



*John Innes*

# ***Public Sector OSH – WorkSafe’s Perspective***



# ***Overview***

- 136 agencies, 100,000+ FTE
- Agency size: 2 FTE – 32,000 FTE
- Geographical spread
- Range of work activities
- Different agency risk profiles



## ***Issues***

- Implementation of OSH management
- Changing employment practices
- Aging workforce
- Psychological injuries & violence
- Manual handling
- Slips, trips & Falls



## ***Operational Structure***

- Industry-based teams eg construction, manufacturing
- Specialists eg scientific officers, engineers
- Agencies in various industry sectors eg health, water supply, emergency services
- Reactive & proactive work



## ***WorkSafe activities***

- Investigations
- Projects, interventions, campaigns
- Information: website, hard copy
- Advice: call centre, duty inspector
- Education: presentations, forums



## ***WorkSafe activities***

- Safe Steps campaign (07-08)
- Asbestos management project (08-09)
- Managing aggressive behaviour in hospitals (08-09)
- Disability service providers (08-09)
- Residential care services (child protection) (08-09)



## ***WorkSafe Inspectors***

- Jean Mangharam, Principal Scientific Officer, Human Factors/Ergonomics
- Nathan Fry, Principal Inspector, Service Industries Team
- Harry Bayens, Senior Inspector, Health Education & Community Services Team



# QUESTIONS?



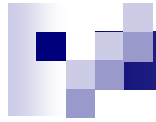
## A Cautionary tale:

# The need for an interdisciplinary approach to stress claims

Setting the scene: Michelle Anderson: Program Manager OSH SMAHS

Where are we now- Picking up the pieces: Megan Neville: A/Program Manager Injury Management SMAHS

Industrial relations perspective: Neil Fergus: Snr Industrial Relations Consultant SMAHS



*Michelle Anderson*  
Program Manager OSH  
South Metropolitan Area Health Service

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## **Setting the scene....**

- Issue #1: Interpersonal issues between two employees results in a stress claim being lodged
- Issue #2: Work area history and changes
- Issue #3: Initial Management



**Megan Neville**  
**A/Program Manager Injury Management**  
**South Metropolitan Area Health Service**

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### **Where are we now: Picking up the pieces**

#### **The team:**

GP

Psychiatrist

Psychologist

IM Consultant

OSH Consultant

HR Consultant

IR Consultant

Claims officer

Second opinion psychiatrist

EAP Provider

External cultural consultant

Line Manager #1

Line Manager #2

Area Manager #1

Area Manager #2

Director of Nursing

Union representatives

Executive Director

Total: 18

Average wage bill per 30 min meeting?



*Megan Neville*  
**A/Program Manager Injury Management**  
**South Metropolitan Area Health Service**

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## **Cultural survey**

Across all areas on that work site

1:1 mini interviews with most staff

Focus groups

Management debrief and in-depth report

Analysis paralysis?

Where to draw the line with providing a CBT type program for employees?

ROI? Cost approximately \$13,000

Managing staff expectations pre/post and during



*Megan Neville*  
**A/Program Manager Injury Management**  
**South Metropolitan Area Health Service**

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## **Streamline and simplify**

Communication sheet with standardised answer boxes

1 issue per meeting with 20-30 min time limit and consistent format

Issue:Actions:Barriers:Review

Decide on the best outcome and work back from there

It doesn't have to be a choose your own adventure book



*Megan Neville*  
**A/Program Manager Injury Management  
South Metropolitan Area Health Service**

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## **Are we all on the same page?**

- Worker's compensation is not a FTE management tool
- Realistic outcomes and timeframes WILL change continuously
- Manager education: Warm, fuzzy and firm- How to strike a balance
- Role definition and boundaries



*Megan Neville*  
**A/Program Manager Injury Management  
South Metropolitan Area Health Service**

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### **Current status of work area:**

Employee #1: Gradual return to work, still not stable, view to progress to pre-injury in 4-6 weeks

Employee #2: Returned from 4 months sick leave non WC  
Transferred to another work site

Worth mentioning.....

Claims are contagious - Currently 2 other employees are being managed as a claims prevention strategy



A Cautionary tale: The need for an interdisciplinary approach to stress claims - The industrial perspective

## Background – substantiated bullying claim

### ■ Options

- Return both to original work location
- Transfer both to new work location
- Transfer one Employee
- Explore settlement with representative
- Termination of employment

### ■ Risk Factors

- Equal Opportunity Commission - Discrimination Complaint
- Medical evidence submitted by Complainant – unable to work with Respondent
- Workers compensation claim from Respondent
- Unfair dismissal
- WorkSafe complaint



Government of **Western Australia**  
Department of **Health**  
Health Industrial Relations Service

*Neil Fergus*  
**Senior Industrial Relations Consultant**  
**South Metropolitan Area Health Service**

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**Aim – facilitate return to work or  
resolve employment relationship**

■ **Decision**

- Transfer Respondent (identify options & direct to new work location)
- Explore settlement options with representative

■ **Outcome**

- Respondent transferred to new position
- Settlement option rejected