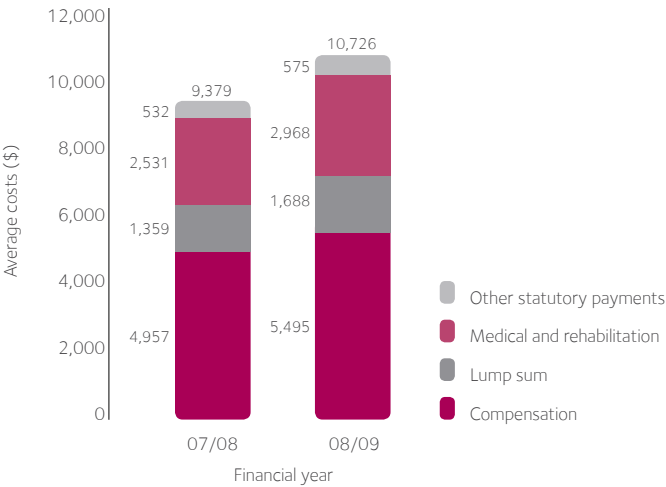
Average finalised time lost claim costs

The average cost of finalised time lost claims has increased 14.4% from \$9,379 in 07/08 to \$10,726 in 08/09.

The breakdown of the average cost in 08/09 shows over half (51.2%) of the cost is made up of weekly compensation payments. The compensation component of the average costs also increased 10.9% (from \$4,957 in 07/08 to \$5,496 in 08/09).

In 08/09, medical and rehabilitation payments accounted for over a quarter (27.7%) of the average cost and lump sum payments accounted for 15.7%. The remaining 5.4% of the average cost was made up of other statutory payments.

38 Average finalised time lost claim cost by payment type 07/08 and 08/09



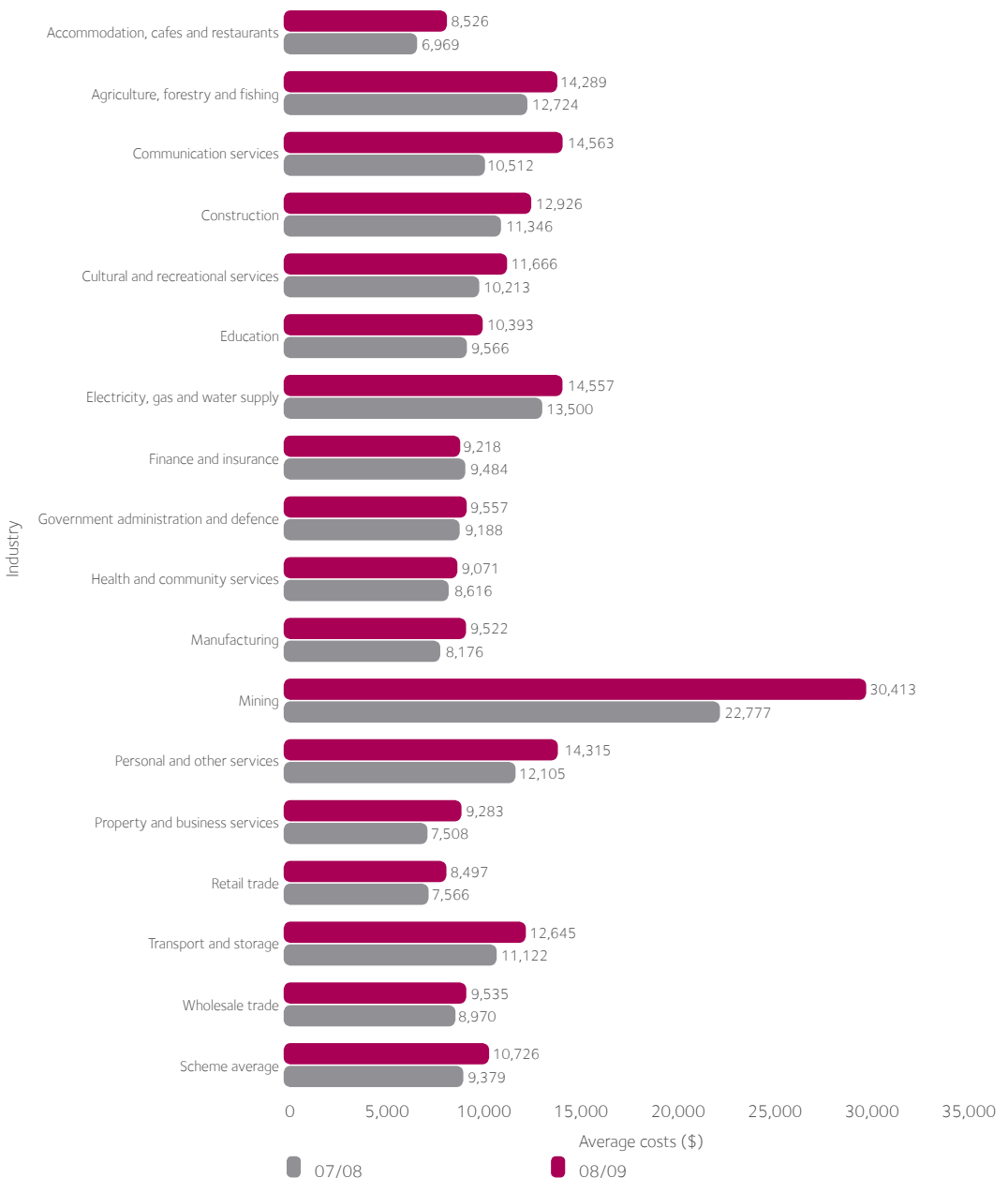
Average cost by industry

Of all industry claims, mining industry claims had the highest average finalised time lost claim cost (\$30,413) partially due to the higher wages paid in the industry. The Australian average weekly earnings (full time adult ordinary time earnings) for employees in the mining industry of \$2,005 are the highest of all industries (Source: ABS, Average Weekly Earnings, Cat No. 6302.0, February 2009, table 10G. Average Weekly Earnings, Industry, Australia (Dollars) – Original – Persons, Full Time Adult Ordinary Time Earnings).

Similarly, industries that tended to have lower average finalised time lost claim cost – for example, accommodation, cafes and restaurants and retail trade – also had the lowest Australian average weekly earnings of all industries (between \$859 and \$883).

The largest percentage increase in average finalised time lost claim cost (excluding other) was in the communications services industry, up 38.5% from \$10,512 in 07/08 to \$14,563 in 08/09. The next largest increase was in the mining industry, up 33.5% from \$22,777 in 07/08 to \$30,413 in 08/09.

39 Average finalised time lost claim cost by industry 07/08 and 08/09



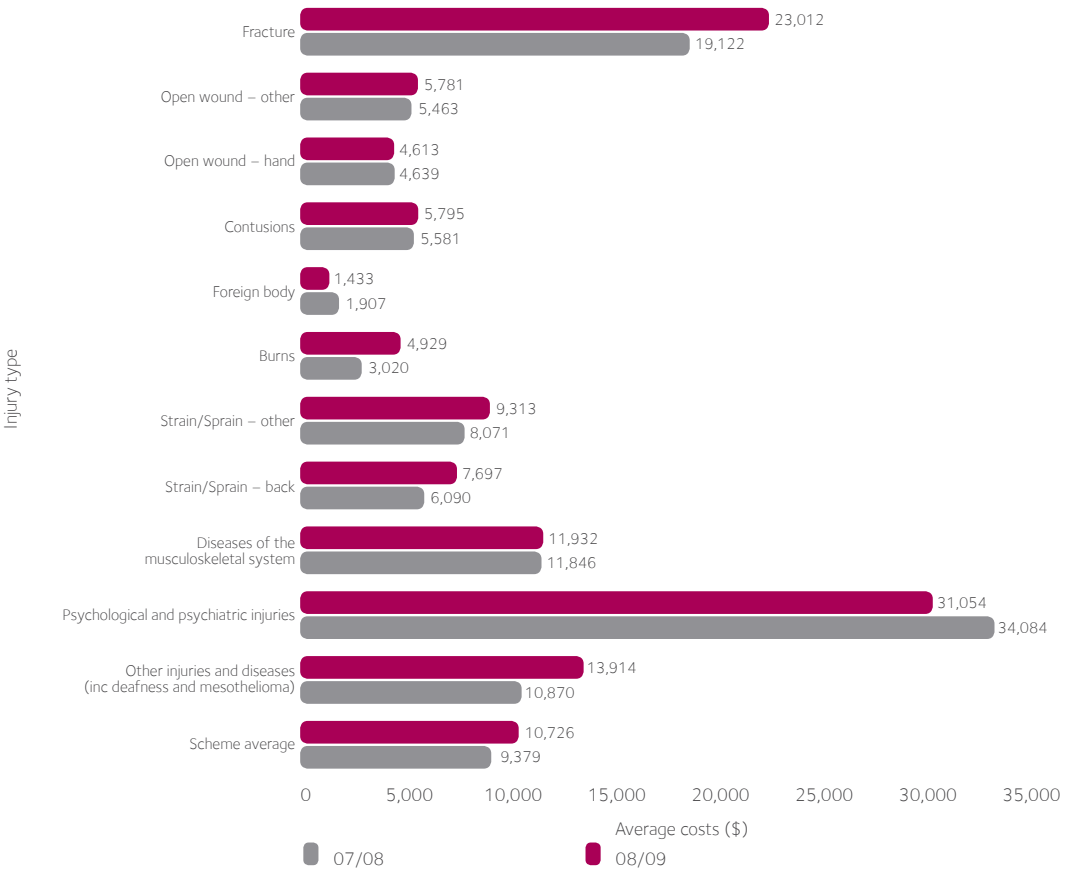
Average cost by injury type

Although psychiatric or psychological injury claims account for only 2.1% of all claims finalised, they are the most expensive with an average finalised time lost claim cost of \$31,054 in 08/09 (down 8.9% from \$34,084 in 07/08).

In 08/09, the average duration of a psychiatric or psychological injury claim was 120.6 days (07/08: 140.3 days) compared with the overall scheme average of 37.8 days. Although there has been a 14.0% decrease in 08/09, it is the long duration of psychiatric or psychological injury claims that impacts on the average finalised time lost claim cost for these claims.

The second most expensive injury type was fractures with an average cost of \$23,012, an increase of 20.3% compared to the average cost in 07/08 of \$19,122.

40 Average finalised time lost claim cost by injury type 07/08 and 08/09



CLAIMS FOR DAMAGES AT COMMON LAW

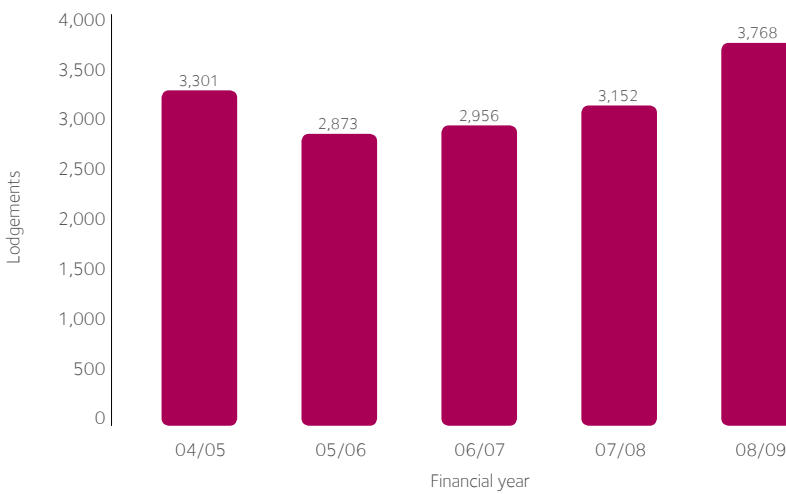
- Common law lodgements have increased over the past three years.
- The majority of lodgements are for injuries that occurred two to three years prior.
- The largest proportion of common law lodgements are associated with claims that have a work related impairment of 0.1%–19.9%.
- Psychiatric or psychological injury claims represent 4.9% of common law lodgements. They represent only 3.3% of statutory claim intimations.

This section reports information about claims for damages at common law (common law claims).

Lodgements

Common law claim lodgements have continued to increase since 05/06. Over the past year, common law claim lodgements have increased by 19.5% (from 3,152 in 07/08 to 3,768 in 08/09).

41 Common law claim lodgements 04/05 to 08/09



The figure below shows the common law claim lodgements over the past five years, by the date of injury.

42 Common law claim lodgements by injury year 04/05 to 08/09

Injury year	Lodgement year						
	02/03	03/04	04/05	05/06	06/07	07/08	08/09
Pre 01/07/97	94	122	119	83	105	71	81
97/98	64	20	12	1	3	3	5
98/99	179	87	35	9	5	5	2
99/00	923	161	79	25	10	8	7
00/01	1,071	937	132	46	19	8	3
01/02	629	977	811	58	15	9	11
02/03	57	727	1,024	721	42	14	6
03/04		84	979	898	605	42	17
04/05			110	901	920	642	30
05/06				131	1,102	1,103	696
06/07					130	1,116	1,232
07/08						131	1,455
08/09							223
TOTAL	3,017	3,115	3,301	2,873	2,956	3,152	3,768

The majority of common law claims lodged in any given year are for injuries that occurred two to three years prior. The figure below shows the breakdown of common law claim lodgements in 08/09 by the injured worker's work related impairment assessment.

43 Common law claim lodgements by work related impairment assessment 08/09

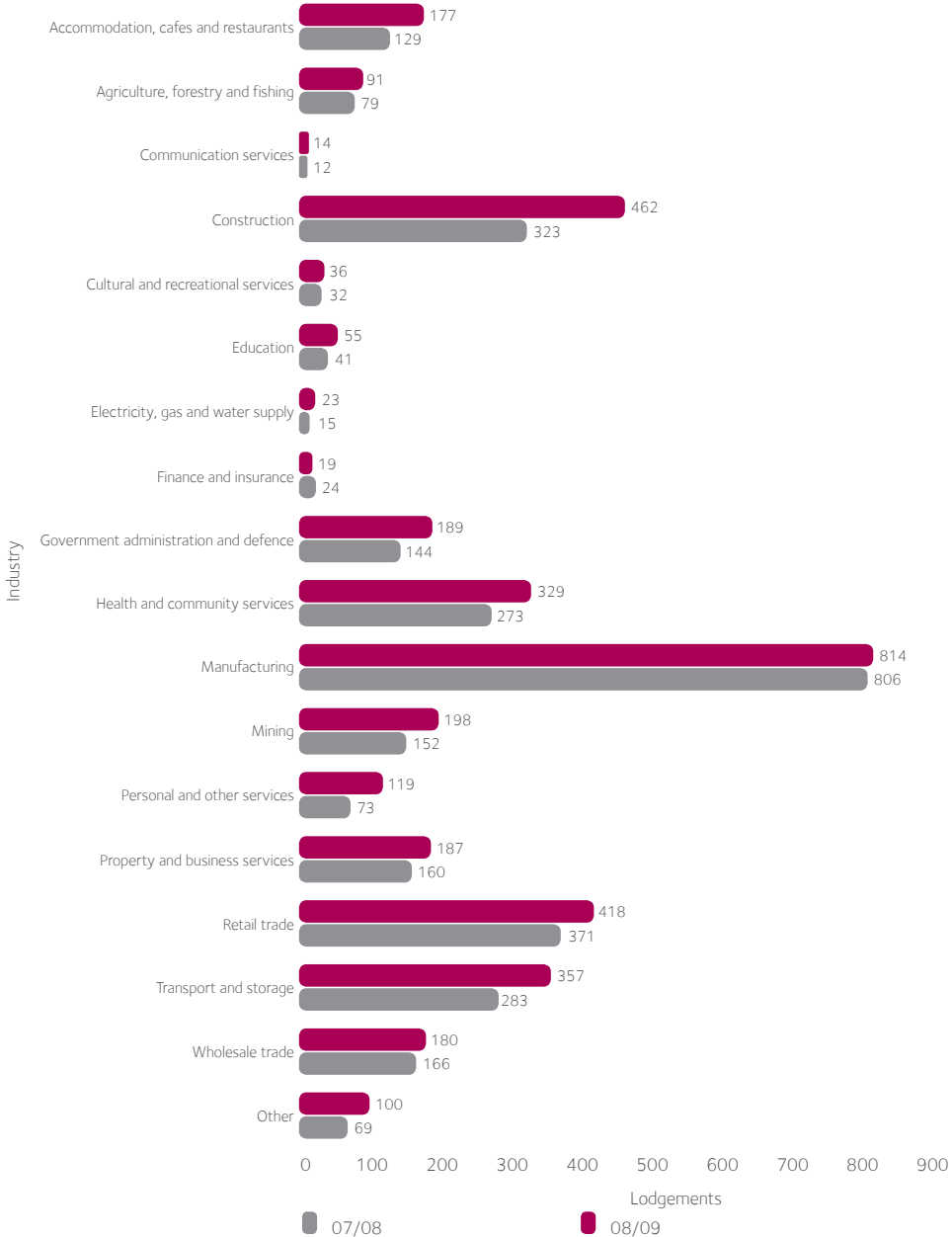
Work related impairment assessment	Common law lodgements	% of common law lodgements
No work related impairment assessed	639	17.0
0%	686	18.2
0.1%–19.9%	2,253	59.8
20%–49.9%	165	4.4
50%–99.9%	24	0.6
100%	1	0.0
TOTAL	3,768	100

If the injured worker's work related impairment is less than 20%, the worker has to make an irrevocable decision to either accept a payment of the statutory lump sum compensation for the injury or seek damages at common law. If the work related impairment is 20% or more, the injured worker can accept a lump sum payment and seek damages. Only a small proportion of common law claims (5.0%) are able to access lump sum payment and pursue common law.

Industry

Manufacturing represented the highest proportion of common law claims lodged in the Queensland scheme, accounting for over a fifth (21.6%) of all common law claim lodgements in 08/09.

44 Common law claim lodgements by industry 07/08 and 08/09



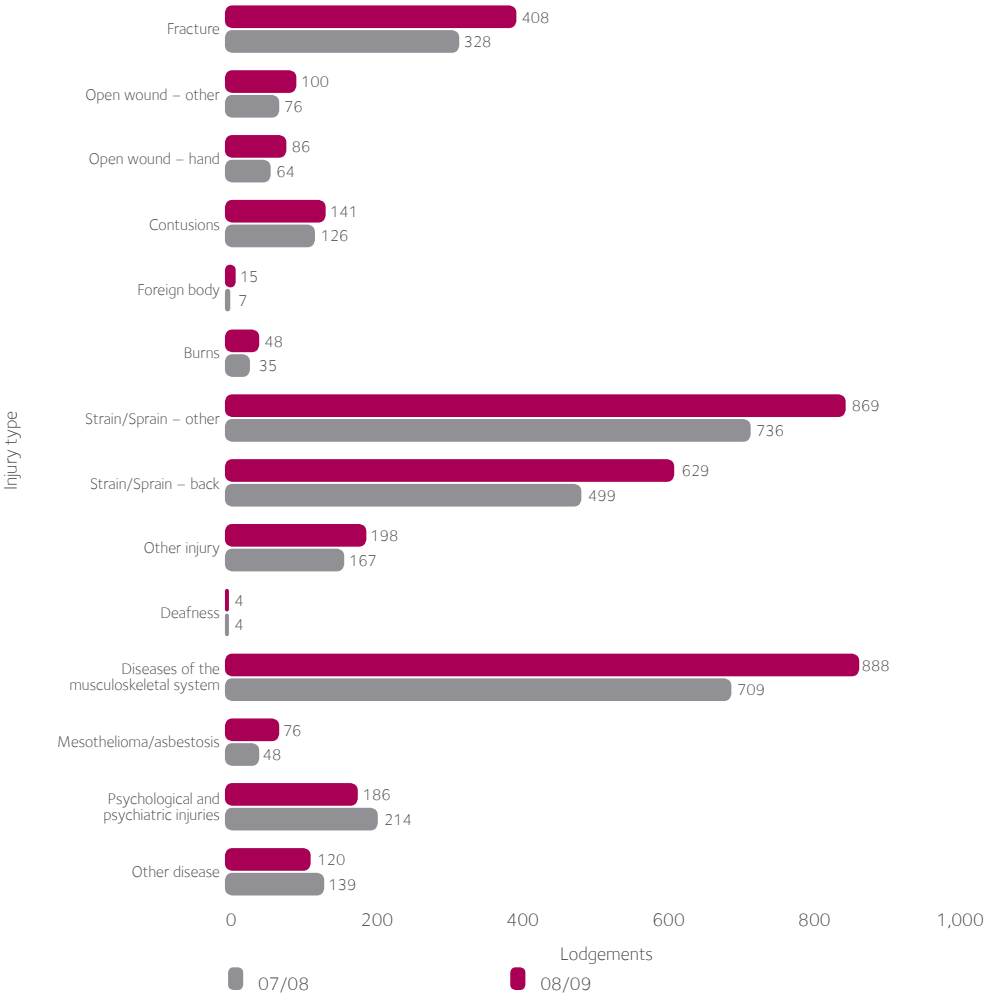
For industry 'Other', this includes injuries pre 1 July 97 (pre ANZSIC classifications), household workers, workplace personal injury insurance (self employed, working directors) and volunteers (for 08/09, but within ANZSIC classification for 07/08).

Injury type

Strain or sprain injury claims accounted for over a third (39.8%) of all common law claim lodgements in 08/09.

Although psychiatric or psychological injury claims represented only 3.3% of statutory claim intimations, they represented 4.9% of all common law claim lodgements in 08/09.

45 Common law claim lodgements by injury type 07/08 and 08/09



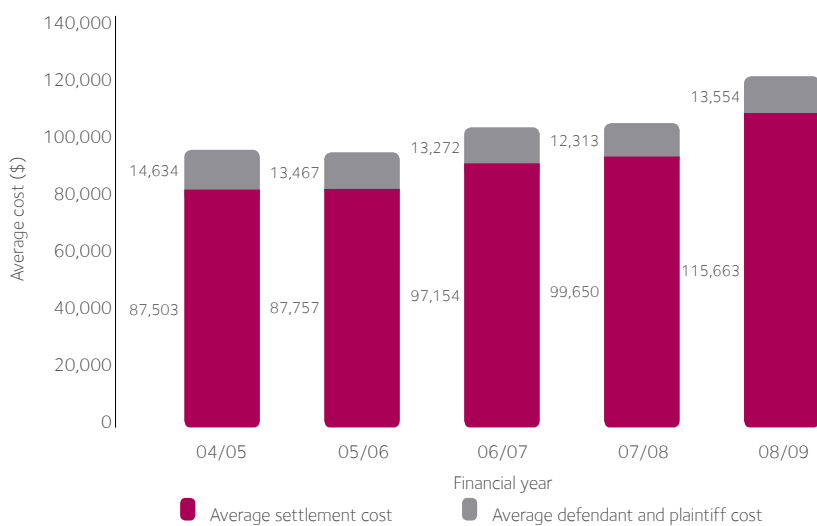
Total common law payments

In 08/09 common law claims cost a total of \$461.7 million. This represented a 20.1% increase from the 07/08 cost of \$384.5 million.

Average costs

Over the past year, the average settlement cost of a finalised common law claim has increased 16.1% from \$99,650 in 07/08 to \$115,663 in 08/09. The average defendant and plaintiff cost has increased by 10.1% (\$12,313 in 07/08 to \$13,554 in 08/09). It should be noted that restrictions on awarding of plaintiff costs were introduced for injuries occurring on or after 1 January 96.

46 Average costs for finalised common law claims by payment type 04/05 to 08/09



Average timeframes

For claims lodged in the financial year, the average time from date of injury to lodgement of a common law claim has decreased marginally 4.1% from 2.68 years in 07/08 to 2.57 years in 08/09.

For claims finalised in the financial year, the average time from the lodgement of a common law claim to finalisation has increased marginally (up 2.9%) from 1.05 years in 07/08 to 1.08 years in 08/09.

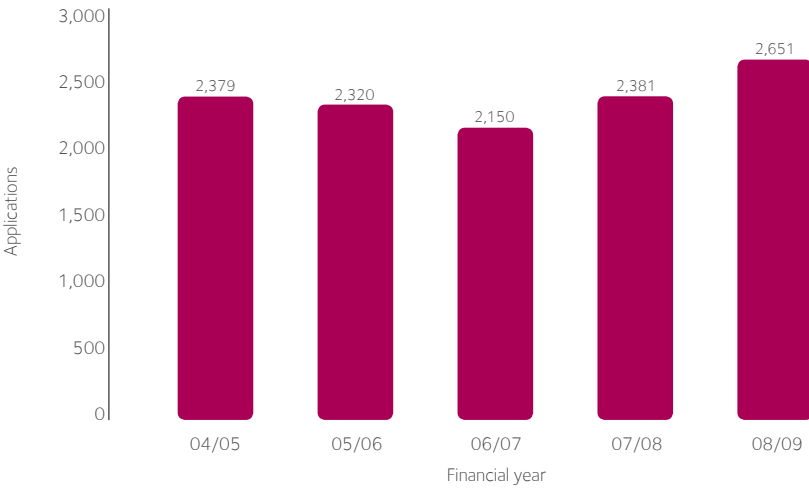
REVIEW OF INSURER DECISIONS

Applications received

In 08/09, 2,651 review applications were received (2,381 in 07/08). This 11.3% increase has continued the trend from the previous year of a 10.7% increase from 06/07 (2,150) to 07/08.

The figure below shows the number of applications for review received over the last five years.

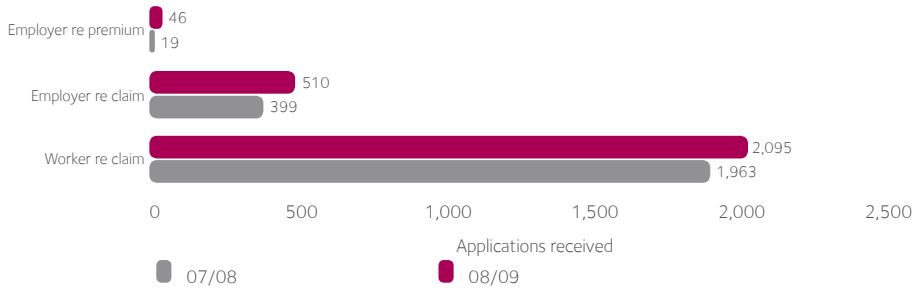
47 Review applications received 04/05 to 08/09



Types of applications

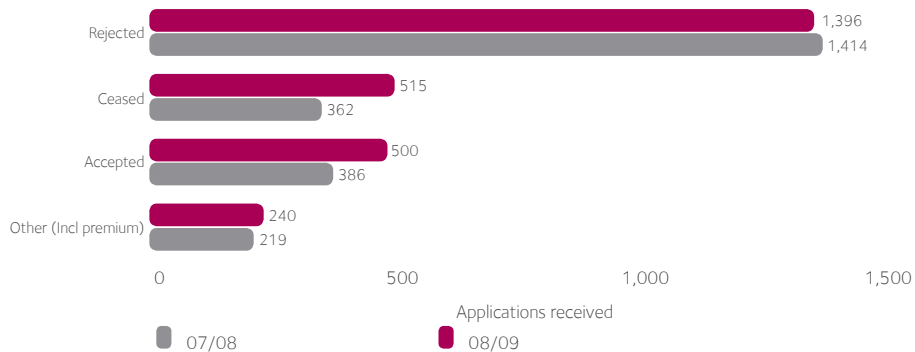
08/09 saw little change to the distribution of the type of review applications received compared to the previous financial year. Of the applications lodged, 79.0% were lodged by workers, 19.2% by employers, and the remaining 1.8% of applications were lodged by employers having a premium decision reviewed.

48 Review applications received by type 07/08 and 08/09



Over half (52.7%) of all review applications received in 08/09 related to the insurer decision to reject the claim, 18.9% were lodged after the claim had been accepted and a further 19.4% were following the cessation of the claim. In 08/09, the proportions for accepted and ceased decision claims have increased, while rejected claims dropped as a percentage of applications compared to 07/08.

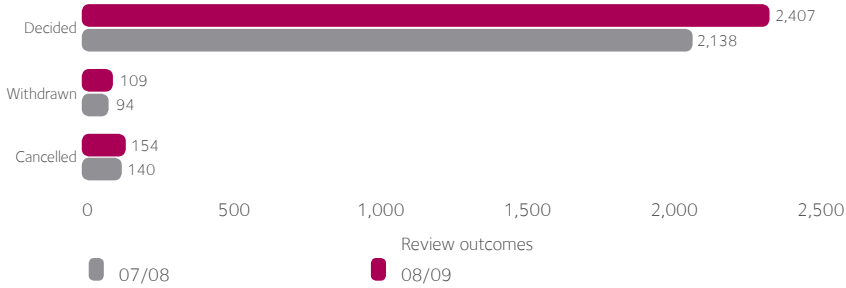
49 Review applications received by insurer decision 07/08 and 08/09



Outcomes

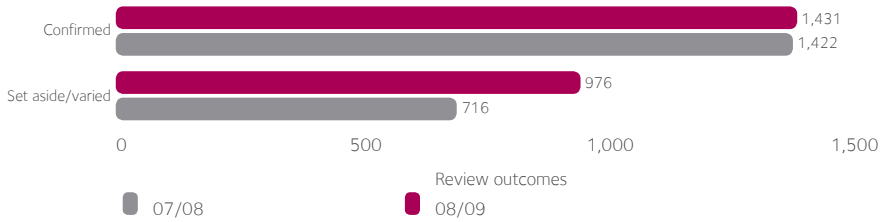
In 08/09, 90.1% of reviews finalised were decided (as compared to 90.1% in 07/08), 5.8% were cancelled (5.9% in 07/08), and the remaining 4.1% were withdrawn (4.0% in 07/08).

50 Review outcomes 07/08 and 08/09



In 08/09, the original decision of the insurer was confirmed by the Review Unit in 59.5% of review decisions made, compared to 66.5% in 07/08.

51 Decided review outcomes 07/08 and 08/09



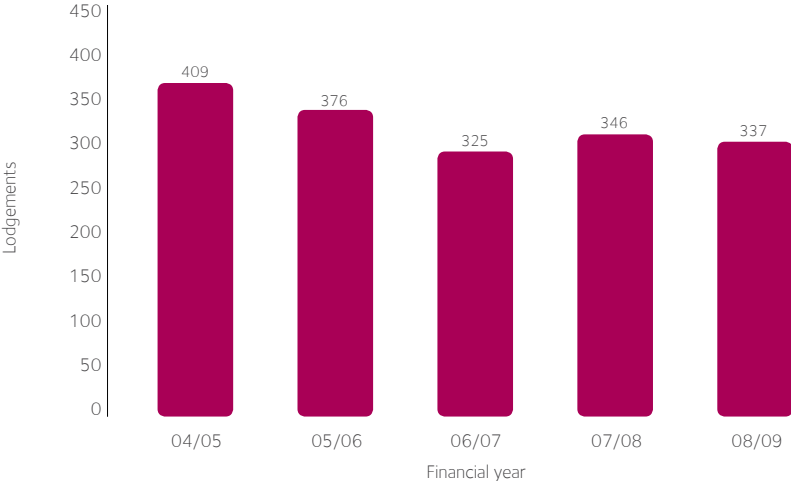
APPEALS OF REVIEW DECISIONS

Appeal lodgements

In 08/09, 241 appeals were lodged with the Industrial Magistrate and 96 were lodged with the Queensland Industrial Relations Commission (QIRC). Of these, 14 further appealed in the Industrial Court.

Appeal lodgements have experienced a decrease of 2.6% compared with 07/08.

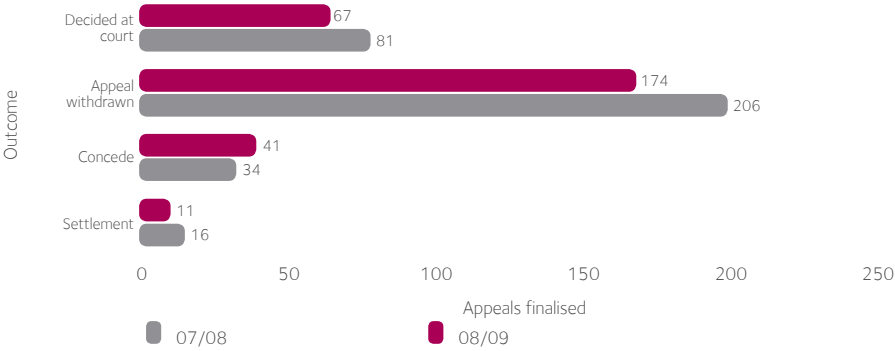
52 Appeals lodged 04/05 to 08/09



Appeal outcomes

In 08/09, just over three-quarters (77.1%) of appeals were finalised before reaching either the Industrial Magistrate or QIRC, with 77.0% of cases withdrawn by the appellant and a further 23.0% being settled or conceded.

53 Appeals finalised by outcome 07/08 and 08/09



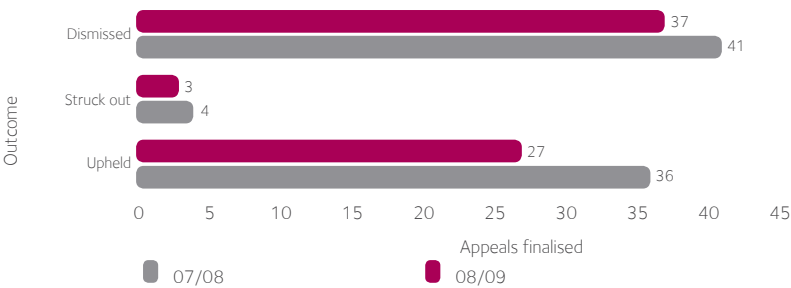
Non-judicial resolution

In 08/09, 226 appeals were finalised before reaching the relative court/commission. This is a decrease of 11.7% when compared to 256 in 07/08.

Judicial resolution

A total of 67 cases were determined by a court/commission in 08/09, representing a 17.3% decrease from the 81 cases determined in 07/08. Of these, 40 cases (59.7%) were dismissed or struck-out by the magistrate and 27 cases (40.3%) were upheld in favour of the appellant.

54 Appeals finalised judicially by outcome 07/08 and 08/09



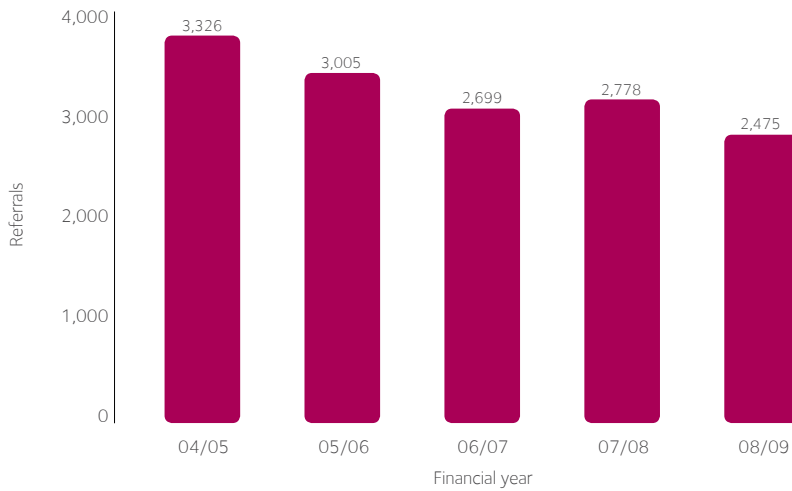
MEDICAL ASSESSMENT TRIBUNALS (MAT)

Referrals

In 08/09, 2,475 cases were referred to a MAT. This represented a 10.9% decrease on the 2,778 cases referred in 07/08.

The figure below illustrates the number of MAT referrals received over the past five years.

55 MAT referrals received 04/05 to 08/09



Cases determined

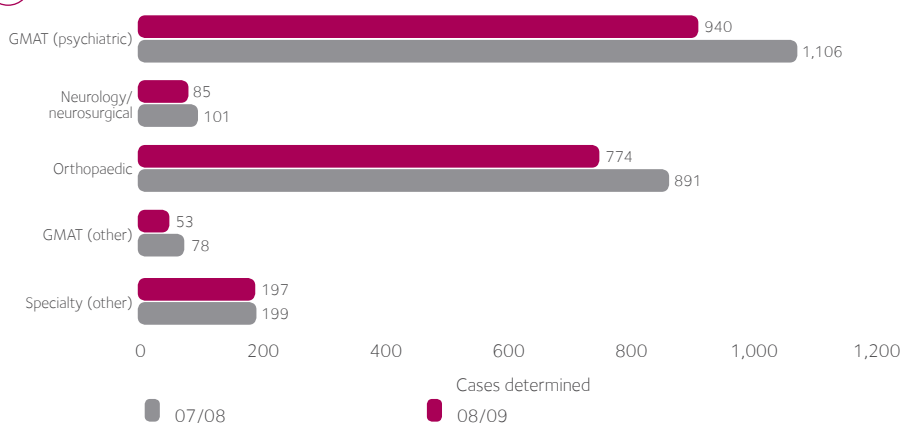
Tribunal type

In 08/09, 2,049 cases were determined by a MAT. This represented a 13.7% decrease from 07/08 (2,375 determinations).

In 08/09, 940 cases were heard at a General Medical Assessment Tribunal – Psychiatric compared to 1,106 in 07/08 representing a decrease of 15.0%.

Almost half of all cases in 08/09 (45.9%) were determined at a General Medical Assessment Tribunal – Psychiatric compared to 46.6% in 07/08. A further 37.8% of cases were determined at an Orthopaedic Tribunal in 08/09 as compared to 37.5% in 07/08.

56 Cases determined by tribunal type 07/08 and 08/09



The figure below shows the average number of cases heard per tribunal in 07/08 and 08/09.

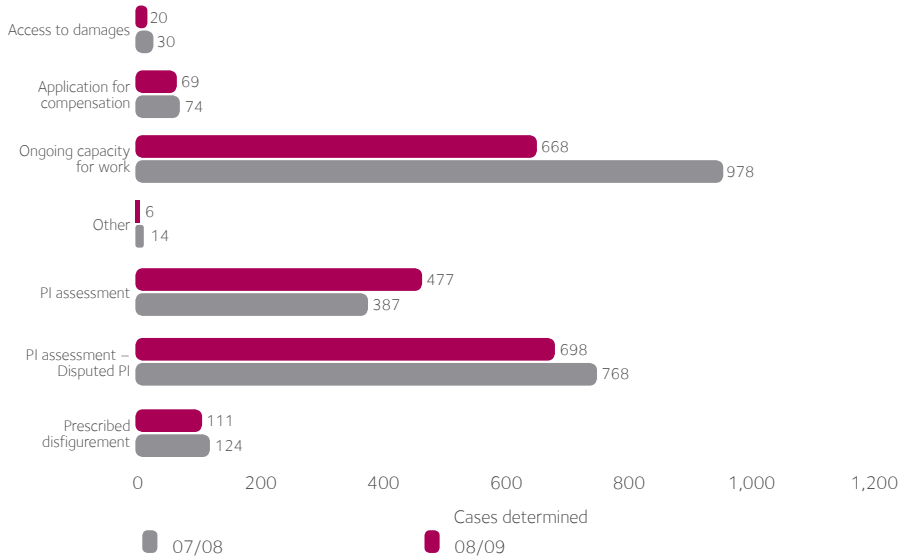
57 Average number of cases heard per tribunal by tribunal type 07/08 and 08/09

Tribunal	Average number of cases heard per tribunal	
	07/08	08/09
Orthopaedic	2.2	2.2
GMAT (psychiatric)	2.3	2.2
Neurology/neurosurgical	1.9	1.9
GMAT (other)	1.7	1.4
Specialty (other)	4.2	3.6
TOTAL	2.3	2.2

Referral reason

In 08/09, over half (57.3%) of the cases determined by the MAT were for permanent impairment (PI) assessment, compared to 48.6% in 07/08.

58 Cases determined by referral reason 07/08 and 08/09



There has been an increase in the proportion of referrals for an initial PI assessment (up from 16.3% in 07/08 to 23.3% in 08/09). However, a decrease was seen for the assessment of ongoing capacity for work, down from 41.2% in 07/08 to 32.6% in 08/09.

APPENDIX 1

(59) Statutory claim intimations, statutory claim payments, average finalised time lost claim costs and durations by industry and sub-industry 07/08 and 08/09

	Claims intimations			Claims payments			Average finalised time lost claims cost			Average finalised time lost claims durations		
	07/08 number	08/09 number	Variance %	07/08 \$M	08/09 \$M	Variance %	07/08 \$	08/09 \$	Variance %	07/08 days	08/09 days	Variance %
Accommodation, cafes and restaurants	4,920	5,024	2.1	21.9	24.4	11.4	6,969	8,526	22.3	35.3	40.0	13.3
Accommodation	2,057	1,963	-4.6	8.7	9.7	11.6	6,405	7,706	20.3	33.1	36.6	10.5
Cafes and restaurants	1,357	1,534	13.0	5.5	6.3	15.2	6,781	7,958	17.4	34.4	35.6	3.4
Clubs (hospitality)	558	578	3.6	2.4	3.2	34.0	8,777	8,730	-0.5	42.5	43.2	1.5
Pubs, taverns and bars	948	949	0.1	5.3	5.2	-2.3	7,392	10,902	47.5	37.1	51.3	38.2
Agriculture, forestry and fishing	2,091	2,111	1.0	23.1	21.7	-5.9	12,724	14,289	12.3	51.8	52.6	1.5
Dairy cattle, poultry, other livestock and other crop growing	277	344	24.2	4.4	3.6	-16.9	15,041	14,965	-0.5	57.2	58.2	1.6
Grain, sheep and beef cattle farming	630	519	-17.6	8.0	6.4	-20.8	13,681	16,269	18.9	52.7	58.0	10.0
Horticulture and fruit growing	859	896	4.3	6.9	6.4	-6.8	11,542	10,362	-10.2	48.0	40.6	-15.4
Other agriculture, forestry and fishing	325	352	8.3	3.8	5.3	39.9	11,823	22,210	87.8	54.2	73.6	35.8
Communication services	294	313	6.5	2.6	2.7	4.2	10,512	14,563	38.5	46.4	54.5	17.5
Construction	12,052	12,393	2.8	82.5	98.2	19.0	11,346	12,926	13.9	39.8	40.2	0.9
Building completion services	1,597	1,619	1.4	13.2	13.2	0.1	12,414	13,416	8.1	44.9	45.6	1.7
Building structure services	1,096	1,056	-3.6	10.6	11.3	7.2	14,057	15,798	12.4	53.0	48.3	-9.0
General construction	4,769	5,061	6.1	29.0	38.9	34.0	11,639	13,679	17.5	37.8	40.2	6.5
Installation trade services	2,555	2,624	2.7	14.4	13.4	-6.8	8,809	9,533	8.2	29.6	28.8	-2.7

	Claims intimations			Claims payments			Average finalised time lost claims cost			Average finalised time lost claims durations		
	07/08 number	08/09 number	Variance %	07/08 \$M	08/09 \$M	Variance %	07/08 \$	08/09 \$	Variance %	07/08 days	08/09 days	Variance %
Other construction services	1,276	1,187	-7.0	7.6	11.6	51.7	9,079	10,485	15.5	38.1	37.8	-0.7
Site preparation services	759	846	11.5	7.6	9.7	27.1	14,141	16,380	15.8	50.3	49.2	-2.3
Cultural and recreational services	1,635	1,663	1.7	10.7	10.9	2.2	10,213	11,666	14.2	39.7	44.6	12.4
Libraries, museums and the arts	274	203	-25.9	1.2	0.9	-24.2	7,285	10,604	45.6	32.0	39.5	23.5
Motion picture, radio and television services	153	142	-7.2	0.9	0.7	-20.9	11,383	16,161	42.0	36.8	60.9	65.4
Sport and recreation	1,208	1,318	9.1	8.6	9.3	8.2	10,581	11,415	7.9	41.4	43.8	5.8
Education	2,633	2,740	4.1	14.3	15.7	9.9	9,566	10,393	8.6	38.4	39.2	2.0
Other education	800	689	-13.9	5.3	4.3	-18.2	7,752	9,336	20.4	41.9	48.4	15.4
Post school education	832	838	0.7	4.2	5.1	21.0	10,345	12,701	22.8	36.5	38.7	6.1
School education	1,001	1,213	21.2	4.8	6.3	31.0	10,847	9,840	-9.3	36.1	32.4	-10.4
Electricity, gas and water supply	681	710	4.3	4.6	4.0	-14.4	13,500	14,557	7.8	37.8	40.2	6.3
Finance and insurance	773	790	2.2	3.9	4.1	4.1	9,484	9,218	-2.8	38.7	37.9	-1.9
Finance	458	431	-5.9	2.4	2.0	-13.8	9,726	8,869	-8.8	39.2	36.6	-6.6
Insurance and services to finance and insurance	315	359	14.0	1.6	2.1	30.8	9,138	9,583	4.9	38.0	39.3	3.5
Government administration and defence	7,309	7,626	4.3	39.6	43.8	10.5	9,188	9,557	4.0	31.6	31.0	-1.8
Local government	2,717	2,624	-3.4	13.1	16.4	25.3	7,312	8,318	13.8	24.7	27.5	11.4
Other government	4,592	5,002	8.9	26.5	27.4	3.2	10,353	10,365	0.1	35.9	33.3	-7.1

	Claims intimations			Claims payments			Average finalised time lost claims cost			Average finalised time lost claims durations		
	07/08 number	08/09 number	Variance %	07/08 \$M	08/09 \$M	Variance %	07/08 \$	08/09 \$	Variance %	07/08 days	08/09 days	Variance %
Health and community services	9,175	9,865	7.5	51.9	61.1	17.8	8,616	9,071	5.3	39.1	39.2	0.1
Community services	2,708	2,337	-13.7	14.2	13.8	-3.2	7,859	9,220	17.3	39.9	44.1	10.7
Hospitals	3,761	4,064	8.1	23.0	28.5	23.7	9,168	9,178	0.1	39.0	36.9	-5.4
Nursing homes	1,077	1,114	3.4	5.1	5.9	15.5	7,979	7,827	-1.9	40.2	41.5	3.2
Other health services	1,629	2,350	44.3	9.4	12.8	36.1	9,242	9,450	2.3	37.0	36.6	-1.0
Manufacturing	24,852	22,427	-9.8	105.4	104.6	-0.8	8,176	9,522	16.5	30.0	32.1	7.1
Machinery and equipment manufacturing	4,694	4,203	-10.5	19.7	20.6	4.8	7,937	9,560	20.5	27.6	29.4	6.6
Meat and meat product manufacturing	3,469	3,363	-3.1	13.1	12.9	-1.9	6,616	6,700	1.3	25.2	25.5	1.1
Metal product manufacturing	7,438	6,498	-12.6	28.9	27.0	-6.6	7,945	10,454	31.6	27.1	32.0	17.9
Non-metallic mineral product manufacturing	1,306	1,241	-5.0	6.1	7.2	18.7	10,380	10,300	-0.8	36.9	33.8	-8.4
Other food manufacturing	2,553	2,575	0.9	12.8	12.7	-1.2	9,692	10,031	3.5	38.7	37.4	-3.2
Other manufacturing	1,310	1,146	-12.5	5.7	5.6	-2.5	8,816	8,909	1.1	32.7	32.8	0.3
Petroleum, coal, chemical and associated product manufacturing	1,667	1,460	-12.4	7.0	6.0	-13.6	8,451	10,179	20.4	31.8	37.4	17.5
Printing, publishing and recorded media	441	386	-12.5	2.8	2.2	-21.0	9,552	12,236	28.1	39.7	36.1	-9.1
Textile, clothing, footwear and leather manufacturing	300	261	-13.0	1.8	2.3	26.2	9,940	13,322	34.0	42.5	46.3	9.0
Wood and paper product manufacturing	1,674	1,294	-22.7	7.5	8.2	8.4	8,427	10,247	21.6	32.3	38.1	18.0

	Claims intimations			Claims payments			Average finalised time lost claims cost			Average finalised time lost claims durations		
	07/08 number	08/09 number	Variance %	07/08 \$M	08/09 \$M	Variance %	07/08 \$	08/09 \$	Variance %	07/08 days	08/09 days	Variance %
Mining	2,587	2,694	4.1	29.8	32.2	8.1	22,777	30,413	33.5	52.0	63.3	21.7
Coal mining	1,051	1,151	9.5	13.1	15.4	17.7	24,165	37,765	56.3	45.4	66.7	47.0
Metal ore mining	667	675	1.2	9.0	7.1	-20.5	31,640	37,669	19.1	68.6	66.9	-2.5
Other mining	314	255	-18.8	2.9	2.4	-16.4	18,624	16,003	-14.1	55.3	54.7	-1.1
Services to mining	555	613	10.5	4.9	7.3	49.1	15,940	21,038	32.0	49.3	59.7	21.0
Personal and other services	3,993	4,225	5.8	25.9	29.8	15.3	12,105	14,315	18.3	43.9	44.3	0.9
Other services	641	681	6.2	3.4	4.1	18.5	10,925	13,154	20.4	45.8	44.4	-3.0
Personal services	975	952	-2.4	5.7	7.0	23.2	8,594	10,584	23.2	40.9	39.3	-3.9
Public order and safety services	2,377	2,592	9.0	16.8	18.8	12.0	14,552	16,729	15.0	45.2	47.0	4.1
Property and business services	6,912	6,770	-2.1	36.4	40.3	10.9	7,508	9,283	23.6	32.7	35.7	9.2
Employment services	2,593	2,150	-17.1	9.2	8.2	-10.7	4,024	5,624	39.8	21.0	22.6	7.9
Legal, accounting, marketing and business services	726	785	8.1	3.6	5.2	41.7	9,392	11,462	22.0	32.8	40.8	24.5
Other business services	1,489	2,369	59.1	11.0	17.6	59.5	10,196	11,714	14.9	50.5	48.5	-4.0
Property services	1,266	482	-61.9	8.0	3.5	-56.4	10,113	12,775	26.3	34.6	44.1	27.4
Scientific, technical and computer services	838	984	17.4	4.5	5.8	30.2	9,777	10,166	4.0	33.4	30.3	-9.2

	Claims intimations			Claims payments			Average finalised time lost claims cost			Average finalised time lost claims durations		
	07/08 number	08/09 number	Variance %	07/08 \$M	08/09 \$M	Variance %	07/08 \$	08/09 \$	Variance %	07/08 days	08/09 days	Variance %
Retail trade	10,800	11,155	3.3	47.3	54.2	14.6	7,566	8,497	12.3	33.5	34.4	2.7
Motor vehicle retailing and services	2,683	2,602	-3.0	13.3	15.6	16.9	9,213	10,850	17.8	36.0	39.2	8.9
Personal and household good retailing	3,458	3,649	5.5	15.7	17.0	8.6	7,309	8,975	22.8	31.0	35.9	15.7
Specialised food retailing	1,353	1,471	8.7	6.2	7.0	12.9	6,353	7,715	21.4	32.4	35.7	10.1
Supermarket and grocery stores	3,306	3,433	3.8	12.0	14.5	20.7	6,993	6,520	-6.8	34.7	28.5	-17.8
Transport and storage	6,648	6,389	-3.9	58.5	60.1	2.7	11,122	12,645	13.7	43.2	42.9	-0.7
Rail, water, air and other transport	2,205	1,982	-10.1	14.3	15.0	5.2	10,265	9,905	-3.5	38.0	32.1	-15.4
Road transport	2,884	2,903	0.7	33.1	\$4.9	5.5	12,048	14,380	19.4	46.5	48.6	4.4
Services to transport	1,216	1,139	-6.3	8.8	8.1	-8.0	10,631	12,200	14.8	43.4	43.5	0.2
Storage	343	365	6.4	2.3	2.1	-12.4	8,924	10,692	19.8	39.9	39.2	-1.8
Wholesale trade	5,345	5,235	-2.1	26.9	29.6	10.1	8,970	9,535	6.3	33.8	33.7	-0.2
Basic material wholesaling	2,030	1,787	-12.0	9.0	10.1	11.1	9,220	9,207	-0.1	34.0	31.3	-8.0
Machinery and motor vehicle wholesaling	1,678	1,712	2.0	7.9	8.8	12.6	8,838	10,232	15.8	29.8	32.3	8.3
Personal and household good wholesaling	1,637	1,736	6.0	10.0	10.7	7.2	8,826	9,307	5.4	36.6	36.8	0.6
Other	371	718	93.5	25.3	30.4	19.9	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	103,071	102,848	-0.2	610.6	667.8	9.4	9,379	10,726	14.4	36.2	37.8	4.4

For industry 'Other', this includes injuries pre 1 July 97 (pre ANZSIC classifications), household workers, workplace personal injury insurance (self employed, working directors) and volunteers (for 08/09, but within ANZSIC classification for 07/08).

60 Statutory claim decisions and statutory claim finalisations by industry and sub-industry 07/08 and 08/09

	Claim decisions		Time lost claim finalisation									
	% Admitted	% Rejected	Total claims decided	Total time lost claims finalised	% Fit for work : same job / tasks with same employer	% Fit for work : same job / tasks with diff employer	% Fit for work : diff job / tasks with same employer	% Fit for work : diff job / tasks with diff employer	% Fit for work : no job	% Fit for worker does not return	% Not fit for work	% Alternative outcome not claim related
Accommodation, cafes and restaurants	96.2	3.8	4,728	2,734	84.5	2.2	0.9	2.8	1.2	3.1	1.2	4.1
Accommodation	95.7	4.3	1,832	1,112	85.1	1.7	1.0	2.6	1.2	3.7	1.3	3.5
Cafes and restaurants	96.3	3.7	1,453	754	85.0	3.1	0.7	3.1	1.1	2.4	0.5	4.2
Clubs (hospitality)	95.8	4.2	549	332	82.5	2.1	1.8	2.4	0.9	3.0	2.1	5.1
Pubs, taverns and bars	97.3	2.7	894	536	84.0	2.1	0.4	3.2	1.5	3.0	1.7	4.3
Agriculture, forestry and fishing	97.0	3.0	2,014	1,551	81.4	2.7	0.8	3.4	1.9	4.1	2.8	3.0
Dairy cattle, poultry, other livestock and other crop growing	97.8	2.2	321	258	79.1	1.2	1.6	2.3	1.6	4.7	4.7	5.0
Grain, sheep and beef cattle farming	97.4	2.6	497	421	83.1	3.8	1.0	3.1	2.1	3.3	2.1	1.4
Horticulture and fruit growing	97.6	2.4	864	668	83.4	1.8	0.6	2.7	1.5	4.3	2.2	3.4
Other agriculture, forestry and fishing	94.3	5.7	332	204	74.5	5.4	0.5	7.4	2.9	3.9	3.4	2.0
Communication services	92.5	7.5	293	202	74.3	2.0	1.0	5.4	1.5	7.4	3.0	5.4
Construction	97.0	3.0	11,869	6,514	83.5	2.4	0.9	2.9	2.1	3.0	1.9	3.3
Building completion services	96.5	3.5	1,546	950	84.4	1.9	0.6	2.0	2.1	3.3	2.2	3.5
Building structure services	96.8	3.2	1,003	724	80.1	2.6	1.1	4.1	2.3	3.2	2.6	3.9
General construction	97.1	2.9	4,867	2,412	82.9	2.9	1.0	3.1	2.3	2.8	2.1	2.9

	Claim decisions			Time lost claim finalisation									
	% Admitted	% Rejected	Total claims decided	Total time lost claims finalised	% Fit for work : same job / tasks with same employer	% Fit for work : same job / tasks with diff employer	% Fit for work : diff job / tasks with same employer	% Fit for work : diff job / tasks with diff employer	% Fit for work : no job	% Fit for worker does not return	% Not fit for work	% Alternative outcome not claim related	
Installation trade services	97.6	2.4	2,523	1,201	87.7	1.7	0.7	2.5	1.2	1.5	1.0	3.6	
Other construction services	96.0	4.0	1,127	767	83.6	1.8	0.7	2.7	1.7	5.0	1.2	3.4	
Site preparation services	96.8	3.2	803	460	79.6	3.0	1.1	3.9	3.0	3.5	3.0	2.8	
Cultural and recreational services	95.8	4.2	1,600	896	86.0	2.5	0.7	3.3	0.9	2.6	2.1	1.9	
Libraries, museums and the arts	97.9	2.1	192	80	90.0	3.8	0.0	1.3	0.0	3.8	0.0	1.3	
Motion picture, radio and television services	97.0	3.0	134	61	77.0	4.9	0.1	6.6	1.6	1.6	6.6	1.6	
Sport and recreation	95.4	4.6	1,274	755	86.4	2.1	0.8	3.3	0.9	2.5	2.0	2.0	
Education	94.6	5.4	2,644	1,350	88.3	1.1	1.0	1.4	0.7	1.6	1.6	4.3	
Other education	94.8	5.2	673	438	86.3	0.5	0.7	0.9	0.7	1.8	3.0	6.2	
Post school education	92.9	7.1	812	338	88.8	0.6	1.8	2.1	0.6	0.9	1.5	3.8	
School education	95.8	4.2	1,159	574	89.5	1.9	0.9	1.4	0.9	1.7	0.7	3.0	
Electricity, gas and water supply	94.9	5.1	667	243	86.8	1.2	1.6	1.2	0.4	1.6	2.1	4.9	
Finance and insurance	90.1	9.9	741	393	86.5	0.5	0.5	2.8	0.5	2.3	4.1	2.8	
Finance	88.6	11.4	413	201	84.1	0.0	0.5	2.5	0.0	3.0	6.5	3.5	
Insurance and services to finance and insurance	92.1	7.9	328	192	89.1	1.0	0.5	3.1	1.0	1.6	1.6	2.1	

	Claim decisions			Time lost claim finalisation									
	% Admitted	% Rejected	Total claims decided	Total time lost claims finalised	% Fit for work : same job / tasks with same employer	% Fit for work : same job / tasks with diff employer	% Fit for work : diff job / tasks with same employer	% Fit for work : diff job / tasks with diff employer	% Fit for work : no job	% Fit for work : does not return	% Not fit for work	% Alternative outcome not claim related	
Government administration and defence	93.8	6.2	7,376	4,109	92.0	0.4	1.6	0.8	0.4	1.1	1.6	2.0	
Local government	95.4	4.6	2,575	1,622	95.1	0.1	1.7	0.5	0.2	0.6	1.4	0.6	
Other government	92.9	7.1	4,801	2,487	90.1	0.6	1.5	1.0	0.6	1.5	1.7	3.0	
Health and community services	94.0	6.0	9,347	6,255	88.0	1.1	1.1	1.4	0.7	2.3	1.8	3.7	
Community services	94.6	5.4	2,225	1,509	85.5	1.1	0.8	2.1	1.5	3.0	2.5	3.6	
Hospitals	93.5	6.5	3,852	2,682	90.0	0.8	1.3	1.0	0.3	1.5	1.5	3.5	
Nursing homes	94.2	5.8	1,075	798	89.6	0.6	0.5	0.9	0.3	2.4	1.5	4.3	
Other health services	94.2	5.8	2,195	1,266	85.5	1.8	1.5	1.7	0.9	3.1	1.8	3.6	
Manufacturing	97.5	2.5	21,860	10,931	86.3	1.3	1.4	2.2	1.4	3.1	1.5	2.9	
Machinery and equipment manufacturing	97.9	2.1	4,103	1,916	86.8	1.6	0.7	1.9	1.9	2.9	0.8	3.4	
Meat and meat product manufacturing	96.1	3.9	3,283	1,980	86.7	0.7	2.9	1.6	1.2	3.5	1.2	2.3	
Metal product manufacturing	98.1	1.9	6,326	2,862	87.4	1.5	0.9	2.5	0.8	2.2	1.4	3.3	
Non-Metallic mineral product manufacturing	97.2	2.8	1,212	512	84.2	0.8	1.6	2.3	2.3	4.3	2.1	2.3	
Other food manufacturing	97.0	3.0	2,492	1,224	86.5	0.9	1.6	2.3	1.6	2.8	2.1	2.2	
Other manufacturing	97.0	3.0	1,106	641	81.7	2.3	0.9	3.1	2.3	4.1	1.2	4.2	

	Claim decisions			Time lost claim finalisation							
	% Admitted	% Rejected	Total claims decided	Total time lost claims finalised	% Fit for work : same job / tasks with same employer	% Fit for work : same job / tasks with diff employer	% Fit for work : diff job / tasks with diff employer	% Fit for work : no job	% Fit for worker does not return	% Not fit for work	% Alternative outcome not claim related
Petroleum, coal, chemical and associated product manufacturing	97.6	2.4	1,438	676	85.2	1.2	2.2	1.2	4.1	2.8	2.2
Printing, publishing and recorded media	96.8	3.2	370	246	87.8	2.8	2.0	1.2	2.8	0.0	2.4
Textile, clothing, footwear and leather manufacturing	97.3	2.7	259	154	85.7	0.6	2.6	2.6	1.3	1.9	2.6
Wood and paper product manufacturing	98.0	2.0	1,271	720	86.1	0.8	2.2	1.1	3.8	2.4	2.9
Mining	96.4	3.6	2,580	931	82.0	1.9	3.4	1.2	2.3	2.9	3.8
Coal mining	96.0	4.0	1,111	380	82.6	1.6	4.7	0.5	1.6	2.9	3.4
Metal ore mining	95.8	4.2	642	182	78.0	2.7	3.3	3.3	1.1	2.2	6.0
Other mining	97.1	2.9	239	130	83.1	1.5	3.1	0.8	3.8	3.1	3.8
Services to mining	97.3	2.7	588	239	83.3	2.1	1.7	0.8	3.3	3.3	2.9
Personal and other services	94.9	5.1	3,756	2,026	86.0	1.4	2.0	1.0	2.2	2.6	3.4
Other services	92.9	7.1	645	323	88.2	0.9	1.5	1.2	1.2	3.1	2.8
Personal services	96.0	4.0	905	608	81.3	2.3	3.1	2.3	4.4	2.3	3.3
Public order and safety services	95.0	5.0	2,206	1,095	88.0	1.1	1.5	0.3	1.3	2.6	3.7

	Claim decisions			Time lost claim finalisation								
	% Admitted	% Rejected	Total claims decided	Total time lost claims finalised	% Fit for work : same job / tasks with same employer	% Fit for work : same job / tasks with diff employer	% Fit for work : diff job / tasks with same employer	% Fit for work : diff job / tasks with diff employer	% Fit for work : no job	% Fit for work : worker does not return	% Not fit for work	% Alternative outcome not claim related
Property and business services	95.0	5.0	6,424	3,716	84.6	2.3	0.9	2.5	1.6	3.1	1.8	3.1
Employment services	96.5	3.5	2,048	1,407	89.6	2.3	0.7	1.7	0.9	1.4	0.7	2.6
Legal, accounting, marketing and business Services	92.7	7.3	730	363	82.6	1.7	1.1	4.4	1.7	3.3	1.9	3.3
Other business services	95.1	4.9	2,250	1,291	78.6	3.0	0.9	3.3	1.9	5.3	3.3	3.8
Property services	93.8	6.2	465	246	84.1	1.6	0.8	2.4	2.4	2.8	2.0	3.7
Scientific, technical and computer services	93.8	6.2	931	409	88.3	1.2	1.2	1.0	2.7	2.4	1.0	2.2
Retail trade	96.5	3.5	10,720	5,767	85.8	1.5	1.2	2.5	1.2	2.5	1.8	3.4
Motor vehicle retailing and services	97.0	3.0	2,509	1,340	84.6	1.7	1.3	2.5	1.7	2.7	1.8	3.7
Personal and household good retailing	95.8	4.2	3,497	1,873	85.1	2.0	1.4	2.8	1.2	2.8	1.9	2.8
Specialised food retailing	96.6	3.4	1,400	836	84.1	2.0	0.6	3.8	1.8	2.8	1.3	3.6
Supermarket and grocery stores	96.9	3.1	3,314	1,718	88.5	0.6	1.2	1.7	0.7	1.9	1.7	3.7

	Claim decisions			Time lost claim finalisation								
	% Admitted	% Rejected	Total claims decided	Total time lost claims finalised	% Fit for work : same job / tasks with same employer	% Fit for work : same job / tasks with diff employer	% Fit for work : diff job / tasks with same employer	% Fit for work : diff job / tasks with diff employer	% Fit for work : no job return	% Fit for worker does not return	% Not fit for work	% Alternative outcome not claim related
Transport and storage	95.3	4.7	6,157	3,858	86.5	1.6	1.0	2.5	1.1	3.0	1.8	2.5
Rail, water, air and other transport	92.8	7.2	1,919	1,005	91.9	0.5	1.6	1.1	0.4	1.1	1.5	1.9
Road transport	96.5	3.5	2,798	1,985	83.3	2.1	0.9	3.5	1.3	3.9	2.1	3.0
Services to transport	95.7	4.3	1,100	666	88.4	1.2	0.6	1.4	1.4	3.0	1.8	2.3
Storage	98.8	1.2	340	202	84.7	3.5	1.5	3.0	2.0	3.0	1.0	1.5
Wholesale trade	96.9	3.1	5,070	2,758	85.5	1.2	1.1	2.7	1.2	3.4	1.5	3.5
Basic material wholesaling	96.7	3.3	1,735	908	85.7	1.4	0.9	2.4	1.2	4.4	1.2	2.8
Machinery and motor vehicle wholesaling	97.4	2.6	1,641	777	85.6	1.3	1.4	2.4	1.2	2.2	1.5	4.4
Personal and household good wholesaling	96.6	3.4	1,694	1,073	85.3	0.9	0.9	3.1	1.2	3.4	1.7	3.4
Other	88.4	11.6	526	137	62.0	7.3	1.5	5.8	3.6	5.1	8.8	5.8
TOTAL	95.9	4.1	98,372	54,371	86.0	1.6	1.2	2.3	1.2	2.7	1.8	3.2

For industry 'Other', this includes injuries pre 1 July 97 (pre ANZSIC classifications), household workers, workplace personal injury insurance (self employed, working directors) and volunteers (for 08/09, but within ANZSIC classification for 07/08).

APPENDIX 2

Industry classification codes

All industry codes are based on the workers' compensation insurers' coding of industry to the divisions from the *Australian and New Zealand Standard Industry Classification* (ANZSIC), ABS.

Accommodation, cafes and restaurants

Accommodation	(ANZSIC: all 571)
Cafes and restaurants	(ANZSIC: all 573)
Clubs (hospitality)	(ANZSIC: all 574)
Pubs, taverns and bars	(ANZSIC: all 572)

Agriculture, forestry and fishing

Dairy cattle, poultry, other livestock and other crop growing	(ANZSIC: all 013, 014, 015 and 016)
Grain, sheep and beef cattle farming	(ANZSIC: all 012)
Horticulture and fruit growing	(ANZSIC: all 011)
Other agriculture, forestry and fishing	(ANZSIC: all 021, 022, 030, 041 and 042)

Communication services

Communication services	(ANZSIC: all 711 and 712)
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Construction

Building completion services	(ANZSIC: all 424)
Building structure services	(ANZSIC: all 422)
General construction	(ANZSIC: all 411 and 412)
Installation trade services	(ANZSIC: all 423)
Other construction services	(ANZSIC: all 425)
Site preparation services	(ANZSIC: all 421)

Cultural and recreational services

Libraries, museums and the arts	(ANZSIC: all 921, 922, 924 and 925)
Motion picture, radio and television services	(ANZSIC: all 911 and 912)
Sport and recreation	(ANZSIC: all 923, 931, 932 and 933)

Education

Other education (including preschool)	(ANZSIC: all 844)
Post school education	(ANZSIC: all 843)
School education	(ANZSIC: all 841 and 842)

Electricity, gas and water supply

Electricity, gas and water supply	(ANZSIC: all 361, 362 and 370)
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Finance and insurance

Finance	(ANZSIC: all 731, 732 and 733)
Insurance and services to finance and insurance	(ANZSIC: all 734, 741, 742, 751 and 752)

Government administration and defence

Local government	(ANZSIC: all 8113)
Other government	(ANZSIC: all 811, 812, 813 and 820 excluding 8113)

Health and community services

Community services	(ANZSIC: all 872)
Hospitals	(ANZSIC: all 8611 and 8612)
Nursing homes	(ANZSIC: all 8613)
Other health services	(ANZSIC: all 862, 863, 864 and 871)

Manufacturing

Machinery and equipment manufacturing	(ANZSIC: all 28)
Meat and meat product manufacturing	(ANZSIC: all 211)
Metal product manufacturing	(ANZSIC: all 27)
Non-metallic mineral product manufacturing	(ANZSIC: all 26)
Other food manufacturing	(ANZSIC: all 21 excluding 211)
Other manufacturing	(ANZSIC: all 29)
Textile clothing, footwear and leather manufacturing	(ANZSIC: all 22)
Petroleum, coal, chemical and associated product manufacturing	(ANZSIC: all 25)
Publishing and recorded media	(ANZSIC: all 24)
Wood and paper product manufacturing	(ANZSIC: all 23)

Mining

Coal mining	(ANZSIC: all 11)
Metal and ore mining	(ANZSIC: all 13)
Other mining	(ANZSIC: all 12 and 14)
Services to mining	(ANZSIC: all 15)

Personal and other services

Other services	(ANZSIC: all 96 excluding 963)
Personal services	(ANZSIC: all 95)
Public order and safety services	(ANZSIC: all 963)

Property and business services

Employment services	(ANZSIC: 7861, 7862, 7863)
Legal and accounting services, marketing and business services	(ANZSIC: all 773, 784 and 785)
Other business services	(ANZSIC: all 774 and 786 except 7861 to 7863)
Property services	(ANZSIC: all 771 and 772)
Scientific, technical services and computer services	(ANZSIC: all 781, 782 and 783)

Retail trade

Motor vehicle retailing and services	(ANZSIC: all 53)
Personal and household good retailing	(ANZSIC: all 52)
Specialised food retailing	(ANZSIC: all 512)
Supermarket and grocery stores	(ANZSIC: all 511)

Transport and storage

Rail, water, air and other transport	(ANZSIC: all 62, 63, 64 and 65)
Road transport	(ANZSIC: all 61)
Services to transport	(ANZSIC: all 66)
Storage	(ANZSIC: all 67)

Wholesale trade

Basic material wholesaling	(ANZSIC: all 45)
Machinery and motor vehicle wholesaling	(ANZSIC: all 46)
Personal and household good wholesaling	(ANZSIC: all 47)

APPENDIX 3: DEFINITIONS

Statutory definitions

Admitted claims – The insurer allows the application for compensation and liability continues to be accepted by the insurer (this is considered to be an initial decision on the claim).

Average finalised claim cost – The average statutory cost of finalised claims.

Average finalised time lost claim cost – The average statutory cost of finalised time lost claims, including any excess amount paid for by the employer. Claims with compensation together with lump sum payments are included as time lost claims.

Average finalised time lost claim durations – Workdays lost due to an injury on finalised time lost claims, including any workdays lost paid for by the employer. Claims with compensation together with lump sum payments are included as time lost claims.

Cancelled claims – Intimated claims are cancelled when they are found not to need any further processing because the claim should never had been intimated (e.g. the application has already been intimated at least once on the system).

Claim decisions – The decision made on the claim after the claim has been entered or intimated onto the insurer's computer system. It refers to whether the insurer has accepted or rejected liability for the claim.

Employees covered – Under legislation, the type of workers covered by workers' compensation varies. Between 1 July 97 and 30 June 00 a 'worker' was limited to PAYE taxpayers, before and after this period the definition of a worker included anybody working under a contract of service. Using ABS definitions, employees are always covered by workers' compensation. 'Own account workers' are covered prior to 1 July 97 and after 30 June 00, while 'employers' and 'contributing family members' are not covered.

Fatal claims – All claims where an injury or disease caused the death of an injured worker, excluding cancelled and rejected claims. A fatal application has been lodged and accepted or a fatal payment has been made.

Finalised claims – It is considered that the liability has ended through the normal course of the claim (even if it is possible that a continuation may occur in the future), or that an insurer has terminated entitlements to compensation.

Industry – All industry codes are based on the insurers' coding of industry to the divisions from the *Australian and New Zealand Standard Industry Classification (ANZSIC)*, ABS.

Injury nature – All injury codes are based on the insurers' coding of injury to the nature and location codes of the 'Type of Occurrence Classification System', Second Edition, Safe Work Australia and the 'Type of Occurrence Classification System', Third Edition, Revision 1 Safe Work Australia. Where large numbers of injury nature classifications occurred (such as strain or sprain and open wound) they have been further broken down using the location of the injury.

Intimations – All claims lodged with insurers, regardless of the outcome (i.e. excludes cancelled and withdrawn claims and includes rejected claims).

Medical expense only claim – All accepted claims which have had medical treatment and rehabilitation payments, excluding those that also had weekly compensation or fatality payments. Mesothelioma or asbestosis – The injury nature codes '630' and '810' from the 'Type of Occurrence Classification System', Second Edition, National Occupational Health and Safety Commission (NOHSC) and injury nature codes '783' and '861' from the 'Type of Occurrence Classification System', Third Edition, Revision 1 Safe Work Australia have been renamed mesothelioma or asbestosis injury in this publication.

Permanent impairment (PI) – A permanent impairment from an injury is an impairment that is stable and stationary and not likely to improve with further medical or surgical treatment.

Psychiatric or psychological injury – The injury nature code '910' from the 'Type of Occurrence Classification System', Second Edition, Safe Work Australia, and injury nature codes '702', '703', '704', '705', '706', '707', '718' and '719' from the 'Type of Occurrence Classification System', Third Edition, Revision 1 Safe Work Australia have been renamed psychiatric or psychological injury in this publication.

QOTE – The *Workers' Compensation and Rehabilitation Act 2003* describes QOTE for a financial year as being 'the seasonally adjusted amount of Queensland full time adult persons ordinary time earnings as declared by the Australian Statistician in the statistician's report about average weekly earnings published immediately before the start of the financial year'. QOTE is used in certain circumstances by insurers when calculating weekly compensation payments.

Rejected claims – The application for compensation is rejected (this is considered to be an initial decision on the claim).

Regions – Regions are based on Australian Bureau of Statistics, Regional Population Growth, Australia, 2006-07 Cat No. 3218.0, March 2008.

Statutory claim payments – All statutory payments made in the relevant year, including any payments for time lost made by the employer as part of the compensation period (excess) as reported by WorkCover Queensland.

Time lost claims – All accepted claims which have resulted in time lost from work excluding fatalities, (i.e. compensation is paid for the time lost), including those with a lump sum payment. Withdrawn claims – Intimated claims are withdrawn when no actual claim was lodged by the injured worker other than a medical certificate and account provided by the medical practitioner for the purpose of medical fax fee only. For the fee to be paid a claim number is required to be issued. This applies to WorkCover Queensland only.

COMMON LAW DEFINITIONS

Average defendant's cost – The average defendant's cost, regardless of when payments were made, of finalised common law claims.

Average plaintiff's cost – The average plaintiff's cost, regardless of when payments were made, of finalised common law claims.

Average settlement cost – The average settlement cost, regardless of when payments were made, of finalised common law claims.

Average time from injury to lodgement – The average time, in years, from injury date to common law lodgement. These are based on the lodgement year of the common law claim.

Average time from lodgement to finalisation – The average time, in years, from the common law claim lodgement to common law finalisation. These are based on the finalisation year of the common law claim.

Common law claim lodgements – All common law claims lodged with insurers, regardless of the outcome. If a common law claim is associated with more than one statutory claim, it will be counted for each statutory claim it is associated with (if one common law claim is associated with three statutory claims, the common law lodgement has been counted three times).

Common law claim payments – All common law payments made within the financial year.

Defendant's costs – Costs incurred by the defendant.

Plaintiff's costs – Costs incurred by the plaintiff.

Settlement payments – Settlement payments are calculated as the gross settlement amount less contributory negligence less contribution from third party less statutory claim payments.

MEDICAL ASSESSMENT TRIBUNAL DEFINITIONS

Access to damages – This is for instances where an application for statutory compensation has not been lodged and the insurer has not admitted that the worker sustained an injury. The worker is seeking common law damages.

Application for compensation – This reference is used when a worker has made an application for compensation. (Liability has not been accepted for the injury for which the worker is claiming). The insurer is unable to determine liability for the claim due to matters of a medical nature.

Cases determined – All cases heard and determined by the Medical Assessment Tribunals.

GMAT (Other) – General Medical Assessment Tribunals including the Medical, Vascular, Surgical, Urology, Gynaecology, Thoracic and Rheumatology specialties. (Excludes General Medical Assessment Tribunal – Psychiatric).

GMAT (Psychiatric) – General Medical Assessment Tribunal – Psychiatric.

Ongoing capacity for work – The insurer is asking whether the worker's ongoing incapacity for work is related to the accepted work injury.

Other reasons for referral – Includes level of dependency, further material deterioration, etc.

Permanent impairment (PI) assessment – The insurer is asking the tribunal to determine whether the worker has sustained a permanent impairment. Under the legislation for psychiatric or psychological injury claims the MAT must determine the degree of permanent impairment.

Permanent impairment (PI) assessment – disputed PI – The insurer is asking the tribunal to determine whether the worker has sustained a permanent impairment. This reference would be used if the worker does not agree with the permanent impairment which has been independently assessed by the insurer.

Prescribed disfigurement – The insurer requests the tribunal to assess, by physical examination, whether the bodily scarring or facial disfigurement is severe enough to be considered prescribed disfigurement.

Referral reasons – The specific questions which can be asked of the Medical Assessment Tribunals are defined in the *Workers' Compensation and Rehabilitation Act 2003*.

Specialty (Other) – Medical Assessment Tribunals including the Cardiac, Dermatology, Ear, Nose and Throat, Ophthalmology and Disfigurement specialties.

REVIEW DEFINITIONS

Confirmed – Insurers' decision is confirmed by the Review Unit.

Set aside – Insurers' decision is set aside by the Review Unit and a new decision substituted.

Varied – Insurers' decision is varied by the Review Unit.

APPEAL DEFINITIONS

Conceded – Q-COMP indicates to the parties to the appeal and the court or commission that it will not be defending the review decision.

Decided at court – Appeals that have been dismissed, upheld or struck out at the Industrial Magistrates Court or Queensland Industrial Relations Commission.

Dismissed – After hearing evidence, the Magistrate or Commissioner has dismissed the appeal and confirmed the review decision.

Settled – The parties to the appeal have negotiated a settlement out of court.

Struck out – Appeals struck out by the Magistrate or Commissioner because of failure of the appellant to comply with legislative, court or Commission requirements.

Upheld – After hearing evidence, the Magistrate or Commissioner has upheld the appeal and set aside or varied the review decision.

Withdrawn – Appeals withdrawn by the appellant prior to hearing.

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347 Ann Street Brisbane Queensland
PO Box 10119 Brisbane
Adelaide Street Queensland 4000

Ph: 1300 361 235

Fax: (07) 3238 3080

Email: qcomp@qcomp.com.au

www.qcomp.com.au