The Implementation of Beneficial Return to Work Practices in Victorian Organizations: Policy and Governance Considerations.

Dr Richard Cooney and Prof Amrik Sohal

A joint initiative of

Accompanying documents to this report – N/A

Table of Contents

Appendices

List of Tables

Executive Summary

Key messages

Good governance of Return-to-Work (RTW) involves Supervisors and Front Line Managers in the development and regular review of the Return-to-Work Plan

Good governance of Return-to-Work involves Senior Managers in the regular review of outstanding cases

Good governance of Return-to-Work involves regular reporting to the Board of Directors on Return-to-Work performance

Organizations exhibiting good outcomes in Return-to-Work have policy and procedures in place to enhance employee health, safety and well-being

Return-to-Work Coordinators are relationship managers building shared commitment to early return to work.

Purpose

To identify performance leading Return-to-Work policy, procedure and governance in Victorian organizations

To develop a bank of policy templates, standard procedures and Return-to-Work governance mechanisms to disseminate knowledge of performance leading RTW implementation amongst Victorian organizations

To contribute to the academic body of knowledge on key organisational aspects that contribute to successful RTW

To develop study protocols that may be employed in more extensive case studies of organisations and survey research in the future.

Rationale

The organizational governance of Return-to-Work is an important aspect of the management of return to work and one that a review of the evidence suggests, is poorly addressed in theory and practice.

Methods

A multiple, embedded, case study research design was used to research six cases of Victorian organizations exhibiting good outcomes in Return-to-Work. The data collection instruments were based upon a framework which examined:

- o   The Organizational Policies and Procedures for RTW
- o   The Governance Mechanisms for RTW

- o The Organizational Training Effort for RTW

Data was collected by means of :

- o semi-structured interviews with responsible officers (RTW Coordinators, O.H.&S. Managers, HR Managers) of the organizations,
- o interviews with external stakeholders (insurance agents, treating health professionals, union officers),
- o through workplace observations, and
- o the collection and analysis of workplace documents (e.g. policies and procedural manuals).

Research findings & implications

Organizations with good Return-to-Work outcomes:

- o have effective organizational governance arrangements for Workplace Health and Safety (WHS) and Return-to-Work (RTW) that involve :
  - o regular reporting on RTW to the board of directors
  - o regular reviews by senior managers of RTW performance
  - o regular reviews by supervisors and line managers of RTW plans and the progress of occupational rehabilitation.

- o provide training for managers and employees in WHS and RTW procedures

- o have an organizational infrastructure for employee well-being.

Return-to-Work Coordinators engage in 'relational' forms of coordination during the management of occupational rehabilitation. The RTW coordinators are boundary spanners, linking external stakeholders to the organization and they are internal relationship managers, engaged in building shared commitment to the return of injured employees to work. It is this coordination of relationships that is important for early RTW but the relationship building pre-dates the workplace incident.

Use of the research

This research can be used by WorkSafe to promote the adoption and use of good governance practices for Return-to-Work and the development of effective workplace RTW policies and procedures

Potential impact of the research

The research has identified good governance practices in Return-to-Work and provided a set of case studies, policy guides and visualisation materials that can be used for training and promotional purposes. These materials can assist RTW Coordinators to refine and develop RTW policy and procedures in their workplaces.

1. Introduction

1.1 Purpose

The objectives of this research were:

- To identify performance leading Return To Work (RTW) policy, procedure and governance in Victorian organizations

- To develop a bank of policy templates, standard procedures and RTW governance mechanisms to disseminate knowledge of performance leading RTW implementation amongst Victorian organizations

- To contribute to the academic body of knowledge on key organisational aspects that contribute to successful RTW

- To develop study protocols that may be employed in more extensive case studies of organisations and survey research in the future.

1.2 Rationale

This study addresses the organizational governance of RTW. This is an important aspect of the management of return to work and one that the evidence suggests, is poorly addressed in theory and practice

1.3 Scope

This study examines the governance of RTW in Victorian organizations. This research will identify and document the policies, procedures and governance mechanisms of organizations that successfully implement RTW practices. This will be significant for WorkSafe as it will facilitate the dissemination of good practice in the management of RTW to other Victorian organizations.

1.4 Background

The beneficial effects of successful Return to Work (RTW) after injury are widely established. There are beneficial effects for injured workers' health status, psycho-social well-being and economic security that flow from early reengagement in work and the continuation of employment. There are benefits for employees but also for employers in terms of reduced costs of injuries (Huang *et al.* 2004, Rueda *et al.* 2012).

The success of RTW however, entails more than just the delivery of health care to workers suffering a work disability. Critical practices for successful RTW are managed at the workplace and include: early and continuing contact with workers suffering a disability; early and continuing contact with treating health professionals, and; the management of accommodated work (Amick *et al.* 2000, Franche *et al.* 2005, Krause *et al.* 1998, MacEachen *et al.* 2006).

The successful implementation of these practices has significant effects on worker satisfaction with RTW and hence the likelihood of success (Huang *et al.* 2004). The

successful implementation of beneficial RTW practices influences the use that is made of external professionals to support RTW and the effectiveness of social problem solving in the management of insurance claims (Innes & Straker 2002, Roberts-Yates, 2006).

The importance of workplace policy and management of RTW for the success of RTW has been highlighted in Australian research on RTW, in partivular, failures in claims management and social problem solving during the implementation of RTW have been identified as being critical to the failure of employee reintegration to the workplace (Kenny 1995, Parliament of Australia 2003, Roberts-Yates 2003).

There is some suggestion that these failures reach beyond the personal competence of individual RTW Coordinators and thus flow, in some part, from poor administrative systems for RTW and poor managerial oversight of RTW. The existing research has paid little attention to the managerial governance systems for RTW and there is little extant research of this kind examining Australian organizations. In their review of the international literature on the subject, Durand *et al.* (2007) found that governance arrangements were presented rather descriptively and that very little attention was paid to such arrangements.

This research project was developed to address this gap in knowledge and explore the effects of organizational governance upon RTW

Governance is important owing to the due diligence requirements that are placed on board members and senior executive managers by regulatory bodies (ASX 2007) but also because good practice in organizational governance is associated with greater operational stability in organizations. Governance requirements (AS 8000 – *Good Governance Principles*) highlight the need for senior officers to be trained in and fully understand their legal and reporting obligations. These are responsibilities that cannot be delegated and thus compel senior managers and board members to establish effective monitoring and controls and provide visible oversight. Failures in monitoring and oversight are failures of organizational governance and these failures often lead to severe legal, financial and reputational penalties.

Looking beyond statutory compliance, good governance standards suggest that senior managers and board members need to establish administrative systems in relation to RTW that effectively monitor performance by setting objectives and targets, establishing effective performance measures, monitoring these Key Performance Indicators (KPI's), providing resources to continuously improve performance and verifying outcomes. This monitoring and verification activity needs to be visible within and without the organization and carried out on a regular basis by senior officers.

1.4.1 Theories of Organizational Governance

The study of organizational governance has been described as the study of that which *'... covers the broad array of systems, processes and procedures that seek to regulate the relationship between managers and shareholders … and among all firm stakeholders ...'* Baker & Anderson (2010:5). There are two broad bodies of research and theory examining such systems. These include agency theories and stakeholder theories.

Agency Theories: Agency theories have developed to investigate principal-agent problems in organizations. The principals here are the owners (shareholders and controlling entities) of the organization; whilst the agents are the senior managers charged with acting on behalf of the owners. Principal-agent problems arise when the agents may be said to act opportunistically in their own or other's interests; interests other than those of the principals.

Organizational governance arrangements ideally monitor the actions of agents to ensure that those actions are in the interests of the principals. Such monitoring occurs through board oversight and the establishment of administrative procedures for reporting and accountability (Fama 1980, Jensen & Meckling 1976, Williamson 2002).

Agency theories are used here to examine how agents (senior managers) best manage RTW to control the costs of workers' insurance but also the legal and reputational risks that the organization may be exposed to, on behalf of the principals. We investigate the oversight mechanisms that are used to resolve principal-agent problems.

Stakeholder Theories: Stakeholder theories identify a range of organizational stakeholders whose needs must be considered in order for the organization to be effective. These theories recognize that there are organizational stakeholders other than those with direct financial ownership. Customers and suppliers have a stake in the continuing supply of quality goods and services, employees seek economic security through continuing employment and other representative stakeholders (such as employee associations or community groups) have a broader socio-political interest in the operations of the organization.

Stakeholder theories suggest that managers at all levels of the organization need to balance the needs of all parties that have economic value to the organization. These theories furthermore suggest that managers need to act to maintain strategically important relationships with these parties. Stakeholder theories thus seek to address the relational aspects of organizational governance and this encompasses the range of voluntary actions that are undertaken by managers for the benefit of stakeholders. Looking beyond compliance with mandated requirements, stakeholder theories draw attention to the policies and procedures used by management to maintain effective stakeholder relations (Blair & Stout 1999, Dallas 1988, Freeman 1984).

Stakeholder theories thus draw attention to the ways in which organizational governance may act to fulfil the broader socio-political and legal obligations of organizations. As a regulated activity, RTW creates a range of legal, political and social risks that may entail costs and reputational damage to the organization if not managed well (Clarke 2011)

It thus would seem that rather than study discrete and contingent interventions in the workplace, some benefit will be derived from the study of the governance of RTW in the workplace to manage interventions and contingencies. Governance approaches are particularly useful in the study of situations where there are multiple stakeholders with divergent and potentially conflicting interests. Governance theories enable researchers to study the ways in which such interests might be aligned to promote mutually acceptable outcomes. Such analysis can help to explain why some forms of governance are more effective than others at social problem solving and the coordination of interventions during RTW (Baker 2010, Freeman 1984).

2. Methodology

This is an exploratory study of organizational policies, procedures and governance mechanisms for RTW. For an exploratory study a qualitative approach to research is warranted, drawing upon the insights of grounded theory into the analysis of social

phenomena (Glaser 1998). A multiple embedded case study research design was used (Yin 1984). Such studies permit the collection of detailed case study data and the detailed cross-case comparison of the data to identify commonalities in the implementation of RTW.

A framework for the investigation of the cases was developed and this was supplemented by the development of structured data collection protocols. Six cases of Victorian organizations that have successfully implemented beneficial RTW practices were completed. Participating organizations were identified by WorkSafe Victoria as including those that had a substantial drop in their insurance premium in the past two years and/or had won WorkSafe awards for their RTW practice. The details of key contacts in these organizations were passed on to the researchers by WorkSafe Victoria.

Medium and large organizations were approached as these are the organizations that tend to have formal written policies, standard procedures and organizational systems for RTW. They were also more likely to have current claims. Small organizations tend to be more informal in their organizational procedures and claims may be intermittent. No particular industries were targeted and participating organizations came from the hospitality, manufacturing, building and construction, health care and professional services industries.

Data was collected by means of :

I.   semi-structured interviews with responsible officers (RTW Coordinators, O.H.&S. Managers, HR Managers) of the organizations,
II.   through interviews with external stakeholders (insurance agents, treating health professionals, union officers),
III. through workplace observations, and
IV.   the collection and analysis of workplace documents (e.g. policies and procedural manuals).

The use of multiple sources of data in this project thus meets Denzin's (1989) criteria for data triangulation.

The research was based upon the following framework for the examination of RTW practice:

The Organizational Policies and Procedures for RTW: The policy and procedures used to implement beneficial RTW practices. These include:

I.   procedures for early contact with the injured worker,
II.   procedures for the offer of work accommodation,
III. procedures for the administration of claims, and
IV.   procedures for contact with treating health professionals and occupational rehabilitation providers.

The Governance Mechanisms for RTW: The formal and informal mechanisms that are used for governance and social problem solving during RTW. The formal mechanisms include:

I.   formal governance arrangements for RTW (meetings, reports, authority of responsible senior managers),
II.   the appointment of responsible officers (RTW Coordinator),
III. the forms of engagement of RTW stakeholders (including unions, treating health professionals and occupational rehabilitation providers) and
IV.   employee participation (use of voice or exit mechanisms).

The informal mechanisms include:

I.   use of communication channels, and
II.   engagement of injured workers, treating health professionals, occupational rehabilitation providers, managers, supervisors and co-workers.

<u>The Organizational Training Effort for RTW:</u> The training effort of the organization for RTW including:

I.   the training of RTW Coordinators and responsible officers,
II.   the training of Managers and Supervisors for RTW, and
III. the training of injured workers for RTW (including training for accommodated work and training for redeployment).

3. Results

The comparison of the cases identified some clear commonalities in the organizational policies and procedures and the governance arrangements for return-to-work. Good governance and effective administrative systems for the monitoring and control of return-to-work were evident in these organizations.

3.1 The Organizational Policies and Procedures for RTW:

The case study organizations all had well articulated policies and procedures for the management of stakeholder relations during occupational rehabilitation. This focus on the maintenance of effective stakeholder relations was reflected in the development of some similar sets of policies and procedures.

3.1.1. Organizational Policies

Employees are a key stakeholder group and the case study organizations had policies that supported the continuity of the employment relationship. Two key policy approaches (see Table 1: Stakeholder Relations) were evident.

1. Four organizations had a focus upon the creation of a safe workplace. This policy expressed a set of organizational values about the importance of all employees working safely and productively. These values were reflected in a desire to see any injured employee back at work as soon as practicible.
2. Three organizations went further in their policy for the maintenance of the employment relationship and had a focus on employee wellness. Here the focus was on the provision of services to promote wellbeing and the provision of social and emotional supports for employees experiencing problems.

In both types of policy approach, it was notable that five organizations made no distinction in their policies between employees who had lodged a WorkCover claim and those who were absent from work for other reasons. All employees experiencing unscheduled absence from work were given support for work re-entry and the maintenance of their employment.

3.1.2. Organizational Procedures

The values about the importance of continuity in the employment relationship expressed in organizational policies were supported by formal procedures.

Four organizations provided workplace health services at no cost to employees. Visits to health professionals (doctors, psychologists, therapists, etc.) were provided for all employees up to a cap. Those organizations with Employee Assistance Programs also

provided financial support to cover absence from work. These health services were delivered in different ways. Three organizations used preferred suppliers (individual health professionals or health clinics), four organizations reimbursed employees who used their own provider and one organization had in-house health professionals. The provision of health services enabled these organizations to develop relationships with health professionals, relationships that were beneficial during occupational rehabilitation.

As well as having policy and procedures to maintain relationships with employees and treating health professionals, these organizations also had procedures to maintain relationships with their insurance agent. Regular contact was maintained with claims teams and two organizations held periodic reviews of cases with their agent. Senior managers from the agent provided claims and premium information, sometimes conducted training and were involved in reviews of long-term cases.

Table 1: Stakeholder Relations: Policies and Procedures for Return-To-Work

Organization	Policy Approach	Scope of Policy	Employee Support	Treatment & Rehabilitation Services	Insurance Agent Relations
IHG	Safe Workplace	Claimants and Non-claimants	Workplace Health Services	External provider network	Daily & Weekly contact over claims
Agilent	Employee Wellness	Claimants and Non-claimants	Workplace Health Services Employee Assistance Program	In-house provision	Daily contact
Bendigo Health	Safe Workplace	Claimants and Non-claimants	Preventative Health Care	Dedicated provider + Private Provision	Daily & Weekly contact 6-8 Weekly Reviews
Confoil	Safe Workplace + Employee Wellness	Claimants and Non-claimants	Workplace Health Services	Private provision	Half Yearly Case Reviews
Healthe Care	Safe Workplace + Injury Management	Claimants and Non-claimants	Employee Support Program	Dedicated provider + Private Provision	Daily & Weekly contact
Form 700	Safe Workplace + Injury Management	Claimants	None	Private Provision	Daily & Weekly contact

Policy and procedure in these organizations thus provided for the maintenance of relationships with key stakeholders in occupational rehabilitation: employees, treating health professionals and insurance agents. This investment in relationship building before any adverse incidents occurred turned out to be significant once there was an incident resulting in a WorkCover claim. The pre-existing relationships enabled these organizations to engage in the pro-active management of rehabilitation rather than reactive management. The organizations were able to minimise the delays in return-to-work by actively managing relationships and the flow of information between employees, the employer, treating health professionals and the insurance agent. Rather than waiting to be provided with a Certificate of Capacity before making an offer of accommodated work, for example, organizations would provide information to the health professional about the work environment. The provision of written materials, photos, videos and the use of site visits, were all means by which information was provided to inform decision making about return-to-work.

The policy and procedures used in these organizations also developed skills and knowledge amongst personnel that were significant for occupational rehabilitation. This rigorous approach to hazard reduction and hazard elimination, for example, provided a basis for the redesign of jobs for accommodated work. The expertise developed in hazard elimination flowed through into the redesign of work suitable for occupational rehabilitation. The rigorous approach to incident investigation also meant that there were procedures in place for the early report of incidents - before a WorkCover claim was lodged – facilitating the pro-active management of the claim.

These organizations had policies and procedures that expressed a set of organizational values about the safe and productive working of employees. These procedures developed key stakeholder relationships with employees, health professionals and insurance agents.

3.2 The Governance Mechanisms for RTW:

Principal-Agent problems are addressed through clear governance mechanisms in our case studies. These include: board oversight of RTW performance, senior management reviews of cases, middle and line management oversight of return-to-work and direct supervisor involvement in occupational rehabilitation. These are now discussed in further detail.

3.2.1 Board Oversight of RTW Performance

Governing boards (see Table 2. Governance Mechanisms for RTW) in five out of six of our case study organizations received regular and detailed reports on health and safety performance and return-to-work performance. The one case where there was no reporting to the board was that of an owner-managed business and hence principal-agent problems did not arise. There was detailed reporting of injuries sustained at work, reporting of RTW rates and of the effects of these upon the insurance premium. Metrics included Lost Time Injuries, RTW Rates, Cost of Claims, Insurance Premium and Safety Climate Survey results.

Whilst internal reporting and oversight of injuries and RTW was evident, disclosure of RTW performance was less in evidence. Despite the prominence of Occupational Health and Safety disclosure in Australia (Young & Marais 2013) only half our sample of organizations made such disclosure. Two of these organizations provided reports that were not specific to Victoria and did not include disclosure specifically on RTW. Only one of our case study organizations provided information that was publically available about RTW performance; including information about claims, days lost and total WorkCover payments.

3.2.2 Senior Management Review

Senior managers in five out of six of our case study organizations conducted regular reviews of outstanding and long-term cases. They were also frequently involved in the review of adverse incidents and the strategic development of health and safety policy and procedure.

3.2.3 Management Oversight

There was regular management oversight of the rehabilitation and return-to-work process in five out of six of our case study organizations. Regular reviews of the RTW Plan were held. Injury rates and RTW rates were key performance metrics for managers and formed part of their reporting obligations and often performance appraisal. In one organization measures of safety climate were also used as part of appraisal.

Table 2: Governance Mechanisms for Return-To-Work

Organization	Board Oversight	Senior Management Review	Management Oversight	Supervisor Involvement	Reporting
IHG	Quarterly	Half Yearly	Fortnightly update of cases Monthly report of injuries and claims	1st Report and Action Weekly Review of RTW plans	Safety Climate part of Performance Appraisal
Agilent	Quarterly	Quarterly	Weekly review of RTW Plans	1st Report and Action	Direct Reports on Injury Rates, RTW Rates
Bendigo Health	Monthly	Half Yearly	Quarterly review of RTW plans / redeployment	1st Report and Action	Monthly reports on Injury Rates, RTW Rates
Confoil	Quarterly	Half Yearly	Weekly review of incidents Monthly review of RTW plans	1st Report and Action	Injury Rates, RTW Rates part of Performance Appraisal
Healthe Care	Monthly	On-going	Weekly review of RTW plans	1st Report and Action	Monthly reports on Injury Rates, RTW Rates
Form 700	Owner Managed Business	Weekly	None	1st Report and Action	Direct report on cases

3.2.4 Supervisor Involvement

Immediate supervising managers had clear roles in all our case study organizations. They were responsible for the first report and immediate treatment of injuries and in one organization also had responsibility for the on-going review of the RTW Plan. The direct manager of the injured employee was closely involved in the employee's rehabilitation.

3.3 The Organizational Training Effort for RTW

The study organizations provided a range of training for managers and employees in RTW policies and procedures. Training in RTW was evident in induction training for employees in five organizations. This training was also included in OHS training in four organizations. In two of these cases, this involved the provision of specialised training in Manual Handling to eliminate common sources of musculo-skeletal injuries. Two organizations included training in RTW in their management development training, emphasising the important role of front line managers in RTW. Most organizations also provided specialised update training relevant to RTW (e.g. training in new OHS laws and regulations).

This broad training effort in RTW was provided internally, often by RTW Coordinators. Two organizations also used external providers (health professionals, legal professionals and training organizations) to source training.

Table 3: The Organizational Training Effort for Return-To-Work

Organization	*RTW Coordinator Role*	*Training*	*Providers*
IHG	Oversight and Coaching	Induction OHS Training	Internal + Health Professionals
Agilent	Coordinate Stakeholders	Induction	Internal
Bendigo Health	Claims Management & Redeployment	Induction OHS Training Management Development Training	Internal
Confoil	Coordinate Stakeholders Oversight	Induction OHS Training Management Development Training	Internal + External Providers
Healthe Care	Claims Management & Redeployment	Induction OHS Training	Internal
Form 700	Claims Management & Injury Management	None	

4. Findings

4.1 Organizational Policies and Procedures for RTW

Organizational policies and procedures with regards to RTW express a set of organizational values about the relationship with employees and the management of the working environment. Whilst it is not possible to mandate the adoption of values, the dissemination of good practice in relation to RTW cannot occur without some reflection upon the value that is ascribed to workplace safety and productive working relationships.

The promotion of good practice can entail a discussion, at the organizational level, about values and these need not simply be implicit in the adoption of improved practice. This discussion is important because it is the valuing of relationships internally and externally that is associated with effective occupational rehabilitation in our study organizations. As the Map of the RTW Experience (see Appendix 4) graphically illustrates, a focus simply upon the mandated procedures for RTW misses a lot of what is important about good practice.

Good practice begins well before there has been any workplace incident;

   I.   it begins with the organizational governance arrangements for workplace health and safety and return-to-work;

  II.   it begins with training for managers and employees in OHS and RTW procedures, and

 III.   it begins with the creation of an organizational infrastructure for employee well-being.

These practices support the maintenance of relationships that are critical for an early return-to-work once an incident has occurred.

The importance of relationship management before, during and after occupational rehabilitation is highlighted by this study. The key activity of RTW Coordinators is not a sequence of processing tasks around a WorkCover claim, but is rather the successful 'Relational Coordination' of key stakeholders: employees, managers, health professionals and the insurance agent. Research in professional service delivery has shown that effective coordination of specialist activities under conditions of high task interdependence is the key to the effective delivery of such services. Much research in health care, for example, shows that effective relational coordination develops informal forms of knowledge sharing and social problem solving thus building commitment to shared goals. Such coordination is based upon good communication (its' frequency and timeliness), mutual respect and reciprocity (Hoffer Gittell 2001, 2002).

Our research suggests that RTW Coordinators engage in such 'relational' forms of coordination during the management of occupational rehabilitation. The RTW coordinators are boundary spanners, linking external stakeholders to the organization and they are internal relationship managers, engaged in building shared commitment to the return of injured employees to work. It is this coordination of relationships that is important for early RTW but the relationship building pre-dates the workplace incident.

<u>There is scope for WorkSafe to promote good practice in the management of stakeholder relationships for RTW.</u>

4.2 The Governance Mechanisms for RTW

Established standards of good practice in organizational governance are applied in the study organizations. The organizational governance mechanisms for RTW are clear and include:

I.   regular reporting on RTW to the board of directors;
II.   regular reviews by senior managers of RTW performance, and
III.   regular reviews by supervisors and line managers of RTW plans and the progress of occupational rehabilitation.

Reporting timelines varied across our study organizations but reporting on established metrics – such as Injury Rates and RTW Rates - was evident, and, in some cases, formed part of the managers' performance appraisal.

There is scope for WorkSafe to promote good practice in organizational governance regarding RTW by identifying key activities at the Board, Senior Management and Line Management levels and promoting the development of effective RTW metrics.

4.3 The Organizational Training Effort for RTW

Formal training included training in RTW for managers and employees. Training during induction, for OHS and management development training in our case study organizations all included training for RTW.

There was also evidence of more informal skill development through participation in health and safety activities. Participation in these activities by supervisors and return-to-work coordinators developed skills (e.g. in identifying workplace modifications) that were also applicable to RTW.

There is scope for WorkSafe to provide RTW Coordinators with training materials suitable for inclusion in internal training on RTW.

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Appendix 1. Short Cases

Case Study 1. – Inter Continental Hotels Group (IHG).

Establishing a RTW Network

Background

The Inter Continental Hotels Group (IHG) is a large, multi-national hotel and resort company. The group has four hotel properties in Melbourne operating under the brands InterContinental, Crowne Plaza and the Holiday Inn. The group has over 500 employees working at its hotels in the city of Melbourne.

Nature of Claims

Hotels are in continuous operation 24 hours per day, 365 days of the year but given this scope of operations the hotel industry is generally a low-risk industry. Hotels do have some high risk functions, however, and these include activities such as housekeeping, maintenance and kitchen work. The majority of claims arising from incidents in these areas are for musculo-skeletal injuries such as sprains and strains arising from slips, trips and falls. Kitchen hazards also include hot equipment and sharp knives leading to burns and cuts.

Senior Management Leadership

Inter Continental Hotels sees the creation of a safe workplace as a key responsibility of senior managers, middle managers and line managers. Employee perceptions of safety at work are measured in six monthly employee surveys and the data gathered from these surveys form a key performance metric for Departmental Managers and General Managers. All managers at IHG are expected to pay attention to the state of the working environment and workplace relationships, to create a workplace safety culture. This safety culture emphasises the early reporting of minor injuries, leading to quick attention to incidents on the part of managers. Along with perceptual measures of workplace safety, IHG uses forecasts of insurance premiums as a key reporting metric.

Managers are directly involved in the tracking of RTW through the IHG injury management system with brief, fortnightly, emailed case updates going to Regional Managers, General Managers, Line Managers, Human Resources and Finance Managers. There is end of month reporting of injuries and WorkCover claims and senior executive managers conduct a six monthly review of all injuries, claims and OHS incidents.

The success of this direct involvement of managers in RTW is evident in RTW performance at IHG. Claims have fallen from 16 in 2010 to 0 currently, with no major costs.

The Return to Work System

Inter Continental Hotels operate an early intervention system that is centered upon the line manager. Line managers are critical to the success of the employment relationship and so are involved in the direct management of RTW. Return to work at IHG was previously managed by the RTW Coordinator externally to the department where incidents occurred and this was associated with the breakdown of relationships between employees and their direct line managers. Redesigning the RTW system to focus upon key workplace relationships has been the key to reducing claims and improving return to work performance.

The low incidence of injuries at IHG means that line managers are not overloaded with cases and this is significant as these managers are responsible for the early intervention including organizing clinical treatment services, making an offer of accommodated work and providing employees with WorkCover materials. Line managers use an on-line Injury Management System to report injuries and to identify the standard procedures to be followed for each injury type.

Locally IHG maintains relationships with a network of health care providers, including providers of treatment and rehabilitation services. These health care providers also deliver OHS training (e.g. in Manual Handling) at IHG and conduct regular workforce health checks. The relationships between IHG and their providers are thus multi-faceted and extensive. Line managers are authorised to seek early treatment for employees through these providers and costs are billed directly to IHG. Line managers maintain close contact with the treating health professionals in the offer of accommodated work and the development of return to work plans. Inter Continental Hotels also maintains a Register of Suitable Duties as a key resource for line managers organizing accommodated work.

All new managers are trained at induction in the RTW system used at IHG. They receive training in their OHS responsibilities and duty of care for employees, an overview of the IHG injury management system.

Role of RTW Coordinator

The RTW Coordinator has less of a direct role in the management of injuries in the IHG system and more of a coaching and coordination role. The RTW Coordinator receives reports of injuries as they occur and visits all sites weekly to follow up progress with general managers and line managers. The coordinator offers support and guidance but is not involved in the direct management of cases. This support and guidance role includes the development of internal guidance materials for managers and the provision of RTW training for managers.

The RTW Coordinator is also responsible for maintaining relationships with insurance agents to assist with the progress of claims and to generate insurance forecasts. These relationships are developed at the senior management level of the agents but extend to contact with case managers.

Case Study 2. – Agilent Technologies.

In-house Injury Management

Background

Agilent technologies expanded its operations in Australia in 2010 with the purchase of the instrument maker Varian Australia, a subsidiary of the US multi-national Varian Inc. Varian had 4,000 employees worldwide, whilst Agilent, a much larger firm, has over 22,000 employees worldwide. Agilent provides scientific measuring and testing instruments for electrical measurement, chemical analysis and for genome and life sciences.

As Varian, the Melbourne company designed and manufactured scientific instruments. As Agilent the company now only conducts new product development activities in Melbourne. Most manufacturing operations have been transferred to Penang in Malaysia. Research, design and development remains in Melbourne and the company has invested in substantial new research and development facilities.

Nature of Claims

The changing operations of the company have led to significant changes in the composition of the workforce. The blue collar manufacturing workforce in Machine Shop, Sheet Metal Shop, Paint Shop and Product Assembly has declined as these functions have been retired in Melbourne. Warehousing, plant maintenance, glass blowing and optics assembly are the only remaining pockets of blue collar employees.

The majority of claims – around 95% - came from the manufacturing workforce. There were few claims from the scientific and administrative workforce. The claims related to the manufacturing workforce were predominately for musculoskeletal injuries, whilst the claims from the white collar workforce are predominately for mental health conditions, principally stress related ones. Claims have declined from an average of 15 open claims per annum to 0 open claims.

The company had a stable, long serving manufacturing workforce. Turnover was a mere 1-2%. This was an ageing workforce with some long standing soft tissue injuries, but the exit of this workforce from the company has seen the emphasis shift to mental health issues and a focus upon stress related claims evident amongst the white collar workforce. In the past 18 months Agilent dealt with two stress claims and five hearing claims, the latter from machine shop employees.

Senior Management Leadership

The development of the injury management and RTW systems at Varian-Agilent has been the result of strong senior management leadership. The company has had but two Managing Directors (MDs) in the past three decades. This stability at the top has been associated with a continuing focus on injury management and RTW. The first RTW policies were established at Varian in the late 1980's and direct reports to the MD have had to include injury and RTW data in their reporting since that time. The company has a long held policy of early return to work and has developed a range of measures to enhance employee well-being. Employee wellness programs now complement injury management and RTW programs.

The strong interest in developing an in-house RTW system at Varian was driven by a focus on the insurance premium. The premium escalated during the 1990's and came to the attention of the company board who supported the efforts of senior managers to reduce it through the establishment of in-house support and rehabilitation services. These efforts were rewarded with a reduction in the premium from $825,000 to $250,000 during the 2000's.

The Return to Work System

The focus of policy and practice at Agilent is upon early reporting of conditions, early intervention and early return to work. These policies and practices were developed for the manufacturing workforce but have remained in place during the transition to a product development company.

The company has developed a suite of health, wellness and wellbeing programs over the past two decades. The company provides a suite of on-line resources for employees to monitor their wellbeing and has an Employee Assistance Program that includes an in-house health and rehabilitation service. The company employs a resident occupational physician, a part-time occupational hygienist and previously had a position for an occupational health nurse.

Employees are encouraged to make early, initial reports to their Supervisor. These are then followed up by the physician and the RTW Coordinator. Early reporting is associated with an early offer of accommodated work to address any issues. Employees are able to take leave and make use of the company's Income Protection Plan to cover initial absences from work. Employees are kept well informed of their rights regarding injuries and are supported in WorkCover claims.

Any employee with more than one week of absence from work enters the return to work system. Claimants and non-claimants alike are offered rehabilitation through the company provided services and the company Employee Assistance Program covers up to 10 visits to a health professional. Individual care plans are developed for employees in the RTW system and supervisors are involved in every step of the rehabilitation to work.

Employees are given training in policies and procedures for well-being. These are included with OH&S training at employee induction.

All claims, whether on WorkCover or the company income protection scheme are reported on and reviewed at quarterly meetings of senior management. These meetings also include reviews of injuries and adverse OH&S events.

Role of RTW Coordinator

The RTW coordinator reports to the Workplace Services Manager at Agilent and has responsibilities for environmental health and safety, as well as return-to-work. The RTW Coordinator has a key role in the early intervention program, working closely with supervisors and the physician to identify return to work actions and monitor progress.

The RTW coordinator also works closely with the companies' WorkCover Insurance Agent. There is a long-standing relationship with the agent that is managed through relationships with the senior client managers at the agent.

The RTW coordinator attends the quarterly senior management review meetings of injuries and adverse OH&S events and is responsible for the preparation of quarterly reports on the wellbeing of the workforce that go to the company board. The coordinator is involved in constant risk assessments of the working environment and these are conducted in conjunction with OH&S Representatives.

Case Study 3. - Bendigo Health

Eliminating Hazards

Background

Bendigo Health employs over 3,500 staff and provides a range of health services to regional Victoria. In addition to the large central hospital complex in Bendigo, the organization provides community-based services to other regional towns (Kyneton, Echuca, Swan Hill, Castlemaine & Mildura) and manages four off-site nursing homes and a hostel.

Bendigo Health has an ageing workforce with average age of nurses being 47 years and mid-wives 52 years.

Nature of Claims

Bendigo Health experiences claims for musculo-skeletal injuries from service areas (such as stores) and from clinical areas of the health service. Over 50% of claims from the clinical areas of the health service are for musculo-skeletal injuries but also include many stress related claims associated with occupational violence. The organization records over 40 WorkCover claims per annum but has successfully reduced the duration of claims and so has demonstrated reductions in the insurance premium.

Senior Management Leadership

Bendigo Health is focussed upon developing preventative strategies to reduce injuries through its Create Workplace Safety program – to manage aggression in the workplace – and its Safe Manual Handling system to reduce and potentially eliminate musculo-skeletal injuries. The main Bendigo Hospital aims to become a full 'No Lift' hospital and is investing in motorised trolleys and electric lifting devices (such as ceiling mounted motors to assist with patient transfer) to achieve this aim. The Safe Manual Handling coordinators and the Occupational Health and Safety Department take on an educational role in relation to manual handling and use information from allied health professionals to educate employees and design modified duties and procedures.

Along with developing and implementing such preventative strategies, managers at Bendigo Health are involved with the RTW process for injured employees. Managers attend meetings organized by RTW Coordinators to discuss RTW plans and the redeployment of staff experiencing injuries. Executive Directors and Managers also attend quarterly forums organized by the Insurance Agent to discuss current trends with injuries, premium impact and injury reduction strategies. The Executive Director of People and Culture provides monthly reports of all workplace incidents, injuries and RTW outcomes to the board.

The Return to Work System

All staff are encouraged to report any workplace injury or hazard with the front line manager being responsible for the first report and treatment of injuries in their area. Reports are entered into the electronic reporting system and so are immediately accessible by the RTW Coordinators.

Where treatment and rehabilitation is being provided for musculo-skeletal injuries, Bendigo Health uses the services of an external rehabilitation provider and also an occupational therapy service. In cases involving stress claims or complex claims that require escalation to a General Practitioner or Specialist, then the employees seek treatment from their own health provider.

Employees experiencing musculo-skeletal problems at work are entitled to preventative treatment through the Bendigo Health providers - up to three appointments are provided – but thereafter must use their own health professional. Bendigo Health maintains close contact with the employees' health care providers to educate them about the requirements of the WorkCover system and provide information about the RTW procedure in workplace. The latter includes the provision of information about the alternative duties on offer and graduated return. Bendigo Health sees the consistency of care as important for successful RTW and thus is happy to work with the employees' own health care provider.

The RTW system at Bendigo Health is based upon a sustainable return to work that includes work hardening and stamina building. Injured staff are usually returned to work in a supernumerary position as soon as practicable. Re-entry to the work environment and reengagement with colleagues is a priority and graduated hours of return are identified in the RTW plan.

If an injured staff member is unable to return to their substantive position there are opportunities for retraining and redeployment within Bendigo Health. The organization has protocols that specify the criteria that redeployed staff must meet to take up a new position. Bendigo Health does not keep a Register of Duties to provide accommodated work but rather prefers to redeploy staff, for example, into clerical and administrative positions.

Bendigo Health maintains close contact with the insurance agent in order to expedite the processing of claims. RTW Coordinators are in regular contact with insurance claim case managers. Claims reviews are conducted every 6-8 weeks with the insurance agent and these are rotated between the hospital premises and the agent's premises.

Role of the RTW Coordinator

The RTW Coordinators at Bendigo Health have a broad and complex role covering Health & Safety and Return to Work. There are over 900 incidents reported per annum at Bendigo Health and the coordinators are responsible for the conduct of investigations into these.

They identify preventative actions and have a budget for the implementation of these actions. They maintain contact with employees making a report and supply a monthly summary of incidents to the Safety Committee. Monthly reports of injuries and claims are also provided to the Executive Director of People and Culture.

When incidents lead to the making of a WorkCover claim, the coordinators are responsible for claims management and maintaining contact with the insurance agent as the claim is processed. They also meet fortnightly with the Bendigo Health rehabilitation provider to discuss the progress of cases. Internally they maintain contact with line managers during graduated return to work, providing support and advice and answering any questions. They also facilitate redeployment by identifying potentially suitable positions.

The RTW Coordinators at Bendigo Health also provide much health and safety training. They provide this training at employee orientation and deliver modules in the management development program.

Case Study 4. – Confoil

Focussing Upon Employee Wellness

Background

Confoil is a medium sized manufacturing firm operating from one site in Melbourne. The company employs over 150 people to produce packaging, predominately for the food processing industry. Fifty three per cent of the workforce are full-time on standard work rosters whilst forty seven per cent work part-time (97% women) on individualised rosters. There are multiple work patterns and flexible work practices are widely implemented at the site. The company has many long serving employees and employee turnover is low.

Nature of Claims

The company operates a highly automated manufacturing facility that includes printing, processing and warehousing operations. Most claims in this working environment are related to musculo-skeletal injuries and lacerations.

Senior Management Leadership

Confoil aims to create a safe workplace populated with healthy employees. The company is working to implement an employee wellness approach to the working environment but this is built upon the back of a rigorous approach to workplace safety. The company has been active in developing cultural change within the workplace to emphasise safety. The focus at Confoil is upon the injured worker and their rehabilitation and this has seen some change in the role of area managers and supervisors as they engage the injured worker in return to work. Managing employee wellness is seen as a joint task of the company and the employee. Looking beyond injury management and return to work, the company provides workplace health services (e.g. health checks and flu shots) and is working with local authorities to provide health and exercise programs suitable for an ageing workforce.

Confoil conducts a range of workplace management meetings to manage and review workplace safety, workplace accidents and injury claims. The object is to make workplace safety and employee well-being highly visible within the company. The company sees benefits from the promotion of a safe work environment; from the avoidance of loss and the costs of injuries on the one hand, to the promotion of employee morale and productivity on the other.

Senior managers, area managers and supervisors are all engaged in the management of employee safety and well-being. Adverse workplace events and injuries are discussed at weekly stand-up meetings in the workplace that involve the CEO, Managers, Supervisors and Leading Hands. There is a monthly meeting to review adverse incidents and discuss improvement proposals. Six monthly review meetings are held with the Account Manager

from the insurance agent, the CEO, Managers and Supervisors, where all Lost Time injuries are reviewed, along with outstanding cases. Aside from these management meetings, quarterly reports are made to the company board covering accidents, near misses, all injuries, Return to Work of injured workers and injury management.

The management of workplace safety and Return to Work is a key responsibility of senior managers, area managers and supervisors at Confoil. Injury rates and RTW rates form part of the performance appraisal for supervisors and managers. Key performance metrics related to injury prevention and reduction of the insurance premium are widely reported upon.

The Return to Work System

Injured workers are given first aid on-site and then taken for treatment immediately by their supervisor. This may be to the employee's own health professional or to the closest suitable clinic. The focus of the RTW system is on the injured worker and their return to work. Where an employee is returning to work the supervisor is responsible for identifying and managing modified duties. Supervisors are assisted in this task through the use of a Register of Modified Duties – duties that cover light work and clerical tasks – that is maintained by the company.

The company maintains relationships with local doctors and health professionals by providing information about the working environment and company programs. Doctors are invited to the company to see the working environment and, where this is not possible, they are provided with an informational video. The company also has a close relationship with a local physiotherapist and an occupational therapist. These professionals visit the workplace and also use video of individual jobs and work stations to conduct risk assessments and identify suitable duties for individuals or duties that can be included in the Register of Modified Duties.

The company emphasises the importance of having a good relationship with their insurance agent. Close working relationships are maintained with the Account Manager and the claims team. The Account Manager visits the company on a six monthly basis to make presentations on performance to Managers and Supervisors and to provide up-date training on legislative changes. This training also involves the review of company policies and procedures (e.g. Accident Investigation procedures). The Account Manager from the insurance agent also participates in reviews of outstanding cases at Confoil on a six monthly basis. The number of outstanding cases has been greatly reduced through this mechanism.

Return To Work strategies are also made available to Confoil employees experiencing personal injuries incurred outside the workplace.

Role of the RTW Coordinator

The RTW Coordinator is involved with injured workers from the time of an incident. The coordinator is the point of contact with the employee, with the treating health professionals and the case managers at the insurance agents. The RTW Coordinator provides employees

with the required WorkSafe forms, develops the Return to Work plan and ensures that these plans and the employees' modified duties are reviewed each month to monitor progress.

The return to work duties are combined at Confoil with broader responsibilities for workplace safety. The RTW Coordinator provides reports and data on lost time injuries, accident investigations and the progress of safety initiatives undertaken within the plant and has a significant role in the provision of training related to workplace safety and RTW. The coordinator organizes external training providers to deliver specialist training in areas such as food safety, workplace safety and quality control. The coordinator also provides in-house training for induction and training to managers and supervisors in occupational health and safety.

Case Study 5. – Healthe Care.

Positive Early Intervention

Background

Healthe Care is a private medical services group formed in 2005. The group operates three hospitals in Victoria employing over 250 people. The company provides in-hospital medical, surgical and rehabilitation services and also community care and workplace rehabilitation services.

Nature of Claims

Most claims at Healthe Care are for musculo-skeletal injuries. These arise from service areas such as maintenance and stores and also from ward operations involving nurses and ancillary staff. Most issues on the wards arise from uncontrolled situations in the hospitals and the company has an extensive program of hazard reduction and hazard removal. There are around 10 open claims at any one time and the focus of the company is upon early return to work and the reduction of the duration of claims.

Senior Management Leadership

Senior managers at Healthe Care are continuously involved in the oversight of workplace injuries. The CEO and senior managers (such as Nurse Unit Managers) receive weekly reports on injuries, lost time and claims. A monthly report containing these metrics goes to the company board.

The Return to Work System

The focus at Healthe Care is upon cultural change to overcome the stigma associated with workplace injury. The workplace barriers to RTW - employee attitudes, supervisor attitudes and co-worker attitudes – are being addressed through the early report of problems and early return. The company encourages the early report of problems (e.g. soreness) to the line manager and provides up to four treatments with their own health care provider. Employees may use the company provider thereafter or seek treatment from their own health care professional.

The company maintains a Register of Suitable Duties and employees are moved into a suitable position once there is a problem. This occurs whether or not a WorkCover claim has been lodged. Employees on modified duties are placed in a super numerary position and extra staff are employed to cover their normal duties.

The company also has an Employee Support Program for employees with mental health issues.

Role of RTW Coordinator

The RTW Coordinator is directly involved in the management of injuries and RTW. The coordinator makes early contact with the employee and maintains regular contact until there is full return to work. An information pack is provided to employees that includes claims information, in the event that an injury results in an insurance claim. The RTW Coordinator maintains daily and weekly contact with the insurance agent to progress claims and similar contact with treating health professionals to discuss modified work

The RTW Coordinator also has an important role in injury investigation and hazard reduction in the hospitals. The coordinator follows up maintenance tickets to ensure hazard removal and works with nurses and front line managers to eliminate hazards through changes to work practices and the purchase of manual handling equipment.

The coordinator provides support and guidance to front line managers and provides training for all staff at orientation and induction. Staff receive 3 hours of such training that includes modules on workplace health and safety, injury management and return to work.

Case Study 6. – Form 700.

Injury Management for Return To Work

Background

Form 700 is a subcontractor to principal builders in the building and construction industry, providing concrete formwork, on-site, for building projects. The company has over 1,000 employees and operates in three states on the eastern seaboard.

Nature of Claims

The building and construction industry is one with extensive manual handling risks and thus it is not surprising that approximately 95% of claims at Form 700 are for musculo-skeletal injuries. The risks of the work are compounded by the often long working hours in the industry. Despite these factors, Form 700 has sustained eight years of premium reductions and has less than 10 open claims at any one time.

Senior Management Leadership

Form 700 sees injury management and occupational rehabilitation as distinct from occupational health and safety on building sites. The latter is complex involving multiple stakeholders (e.g. other subcontractors, employee unions) and variations in arrangements from site to site.

The focus at Form 700 is rather on claims management, injury management and occupational rehabilitation as a distinct set of activities. The company aims to eliminate delays and wait time in the rehabilitation process, through individual case management rather than standardised insurance claims management. The company seeks rapid approvals for treatment from insurance agents and treating health professionals and encourages a continuation of employment on modified duties for the injured employee. The key performance metric for the company is the duration of rehabilitation rather than lost time injuries.

The case management systems at Form 700 mean that reporting lines are short. Weekly reports on new claims go from the RTW Coordinator to the CEO, along with a monthly report on the status of claims and progress with RTW. No reports are made to the company board.

The Return to Work System

Reporting of all employee health problems is encouraged by the company. The company will refer employees to selected clinics but encourages employees' to use their own health professional. The company seeks good management of conditions through appropriate and timely treatment and rehabilitation. This is achieved through early referral for appropriate treatment, time off for recovery as needed and early return to modified duties. All employees with an injury or work related condition are encouraged to make an insurance claim to access treatment and rehabilitation.

Individual case management involves frequent contact with employees to understand their medical needs, any delays in treatment and any personal and social issues that may be effecting rehabilitation. Early contact with employees is used to understand the nature of the condition and to identify early on, the kind of duties that may be suitable upon return to work. Employees are given a list of modified duties to take to treating health professionals and early contact is made with the health professionals concerning the continuation of employment. Early contact is likewise made with the insurance agent, as appropriate – often in advance of claims being submitted – to discuss treatment and rehabilitation.

Role of the RTW Coordinator

The RTW Coordinator manages all WorkCover claims and all employee rehabilitation. Early contact is made with site supervisors following an incident, but thereafter all case management activities are carried out by the RTW Coordinator. The coordinator has early and frequent contact with the employee and all stakeholders, including: the insurance agent; treating health professionals and employee union representatives. The coordinator is active in suggesting how injured workers can access suitable health professionals, if there is a delay in finding specialist services (e.g. surgeons). The coordinator maintains regular contact with the Claims Team, Senior Case Manager and Injury Management Advisor at the insurance agent.

The RTW Coordinator does not deliver any RTW or OHS training but does mentor and provide advice to Form 700 site OHS Representatives

Appendix 2. Schedule of Interview Questions

1. What do you see as the key practices in this organization that are beneficial for Return to Work?

2. What are the key policies that you look to for direction regarding the implementation of Return to Work?

3. What forms of oversight – meetings, reports, etc. - do you have to manage Return to Work?

4. Who do you have to report to and who reports to you regarding Return to Work?

5. How much emphasis is placed on the engagement of the following stakeholders in Return to Work?
- employees

- insurance agents

- treating health professionals

- employee representatives

6. How do policies and procedures help with the engagement of the stakeholders?

7. Are there any gaps or oversights in the policies and procedures that you use for Return to Work

Appendix 3. Return-To-Work Policy Check List

Return-To-Work Policy Check List

Return-To-Work Policy

☐ The organizational values regarding employee health and safety are clearly stated
☐ The organizational values regarding employees are clearly stated
☐ The scope of the policy (who is covered) is clear
☐ The goals of the policy are clearly stated

Governance

☐ The person responsible for first report and treatment of any injury is identified
☐ The person responsible for the development of the RTW Plan and the offer of accommodated work is identified
☐ There is a review process for the RTW Plan.
  - Those to be involved in the review are identified.
  - Timelines are clear.
☐ Senior Management case reviews are provided for
☐ Key reporting metrics are identified
☐ Goals and targets for performance improvement are identified
☐ Reporting timelines to the Directors are identified

Return-To-Work Procedures

☐ The person responsible for contacting the injured employee and maintaining the relationship with the employee is identified
☐ The information and materials to be provided to the injured employee are identified and are readily available
☐ The person responsible for contacting Treating Health Professionals and maintaining the relationship during rehabilitation is identified
☐ The information and materials to be provided to the Treating Health Professionals are identified and are readily available
☐ The person responsible for contacting the Insurance Agent and maintaining the relationship during claims processing is identified
☐ The role of Front Line Managers in Return-To-Work is clear
☐ The role of the Return-To-Work Coordinator is clear

Appendix 4. Sample RTW Policy

Employee Well-being and Return-To-Work Policy

Overview

The company promotes a safe, healthy and productive working environment for all its employees. Employees experiencing an unscheduled absence from work will be supported to reintegrate to the work environment.

Purpose

The intent of this policy is to identify the procedures and responsibilities relevant to the reintegration to the workplace of employees experiencing an unscheduled absence from work.

Scope

This policy covers all employees experiencing an unscheduled absence from work due to:

- Workplace injury
- Mental or physical illness
- Personal or family problems
- Any other cause

Policy

This policy provides for the early return and rapid reintegration of employees to the workplace. The policy aims to:

- Facilitate employee Return-To-Work as soon as possible
- Identify the workplace reintegration needs of the employee
- Provide duties that support reintegration to the workplace
- Provide access to health and rehabilitation services

Return-To-Work

An early return-to-work and rapid reintegration to the workplace as essential for the well-being of employees. To facilitate this :

- The company will maintain regular contact with employees absent from work, to facilitate return-to-work and identify the workplace reintegration needs of the employee
- Employees experiencing an injury in the workplace will be provided with information as to their rights and responsibilities under the WorkCover system
- Employees will be provided with a Return-To-Work Plan to assist in their reintegration to the workplace
- The company will offer modified duties, modified hours or modified days of work, as appropriate, to support the reintegration of employees into the workplace

- The company will support the provision of treatment and rehabilitation services to employees

Roles and Responsibilities

Key roles and responsibilities for employee return-to-work and workplace reintegration include the following :

- The direct supervisor of the affected employee is to organize immediate treatment for any injury sustained in the workplace
- In the event of a WorkCover claim, the RTW Coordinator will inform the employee of their rights and responsibilities under the WorkCover system and facilitate the processing of any claims
- The immediate supervisor of the affected employee will maintain regular contact with the employee to facilitate return-to-work and reintegration
- The immediate supervisor of the affected employee will develop a Return-To-Work Plan for the employee
- The immediate supervisor of the affected employee, in conjunction with the RTW Coordinator, will identify appropriate modified duties to facilitate return-to-work and reintegration
- The RTW Coordinator will maintain contact with all external parties involved in any treatment or rehabilitation of the employee. This may include: treating health professionals, the WorkCover Insurance Agent, any supporting organizations
- Any information about the workplace will be provided to treating health professionals by the RTW Coordinator
- In the event of a WorkCover claim, the RTW Coordinator will maintain regular contact with the insurance agent to progress the claim
- The immediate supervisor of the affected employee, in conjunction with the RTW Coordinator and more senior managers, will review the Return-To-Work Plan and the progress of any treatment and rehabilitation every 4 weeks

Related Procedures

WorkCover Return-To-Work Compliance Procedure

Appendix 5. RTW Maps

FIGURE 1 – THE RETURN-TO-WORK COORDINATOR

The Role of The RTW Coordinator

REVISE PLANNING REGULARLY

RTW COORDINATOR APPOINTED: TRAINING FOR RTW COORDINATOR, CLARIFY COORDINATOR ROLES AND RESPONSIBILITIES

DEVELOP RTW PLAN. IN CONJUNCTION WITH MANAGERS AND SUPERVISORS. OFFER OF MODIFIED WORK

COMMUNICATE REGULARLY WITH INJURED EMPLOYEE, TREATING HEALTH PROFESSIONALS, INSURANCE AGENT

SUPPORT & MONITOR THE WORKER AND RTW ARRANGEMENTS

WEEKLY OR MONTHLY REVIEWS OF THE RTW PLAN WITH MANAGERS AND SUPERVISORS

FACILITATE QUARTERLY OR HALF YEARLY SENIOR MANAGEMENT REVIEWS
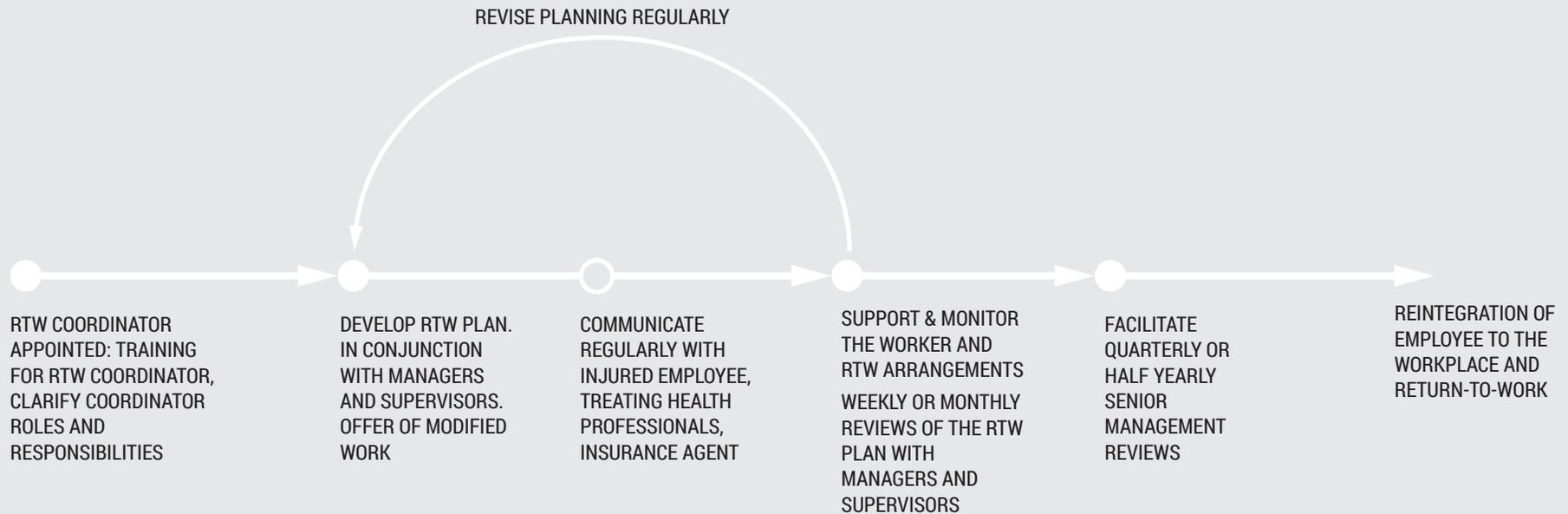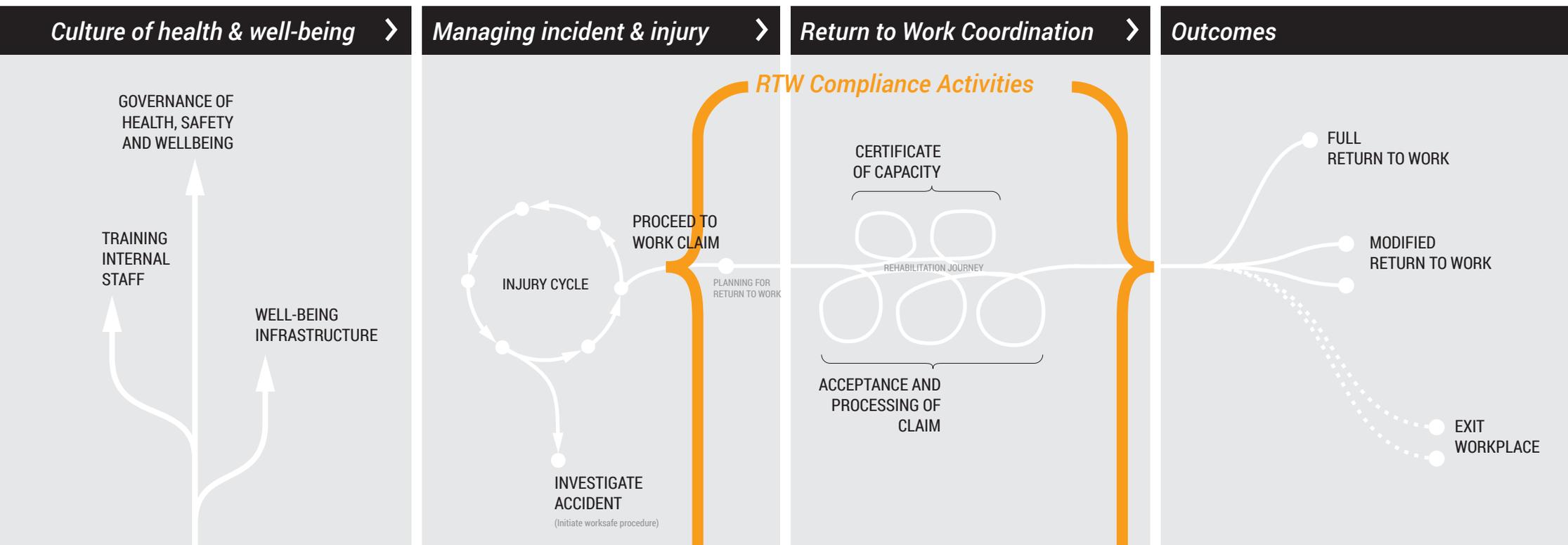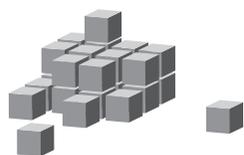
REINTEGRATION OF EMPLOYEE TO THE WORKPLACE AND RETURN-TO-WORK

FIGURE 2 – RTW EXPERIENCE MAP

Focussing only on the RTW Compliance Activities phase misses the bigger picture of exemplary activity.

Culture of health & well-being ❯

GOVERNANCE OF HEALTH, SAFETY AND WELLBEING

TRAINING INTERNAL STAFF

WELL-BEING INFRASTRUCTURE

Managing incident & injury ❯

RTW Compliance Activities

PROCEED TO WORK CLAIM

INJURY CYCLE

INVESTIGATE ACCIDENT

(Initiate worksafe procedure)

Return to Work Coordination ❯

CERTIFICATE OF CAPACITY

REHABILITATION JOURNEY

PLANNING FOR RETURN TO WORK

ACCEPTANCE AND PROCESSING OF CLAIM

Outcomes

FULL RETURN TO WORK

MODIFIED RETURN TO WORK

EXIT WORKPLACE

Building mechanisms to support culture

A number of exemplary activities, stemming from strong company values for the care of employees, informs the success of RTW co-ordination

Figure 3

Relationship management

Exemplary companies manage key relationships with the injured employee, their work colleagues, Treating Health Professionals (THPs), Insurance Agent and Worksafe.

Every employee health condition is treated with the same diligence, whether it leads to a claim or not.

Figure 4

Removing delays in the system
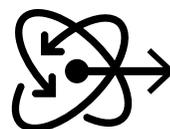
Hidden delays and recursive loops catch out the new RTW coordinator.

There are inherent delays built into this rehabilitation cycle. Exemplary companies develop relationships and new processes to reduce these delays.

Figure 5

Improving return-to-work outcomes

Exemplary companies manage rapid return-to-work achieving better outcomes for employees.

Figure 6

FIGURE 3 – CULTURE OF HEALTH & WELL-BEING (DETAIL)

Culture of health & well-being

GOVERNANCE OF HEALTH, SAFETY AND WELLBEING

REPORTING TO THE BOARD OF MANAGEMENT

SENIOR MANAGERS: REVIEW OHS AND RTW POLICIES, WORKPLACE INCIDENTS, RTW CASES, DEVELOP REPORTING METRICS
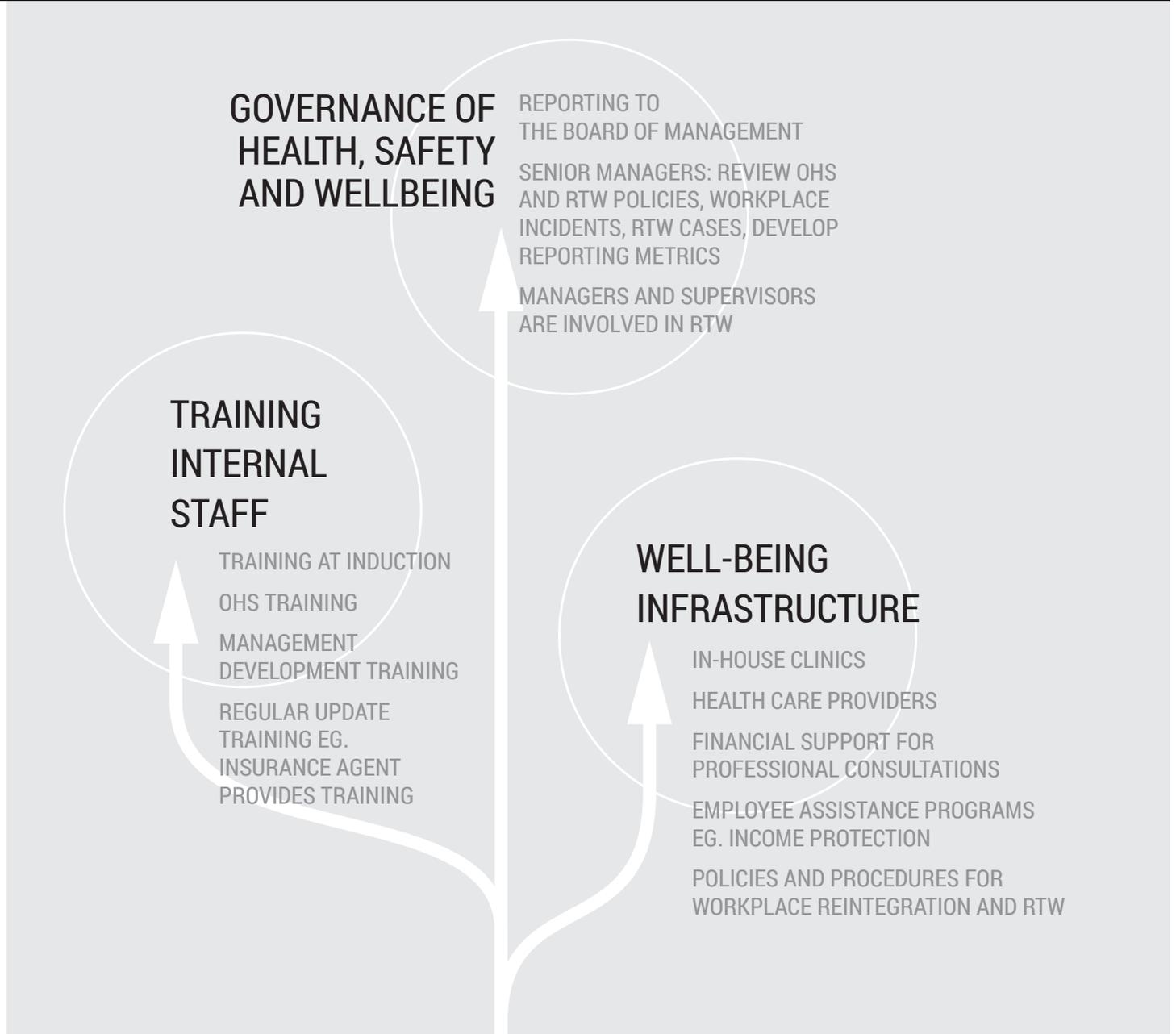
MANAGERS AND SUPERVISORS ARE INVOLVED IN RTW

TRAINING INTERNAL STAFF

TRAINING AT INDUCTION

OHS TRAINING

MANAGEMENT DEVELOPMENT TRAINING

REGULAR UPDATE TRAINING EG. INSURANCE AGENT PROVIDES TRAINING

WELL-BEING INFRASTRUCTURE

IN-HOUSE CLINICS

HEALTH CARE PROVIDERS

FINANCIAL SUPPORT FOR PROFESSIONAL CONSULTATIONS

EMPLOYEE ASSISTANCE PROGRAMS EG. INCOME PROTECTION

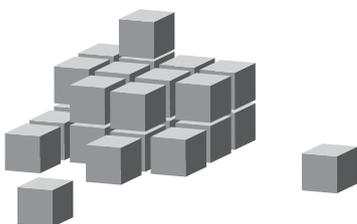POLICIES AND PROCEDURES FOR WORKPLACE REINTEGRATION AND RTW

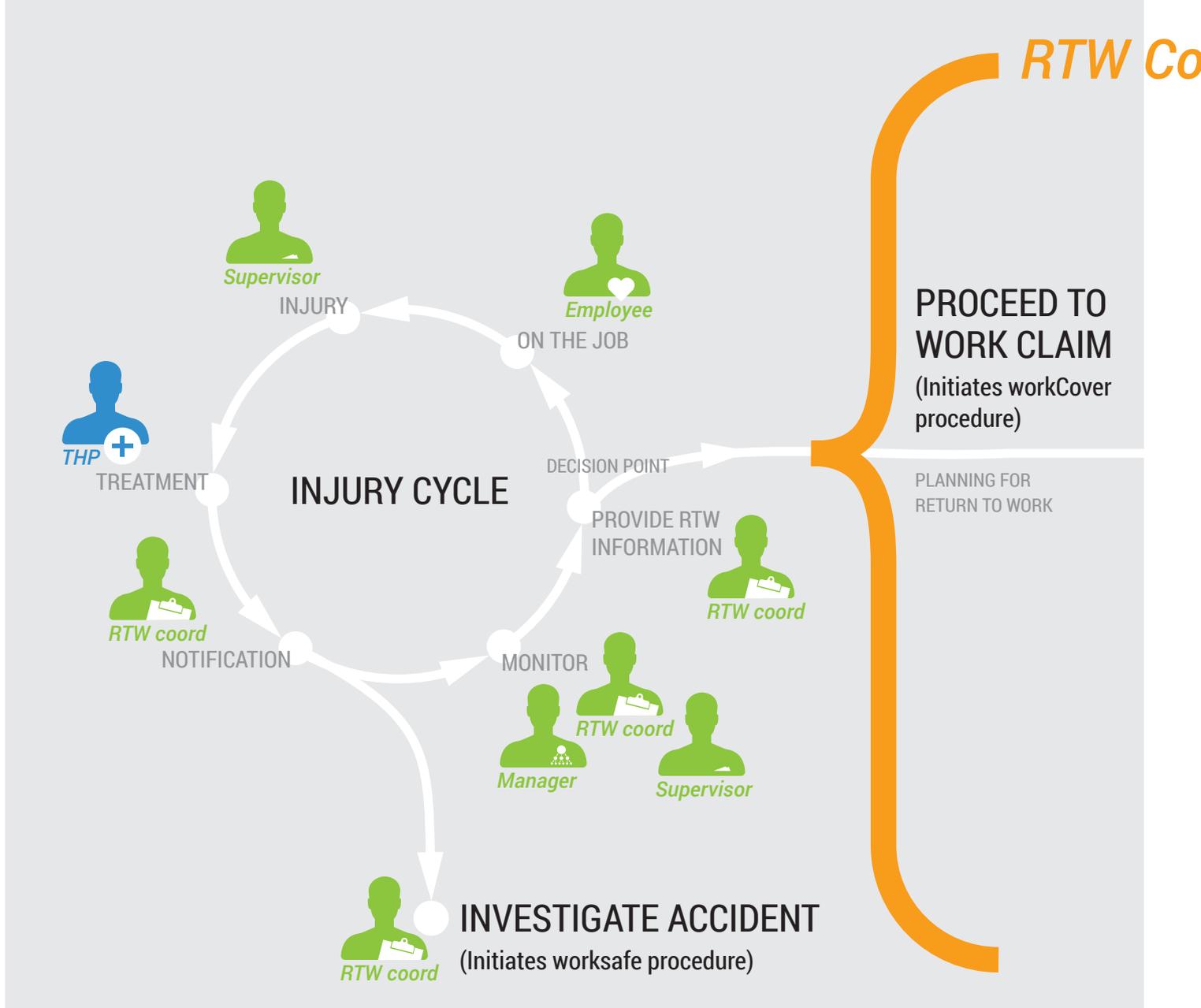## Building mechanisms to support culture

CEO

"Our company's philosophy is to prevent long term injuries by focusing on worplace safety and the general well-being of all our staff.

This involves creating an environment where employees are engaged, their health and wellbeing is supported, they are working safely and working productively."

FIGURE 4 – MANAGING INCIDENT & INJURY (DETAIL)

Managing incident & injury

Supervisor
INJURY

THP
TREATMENT

RTW coord
NOTIFICATION

INJURY CYCLE

Employee
ON THE JOB

DECISION POINT

PROVIDE RTW
INFORMATION

RTW coord

MONITOR

Manager

RTW coord

Supervisor

RTW Co

PROCEED TO
WORK CLAIM
(Initiates workCover
procedure)

PLANNING FOR
RETURN TO WORK

INVESTIGATE ACCIDENT
(Initiates worksafe procedure)

RTW coord

Relationship management

Conversations between these parties around the treatment required, the progress of rehabilitations and future goals occurs well before the injury becomes a WorkCover claim.

The focus from the start is upon reintegration into the workplace and successful return-to-work.

*While focusing on the 'now'
each person is also thinking
about 'next steps'.*

*"Will I get my job back?
How will I pay the mortgage?"*

*"I need to call
agent about a
possible claim"*

Employee

*"I need to call my team member
about the work that is available
when they come back"*

RTW coord

Supervisor

FIGURE 5 – RETURN TO WORK COORDINATION (DETAIL)

Return to Work Coordination

RTW Compliance Activities

CERTIFICATE OF CAPACITY

RECURSIVE LOOPS DUE TO EXTERNAL FRAGMENTATION:

DELAYS DUE TO THE INTERACTIONS BETWEEN DOCTOR INSURANCE AGENT AND COMPANY

REHABILITATION JOURNEY

PLANNING FOR RETURN TO WORK LEADS TO OFFER OF SUITABLE/MODIFIED DUTIES.

ACCEPTANCE AND PROCESSSING OF CLAIM

RECURSIVE LOOPS DUE TO INTERNAL FRAGMENTATION:

INSURER DELAYS DUE TO FRAGMENTED PROCESSES

INSURER DELAYS DUE TO WAITING FOR EMPLOYEE, EMPLOYER OR DOCTOR'S ACTION
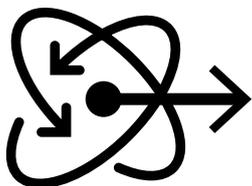
Removing delays in the system

Employee is informed and involved in the progress of rehabilitation.

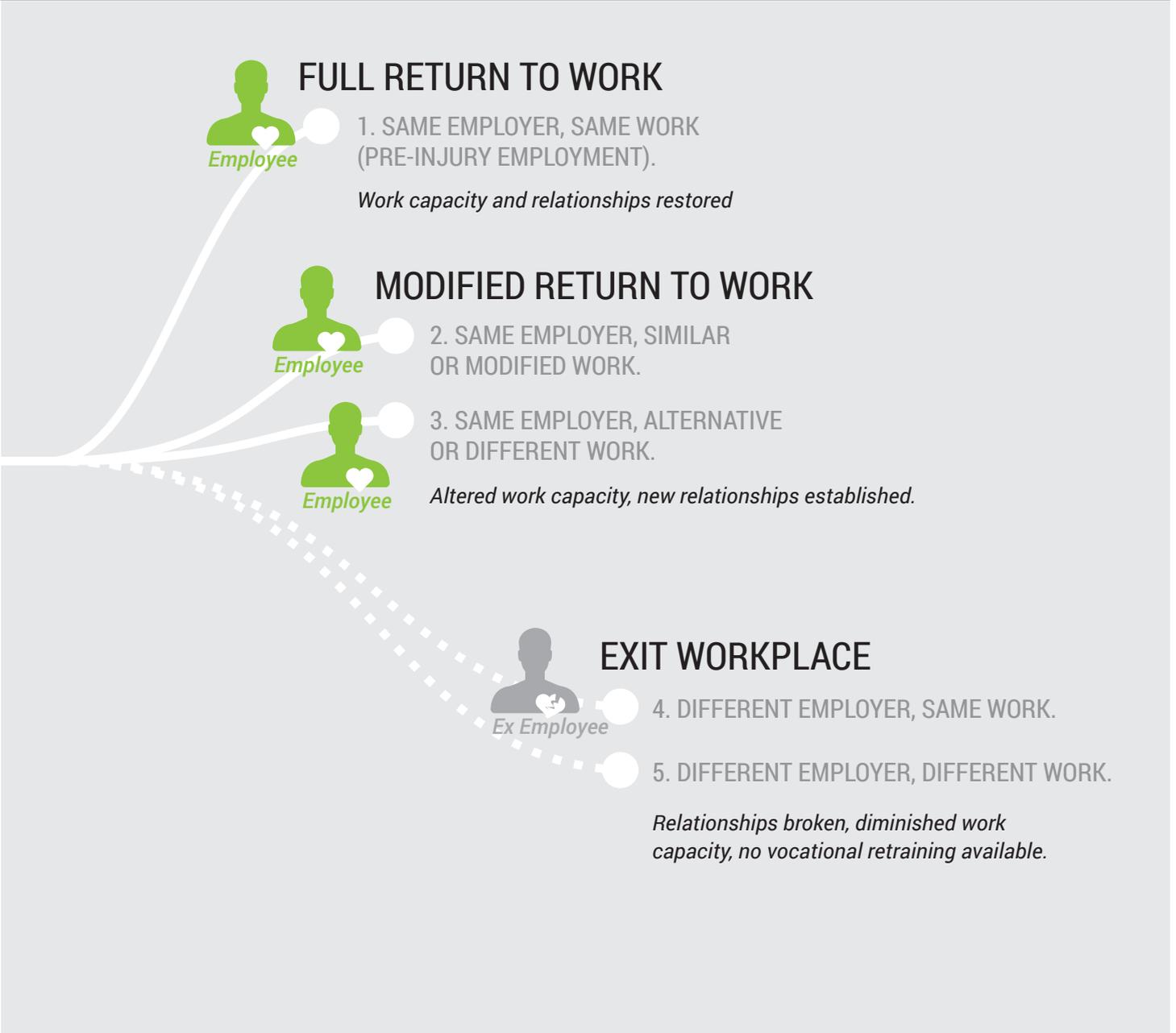Existing relationship with insurance agent reduces delays and facilitates the approval of claims.

Informing the doctor about the work environment and opportunities to return to work (alternate work for each role).

Employee

RTW coord

AccMng

THP

Certificate of Capacity links to list of suitable duties for employee.

FIGURE 6 – OUTCOMES (DETAIL)

Outcomes

FULL RETURN TO WORK

Employee

1. SAME EMPLOYER, SAME WORK (PRE-INJURY EMPLOYMENT).

Work capacity and relationships restored

MODIFIED RETURN TO WORK

Employee

2. SAME EMPLOYER, SIMILAR OR MODIFIED WORK.

3. SAME EMPLOYER, ALTERNATIVE OR DIFFERENT WORK.

Employee

Altered work capacity, new relationships established.

EXIT WORKPLACE

Ex Employee

4. DIFFERENT EMPLOYER, SAME WORK.

5. DIFFERENT EMPLOYER, DIFFERENT WORK.

Relationships broken, diminished work capacity, no vocational retraining available.

Improving return-to-work outcomes

Exemplar companies get more people returning to work (options 1, 2 and 3) than leaving the workplace (options 4 and 5).